

STATE AND HIGHER EDUCATION NEW EMPLOYEE ORIENTATION ENROLLMENT AND INSURANCE BENEFITS

Jan. 1 – Dec. 31, 2022

Topics

- General Information (slides 3-4)
- Resources and Help (slides 5-8)
- Eligibility and Enrollment Information (slides 9-14)
- Health Plan Options/Premiums/Costs (slides 15-23)
- Benefits Included with Health Plan (slides 24-30)
- Other Benefits/Premiums (slides 31-41)
- Enrolling in Benefits/Using ESS (slides 42-43)
- Other Important Information (slides 44-48)
 - Premium information/ID cards
- Contact Information (slide 49)

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I'm [presenter name] and here is what we will cover today. This is basically an overview of the information found in your Eligibility & Enrollment Guide.

- General Information (slides 3-4)
- Resources and Help (slides 5-8)
- Eligibility and Enrollment Information (slides 9-13)
- Health Plan Options/Premiums/Costs (slides 14-22)
- Benefits Included with Health Plan (slides 23-29)
- Other Benefits/Premiums (slides 30-40)
- Enrolling in Benefits/Using ESS (slides 41-42)
- Other Important Information (slides 43-47)
 - Premium information/ID cards
- Contact Information (slide 48)

Importance of your Decisions

The State provides a comprehensive benefits package for you and for those you are eligible to cover under your insurance, known as dependents.

- If you are eligible for the State Plan, you may enroll in health, dental, vision, life and disability insurance. Flexible spending accounts and other financial and counseling benefits are also available.
- You have many options. Please be aware of all the options so you make informed decisions.
- You'll pay monthly premiums for the benefits offered, except for some additional benefits that are included with medical coverage.
- Your agency benefits coordinator, known as an ABC, or the person in your Human Resources office, can tell you how long your new hire period lasts.
- If you have questions, please make sure to follow up with your ABC.

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About the Plan

Benefits Administration, within the Department of Finance & Administration, manages the State Group Insurance Program.

Partners for Health is the official logo and website name for Benefits Administration.

- The State Plan includes state government and higher education employees.
- The plan is self-insured. All claims are paid through the combined premiums of our members and any contributions that employers make toward monthly premiums.
- The State Insurance Committee is authorized to determine the premiums, benefits package, funding method, administrative procedures, eligibility provisions and rules relating to the State Plan.
- The state pays about 80% of the medical insurance monthly premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.

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Online Resources - Website

Visit the ParTNers for Health website at www.tn.gov/PartnersForHealth. You'll find information about all the benefits described in this presentation. You'll also find:

- <u>Link to educational Videos</u> on the homepage to learn about your benefits and what everything means.
- Premium charts on the **Premiums webpage**
- A health plan benefits comparison grid is on the <u>Health webpage</u>.
- Enrollment forms and handbooks
- Definitions, insurance terms and frequently asked questions

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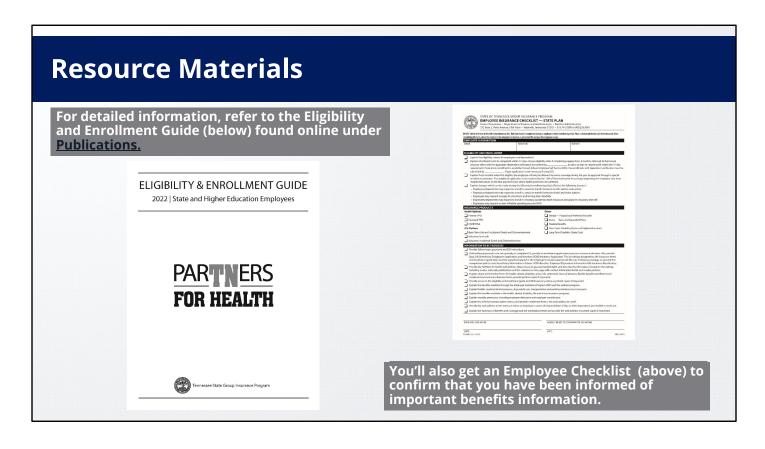




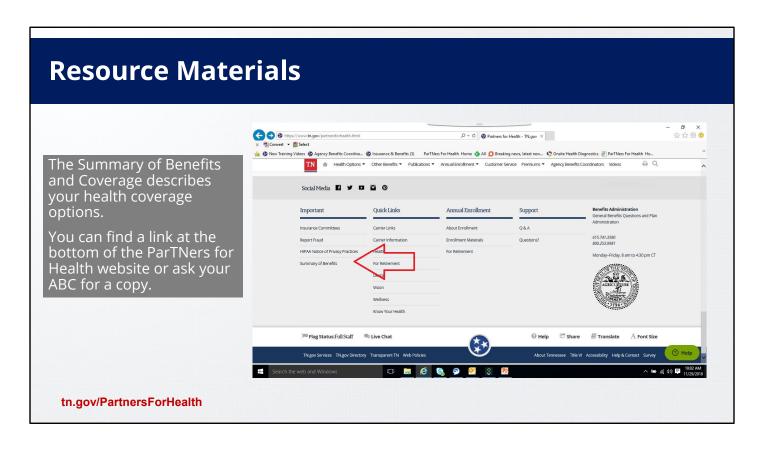
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- Definitions, insurance terms and frequently asked questions



- More detailed information about enrollment and your benefits can be found in the Eligibility and Enrollment Guide on the ParTNers for Health website under Publications.
- Your ABC will also provide you with an employee checklist to confirm that you have received this important benefit information. After the presentation, please sign the checklist and return it to your ABC.



- As required by law, the State of Tennessee Group Health Program has created a Summary of Benefits and Coverage, or SBC for short. It describes your health coverage options.
- You can read and print it from the main page of the ParTNers for Health website by clicking on Summary of Benefits at the bottom of the homepage. You may also request a free printed copy from your ABC.
- Most information found in the SBC is covered in more detail in other publications like the Eligibility and Enrollment Guide, Plan Document and member handbooks. These can be found under the **Publications** tab on the website.

Here's Help!

