



LOCAL EDUCATION AND LOCAL GOVERNMENT

New Employee Orientation
Enrollment and Insurance Benefits
Jan. 1 - Dec. 31, 2020

- Welcome to the State of Tennessee Group Insurance Program New Employee Eligibility and Insurance Benefits Orientation for local education and local government employees.
- This presentation will provide you with:
 - General information and contacts
 - Eligibility information and when you can add or cancel coverage
 - Benefits and premiums
 - Information on how to enroll
 - Other important information

Importance of your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits.
- **Important:** Some decisions can only be made during your new hire period.
- Please be aware of all the options available to you and make informed decisions.
- Submit questions to your **A**gency **B**enefits **C**oordinator (ABC).

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

- The State provides a comprehensive benefits package for you and your eligible dependents. It includes health, dental and vision (if offered by your agency) and other financial and counseling benefits.
- You have many options. Some of the benefits explained in this presentation are only available during the new hire period. Your **A**gency **B**enefits **C**oordinator (ABC), the person in your Human Resources office, can tell you how long your new hire period lasts.
- If you have questions after the presentation, please make sure to follow up with your ABC.

About the Plan

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

- 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 Local Education Plan is available to local K-12 school systems, and a Local Government Plan for agencies that choose to participate.
- There is also a State Plan available for employees of state government and higher education.
- Our program works with more than 500 agencies and provides benefits to 300,000 employees, retirees and dependents of Tennessee's public institutions.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

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

- 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 is the plan administrator rather than an insurance company. The State contracts with insurance carriers to manage the Plan's provider networks, provide member services and manage claims payments on behalf of the State.

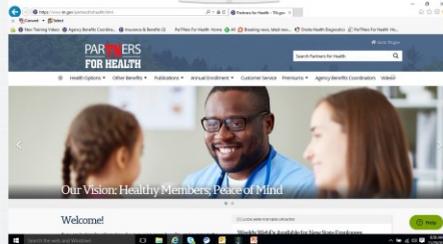
Here is who the State Group Insurance Plan covers:

- The Local Education Plan is available to local K-12 school systems, and a Local Government Plan for agencies that choose to participate.
- There is a State Plan available for employees of state government and higher education.
- Our program works with more than 500 agencies and provides benefits to 300,000 employees, retirees and dependents of Tennessee's public institutions.

Resources - Website

To help you learn about what benefits are offered and help you make your decisions, the **ParTners for Health website** is a great resource. It includes all documents, publications, forms and contact information.

Go to tn.gov/PartnersForHealth -



Specific resources:

- Link to educational **videos** on the homepage. They can help you learn about your benefits and what everything means.
- Premium charts are on the **Premiums page**.
- A health plan **benefits comparison grid** is on the **Health page**.
- Find definitions, insurance terms and frequently asked questions (FAQs).

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

The **ParTners for Health website** is a great resource to help you learn about benefits and make your decisions. It includes all of the documents, publications, forms and contact information you will need.

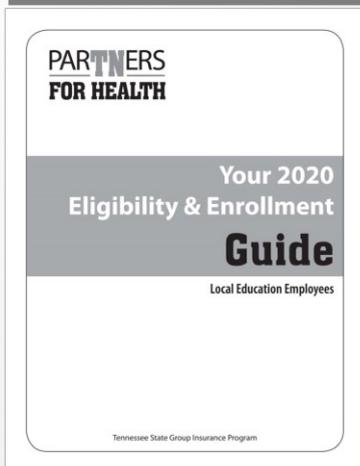
Go to tn.gov/PartnersForHealth

There are a lot of specific resources to help you, but here are a few to get you started:

- Links to educational **videos** are on the homepage. These videos can help you learn about your benefits and what everything means.
- Premium charts are on the **Premiums page**.
- A health plan **benefits comparison grid** is on the **Health page**.
- You can also find definitions, insurance terms and frequently asked questions (FAQs).

Resource Materials

For more detailed information, refer to the **Eligibility and Enrollment Guide (below)** found online under Publications.



tn.gov/PartnersForHealth

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
EMPLOYEE INSURANCE CHECKLIST — LOCAL EDUCATION PLAN
 State of Tennessee — Department of Health Administration — Benefits Administration
 175 Franklin, Public Building, 10th Floor — Nashville, Tennessee 37243 • 615.741.3000 or 800.333.6961

PRINT/Label this form to be mailed to the State of Tennessee. The form must be completed by an employer's ABC enrollment point. Plans to which enrollment has been denied, and ongoing the form, you are required to sign the appropriate responses for each plan for the employee copy.

