



STATE AND HIGHER EDUCATION

New Employee Orientation
Enrollment and Insurance Benefits
Jan. 1 – Dec. 31, 2019

- Welcome to the State of Tennessee Group Insurance Program New Employee Eligibility and Insurance Benefits Orientation for state and higher education employees.
- This presentation will provide an overview of your enrollment and the insurance benefits available to you.

Importance of your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits.
- **Please note: Some decisions can only be made during your new hire period.**
- Be aware of all the options available to you and make informed decisions.
- Submit questions to your **Agency Benefits Coordinator (ABC)**.

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- The State provides a comprehensive benefits package for you and your eligible dependents. It includes health, dental, vision, disability, accident, life 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 **Agency Benefits Coordinator (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 State Plan includes employees of state government and higher education.
- We also have a Local Education Plan available to local K-12 school systems, and a Local Government Plan for agencies that choose to participate.
- Our program works with more than 500 agencies and provides benefits to 300,000 employees, retirees and dependents of Tennessee's public institutions.
- The state pays about 80% of the medical insurance premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.

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PARTNERS
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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.
- The State Plan includes employees of state government and higher education.
- We also have a Local Education Plan available to local K-12 school systems, and a Local Government Plan for agencies that choose to participate.
- Our program works with more than 500 agencies and provides benefits to 300,000 employees, retirees and dependents of Tennessee's public institutions.
- You'll be pleased to learn that the state pays about 80% of the medical insurance premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.

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 and includes all of the documents, publications, forms and contact information.

Go to tn.gov/partnersforhealth -



Specific resources:

- Links to educational **videos** on the homepage. These videos can help you learn about your benefits and what everything means.
- Premium charts 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).

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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

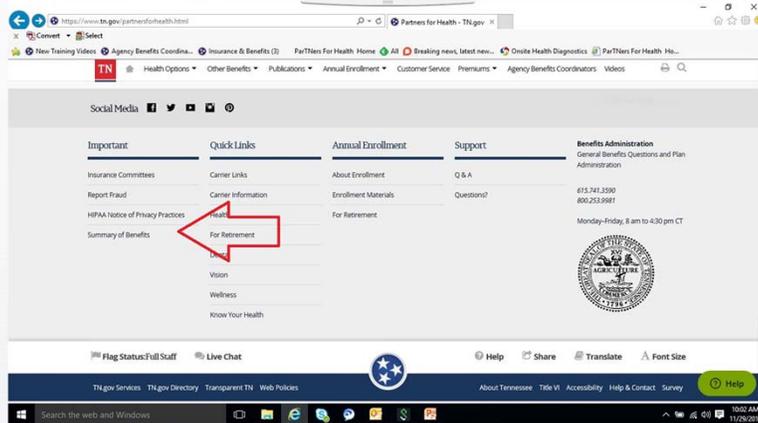
There are a lot of specific resources to help you, but here are a few to get you started:

- Links to educational **videos** are on the homepage. These videos can help you learn about your benefits and what everything means.
- Premium charts 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

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.



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- 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 same website.

Need Some 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 – click the **“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 on the website to live-chat with a BA service center representative during business hours.

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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 contact 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 live-chat with a BA service center representative during business hours.

Who is Eligible for Coverage?

- 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 the head of contract and dependent within the State Plan. See the Eligibility and Enrollment Guide for details.

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- 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.**
- 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 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

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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 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.

About Annual Enrollment

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

- The enrollment period is when you can 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.
- Most changes will be effective on Jan. 1 of the following year. Voluntary term life insurance and disability insurance could start Jan. 1, Feb. 1 or March 1 – this is due to the review of medical history by the insurance carriers to determine if you are eligible.
- Changes are in effect for a full plan year Jan. 1 – Dec. 31 (but you can cancel voluntary term life insurance and disability at anytime).

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

- The 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.
- Most changes will be effective on Jan. 1 of the following year. Voluntary term life insurance and disability insurance could start Jan. 1, Feb. 1 or March 1 – this is due to the review of medical history by the insurance carriers to determine if you are eligible.
- Changes are in effect for a full plan year Jan. 1 – Dec. 31 (but you can cancel voluntary term life insurance and disability at anytime).

Canceling Coverage

Outside of Annual Enrollment, 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 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.