- For eligibility and enrollment questions, call **Benefits Administration** at 800.253.9981 or 615.741.3590, Mon.- Fri. 8 a.m. to 4:30 p.m. CT
- A green "Help" button, or live-chat feature, available during normal business hours.
- Zendesk at <u>benefitssupport.tn.gov/hc/en-us</u>. You can search the help center, find articles or submit questions. To access Zendesk, click the blue "Questions?" button on the website.
- You'll enroll using Employee Self Service in Edison at www.edison.tn.gov. There is more information about this later in the presentation.

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Who is Eligible for Coverage?

Employees

- Full-time employees regularly scheduled to work at least 30 hours per week
- All other individuals cited in state statute, approved as an exception by the State Insurance Committee or defined as full-time employees for health insurance purposes by federal law

Dependents

If you enroll in health, vision or dental coverage, you may also enroll your eligible dependents:

- Spouse (legally married)
- Natural or adopted children
- Stepchildren
- Children for whom you are the legal guardian, custodian or conservator

All dependents must be listed by name on the enrollment change application Proof of dependent's eligibility is required

See the Dependent Eligibility Definitions and Required Documents found on the application
See the Eligibility and Enrollment Guide for those not eligible for coverage

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When Can You Add Coverage?

As a new hire or newly eligible: Enrollment must be completed and submitted to BA within 30 calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

• Enroll as quickly as possible to avoid the possibility of double premium payroll deductions

Annual Enrollment Period: Gives you a chance to enroll or make changes to your existing coverage, like increasing or decreasing voluntary term life insurance, transferring between health, dental, disability and vision options and cancelling insurance.

See the next slide for more information

Important! See the Eligibility and Enrollment Guide for rules around special enrollment, mid-year election provisions, qualifying events and canceling coverage.

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Here are the times you can enroll in coverage:

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About Annual Enrollment

Annual Enrollment occurs in the fall and is your chance to enroll or make changes to your existing coverage.

- Information is mailed to you in the fall and published on our website at tn.gov/partnersforhealth.
- You have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted under Publications at tn.gov/PartnersForHealth.
- Most benefits changes start the following Jan. 1. Voluntary term life and disability insurance may start Jan. 1, Feb. 1 or March 1 because the insurance companies may need to review your medical history to determine if you qualify for coverage.
- Benefit enrollments remain in effect for a full year (Jan. 1 Dec. 31). You may cancel disability and voluntary term life coverage at any time.
- You may **not** cancel other coverage outside of the enrollment period unless eligibility is lost or there is a
 qualifying event.

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Canceling Coverage

Outside of the Annual Enrollment period, you can only cancel coverage (other than disability and voluntary term life insurance) for yourself and/or your covered dependents, IF:

- You lose eligibility for the State Group Insurance Program (e.g., changing from full-time to part-time)
- You experience a special qualifying event, family status change or other qualifying event as approved by BA

Cancelling coverage in the middle of the plan year: You may only cancel coverage for yourself and/or your dependents in the middle of the plan year if you lose eligibility or have an event that results in you/your dependents becoming newly eligible for coverage under another plan. There are no exceptions.

- You have **60 days** from the date that you and/or your dependents become newly eligible for other coverage to turn in an application and proof to your agency benefits coordinator.
- **Examples**: Marriage, divorce, legal separation, annulment, birth, adoption, death of a spouse, new employment, entitlement to Medicare, Medicaid or TRICARE, court decree or order
- See the Eligibility & Enrollment Guide for details

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- You have 60 days from the date that you and/or your dependents become newly eligible for other coverage to turn in an application and proof to your agency benefits coordinator.
- **Examples**: Marriage, divorce, legal separation, annulment, birth, adoption, death of a spouse, new employment, entitlement to Medicare, Medicaid or TRICARE, court decree or order
- See the Eligibility & Enrollment Guide for details

Special Enrollment/Mid-Year Election Provisions

If you or a dependent lose eligibility for coverage under any other group health insurance plan, or if you acquire a new dependent during the plan year, the federal Health Insurance Portability and Accountability Act may provide additional opportunities for you and eligible dependents to enroll in health coverage.

Mid-Year Elections for Voluntary Programs — You or eligible dependents may also enroll mid-year in voluntary dental, vision, disability and voluntary term life if you meet the requirements stated in the certificates of coverage for those programs.

- NOTE: Application for special enrollment or a mid-year election change (https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2021.pdf) must be made:
 - within 60 days of the loss of eligibility for other health insurance coverage; or
 - within 30 days of a new dependent's acquire date.

You must also submit proof as listed on the enrollment application. See the Eligibility & Enrollment Guide for details.

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within 60 days of the loss of eligibility for other health insurance coverage; or **within 30 days** of a new dependent's acquire date.

You must also submit proof as listed on the enrollment application. See the Eligibility & Enrollment Guide for details

Choosing Your Premium Level

Four premium levels for health, dental and vision coverage are available:

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Employee + Spouse + Child(ren)
- You may choose the same or different levels for health, dental and vision.
- If you enroll as a family, which is any coverage level other than Employee Only, all of you must enroll in the same health, dental and vision options.
- If you are married to an employee who is also a member of the state, local education or local government plan, you can each enroll in Employee Only coverage if you are not covering dependent children.
- If you have children, one of you can choose Employee Only and the other can choose Employee + Child(ren). Then you can each choose your own benefit option and carrier.
- If you and your spouse are both in the State Plan, think about choosing coverage as the head of contract. State Plan employees can get a higher level of basic term life insurance coverage as the head of contract.

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The amount you pay in monthly premiums depends on the options you choose and the number of people you cover under the plan.

There are four premium levels available: Employee Only, Employee + Child or Children, Employee + Spouse and Employee + Spouse + Child or Children.

- For most people, choosing a premium level is easy. The level depends on the eligible dependents you want to cover under your health plan.
- Just remember, if you're enrolling as a family, everyone must be enrolled in the same health, dental and vision options.
- If you are married to an employee who is also a member of the state, local education or local government plan, you can each enroll in Employee Only coverage if you are not covering dependent children. If you have children, one of you can choose Emp Only, and the other can choose Emp + Children. Then you can choose your own benefit option and carrier network.
- If you and your spouse are both state or higher education employees:
 - Consider employee only coverage or employee + child(ren) coverage to receive the maximum basic term life insurance benefit.
 - NOTE: An individual may only be covered under one state policy.