EMPLOYEE INFORMATION	LOCAL ID	LOCAL #
ELIGIBILITY AND ENROLLMENT		
<input type="checkbox"/> Explain the eligibility criteria for employees and dependents. <input type="checkbox"/> Explain enrollment must be completed within 31 days of your eligibility date. A completed paper form must be returned to the local education office with the applicable dependent verification documents by _____, 30 days or less to submit to SA within the 31-day requirement. Electronic enrollment is possible through the eServices Self Service (ESS). The enrollment with dependent verification must be submitted to _____ paper application is not necessary for ESS. <input type="checkbox"/> Explain that enrollment when not eligible, the employee will only be allowed insurance coverage during the next enrollment through a special enrollment provision. A completed application is not returned to the 15th of the month prior to coverage beginning; the employee must have timely notification when the period for which health coverage is selected. <input type="checkbox"/> Explain change which can be made during the 90-day enrollment period, effective the following January 1: - Employees dependent who request to enroll in coverage to replace between health option and carrier. - Employees dependent who request to enroll in Local or transfer between Local and state options.		
HEALTH OPTIONS		
<input type="checkbox"/> Health Options: <input type="checkbox"/> Other <input type="checkbox"/> Standard PPO <input type="checkbox"/> Other — Hybrid and HealthSaver Plan <input type="checkbox"/> Standard HMO <input type="checkbox"/> Other — Basic and Standard Plan <input type="checkbox"/> Local Coverage		
ENROLLMENT AND BENEFITS		
<input type="checkbox"/> Provide a copy of the enrollment and enrollment information. <input type="checkbox"/> If the labor agreement has not yet been completed (ESS), provide an enrollment application to process insurance elections. If applicable, the enrollment application must be signed and placed in the enrollment envelope (provide the name of company coverage). <input type="checkbox"/> Provide the Health Care Financial Information (HCFF) website (http://www.gpa.com/partners), and provide the information about the website, including member materials, publications and the customer service program with contact information for SA and website options. <input type="checkbox"/> Explain how to find rates from the Health Care Financial Information (HCFF) website and provide the information about the website. <input type="checkbox"/> Provide access to the eligibility and enrollment guide and other policy rules or printed copies if requested. <input type="checkbox"/> Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program. <input type="checkbox"/> Explain the benefits available in the Health Care Financial Information (HCFF) website. <input type="checkbox"/> Explain monthly premiums, including employee deduction and employer contribution if applicable. <input type="checkbox"/> Explain the coverage of health and coverage and the coverage rules and provide the web address or printed copies if requested. <input type="checkbox"/> Provide the web address to the Local Education Employees in case of responsibility if they or their dependents are enrolled in Local Care.		
EMPLOYEE SIGNATURE: _____		ABC/ENROLLMENT POINT SIGNATURE: _____
DATE: _____		DATE: _____

HR 0001 (Rev. 11/16) 004 0001

You will also be provided with an **Employee Checklist** (above) to confirm that you have been informed of important benefits information.

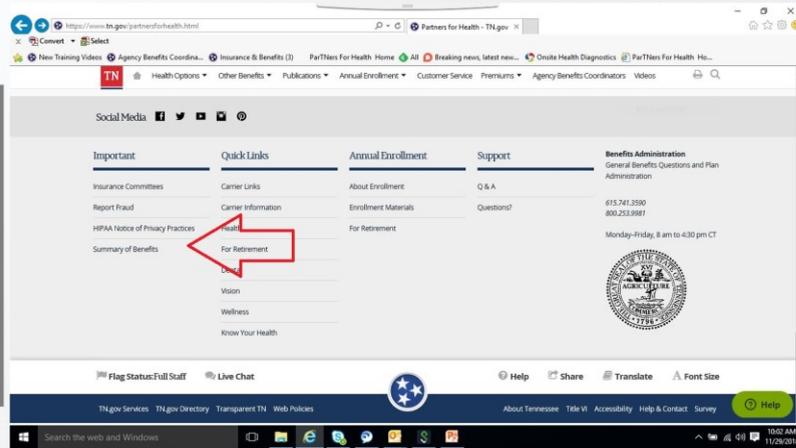


- More detailed information about enrollment and your benefits can be found in the Eligibility and Enrollment Guide on the ParTners for Health website under **Publications**.
- Your ABC will also provide you with an employee checklist to confirm that you have received this important benefit information.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

Resource Materials

The Summary of Benefits and Coverage (SBC) describes your health coverage options.

You can find a link to print copies at the bottom of the ParTners for Health website, or ask your ABC for a copy.



tn.gov/PartnersForHealth



- 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. Again, these can be found under the **Publications** tab on the website.

Need Help?

You can also talk directly with someone at Benefits Administration or ask a question by clicking links on the website.

- Contact **Benefits Administration** (BA) for **eligibility and enrollment** questions at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.
- In Zendesk – our online help desk - click the **blue Questions** button or go to the link below to search the help desk, find articles or submit a question at <https://benefitssupport.tn.gov/hc/en-us>.
- Click the **green HELP** button on the website and CHAT with a BA service center representative during business hours.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

Benefits Administration staff is also more than happy to help you directly – and you can find links to ask questions on the website.

- You can call the Benefits Administration (BA) Service Center for help with eligibility and enrollment at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.
- In Zendesk – click the **“Questions”** button on the website or go to the link on the screen to search the help desk, find articles or submit a question <https://benefitssupport.tn.gov/hc/en-us>.
- Click the **green HELP** button on the website to CHAT with a BA service center representative during business hours.

Who is Eligible for Coverage?

Local education and local government employees can verify specific eligibility requirements in the Eligibility and Enrollment Guide and the Plan Documents.