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Outside of Annual Enrollment, 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 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.
- If you and your spouse are both state or higher education employees:
 - Consider employee only coverage or employee + child(ren) to receive the maximum basic term life insurance benefit.
 - NOTE: An individual may only be covered under one state policy

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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.
- 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.
- If you and your spouse are **both state or higher education employees**:
 - Consider Emp Only or Employee + Child(ren) to receive the maximum basic term life insurance benefit.
 - NOTE: An individual may only be covered under one state policy

Benefits: We've Got You Covered!

Here are your health plan options – with all 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
- **CDHP/HSA:** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays

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You get the choice of a health plan and the choice of a carrier network.

Here are the health plans you can choose from. Each option has different out-of-pocket costs for copays, deductible, coinsurance and your out-of-pocket maximum. And 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
- **CDHP/HSA:** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays

Benefits: We've Got You Covered!

More info about the CDHP/HSA:

- The CDHP has a **health savings account or HSA**. The HSA can help you **save** for your healthcare expenses during the year and in the future – and it offers tax benefits.
- The state will put **\$250** (emp. only) or **\$500** (all other tiers) into your HSA. This money applies to your maximum contribution.
 - State HSA contribution is not available for coverage starting Sept. 2, 2019, through the end of 2019.
- Take the savings from your **lower premium** and put them in your HSA to cover your deductible!
- Your HSA rolls over – you won't lose the funds at the end of the year!
- **2019 HSA IRS maximum – this is the most you can put in the HSA:**
 - \$3,500 for emp. only
 - \$7,000 for all other tiers
 - Members 55 or older can contribute \$1,000 or more each year

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The CDHP/HSA works differently than the PPOs. Here is more information about the CDHP/HSA:

CDHP/HSA:

- Has a **health savings account or HSA** that can help you save for your healthcare during the year and in the future – and it offers tax benefits.
- The state will put **\$250** (emp. only) or **\$500** (all other tiers) into your HSA. This money applies to your maximum contribution.
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- Take the savings from your lower premium and put them in your HSA to cover your deductible!
- Your HSA rolls over – you won't lose the funds at the end of the year!
- 2019 HSA IRS maximum contribution amounts:
 - \$3,500 for emp. only
 - \$7,000 for all other tiers
 - Members 55 or older can contribute \$1,000 or more each year

If you are interested in a CDHP/HSA, we recommend that you go to our website to learn how the plan works, how you can save money on your taxes, and what you can do with the money when you turn 65.

Important HSA Information

- **State employees:** Those enrolled in the CDHP/HSA must update their HSA contribution amounts each year in Edison.
- **Higher education employees:** Those currently enrolled in the CDHP do not have to, but can, update their HSA contribution amounts each year. To make a change, contact your agency benefits coordinator (ABC).

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

- **State employees:** Those enrolled in the CDHP who want to stay in this plan must update their HSA contribution amounts each year in Edison.
- **Higher education employees:** Check with your ABC on making a change each year to your HSA if you continue to be enrolled.

CDHP/HSA and FSA restrictions

There are restrictions with a CDHP/HSA:

- You cannot enroll in a 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
 - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
- Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

You cannot have a HSA if either you or your spouse are enrolled in 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.

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There are restrictions with a CDHP/HSA and enrolling in other plans and/or Flexible Spending Accounts (FSA):

- You can't enroll in a 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
 - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
- Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

You cannot have a HSA if either you or your spouse are enrolled in 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.

Carrier Networks

Choose a network of providers (doctors, hospitals, facilities) for your medical care:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP):** This is a large network. You have a choice of more doctors and facilities, but you will pay more each month.
 - Monthly surcharge is included in the premium:
 - \$40 more for employee only and employee+child(ren) coverage
 - \$80 more for employee+spouse and employee+spouse+child(ren) coverage
- **To find out if your doctor and hospital are in a network,** go to tn.gov/partnersforhealth and click on **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.