Health Plan Options

You have the choice of three health plans

- Preventive care is free in all plans if you use an in-network provider
- See the full plan options comparison chart on the Health Options > Health webpage

Comparison of the three plans:

- **Premier Preferred Provider Organization:** Higher monthly premium but lower out-of-pocket costs for deductible, copays and coinsurance
- **Standard PPO:** Lower monthly premium than the Premier PPO but higher out-of-pocket costs for deductible, copays and coinsurance
- Consumer-driven Health plan with a health savings account, or CDHP/HSA: Lowest monthly premium but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

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Health Plan Options

More about the CDHP/HSA

- State puts \$250 (employee only) or \$500 (all other tiers) into your HSA
 - This money applies to your yearly maximum contribution amount (see below)
 - State HSA contribution is not available if your coverage starts Sept. 2, 2022, through Dec. 31, 2022
- The HSA can help you save for health care costs, you get tax benefits, the money rolls over each year and you keep the money if you leave/retire
- Learn more at tn.gov/PartnersForHealth under <u>CDHP/HSA Insurance Options</u>

HSA IRS max contributions – there are limits on how much money you can put in your HSA each year:

- \$3,650 for employee-only coverage in 2022
- \$7,300 for all other family tiers in 2022
- Members 55 or older can contribute \$1,000 more each year

These limits include the \$250/\$500 you receive from your employer and any wellness incentive funds you may earn and add to your account (state only)

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These limits include the \$250/\$500 you receive from your employer and any wellness incentive funds you may earn and add to your account (state only)

More CDHP/HSA Information

- **Important!** Your full HSA contribution is **not** available upfront after you enroll. Your pledged amount is taken out of each paycheck. You may only spend the money in your HSA at the time of service or care. You can pay out of your own pocket for services and pay yourself back later with funds from your HSA.
- **Debit card:** Newly enrolled CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses.
- If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

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Important! Your full HSA contribution is **not** available upfront at the beginning of the year or after you enroll. Your pledged amount is taken out of each paycheck. You may only spend the money in your HSA at the time of service or care. You can pay out of your own pocket for services and pay yourself back later with funds from your HSA.

Debit card: Newly enrolled CDHP/HSA members will get a debit card from Optum Financial to use for qualified expenses.

If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

CDHP/HSA and FSA Restrictions

CDHP/HSA restrictions: You cannot enroll in a CDHP if:

- You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)
- You have received Department of Veterans Affairs benefits within the past three months, except for
 preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not
 apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding
 three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in
 the future, you are not entitled to contribute to your account for another three months. However, if
 your veteran's hospital care or medical service was for a service-connected disability, you may
 contribute to your HSA
- You have received care from the Indian Health Services within the past three months

HSA/FSA restrictions: You **cannot** enroll in the CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

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There are restrictions with a CDHP/HSA and enrolling in other plans and/or FSAs: You cannot enroll in a CDHP if:

You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)

You have received Department of Veterans Affairs benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, you are not entitled to contribute to your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA

You have received care from the Indian Health Services within the past three months

HSA/FSA restrictions: You **cannot** enroll in the CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

Carrier Networks

Choose between four carrier networks for your medical care

- Each network has providers (doctors, hospitals, facilities) throughout Tennessee and across the country.
 - BlueCross BlueShield
 - Network S
 - Network P*

- Cigna
 - LocalPlus
 - Open Access Plus*

BCBST Network S and **Cigna LocalPlus** networks do not include all the hospitals and providers found in the broad networks to keep your premiums, claim costs and rate increases low.

BCBST Network P and **Cigna OAP** broad networks give you more hospital choices but have an additional monthly cost* added to your monthly premium. You may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks.

*Additional monthly premium cost: \$65 more each month for employee only or employee + child(ren) coverage; \$130 more each month for employee + spouse or employee + spouse + child(ren) coverage

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*Additional monthly premium cost: \$65 more each month for employee only or employee + child(ren) coverage; \$130 more each month for employee + spouse or employee + spouse + child(ren) coverage

Carrier Network Changes

Network changes can and do occur. BA cannot guarantee all providers/hospitals in a network will stay in that network for the entire year. **A provider or hospital leaving a network does not allow you to make coverage changes.**

- Important-check networks carefully before finalizing your enrollment choice. The network choice you make is for the calendar year. After you enroll in a network, you won't be able to change plans or networks during the calendar year. You may be able to make changes allowed by the plan if you have a qualifying event.
- Here are recent network change examples:
 - HCA left the LocalPlus network in 2020; now only in Network P and OAP
 - Pinnacle Dermatology left LP and OAP in 2021; now only in Network S and P
 - Lauderdale Community out of Network S and P Jan. 1, 2022; only in LP and OAP
 - Northcrest acquired by HCA in 2021; now only in Network P and OAP in 2022



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Network changes can and do occur. BA cannot guarantee all providers/hospitals in a network on Jan. 1 will stay in that network for the entire year. **A provider or hospital leaving a network does not allow you to make coverage changes.**

Important-check networks carefully before finalizing your enrollment choice. The network choice you make is for the remainder of the calendar year (Jan. 1 until Dec. 31). After your enrollment ends, you won't be able to change plans or networks for 2022. You may be able to make changes allowed by the plan if you have a qualifying event.

Recent network change examples:

- •HCA left the LocalPlus network in 2020; now only in Network P and OAP
- •Pinnacle Dermatology left LP and OAP in 2021; now only in Network S and P
- •Lauderdale Community out of Networks S and P Jan. 1, 2022; only in LP and OAP
- •Northcrest acquired by HCA in 2021; now only in Network P and OAP in 2022

Carrier Networks

How to check the networks

• ParTNers Carrier Information webpage-check the Hospital Network Comparison list

Go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information** for all network hospital lists and provider directories.