- Full-time employees and their dependents, who may include:
 - Legally married spouses
 - Children up to age 26, (natural, adopted, step-children or children for whom the employee is the legal guardian, children for whom the plan has qualified medical child support orders)
 - Special circumstances for disabled dependents may allow for coverage after age 26. Refer to your Eligibility and Enrollment Guide or consult your ABC for more information.
 - All other individuals cited in state statute, approved as an exception by the State Insurance Committee or defined as a full-time employee for health insurance purposes by federal law
 - Employees **cannot** be enrolled in TennCare **and** a State Group Health Insurance Plan
 - Contact your caseworker at TennCare within **10 days** of your date of employment to report your new job, salary and that you have access to medical insurance with your new employer
 - Employees cannot be enrolled as both head of contract and dependent within the Local Education Plan or within the Local Government

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

Local education and local government employees can verify specific eligibility requirements in the Eligibility and Enrollment Guide and the Plan Documents.

- Full-time employees are eligible for benefits. For insurance purposes, a full-time employee is defined as someone regularly scheduled to work no less than 30 hours per week in a non-seasonal, non-temporary position.
- If you have a family, you may choose to also cover your eligible dependents. A dependent can be a legally married spouse or a child up to age 26. To be considered an eligible dependent, children must be natural, adopted or step-children or children for whom you are the legal guardian.
- If you have a disabled child, you may be able to continue coverage for your child after age 26.
- All other individuals cited in state statute, approved as an exception by the State Insurance Committee or defined as a full-time employee for health insurance purposes by federal law
- If you are currently enrolled in TennCare, you must inform your caseworker at TennCare of your new employment within 10 days of your hire date. You must report your new job, salary and that you have access to medical insurance with your new employer.
- **If you have a dependent child on another plan including TennCare, the child can be carried on another plan.**
- Employees cannot be enrolled as both head of contract and dependent within the Local Education Plan or within the Local Government Plan.
- For more information refer to the Eligibility and Enrollment Guide or consult your ABC.

When Can You Add Coverage?

There are three times you may add coverage:

- As a new employee – **you have 31 days after your hire date to enroll in coverage**
- Annual Enrollment in the fall
- During Special Enrollment Qualifying Events:
 - HIPAA federal law allows you and your dependents to enroll in health coverage under certain conditions
 - Exceptions made for you and your dependents if you lose health coverage offered through your spouse's or ex-spouse's employer
 - You and eligible dependents may also be able to enroll in dental/vision when lost with another employer (if offered by your agency)
 - If adding dependents to your existing coverage, you and your dependents may transfer to a different carrier or healthcare option, if eligible
 - Premiums are not prorated. If approved, you must pay premium for the entire month the effective date occurs
 - Submit the enrollment within 60 days of the event or loss of other coverage
 - An Enrollment Change Application on the website **Forms page** lists all of the Special Enrollment Qualifying Events on page three

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

There are only three times when you may add coverage:

- **The first is right now, when you are a new employee – very important – you have 31 days from your hire date to enroll in your coverage**
- The second is during Annual Enrollment in the fall
- And the third is if you experience a Special Enrollment Qualifying Event.
 - The federal law, Health Insurance Portability Accountability Act (HIPAA), allows you and your dependents to enroll in health coverage under certain conditions.
 - Exceptions will also be made for you and your dependents if you lose coverage offered through your spouse's or ex-spouse's employer.
 - You or your dependents may also be eligible to enroll in dental and vision coverage when lost with another employer (if offered by your agency).
 - If you are adding dependents to your existing coverage, you and your dependents may transfer to a different carrier or healthcare option, if eligible.
 - Premiums are not prorated.
 - If approved, you must pay premium for the entire month in which the effective date occurs.
 - For a complete list of Special Enrollment Qualifying Events, contact your ABC.
 - See the Eligibility and Enrollment Guide for more information.

About Annual Enrollment

Annual Enrollment occurs during the fall. Benefit information will be mailed about changes and what is offered for the following year.

- Annual Enrollment is when you can enroll or make changes for you and your eligible dependents.
- You can make changes to your existing coverage, change your plan, carrier provider network (doctors and facilities), and cancel or transfer between plans.
- Changes will be effective on Jan. 1 of the following year.
- Changes are in effect for a full plan year Jan. 1 – Dec. 31.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

Annual Enrollment occurs during the fall. Benefit information will be mailed to you about changes and what is offered for the following year.

- The Annual Enrollment period gives you the chance to enroll or make changes for you and your eligible dependents.
- You'll be able to make changes to your existing coverage, change your plan, carrier provider network (doctors and facilities), and cancel or transfer between plans.
- Changes will be effective on Jan. 1 of the following year.
- Changes are in effect for a full plan year Jan. 1 – Dec. 31.

Canceling Coverage

Outside of Annual Enrollment, you can only cancel coverage 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 special qualifying event as approved by Benefits Administration.
 - (Examples include becoming newly eligible for other coverage under another plan due to an event like marriage, divorce, birth or adoption of a child; entitlement to Medicare, Medicaid or TRICARE)
- See the Eligibility and Enrollment Guide for details.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

Outside of Annual Enrollment, you can only cancel coverage 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 special qualifying event as approved by Benefits Administration.
 - (Examples include becoming newly eligible for other coverage under another plan due to an event like marriage, divorce, birth or adoption of a child; entitlement to Medicare, Medicaid or TRICARE)
- You can find more information about when you can cancel coverage in the Eligibility and Enrollment Guide.