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You'll choose one carrier network of providers (doctors, hospitals, facilities) for your medical care:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP):** This is a large network. You have a choice of more doctors and facilities, but you will pay more each month.
 - Monthly surcharge is included in the premium:
 - \$40 more for employee only and employee+child(ren) coverage
 - \$80 more for employee+spouse and employee+spouse+child(ren) coverage
- Each network has providers throughout Tennessee and across the country. It's important to check the network to see if your doctors and preferred hospital are in the network before making your selection. Once you make a choice you are in the network until you are eligible to make changes.
- **To find out if your doctor and hospital are in a network,** you can go to tn.gov/partnersforhealth and click on **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	CDHP/HSA
30-DAY SUPPLY			
Generic	\$7	\$14	20% coinsurance after deductible is met
Brand	\$40	\$50	
Non-preferred brand	\$90	\$100	
90-DAY SUPPLY (Retail-90 network pharmacy or mail order)			
Generic	\$14	\$28	20% coinsurance after deductible is met
Brand	\$80	\$100	
Non-preferred brand	\$180	\$200	
90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)			
Generic	\$7	\$14	10% coinsurance without having to meet deductible
Brand	\$40	\$50	
Non-preferred brand	\$160	\$180	
SPECIALITY PHARMACY**			
Coinsurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	20% after deductible

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

- The costs on the screen are for in-network pharmacy benefits. If you use out-of-network pharmacy benefits, they are different and will cost you more.
- You can find the 2019 pharmacy costs on the website at tn.gov/partnersforhealth under **Health Options and Pharmacy**.
- This information is also found in the Eligibility and Enrollment Guide.

Pharmacy Benefits

Find more information about pharmacy benefits, vaccines and available discounts at tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.

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

Maintenance drugs	Weight management drugs
Certain low dose statins	Diabetic supplies
Copay installment program	Flu and pneumonia vaccines
Tobacco cessation products	Some no cost medications to treat opioid dependency
Coordinate refills for maintenance medications – so multiple medications are filled on the same day. For PPO members – medications being “synced” will have pro-rated copays	

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You can find more information about all of the pharmacy benefits, vaccines and available discounts at tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.

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

- **Maintenance medications**
- **Certain low dose statins**
- **Copay installment program**
- **Tobacco cessation products**
- **Weight management drugs**
- **Diabetic supplies**
- **Flu and pneumonia vaccines**
- **Some no cost medications to treat opioid dependency are available**
- **Ability to coordinate refills for maintenance medications – so multiple medications are filled on the same day. For PPO members – medications being “synced” will have pro-rated copays.**

Telehealth – 24/7 care

All health plan members have access to state-sponsored Telehealth programs through BCBST and Cigna.

- You can talk to a medical doctor for a non-emergency visit by phone or computer from anywhere, at any time at a lower cost than a typical office visit.
- For non-emergency medical issues such as cold & flu, infections, allergies, asthma, fever, pink eye, etc.
- When your regular doctor is unavailable or you can't leave home or work.
- **You must pre-register with your carrier, BCBST or Cigna.**
- 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

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All health plan members have access to state-sponsored Telehealth programs through BCBST and Cigna.

- You can talk to a medical doctor for a non-emergency visit by phone or computer from anywhere, at any time at a lower cost than a typical office visit.
- For non-emergency medical issues such as cold & flu, infections, allergies, asthma, fever, pink eye, etc.
- When your regular doctor is unavailable or you can't leave home or work.
- **To use TeleHealth, you must pre-register with your carrier, BCBST or Cigna.**

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

You can find more information at tn.gov/partnersforhealth under **Health Options** and **Telehealth**.

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.

Optum can help:

- Find a provider (in person or virtual visits – let's you see a provider by private, secure video conferencing)
 - Explain your benefits
 - Identify the best treatment options
 - Schedule an appointment
 - Answer questions
-
- Find more information at tn.gov/partnersforhealth under **Health Options** and **Behavioral Health**.
 - To access all programs and services, including help finding a provider, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

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Behavioral health benefits are managed by Optum.

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

Optum can help:

- Find a provider (in person or virtual visits – let you see a provider by private, secure video conferencing)
- Explain your benefits
- Identify the best treatment options
- Schedule an appointment
- Answer questions

In addition to office visits, you can meet with a provider through private, secure video conferencing – called virtual visits. It allows you to get care you need in the privacy of your home. The copay is the same as an office visit.

Find more information at tn.gov/partnersforhealth under **Health Options** and **Behavioral Health**.

To access all programs and services, including 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 benefits-eligible state and higher education employees and their eligible dependents – even if they are not enrolled in a health plan.

- Members get five EAP counseling visits, per problem, per year at no cost.
- A telephonic coaching program called Take Charge at Work helps members dealing with stress and depression feel productive again. It's available at no additional cost for those who qualify.
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **EAP**.
- To access all programs and services, including how to find a provider, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

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PARTNERS
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Your EAP services are also managed by Optum.