You can also contact BlueCross or Cigna about network providers or hospitals:

- BlueCross, 800.558.6213, M-F 7 a.m. 5 p.m. CT, bcbst.com/members/tn_state/
- Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

tn.gov/PartnersForHealth



Here is how to check the networks

 Go to the ParTNers <u>Carrier Information webpage</u> – check the Hospital Network Comparison list

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You can also contact BlueCross or Cigna about network providers or hospitals. This is the best way to find out if providers are in the network:

- **BlueCross**, 800.558.6213, M-F 7 a.m. 5 p.m. CT, bcbst.com/members/tn_state/
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2022 Premiums State and Higher Education

Employee Share of Monthly Premiums for the Narrow Networks

Premium Level	Premier PPO	Standard PPO	CDHP/HSA
Employee Only	\$143	\$98	\$64
Employee + Child(ren)	\$215	\$147	\$96
Employee + Spouse	\$308	\$210	\$137
Employee + Spouse + Child(ren)	\$372	\$253	\$165

[•]Premiums shown are for the employee share for **active employees**. Complete premium charts are found at tn.gov/PartnersForHealth. Click on **Premiums** in the top navigation.

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Here are the 2022 premiums for active state and higher education employees.

- These premiums do not include the cost for the broad networks, which would add \$65 to \$130 more to your premium each month.
- Premium charts are found on the **Premium** page on the website.

As a reminder, the state will put \$250 (emp. only) or \$500 (other coverage levels) into your HSA annually. These funds are not available for coverage starting Sept. 2, 2022, through Dec. 31, 2022.

[•]Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad BCBST Network P or Cigna OAP networks, which would add \$65 to \$130 more EACH MONTH depending on your tier.

2022 Deductibles/Out-of-Pocket Maximums (in-network)

	Premier PPO	Standard PPO	CDHP/HSA
	In-Network	In-Network	In-Network
Deductibles			
Employee only	\$500	\$1,000	\$1,500
Employee + Child(ren)	\$750	\$1,500	\$3,000
Employee + Spouse	\$1,000	\$2,000	\$3,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$3,000
Out-of-Pocket Max			
Employee only	\$3,600	\$4,000	\$2,500
Employee + Child(ren)	\$5,400	\$6,000	\$5,000
Employee + Spouse	\$7,200	\$8,000	\$5,000
Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$5,000
			PARTNERS
tn.gov/PartnersForHealth			FOR HEALTH

- This chart shows the annual deductible and out-of-pocket maximums
- The **annual deductible** is the amount you must pay each year before your plan pays hospital or other charges that are covered through co-insurance.
 - Your annual deductible is lower for in-network services.
- The plans also have out-of-pocket maximums for both in-network and out-of-network services.
- The out-of-pocket maximums limit how much co-insurance and copays you would have to pay in any given year if you or a covered family member had a serious illness or injury.
 - After you reach your out-of-pocket maximum level for in-network services, the plan would pay 100% of in-network costs for the rest of the year.
 - The out-of-pocket maximums provide you and your covered dependents with peace of mind and financial protection against a catastrophic illness or injury.
- **Questions & Answers** for what is covered and not covered, including information about hospital-based providers, is found in the carriers' member handbooks.

Pharmacy Benefits Managed by CVS Caremark

All health plans include full prescription drug benefits

- The health plan you choose determines your out-of-pocket prescription costs (copay or coinsurance, deductible and out-of-pocket maximum).
- How much you pay depends on three things:
 - The drug tier if you choose a generic, preferred brand, non-preferred brand or specialty drug;
 - The day supply you receive 30-day (or <30) supply or a 90-day (>31) supply; and
 - Where you fill your prescription at a retail, Retail-90 or mail order pharmacy.
- Go to info.caremark.com/stateoftn to locate a pharmacy, compare estimated drug costs by plan and register on the CVS Caremark site.
 - Once registered, get details about your drug costs and savings, download the mobile app and more!
- Learn more about benefits, vaccines and how to save money at **tn.gov/PartnersForHealth** under **Health Options** and **Pharmacy**.
- Contact: CVS Caremark, 877.522.8679, 24/7, info.caremark.com/stateoftn

tn.gov/PartnersForHealth



All health plans include full prescription drug benefits

The health plan you choose determines your out-of-pocket prescription costs (copay or coinsurance, deductible and out-of-pocket maximum).

How much you pay depends on three things:

The drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug;

The day supply you receive – 30-day (or <30) supply or a 90-day (>31) supply; and Where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Go to **info.caremark.com/stateoftn** to locate a pharmacy, compare estimated drug costs by plan and register on the CVS Caremark site. Once registered, get details about your drug costs and savings, download the mobile app and more!

Learn more about benefits, vaccines and how to save money at tn.gov/PartnersForHealth under Health Options and Pharmacy.

Contact: CVS Caremark, 877.522.8679, 24/7, info.caremark.com/stateoftn

Pharmacy I	Benefits				
These are the in- network pharmacy	PHARMACY (IN-NETWORK)	PREMIER PPO	STANDARD PPO	CDHP/HSA	
enefit copays and	30-DAY SUPPLY				
oinsurance. If out of	Generic	\$7	\$14	20% coinsurance after	
etwork pharmacy	Brand	\$40	\$50	deductible is met	
benefits are available,	Non-preferred brand	\$90	\$100		
ey are different and	90-DAY SUPPLY (Retail-90 network pharmacy or mail order)				
ill cost you more.	Generic	\$14	\$28	20% coinsurance after	
Specialty drugs must	Brand	\$80	\$100	deductible is met	
e filled through a	Non-preferred brand	\$180	\$200		
pecialty Network narmacy and can	90-DAY SUPPLY (certain order)	maintenance medicatio	ons from a <mark>Retail-90 net</mark>	twork pharmacy or mail	
nly be filled every 30	Generic	\$7	\$14	10%coinsurance	
ays.	Brand	\$40	\$50	without having to	
	Non-preferred brand	\$160	\$180	meet deductible	
	SPECIALITY PHARMACY*	*			
	Coinsurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	20% after deductible	

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

Telehealth - 24/7 virtual medical care

All health plan members have access to virtual telehealth visits

- PhysicianNow and MDLive carrier-sponsored 24/7 virtual medical care
- Talk to a doctor for non-emergency medical care by phone, computer or tablet from anywhere.
- Cost is less than a typical office visit when you use PhysicianNow or MDLive programs sponsored by BlueCross BlueShield and Cigna.
- Physician Now and MDLive telehealth program costs:
 - PPO members: Copay is \$15
 - **CDHP members:** Pay the negotiated rate per visit until reaching the deductible then primary office visit coinsurance applies
 - Members log in and select the service details are on the website

Go to tn.gov/PartnersForHealth under **Health Options** and **Telehealth** for details.

tn.gov/PartnersForHealth



All health plan members have access to telehealth visits

PhysicianNow and MDLive carrier-sponsored 24/7 virtual medical care Talk to a doctor for non-emergency medical care by phone, computer or tablet from anywhere.