Choosing Your Premium Level

- Four premium levels (tiers) available:
 - Employee Only
 - Employee + Child(ren)
 - Employee + Spouse
 - Employee + Spouse + Child(ren)
- **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 Emp 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.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

The amount you pay in 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 your health plan.
- Just remember, if you're enrolling as a family, everyone must be enrolled in the same state group health insurance option with the same insurance carrier, and enrolled in the same dental and vision options (if offered by your agency).
- 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 Emp 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.

Note: An individual may only be covered under one state policy.

Benefits

Health plans – you have the choice between four different plans.

Preventive care is free, if you use an in-network provider.

- **Premier PPO:** Higher premiums – but lower out-of-pocket costs for deductibles, copays and coinsurance
- **Standard PPO:** Lower premiums than the Premier PPO – but you'll pay more out-of-pocket for deductibles, copays and coinsurance
- **Limited PPO:** Lower premiums than the other PPOs – but you'll pay more out-of-pocket for deductibles, copays and coinsurance compared to the other PPOs
- **Local Consumer-Driven health plan (CDHP)/health savings account (HSA):** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays. You get a health savings account with this plan.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

Here are the health plans you can choose from. With all health plans, you won't pay anything for in-network preventive care:

- **Premier PPO:** Higher premiums – but lower out-of-pocket costs for deductibles, copays and coinsurance
- **Standard PPO:** Lower premiums than the Premier PPO – but you'll pay more out-of-pocket for deductibles, copays and coinsurance
- **Limited PPO:** Lower premiums than the other PPOs – but you'll pay more out-of-pocket for deductibles, copays and coinsurance compared to the other PPOs
- **Local Consumer-Driven health plan (CDHP)/health savings account (HSA):** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays. You get a health savings account with this plan.
- Find a plan comparison chart at tn.gov/PartnersForHealth, under **Health**.
- **Questions & Answers (Q&A)** for what is covered and not covered, including information about hospital-based providers, is found in the carriers' member handbooks on the **Publications** page of the website.

Benefits

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

- The **HSA** can help you **save** for healthcare costs.
 - You get tax benefits and the money rolls over each year
 - You can keep the money if you leave/retire
 - You can put premium savings into your HSA to pay your deductibleLearn more at tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options**.
- **HSA IRS maximum contributions** – There is an annual limit on how much money can be put into a HSA.
The 2020 amounts are:
 - \$3,550 for employee only coverage
 - 7,100 for all other tiers
 - Members 55 or older can contribute \$1,000 more each year

tn.gov/PartnersForHealth



Here is more information about the **Local CDHP/HSA:**

- The **HSA** can help you **save** for healthcare costs. You get tax benefits, the money rolls over each year and you can keep the money if you leave or retire. You can put the premium savings into your HSA to pay your deductible!
 - Learn more at tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options**.
- **HSA IRS maximum contributions** – There is an annual limit on how much money can be put into a HSA.
- **The 2020 amounts are:** \$3,550 for employee only coverage and \$7,100 for all other tiers. Members 55 or older can contribute \$1,000 more each year.

Important HSA Information

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 each pay period. You may only spend the money that is available in your HSA at the time of service or care.**

- **Local education and local government employees** who enroll in the Local CDHP will need to check with your employer to see if they allow you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.
- Enrolling in Social Security at age 65 automatically triggers Medicare Part A enrollment. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

This is important information about the HSA if you enroll in a CDHP.

- **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 each pay period. You may only spend the money that is available in your HSA at the time of service or care.**

Local education and local government employees who enroll in the Local CDHP will need to check with your employer to see if they allow you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

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

CDHP/HSA and FSA restrictions

Restrictions with a CDHP/HSA:

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

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

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

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

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

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

Carrier Networks

You choose between three provider networks (doctors, hospitals, facilities) for your medical care:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP):** Includes more hospitals in Tennessee. You pay a monthly surcharge of \$40/\$80, which is included in the premium.
 - \$40 more for Employee only and Employee+child(ren) tiers
 - \$80 more for Employee+spouse and Employee+spouse+child(ren) tiers
- **To find out if your doctor/hospital are in a network, go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information**.**

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

tn.gov/PartnersForHealth



Here are your carrier network options – you’ll choose one network of providers (doctors, hospitals, facilities) for your medical care:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP):** Includes more hospitals in Tennessee. You pay a monthly surcharge of \$40/\$80, which is included in the premium.
 - \$40 more for Employee only and Employee+child(ren) tiers
 - \$80 more for Employee+spouse and Employee+spouse+child(ren) tiers
- **To find out if your doctor/hospital are in a network, go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information**.**

Pharmacy Benefits

All of our health plans include comprehensive prescription drug benefits. The health plan you choose will determine your out-of-pocket prescription costs.

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

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

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

tn.gov/partnersforhealth



All of our health plans include comprehensive prescription drug benefits provided through Caremark. The health plan you choose will determine your out-of-pocket prescription costs.

You can find the 2020 pharmacy costs on the website at tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.

Pharmacy Benefits

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

Learn more about these pharmacy benefits at tn.gov/PartnersForHealth:

Coordinate maintenance meds	Certain meds to treat opioid dependency
Maintenance drugs	Weight management drugs
Certain low dose statins	Diabetic supplies
Copay installment program	Flu and pneumonia vaccines
Tobacco cessation products	

tn.gov/PartnersForHealth



You can find more information about pharmacy benefits, vaccines and how you can save money is at tn.gov/PartnersForHealth under **Health Options** and **Pharmacy**.