EAP services are available to all benefits-eligible state and higher education employees and their eligible dependents – even if they are not enrolled in a health plan.

- Members get five EAP counseling visits, per problem, per year at no cost.
- Master's level specialists are available around the clock to assist with stress, legal, financial, mediation, and work/life services. They can even help members find a network provider, a plumber who works nights, find services for elderly parents, theater tickets, all-night pharmacies and so much more.
- A telephonic coaching program called Take Charge at Work helps members dealing with stress and depression feel productive again. It's available at not additional cost for those who qualify.
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **EAP**.
- To access all programs and services, including how to find a provider, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com

Voluntary Wellness Program

A voluntary wellness program will be available for active state and higher education employees and spouses. The wellness vendor, Active Health, will email information about programs.

- Regardless of the health plan you choose, you can participate in the program
- **You and your spouse can each earn up to \$250* a year** by completing certain wellness activities – up to \$500* per employee and spouse annually!
- More information about programs and activities will be available at tn.gov/partnersforhealth on the **Wellness** page.
- The **Diabetes Prevention Program (DPP)** is also offered in 2019. Go to tn.gov/partnersforhealth for details under **Other Benefits, Wellness** on the **DPP** webpage.

**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. The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in the member's paycheck.

tn.gov/partnersforhealth

**PARTNERS
FOR HEALTH**

A voluntary wellness program will be available for active employees and spouses. The new wellness vendor, Active Health, will email information to members about programs.

- **Regardless of the health plan you choose**, you will be able to earn cash incentives for completing certain wellness activities starting Jan. 1, 2019.
- You and your spouse could **each earn up to \$250 a year** by completing certain wellness activities (if eligible). Each participant will be able to earn the maximum \$250 per person – that could be up to \$500 for the employee and spouse annually!

More information about programs and activities is available at tn.gov/partnersforhealth on the **Wellness** page.

- A **Diabetes Prevention Program (DPP)** is also offered in 2019. Go to tn.gov/partnersforhealth for details under **Other Benefits, Wellness** on the **DPP** webpage.

*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. The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in the member's paycheck.

Premiums for 2019: State and Higher Education

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	CDHP/HSA*
Employee Only	\$136	\$92	\$60
Employee + Child(ren)	\$204	\$139	\$89
Employee + Spouse	\$284	\$195	\$125
Employee + Spouse + Child(ren)	\$352	\$241	\$154

*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.

*Premiums are for the BCBS 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.

*The state will put **\$250** (emp. only) or **\$500** (other tiers) into your HSA annually. Not available for coverage starting Sept. 2, 2019, through the end of 2019.



tn.gov/partnersforhealth

Here are the 2019 premiums for active state and higher education employees.

- 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 Premium page on the website.

*The state will put **\$250** (emp. only) or **\$500** (other tiers) into the HSA annually. Not available for coverage starting Sept. 2, 2019, through the end of 2019.

2019 Deductibles and Out-of-Pocket Maximums

	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

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**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 any 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 eligible 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.

Disability Insurance (employee paid)

Disability benefits are offered to full-time state and higher education employees through MetLife. Disability insurance helps cover your living expenses by insuring your paycheck.

- Premiums are employee paid.
- **Short-term Disability (STD):** Replaces a portion of your income during a disability, which could last up to 26 weeks. Two coverage options are available.
- **Long-term Disability (LTD) – state employees only:** Replaces a portion of your income during a disability that is expected to last longer than 90-180 days. Four options are available.
 - Higher education employees can contact your ABC about LTD available.
- Find more information, including how to calculate your rates, at tn.gov/partnersforhealth under **Other Benefits** and **Disability**.
- Monthly premium rates are also in Employees Self Service (ESS) in Edison when you enroll.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

Disability benefits are offered to full-time state and higher education employees through MetLife.

Disability insurance helps cover your living expenses by insuring your paycheck.

- Premiums are employee paid and paid with after-tax dollars. By paying with after-tax dollars, any benefits paid to you will result in a tax-free benefit.
- **Short-term Disability (STD):** Replaces a portion of your income during a disability, which could last up to 26 weeks. Two coverage options are available.
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- Monthly premium rates are also in Employees Self Service (ESS) in Edison when you enroll.

Dental Benefits (employee paid)

Two different dental plans are offered to state and higher education employees.