Cost is less than a typical office visit when you use PhysicianNow or MDLive programs sponsored by BlueCross BlueShield and Cigna.

Physician Now and MDLive telehealth program costs:

PPO members: Copay is \$15

CDHP members: Pay the negotiated rate per visit until reaching the deductible – then primary office visit coinsurance applies

Members log in and select the service – details are on the website

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

Behavioral Health & Substance Use Services Managed by Optum

Behavioral health benefits available to members/dependents enrolled in medical insurance.

All members will receive an Optum ID card for services.

Optum can find a network provider (in-person or virtual visits), explain benefits, identify best treatment options, schedule appointments and answer questions.

- Services include:
 - First Call Provider Search HERE4TN team will help you find a provider based on your specific needs
 - TalkSpace online therapy communicate with a therapist by text, audio or video 24/7 from your smartphone cost share applies
 - Substance User Disorder Preferred Facility Network
 - Sanvello on-demand mobile app to help with stress, anxiety and depression

Go to tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health** for details. To access all programs and services **and get help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7 or **HERE4TN.com**

tn.gov/PartnersForHealth

Behavioral health benefits available to members/dependents enrolled in medical insurance.

All members will receive an Optum ID card for services.

Optum can find a network provider (in-person or virtual visits), explain benefits, identify best treatment options, schedule appointments and answer questions.

Services include:

First Call Provider Search – HERE4TN team will help you find a provider based on your specific needs

TalkSpace online therapy – communicate with a therapist by text, audio or video 24/7 from your smartphone – cost share applies

Substance User Disorder Preferred Facility Network

Sanvello – on-demand mobile app to help with stress, anxiety and depression

Go to tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health** for details.

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

Here4TN - Employee Assistance Program Managed by Optum

Here4TN EAP available to all benefits-eligible state/higher education employees and eligible dependents, even if not enrolled in a health plan.

Services are offered at **no cost** to individuals eligible to participate.

Specialists available 24/7 to assist with stress, legal, financial, mediation and work/life services.

- Services include:
 - First Call Provider Search HERE4TN team will help you find a provider based on your specific needs
 - **Short-term counseling** five visits, per problem, per year, per individual at no cost to you. By phone or virtual visit. Prior authorization required.
 - Sanvello on-demand mobile app to help with stress, anxiety and depression
 - Take Charge at Work telephonic coaching program helps members with depression improve performance at work

Go to **tn.gov/PartnersForHealth** under **Other Benefits** and **EAP** for details.

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

tn.gov/PartnersForHealth



Here4TN EAP available to all benefits-eligible state/higher education employees and eligible dependents, even if not enrolled in a health plan.

Services are offered at **no cost** to individuals eligible to participate. Specialists available 24/7 to assist with stress, legal, financial, mediation and work/life services.

Services include:

First Call Provider Search – HERE4TN team will help you find a provider based on your specific needs

Short-term counseling – five visits, per problem, per year, per individual at no cost to you. By phone or virtual visit. Prior authorization required.

Sanvello – on-demand mobile app to help with stress, anxiety and depression **Take Charge at Work** – telephonic coaching program helps members with depression improve performance at work

Go to tn.gov/PartnersForHealth under Other Benefits and EAP for details.

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

Wellness Program Managed by ActiveHealth

Wellness program available for state/higher education employees and spouses (excludes retirees) enrolled in the health plan.

Wellness program includes:

- Cash incentives: Up to \$250 each for enrolled employees and spouses.
 - Enrolled state employees can put wellness program cash incentives into their HSAs (counts toward overall HSA IRS annual maximum)
- Weight Management Program: 12-month program for those ready to lose weight. Contact ActiveHealth for details.

Information about programs, activities and a **printable Incentive Table** are at tn.gov/PartnersForHealth under **Wellness**.

Contact: ActiveHealth, 888.741.3390, M-F 8-8 CT, go.activehealth.com/wellnesstn

*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.

tn.gov/PartnersForHealth



Wellness program available for state/higher education employees and spouses (excludes retirees) enrolled in the health plan.

Wellness program includes:

Cash incentives: Up to \$250 each for enrolled employees and spouses.

• Enrolled state employees can put wellness program cash incentives into their HSAs during Annual Enrollment (counts toward overall HSA IRS annual maximum)

Weight Management Program: 12-month program for those ready to lose weight. Contact ActiveHealth for details.

Information about programs, activities and a **printable Incentive Table** are at tn.gov/PartnersForHealth under **Wellness**.

Contact: ActiveHealth, 888.741.3390, M-F 8-8 CT, go.activehealth.com/wellnesstn

*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.

Diabetes Prevention Program

Diabetes Prevention Program* offered free to you in 2022.

If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes.

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

Two online programs offered:

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

Go to tn.gov/PartnersForHealth under **Other Benefits** and **Wellness** and **DPP webpage** for details.

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

tn.gov/PartnersForHealth



Diabetes Prevention Program* offered free to you in 2022.

If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes. Offered as a part of health insurance

No cost if you use an in-network provider

Must meet certain criteria*

Two online programs offered:

Cigna Omada program – for enrolled Cigna health plan members
BlueCross BlueShield Livongo program – for enrolled BCBST plan members
Go to tn.gov/PartnersForHealth under Other Benefits and Wellness and DPP
webpage for details.

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

Dental BenefitsOffered through Cigna or Delta Dental

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

- **Cigna DHMO:** Must select a network general dentist and notify Cigna. Members pay copays, which may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under **Publications**, then **Dental**.
- **Delta Dental DPPO:** Use any dentist but save money staying in-network. Members pay deductibles and co-insurance for services.

Go to tn.gov/PartnersForHealth under **Other Benefits** and **Dental** for details/plan comparison.

Contact: Cigna, 800.997.1617, 24/7, cigna.com.stateoftn

Contact: **Delta Dental**, 800.552.2498, 7 a.m. – 5 p.m. CT, tennessee.deltadental.com/stateoftn/

PARTNERS FOR HEALTH

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

Cigna DHMO: Must select a network general dentist and notify Cigna. Members pay copays, which may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under **Publications**, then **Dental**.