Go to the website to learn more about these pharmacy benefits:

- You can coordinate your maintenance medications
- There are certain medications to treat opioid dependency available
- Maintenance medications
- Certain low dose statins
- Copay installment program
- Free tobacco cessation products
- Weight management drugs
- Diabetic supplies
- Flu and pneumonia vaccines

Telehealth – 24/7 care

You can talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere, at any time.

- The cost is less than a typical office visit.
- Schedule an appointment for minor illnesses (cold, flu, allergies, etc.) for you or your family at a time that works for you, in the comfort of your own home.
- **Save time** - sign up in advance or register when you schedule your appointment through your carrier sponsored programs offered by BCBST (PhysicianNow) or Cigna (MDLive or AmWell).
- Find more information at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

Cost:

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

tn.gov/PartnersForHealth



For health plan members, you also get access to a service called Telehealth. You can talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere, at any time.

- The cost is less than a typical office visit.
- Schedule an appointment for minor illnesses (cold, flu, allergies, etc.) for you or your family at a time that works for you, in the comfort of your own home.
- **Save time** - sign up in advance or register when you schedule your appointment through your carrier sponsored programs offered by BCBST (PhysicianNow) or Cigna (MDLive or AmWell).
- Find more information at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

Cost:

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

Behavioral Health & Substance Use Services – managed by Optum

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

In 2020 – members will get an ID card for services.

- **New in 2020** - Costs are waived for members who use select preferred substance use treatment facilities.
- **Optum can:** Find a provider (in person or virtual visits); explain benefits; identify best treatment options; schedule an appointment; and answer questions
- Find more information at tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health**.
- To access all programs and services, **and help finding a provider**, contact: Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

tn.gov/PartnersForHealth

**PARTNERS
FOR HEALTH**

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

In 2020 – members will get an ID card.

- **Also new in 2020** - Costs are waived for members who use select preferred substance use treatment facilities.
- **Optum can help you:** Find a provider (in person or virtual visits); explain benefits; identify best treatment options; schedule an appointment; and answer questions.
- Find more information at tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health**.
- To access all programs and services, **and help finding a provider**, contact: Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

Employee Assistance Program (EAP) – managed by Optum

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

- Members get five EAP counseling visits, per problem, per year at no cost.
 - Available in person or by virtual visit.
- A telephonic coaching program, **Take Charge at Work**, helps members who are 18+ and eligible for EAP, working part/full time, deal with stress and depression. Available at no additional cost, if you qualify.
- Find more information at tn.gov/PartnersForHealth under **Other Benefits** and **EAP**.
- For EAP programs and services, and **help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

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

- Members get five EAP counseling visits, per problem, per year at no cost.
 - Available in person or by virtual visit.
- A telephonic coaching program, **Take Charge at Work**, helps members who are 18+ and eligible for EAP, working part/full time, deal with stress and depression. Available at no additional cost, if you qualify.
- Find more information at tn.gov/PartnersForHealth under **Other Benefits** and **EAP**.
- For EAP programs and services, and **help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

Wellness Program

A wellness program will be offered to enrolled health plan members and spouses. Members must qualify for these programs.

- **Disease management:** Members with chronic diseases such as asthma, diabetes, coronary artery disease, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) will have access to this program to better manage their chronic condition.
 - ActiveHealth, our program vendor, will send emails out to members during the year about the program.
- Members also have access to the online health assessment with ActiveHealth. After members complete the health assessment, they may use the online educational resources, including health education and digital coaching, on their website.

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

tn.gov/PartnersForHealth



A wellness program will be offered to enrolled health plan members and spouses. Members must qualify for these programs.

- **Disease management:** Members with chronic diseases such as asthma, diabetes, coronary artery disease, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) will have access to this program to better manage their chronic condition.
 - ActiveHealth, our program vendor, will send emails out to members during the year about the program.
- Members also have access to the online health assessment with ActiveHealth. After members complete the health assessment, they may use the online educational resources, including health education and digital coaching, on their website.

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

Diabetes Prevention Program

A **Diabetes Prevention Program (DPP)*** is offered **free** to you in 2020. It can help you prevent or delay type 2 diabetes.

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

Two online programs offered:

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

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

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

tn.gov/PartnersForHealth



A Diabetes Prevention Program (DPP)* is offered **free** to you in 2020. It can help you prevent or delay type 2 diabetes.

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

Two online programs offered:

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

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

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

2020 Monthly Premiums Local Education

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$627	\$587	\$537	\$456
Employee + Child(ren)	\$1,034	\$969	\$885	\$751
Employee + Spouse	\$1,223	\$1,146	\$1,047	\$889
Employee + Spouse + Child(ren)	\$1,630	\$1,526	\$1,395	\$1,184

•Premiums shown are for the employee share for **active employees** and reflect the total monthly premium. Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.

•Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

tn.gov/partnersforhealth



Here are the 2020 premiums for active local education employees.