- **MetLife DPPO:** Use any dentist, but you'll save money when staying in-network.
 - Provides services with coinsurance paid by the member.
- **Cigna DHMO prepaid plan:** Required to use a Network Dentist. Select your Network General Dentist and notify Cigna.
 - Provides services at fixed copay amounts paid by the member.
- Find more information, including dental coverage grids under **Other Benefits** and **Dental**.

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- You can find more information, including dental coverage grids under **Other Benefits** and **Dental**.

Dental Benefits (employee paid)

Monthly Premiums for Active Members

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

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PARTNERS
FOR HEALTH

Here are the 2019 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** page.
- Premium information will be found on the **Premium page**.

Vision Benefits (employee paid)

Vision benefits are offered through Davis Vision. Members pay the premium. Choose from two options:

- **Basic Plan:** Offers discounted network rates and allowances for services.
- **Expanded Plan:** Provides services with a combination of copays, greater allowances and discounted rates.
 - Members receive the maximum benefit when visiting a provider in Davis Vision's network.
- Vision plan members get:
 - Routine eye exam every calendar year
 - Frames once every two (2) calendar years
 - Choice of eyeglass lenses or contact lenses once every calendar year
 - Additional values offered by Davis Vision. Learn more at davisvision.com/stateofTN
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Vision**.

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PARTNERS
FOR HEALTH

Vision benefits are offered through Davis Vision. Members pay the premium. Choose from two options:

- **Basic Plan:** Offers discounted network rates and allowances for services.
- **Expanded Plan:** Provides services with a combination of copays, greater allowances and discounted rates.
- **Premiums will stay the same in 2019.** No changes in benefits and/or allowances. Members receive the maximum benefit when visiting a provider in Davis Vision's network.
- Vision plan members get:
 - Routine eye exam every calendar year
 - Frames once every two (2) calendar years
 - Choice of eyeglass lenses or contact lenses once every calendar year
 - Additional values offered by Davis Vision. Learn more at davisvision.com/stateofTN
- You can find more information at tn.gov/partnersforhealth under **Other Benefits** and **Vision**.

Vision Benefits (employee paid)

2019 premium rates:

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

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PARTNERS
FOR HEALTH

And here are the premiums for vision benefits in 2019.

- The vision benefits grid is found on the website tn.gov/partnersforhealth under **Vision**.
- Premium information is found on the **Premium** page on the website.

Flexible Spending Accounts (FSA) (state and higher education only)

Flexible spending accounts (FSA) - for those who expect to spend on healthcare or dependent care. FSAs can help reduce your taxable income and save you money.

- Insurance-eligible state and higher education employees can enroll in FSAs. Part-time employees may not enroll in these benefits.
- **FSAs available and 2019 contribution amounts:**
 - **Medical FSA:** For medical, dental and vision expenses. Annual limit - \$2,650. Carryover limit - \$500.
 - **Limited Purpose FSA (L-FSA):** For dental and vision expenses only. Annual limit - \$2,650. Carryover limit - \$500.
 - **Dependent Care FSA (DC-FSA):** Annual limit - \$5,000 (up to \$2,500 per spouse for married couples filing jointly). No carryover amount allowed.
- **Important:** You cannot enroll in both a medical FSA and a L-FSA in the same year. The L-FSA is a great option for CDHP/HSA enrollees because it provides a way to save tax-free on eligible dental and vision expenses.
- Medical FSA and L-FSA members get a debit card to use their funds at the pharmacy or provider's office (not applicable for DC-FSA).

tn.gov/partnersforhealth

**PARTNERS
FOR HEALTH**

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- Medical FSA and L-FSA members get a debit card to use their funds at the pharmacy or provider's office (not applicable for DC-FSA).

Flexible Spending Accounts (FSA) (state and higher education only)

- **Transportation/parking FSA (state employees only)** is managed by Benefits Administration.
- For all FSAs/HSA – you can find a grid showing details about contributions, tax benefits and how to use your funds at tn.gov/partnersforhealth under **Publications**.
- **Enrollment:**
 - **State employees** enroll in Edison. For transportation/parking, you can enroll and make changes at any time - to make changes outside of your new hire enrollment, submit a paper form.
 - **Higher education employees** enroll on the PayFlex website.
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Flexible Benefits**.