Delta Dental DPPO: Use any dentist but save money staying in-network. Members pay deductibles and co-insurance for services.

Go to tn.gov/PartnersForHealth under **Other Benefits** and **Dental** for details/plan comparison.

Contact: **Cigna**, 800.997.1617, 24/7, cigna.com.stateoftn Contact: **Delta Dental**, 800.552.2498, 7 a.m. – 5 p.m. CT,

tennessee.deltadental.com/stateoftn/

Dental Benefits

Monthly Premiums

Tiers	Cigna DHMO	Delta Dental DPPO
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72

tn.gov/PartnersForHealth



Here are the 2022 dental premiums for active employees. All premiums are employee paid.

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

2022 premium information will be found on the **Premium webpage.**

Vision Benefits Offered through Davis Vision

Members pay the full monthly premium. Choose from two options:

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

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

In- and out-of-network benefits are available. You save money when using in-network providers.

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

Go to tn.gov/PartnersForHealth under **Other Benefits** and <u>Vision</u> for details. **Contact:** Davis Vision, 800.208.6404, M-F 7 a.m. - 10 p.m., Sat, 8 a.m. - 3 p.m., Sun 11 a.m. - 3 p.m. CT, davisvision.com/stateofTN

tn.gov/PartnersForHealth



Vision insurance is offered through Davis Vision.

Members pay the full monthly premium. Choose from two options:

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

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

 In and out-of-network benefits are available. You'll save money when using in-network providers.

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

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

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

Vision Benefits

Monthly Premiums

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

tn.gov/PartnersForHealth

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Here are the premiums for vision benefits.

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

2022 premium information will be found on the **Premium** webpage.

Flexible Spending Accounts state and higher education only (excludes offline agencies)

Use FSAs to pay for health care and dependent care while saving money on your taxes.

Optum Financial manages medical, limited purpose and dependent care FSA programs:

- Medical FSA: For medical, dental and vision expenses.
 - Annual limit \$2,750. Carryover limit \$500. Full contribution available upfront.
- **Limited Purpose FSA:** For dental and vision expenses only.
 - Annual limit \$2,750. Carryover limit \$500. Full contribution available upfront.
- Dependent Care FSA: For certain dependent care costs.
 - Annual limit \$5,000 (up to \$2,500 per spouse for married couples filing jointly). No carryover amount allowed.
- State employees: Transportation/parking FSA is also available managed by Benefits Administration.
 - The maximum amount you may contribute to the transportation FSA and/or the parking FSA is \$270 per month. Debit card not provided. File claims with BA.

tn.gov/PartnersForHealth



Use FSAs to pay for healthcare and dependent care while saving money on your taxes.

Optum Financial manages medical, limited purpose and dependent care FSA programs:

Medical FSA: For medical, dental and vision expenses.

Annual limit - \$2,750. Carryover limit - \$500. **Full contribution available upfront. Limited Purpose FSA:** For dental and vision expenses only.

Annual limit - \$2,750. Carryover limit - \$500. **Full contribution available upfront.**

Dependent Care FSA: For certain dependent care costs.

Annual limit - \$5,000 (up to \$2,500 per spouse for married couples filing jointly). No carryover amount allowed.

State employees: Transportation/parking FSA is also available - **managed by Benefits Administration**.

The maximum amount you may contribute to the transportation FSA and/or the parking FSA is \$270 per month. Debit card not provided. File claims with BA.

Flexible Spending Accounts state and higher education only (excludes offline agencies)

Important Enrollment Information:

- **State employees enroll in Edison**. For the transportation/parking FSA, you can enroll now or make changes later by submitting a paper form found at **Other Benefits** and **Flexible Benefits**.
- Higher education employees: See your agency benefits coordinator
- Important: Cannot enroll in both a medical FSA and a L-FSA in the same year.
- Newly enrolled FSA and L-FSA members will get a debit card (does not apply to DC-FSA members) for qualified expenses.

Go to tn.gov/PartnersForHealth under Other Benefits and Flexible Benefits for details.

Contact: Optum Financial, 866.600.4984, 24/7, optumbank.com/Tennessee

Find an FSA/HSA grid showing contribution amounts, tax benefits and how to use your funds at tn.gov/PartnersForHealth under **Publications**.

tn.gov/PartnersForHealth

Important enrollment Information:

State employees enroll in Edison. For the transportation/parking FSA, you can enroll now or make changes later by submitting a paper form found at Other Benefits and Flexible Benefits.

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Contact: Optum Financial, 866.600.4984, 24/7, optumbank.com/Tennessee

Find an FSA/HSA grid showing contribution amounts, tax benefits and how to use your funds at tn.gov/PartnersForHealth under **Publications**.

Disability InsuranceOffered through MetLife

Disability insurance is offered to full-time state/higher education employees. Members pay the full monthly premium. **All sick leave, annual leave and comp time must be used before benefits are payable.**

- **Short-term Disability**: Replaces a percentage of your income during a disability, which could last up to 26 weeks. Two coverage options are available.
 - Frequently asked questions including about pregnancy: tn.gov/PartnersForHealth under Other Benefits and Disability.
- **Long-term Disability** (state employees only): Replaces a percentage of your income during a disability that is expected to last longer than 90-180 days. Four options are available.
 - Higher education employees-contact your ABC/HR office about available LTD options.

Premiums adjust as of Oct. 2022 if your salary is different on Sept. 1, 2021, or if you move into a higher age bracket for LTD.

Information, including **how to calculate your rates**, is at tn.gov/PartnersForHealth under **Other Benefits** and **Disability**. Monthly premium rates are also in Edison.

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

tn.gov/PartnersForHealth

FOR HEALTH

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Short-term Disability: Replaces a percentage of your income during a disability, which could last up to 26 weeks. Two coverage options are available.

• Frequently asked questions including about pregnancy: tn.gov/PartnersForHealth under **Other Benefits** and **Disability.**

Long-term Disability (state employees only): Replaces a percentage of your income during a disability that is expected to last longer than 90-180 days. Four options are available.

• Higher education employees-contact your ABC/HR office about available LTD options.

Premiums adjust as of Oct. 2022 if your salary is different on Sept. 1, 2021, or if you move into a higher age bracket for LTD.