The premium amounts shown reflect the total monthly premium. Please see your agency benefits coordinator (ABC) for your monthly deduction, the state's contribution and your employer's contribution, if applicable

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

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

2020 Monthly Premiums: Local Government – Level 1

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$662	\$620	\$481	\$434
Employee + Child(ren)	\$1,027	\$962	\$747	\$671
Employee + Spouse	\$1,424	\$1,334	\$1,036	\$931
Employee + Spouse + Child(ren)	\$1,789	\$1,676	\$1,302	\$1,170

• Here are the health insurance premiums for active local government employees – level 1. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

• Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.

• Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

tn.gov/partnersforhealth



Here are the 2020 health insurance premiums for **active local government employees – level 1**.

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

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

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

2020 Monthly Premiums: Local Government – Level 2

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$740	\$693	\$538	\$483
Employee + Child(ren)	\$1,146	\$1,074	\$834	\$750
Employee + Spouse	\$1,590	\$1,489	\$1,157	\$1,039
Employee + Spouse + Child(ren)	\$1,997	\$1,871	\$1,452	\$1,306

• Here are the health insurance premiums for active local government employees – level 2. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

• Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.

• Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

tn.gov/partnersforhealth



Here are the 2020 health insurance premiums for **active local government employees – level 2**.

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

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

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

2020 Monthly Premiums: Local Government – Level 3

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$804	\$753	\$585	\$525
Employee + Child(ren)	\$1,246	\$1,168	\$907	\$815
Employee + Spouse	\$1,729	\$1,620	\$1,258	\$1,130
Employee + Spouse + Child(ren)	\$2,172	\$2,034	\$1,580	\$1,420

• Here are the health insurance premiums for active local government employees – level 3. The premium amounts reflect the total monthly premium. There are different levels based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

• Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.

• Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

tn.gov/partnersforhealth



Here are the 2020 health insurance premiums for **active local government employees – level 3**.

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

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

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

2020 Deductibles and Out-of-Pocket Maximums

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

tn.gov/partnersforhealth

**PARTNERS
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.

Dental Benefits (employee paid) (if offered by your agency)

- Two different Dental plans are offered. Members pay the full premium.
- **MetLife DPPO:** Use any Dentist, but save money staying in-network. Members pay co-insurance.
- **Cigna DHMO prepaid plan:** Required to use a Network Dentist. You select your Network General Dentist and notify Cigna. See the list of Dentists on the Cigna website. Members pay copays.

- Information, including a comparison of the two plan options is at tn.gov/PartnersForHealth under **Other Benefits** and **Dental**.
- Contact: **MetLife**, 855.700.8001, M-F, 7 a.m. - 10 p.m.; metlife.com/StateofTN
- Contact: **Cigna**, 800.997.1617, 24/7; cigna.com/stateofTN

tn.gov/PartnersForHealth



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

- **MetLife DPPO:** Use any Dentist, but save money staying in-network. Members pay co-insurance.
- **Cigna DHMO prepaid plan:** Required to use a Network Dentist. You select your Network General Dentist and notify Cigna. See the list of Dentists on the Cigna website. Members pay copays.

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

- Contact: **MetLife**, 855.700.8001, M-F, 7 a.m. - 10 p.m.; metlife.com/StateofTN
- Contact: **Cigna**, 800.997.1617, 24/7; cigna.com/stateofTN

Dental Benefits (employee paid)

Monthly Premiums

Tiers	Cigna Prepaid (DHMO) Plan	DPPO - MetLife
Employee Only	\$13.44	\$23.64
Employee + Child(ren)	\$27.91	\$54.36
Employee + Spouse	\$23.83	\$44.72
Employee + Spouse + Child(ren)	\$32.76	\$87.50

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

Here are the 2020 premiums for active employees. Again, all premiums are employee paid.

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

2020 premium information will be found on the **Premium webpage**.

Vision Benefits (employee paid) (if offered by your agency)

Members pay the full premium. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials.
- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

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

- Additional benefits will be available for both plans in 2020. You’ll save money when using in-network providers.

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

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

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



tn.gov/PartnersForHealth

Members pay the full premium. You can choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials.
- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

In both plans you pay copays and coinsurance on materials or other services when the cost exceeds the allowance.

- Additional benefits will be available for both plans in 2020. You’ll save money when using in-network providers.

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

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

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

Vision Benefits (employee paid)

Monthly Premiums

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

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

And here are the premiums for vision benefits in 2020.

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

2020 premium information will be found on the **Premium** webpage.

Enrolling in Benefits

Edison is the state's Enterprise Resource Planning (ERP) system. You must enroll using Edison Employee Self Service (ESS), or your ABC can enter your selections for health, dental and vision coverage.

- **You must complete your enrollment within 31 days of your hire date**
- If you want to cover your spouse or children (dependents), we need proof of their relationship to you – it's called **dependent verification**.
 - Examples of dependent verification can include a marriage license and Federal Income Tax Return for a spouse, or a birth certificate for a child.
 - A list of required documentation for dependent verification is found on the website under **Publications** on the **Forms page** under **Health**.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

You must enroll using Edison Employee Self Service (ESS), or your ABC can enter your selections for health, dental and vision.

- **Enrollment must be completed within 31 days of your hire date.**
- **If you want to cover your spouse or children, you will also need to provide proof of their relationship to you – it's called dependent verification.**
 - Examples of dependent verification can include a marriage license and Federal Income Tax Return for a spouse or a birth certificate for a child.
 - A complete list of required documentation for dependent verification can be found on the website under **Publications** on the **Forms page** under **Health**.