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

Life Insurance state and higher education only

Life insurance is offered through Securian Financial (Minnesota Life).

• An online web tool, **Benefit Scout**, can help you estimate the amount of life insurance you may need. **Log in and find it at** <u>lifebenefits.com/stateoftn</u>

Contact: **Securian Financial**, 866.881.0631 M-F 7 a.m. to 6 p.m. CT, lifebenefits.com/stateoftn

tn.gov/PartnersForHealth



Life insurance is offered through Securian Financial (MN Life).

- An online web tool, **Benefit Scout**, can help you estimate the amount of life insurance you may need.
 - Log in and find it at lifebenefits.com/stateoftn

Contact: **Securian Financial**, 866.881.0631 M-F 7 a.m. to 6 p.m., lifebenefits.com/stateoftn

Basic Term Life/Accidental Death and Dismemberment state and higher education only

All benefits-eligible employees automatically get \$20,000 basic term life insurance and \$40,000 basic AD&D coverage paid by the state at no cost.

If you enroll in medical insurance, life insurance and AD&D coverage automatically increases based on your salary. You pay a monthly premium for this additional coverage.

- If your salary goes up as of Sept. 1, 2022, compared to Sept. 1, 2021, your monthly premium may increase as of Oct. 2022.
- At ages 65 and over, your coverage amounts will reduce.
- Basic dependent term life/basic AD&D insurance will automatically apply to dependent(s) enrolled in your family medical insurance. You will pay premiums for your dependent(s) coverage.
- · Keep your beneficiary information current in Edison.

tn.gov/PartnersForHealth

All benefits-eligible employees automatically get \$20,000 basic term life insurance and \$40,000 basic AD&D coverage paid by the state at no cost.

If you enroll in medical insurance, life insurance and AD&D coverage automatically increases based on your salary. You pay a monthly premium for this additional coverage.

- If your salary goes up as of Sept. 1, 2021, compared to Sept. 1, 2020, your monthly premium may increase as of Oct. 2021.
- At ages 65 and over, your coverage amounts will reduce.

Basic dependent term life/basic AD&D insurance will automatically apply to dependent(s) enrolled in your family medical insurance. You will pay premiums for your dependent(s) coverage.

Keep your beneficiary information current in Edison.

Voluntary AD&D State and higher education only

You can buy this insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident.

- This is in addition to the Basic AD&D coverage.
- You pay the full monthly premium.
- Benefit will be paid for dismemberment if the loss occurs within 180 days of the accident provided you or your dependent was covered on the date of the accident and meet the established criteria. Accident could occur at work or elsewhere.
- Coverage is available at low group rates no questions asked.
- The maximum benefit for employees is \$60,000.
- · Enroll in Edison.

Keep beneficiary information current in Edison.

tn.gov/PartnersForHealth



You can buy this insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident.

- This is in addition to the Basic AD&D coverage.
- You pay the full monthly premium.
- Benefit will be paid for dismemberment if the loss occurs within 180 days of the accident provided you or your dependent was covered on the date of the accident and meet the established criteria. Accident could occur at work or elsewhere.
- Coverage is available at low group rates no questions asked.
- The maximum benefit for employees is \$60,000.
- Enroll in Edison.

Keep beneficiary information current in Edison.

Voluntary Term Life Insurance state and higher education only

You can buy voluntary term life insurance for yourself, your spouse and children. You must apply for this insurance.

- To apply for coverage and update your beneficiaries, go to lifebenefits.com/stateoftn
- Your monthly premium could go up if you increase your life insurance amount, or you move into a higher age bracket as of Jan. 1.

Go to tn.gov/PartnersForHealth under **Other Benefits** and <u>Life Insurance</u> for details. Premium rates are found on the **Premium** webpage.

tn.gov/PartnersForHealth



You can buy voluntary term life insurance for yourself, your spouse and children. You must apply for this insurance.

To apply for coverage and update your beneficiaries, go to lifebenefits.com/stateoftn

Your monthly premium could go up if you increase your life insurance amount, or you move into a higher age bracket as of Jan. 1.

Go to tn.gov/PartnersForHealth under **Other Benefits** and **Life Insurance** for details.

Premium rates are found on the **Premium** webpage.

Enrolling in Benefits

Edison is the State of Tennessee's enterprise resource planning system. You'll use **Employee Self Service**, **known as ESS**, **to enroll**.

- If your device has Windows 10, the preferred browser for Edison is Microsoft Edge. Internet Explorer 11 will work on older devices that have previous versions of Windows.
- You must enroll using ESS for health, dental, vision, disability and voluntary AD&D insurance
- Enroll in voluntary term life at Securian Financial website: lifebenefits.com/stateoftn

You must complete your enrollment within 30 days of your hire date or date of becoming eligible.

Edison ESS

- You will need to log in to Edison at www.edison.tn.gov/ to enroll.
- Instructions for enrolling are available at tn.gov/partnersforhealth. Click on the "For New Employees" tile and then look under Resources for state Employee Self Service Instructions.

tn.gov/PartnersForHealth



Edison is the State of Tennessee's enterprise resource planning system. You'll use **Employee Self Service, known as ESS, to enroll.**

- If your device has Windows 10, the preferred browser for Edison is Microsoft Edge. Internet Explorer 11 will work on older devices that have previous versions of Windows.
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- Enroll in voluntary term life at Securian Financial website: lifebenefits.com/stateoftn

You must complete your enrollment within 30 days of your hire date or date of becoming eligible.

Edison ESS

- You will need to log in to Edison at <u>www.edison.tn.gov/</u> to enroll.
- Instructions for enrolling are available at tn.gov/partnersforhealth. Click on the "For New Employees" tile and then look under Resources for state Employee Self Service Instructions.

Using ESS in Edison

Password Help

- If you've never used Edison or have changed agencies since the last time you logged in, click the First
 Time Login/New Hire link. If you know your Access ID but need to reset your password, click the red
 Employee Portal Login button, enter your Access ID and click Continue. Then click the link that says
 Forgot your Password? You can also view helpful troubleshooting videos on the Partners for Health
 website at www.tn.gov/partnersforhealth/videos.html.
- If you have logged in to Edison before and don't remember your Access ID, go to the Edison home page and click on the Retrieve Access ID button.
- If you have trouble logging in to Edison, go to the Edison home page and instead of clicking on the red Portal Login button, click on the First Time Login/New Hire blue button. It will take you to a page where you can verify your identity and receive your Access ID.
- Active State of Tennessee employees can call the Edison Help Desk for password assistance at 866.376.0104.
- Higher Education employees can call the BA Service Center at 800.253.9981 or 615.741.3590.

tn.gov/PartnersForHealth



Password Help

- If you've never used Edison or have changed agencies since the last time you logged in, click the First Time Login/New Hire link. If you know your Access ID but need to reset your password, click the red Employee Portal Login button, enter your Access ID and click Continue. Then click the link that says Forgot your Password? You can also view helpful troubleshooting videos on the Partners for Health website at www.tn.gov/partnersforhealth/videos. html.
- If you have logged in to Edison before and don't remember your Access ID, go to the Edison home page and click on the Retrieve Access ID button.
- If you have trouble logging in to Edison, go to the Edison home page and instead of clicking on the red Portal Login button, click on the First Time Login/New Hire blue button. It will take you to a page where you can verify your identity and receive your Access ID.
- Active State of Tennessee employees can call the Edison Help Desk for password assistance at 866.376.0104.
- **Higher Education employees** can call the Benefits Administration Service Center at 800.253.9981 or 615.741.3590.

Don't Forget!

You must use ESS in Edison to enroll - www.edison.tn.gov. Enroll as soon as possible!

- You can enroll on your computer or mobile device
- · Dependent verification documents are due by your enrollment deadline

Videos can help you!

• Go to **tn.gov/PartnersForHealth** - **click the Videos link** at the top of the home page

Share your email

- Please log in to Edison and make sure your email address is correct. It's easy!
- Just go to Self Service > My System Profile > Change or set up email address.
- BA uses email addresses in Edison to send you important insurance information.
- You can opt-out at any time.

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Premium Information

Insurance premiums are taken from the paycheck you get at the end of each month to pay for the next month's coverage.

Voluntary coverages, such as dental, disability and vision get no state support, and you must pay the total premium.

- Your ABC will tell you when your premiums will be deducted from your paycheck.
- Enter your benefit selections in ESS as soon as possible.
 - If you do not enter your benefit selections early, in some instances you could end up with a double deduction from your paycheck the first month of enrollment.

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ID and Debit Card Information

ID cards

Insurance cards are mailed within three to four weeks after your application is processed.

- **BlueCross BlueShield:** You'll get up to two ID cards. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
- **Cigna:** You'll get separate ID cards for each insured family member with the participant's name printed on each. Cigna will send up to four ID cards in each envelope and additional ID cards in a separate envelope.
- You'll receive separate CVS Caremark pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- Optum will mail ID cards for behavioral health/substance use.
- If enrolled in **dental or vision coverage**, you'll typically receive your ID cards within three weeks. For vision coverage, you will receive an ID card, but you don't need one to access services.
- You can call the insurance carrier to ask for extra cards or print a temporary card from the carrier's website or use the carrier's mobile app. Contact information is on the Customer Service webpage.

Debit cards

• CDHP/HSA, medical FSA and L-FSA members will get a debit card from Optum Financial for qualified expenses.

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- If enrolled in **dental or vision coverage**, you'll typically receive your ID cards within three weeks. For vision coverage, you will receive an ID card, but you don't need one to access services.
- You can call the insurance carrier to ask for extra cards or print a temporary card from the carrier's website or by using the carrier's mobile app. Contact information is on the Customer Service webpage.

Debit cards

• **CDHP/HSA, medical FSA and L-FSA members** will receive a debit card from Optum Financial to use for qualified purchases.

Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called Health Insurance Portability Accountability Act, known as HIPAA
- BA can only discuss benefits information with the head of contract
- The **Authorization for Release of Protected Health Information** form must be completed before BA can discuss benefits information with your spouse or other authorized representative.

To print and complete a release form, visit tn.gov/PartnersForHealth, go to the <u>Publications page</u> and click on "Forms", the form is found under Miscellaneous.

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Our members' personal health information is strictly confidential. Your health privacy rights are protected through a federal law called Health Insurance Portability Accountability Act or HIPAA. It requires your personal health information not be shared without your consent so Benefits Administration can only discuss benefit information with the employee who is enrolling in coverage, also known as the head of contract or HOC.

If you would like to grant Benefits Administration permission to speak to someone other than you about your benefits, please complete and submit an Authorization for Release of Protected Health Information form to Benefits Administration. This will allow your spouse or another individual of your choosing to receive your health information on your behalf. This form is available in the Forms section of our website under Miscellaneous or from your ABC.

Please note that your personal health information may be used or disclosed by and within each plan as well as the State Group Insurance Program third-party "business associates" or contractors as needed for your treatment, payment of benefits or other health care plan operations.

Other Benefits that may be available (state only)

The state offers other benefits that may be available to you. Check with your agency benefits coordinator if you have questions about the following:

- Employee Sick Leave Bank (state only)
- Hybrid Pension Plan (state only)
- **Retiree health insurance coverage** retiree coverage for pre-65 retirees is not available to employees whose employment first began on or after July 1, 2015. Any employee whose first state employment began before July 1, 2015, and who returns to state service after July 1, 2015, will not be prohibited from retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015. Employees must also meet all other retiree insurance eligibility requirements.

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Contact and Materials

- Call Benefits Administration: 800.253.9981 or 615.741.3590, M-F, 8 a.m. to 4:30 p.m. CT.
 - Find a blue questions button to our help desk: https://benefitssupport.tn.gov/hc/en-us
 - Find a green help button to CHAT with a customer service representative during business hours
- Find insurance companies/vendors customer service center/website URL information at tn.gov/PartnersForHealth under Customer Service.
- Contact your agency benefits coordinator, or ABC this person is usually in the human resources/HR office.
- Find definitions, insurance terms and frequently asked questions at **tn.gov/PartnersForHealth**
- Find publications and forms, brochures, member handbooks, plan documents, summaries of benefits and coverage and sample life insurance certificates at **tn.gov/PartnersForHealth**
- Find **questions & Answers** for what is covered and not covered, including information about hospital-based providers in the carriers' member handbooks.

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If you need more help:

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



Questions? Email: <u>benefits.info@tn.gov</u>