Using ESS in Edison

Enrolling online in Employee Self Service (ESS)

- You will receive ESS – First Time Login instructions from your ABC or HR office.
- **Note:** When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may also enroll on your smart phone or mobile device.

Login to Edison

Click the **First Time Login** button on the Edison homepage, www.edison.tn.gov.

- There is also a video on the ParTNers website to help first-time users – called “**Log in to Edison for the first time**”.

If you have logged in before and need your **Access ID**, click on **Retrieve Your Access ID** button in Edison.

To **reset your password**, click on the **red Employee Portal Login button**.

- Videos on the ParTNers website can help you retrieve your Access ID and reset your password.

Call for more help:

- Local education and local government employees call the Benefits Administration service center at 800.253.9981 for assistance.

tn.gov/PartnersForHealth



Enrolling online in Employee Self Service (ESS)

- You will receive ESS – First Time Login instructions from your ABC or HR office.
- **Note:** When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. **You may also enroll on your smart phone or mobile device.**

Login to Edison

Click the **First Time Login** button on the Edison homepage, www.edison.tn.gov.

- There is also a video on the ParTNers website to help first-time users – called “**Log in to Edison for the first time**”.

If you have logged in before and need your **Access ID**, click on **Retrieve Your Access ID button** in Edison.

To reset your password, click on the **red Employee Portal Login button**.

- Videos on the ParTNers website can help you retrieve your Access ID and reset your password.

Call for more help:

- Local education and local government employees call the Benefits Administration service center at 800.253.9981 for assistance.

Using ESS in Edison

After you log into Edison at www.edison.tn.gov

- Navigate to the left hand side of the main page and select **Self Service**.
- You will then click on **Employee Work Center** and will see an option for **Benefits Enrollment** under **My Benefits**. You will then click on the **Select** button to start enrollment.
- Follow the prompts to make your selections. The system will take you through the rest of the process.

Dependent Verification

- If you are covering dependents, submit your dependent verification by uploading copies of the appropriate documentation in Edison.
- If you do not have electronic copies, you may also fax the required documentation to the Benefits Administration service center at 615-741-8196.
- **Dependent verification documents must be submitted within your 31 day enrollment time frame or your dependents will not be enrolled.**

tn.gov/PartnersForHealth



After you log into Edison at www.edison.tn.gov

- Navigate to the left hand side of the main page and select **Self Service**.
- You will then click on **Employee Work Center** and will see an option for **Benefits Enrollment** under **My Benefits**. You will then click on the **Select** button to start enrollment.
- Follow the prompts to make your selections. The system will take you through the rest of the process.

Dependent Verification

- If you are covering dependents, you can submit your dependent verification by uploading copies of the appropriate documentation in Edison.
- Or, if you do not have electronic copies, you may also fax the required documentation to the Benefits Administration service center at 615-741-8196.
- **Dependent verification documents must be submitted within your 31 day enrollment time frame or your dependents will not be enrolled.**

Important!

- You can use **ESS in Edison**.
- You have 31 days from your hire date to enroll.
- Dependent verification documents are due by your 31-day deadline.
- **Coverage will begin*:**
 - Ask your ABC if you have questions about when your coverage begins.

*Coverage begins the first day of the month after you are eligible. Ask your agency if you are eligible as of your hire date or some other date.

tn.gov/PartnersForHealth

PARTNERS
FOR HEALTH

- You can use **ESS in Edison**.
- You have 31 days from your hire date to enroll.
- Dependent verification documents are due by your 31-day deadline.
- **Coverage will begin*:**
 - Ask your ABC if you have questions about when your coverage begins.

*Coverage begins the first day of the month after you are eligible. Ask your agency if you are eligible as of your hire date or some other date.

When are Premiums Paid?

- 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.
 - For example, you could be double-deducted if you make your insurance selections after your agency confirms your paycheck that the first deduction is supposed to be taken.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

- Your ABC will tell you when your premiums will be deducted from your paycheck.
- We do recommend entering your benefit selections in ESS or submitting your enrollment forms to your ABC 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.
- For example, you could be double-deducted if you make your insurance selections after your agency confirms your paycheck that the first deduction is supposed to be taken.

ID and Debit Card Information

- Employees new to coverage will receive new ID cards within three weeks of the date your application is processed.
- Health coverage:
 - **BlueCross BlueShield**, you will receive up to two ID cards automatically. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
 - **Cigna**, you will receive 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.
- In addition to your health insurance ID cards, you will also automatically receive separate Caremark pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- **New in 2020 – you'll get ID cards for behavioral health and substance use from Optum.**
- If you enroll in dental or vision coverage, you will 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.
- Local CDHP/HSA members will receive a **debit card** from PayFlex to use for qualified purchases.
- Members can always request additional cards by contacting their carrier or vendor(s) or you may be able to use the vendor's mobile app. **Vendor contact information is found on the Customer Service page on the website.**

tn.gov/PartnersForHealth



Here is information about ID and Debit cards:

- Once your enrollment application has been processed, you will generally receive your new health insurance ID cards within three weeks.
 - If you enrolled with BlueCross BlueShield as your carrier, you will receive up to two ID cards automatically. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
 - If you enrolled with Cigna as your carrier, you will receive 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.
- In addition to your health insurance ID cards, you will also automatically receive separate Caremark pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- **New in 2020 – you'll get ID cards for behavioral health and substance use from Optum.**
- If you enroll in dental or vision coverage, you will typically receive your ID cards within three weeks.
- CDHP/HSA members will receive a debit card from PayFlex.
- Members can always request additional cards by contacting their carrier or vendor(s) or you may find them on the vendor's app. Contact information is found on the **Customer Service** page on the website.

Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called "HIPAA"
- Benefits Administration can only discuss benefits information with the head of contract (HOC)
- The **Authorization for Release of Protected Health Information** form must be completed before Benefits Administration can discuss benefits information with your spouse or other authorized representative

To print and complete a release form, visit www.tn.gov/partnersforhealth and go to the **Publications** page and click on **Forms** – the form is found under **Miscellaneous**.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

- All of our members' personal health information is strictly confidential. Your health privacy rights are protected through a federal law called HIPAA (Health Insurance Portability Accountability Act). 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.

Again – We can Help!

Contact **Benefits Administration** (BA) at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.

- Click the Zendesk **Questions** button on the website, or go to the link below to search the help desk, find articles or submit a question at: <https://benefitssupport.tn.gov/hc/en-us>.
- Click the **green Help!** button to CHAT with a representative.

Contact the vendor's customer service center or visit their website. Contact information is found at tn.gov/PartnersForHealth under **Customer Service**.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

Find definitions, insurance terms and frequently asked questions (FAQ) at tn.gov/PartnersForHealth

Publications and forms, brochures, handbooks, plan documents, summaries of benefits and coverage (SBC) and sample life insurance certificates are available on tn.gov/PartnersForHealth

tn.gov/PartnersForHealth



Again, if you need help, we have a lot of resources to help you:

Contact **Benefits Administration** (BA) at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.

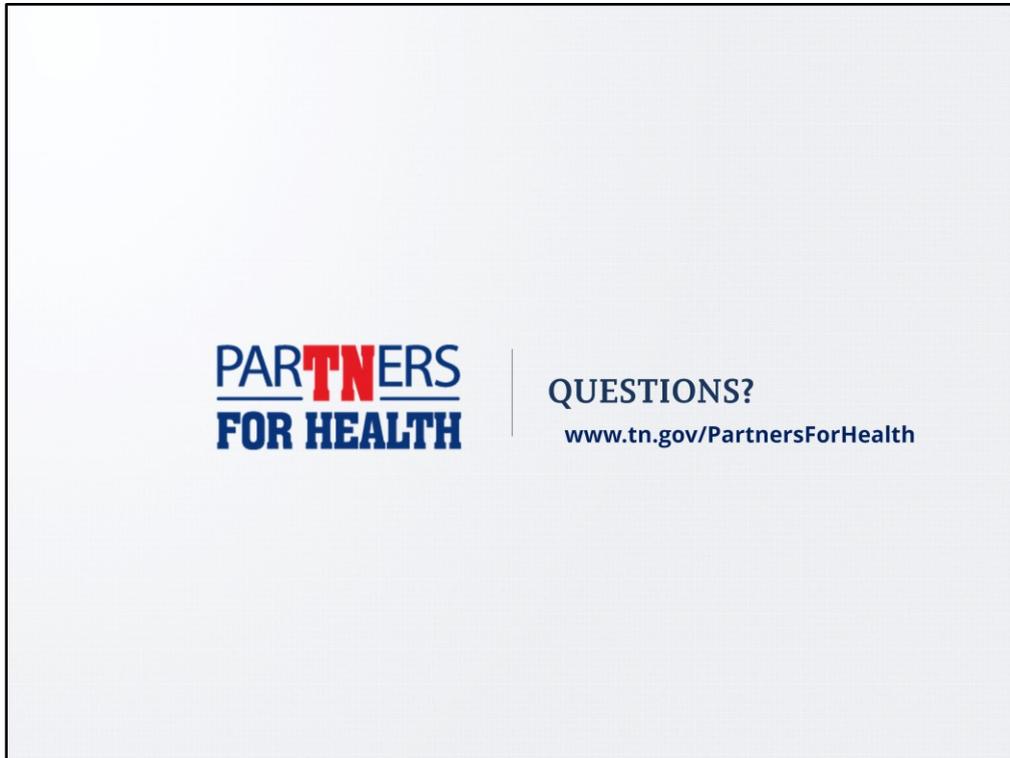
- Click the Zendesk **"Questions"** button on the website or you can click this link to search the help desk, find articles or submit a question at: <https://benefitssupport.tn.gov/hc/en-us>.
- Click the **green Help!** button on the website to CHAT with a representative.

Contact the vendor's customer service center or visit their website. Contact information is found at tn.gov/PartnersForHealth under **Customer Service**.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

Find definitions, insurance terms and frequently asked questions (FAQ) at tn.gov/PartnersForHealth

Publications and forms, brochures, handbooks, Plan Documents, summaries of benefits and coverage (SBC) and sample life insurance certificates are available on tn.gov/PartnersForHealth under **Publications**.



- This concludes the new employee benefits orientation. To watch this presentation again, or to access the forms and other resources discussed during this presentation, go to the ParTNers for Health website at tn.gov/PartnersForHealth.
- If you have questions, please ask your ABC at this time.