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PARTNERS
FOR HEALTH

- **There is also a Transportation/parking FSA** available for **state employees only**. It is managed by Benefits Administration.
- For all FSAs/HSA - you can find a grid showing details about contributions, tax benefits and how to use your funds at tn.gov/partnersforhealth under **Publications**.
- **Enrollment:**
 - State employees enroll in ESS Edison. For transportation/parking, you can enroll or make changes at any time - to make changes outside of your new hire enrollment, submit a paper form.
 - Higher education employees enroll on the PayFlex website.
- You can find more information at tn.gov/partnersforhealth under **Other Benefits** and **Flexible Benefits**.

Life Insurance (state and higher education only)

Life insurance provides financial support for your family.

- All life insurance coverage is provided through Securian Financial (MN Life).
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Life Insurance**.
- The next few slides have information on the different types of life insurance available.

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- Find more information at tn.gov/partnersforhealth under **Other Benefits and Life Insurance**.
- The next few slides have information on the different types of life insurance available.

Basic Term Life/AD&D (state and higher education only)

The state automatically provides basic term life insurance (\$20,000) and accidental death and dismemberment (AD&D) insurance (\$40,000) to all **benefits eligible employees**.

If you enroll in health insurance as the head of contract, coverage automatically increases with your salary — to a maximum of \$50,000 for basic term life insurance and \$100,000 for accidental death insurance. **You pay for this additional coverage.**

- Premiums are found on the **Premiums** webpage.
- **Basic term life insurance has four coverage levels:** employee only, employee + spouse, employee + child(ren), or employee + spouse + child(ren).

It's important to keep your life insurance beneficiaries up to date. For basic term life/AD&D insurance, make changes online in ESS in Edison.

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PARTNERS
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The state automatically provides basic term life insurance (\$20,000) and accidental death and dismemberment (AD&D) insurance (\$40,000) to all benefits eligible employees.

If you enroll in health insurance as the head of contract, your coverage automatically increases with your salary — to a maximum of \$50,000 for basic term life insurance and \$100,000 for accidental death insurance. You pay for this additional coverage.

- **Basic term life insurance has four coverage levels available:** employee only, employee + spouse, employee + child(ren), or employee + spouse + child(ren).

It is important to keep your life insurance beneficiaries up to date. For basic term life/AD&D insurance, you can enter this information online in ESS in Edison.

Voluntary AD&D (state and higher education only)

If you would like additional accident protection, you may enroll in voluntary accidental death and dismemberment (AD&D) insurance for yourself and your dependents.

- Coverage is available at low group rates — no questions asked.
 - Premiums and coverage level vary by salary.
 - The maximum benefit for employees is \$60,000.
 - You must enroll using ESS in Edison.
-
- Premium rates are found on the **Premium** webpage.

Important information about your beneficiaries: Keep your life insurance beneficiaries up to date. For voluntary AD&D insurance, you can make changes online in ESS in Edison.

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PARTNERS
FOR HEALTH

If you would like additional accident protection, you may enroll in voluntary accidental death and dismemberment insurance for yourself and your dependents.

- Coverage is available at low group rates — no questions asked.
- Premiums and coverage level vary by salary.
- The maximum benefit for employees is \$60,000.
- You must enroll using ESS in Edison.

It is important to keep your life insurance beneficiaries up to date. For voluntary AD&D insurance, you can enter this information online in ESS in Edison.

Voluntary Term Life Insurance (state and higher education only)

If you qualify, you can purchase additional voluntary term life insurance coverage for yourself, your spouse and children. You will need to apply within 31 days of your hire date – you do not enroll in ESS in Edison.

- You can apply for up to seven times your annual base salary (to a maximum of \$500,000) for yourself and up to a maximum of \$30,000 for your spouse (\$15,000 for ages 55 and older).
- You can also apply for coverage for your children equal to \$5,000 or \$10,000.
- To apply, go to lifebenefits.com/stateoftn, fill out the Evidence of Insurability form and fax to Securian Financial (Minnesota Life).
- **Note:** Voluntary term life insurance coverage may start on the first of a month depending upon review and approval of health related questions.
- Premium rates are found on the **Premium** webpage.
tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

If you qualify, you can purchase additional voluntary term life insurance coverage for yourself, your spouse and children. You must enroll within 31 days of your hire date, and you will **enroll on the Securian Financial website**. Information is below.

- You can apply for up to seven times your annual base salary (to a maximum of \$500,000) for yourself and up to a maximum of \$30,000 for your spouse (\$15,000 for ages 55 and older).
- You, your dependent spouse and children may enroll in this coverage regardless of whether you enroll in health coverage.
- Your spouse may apply for enrollment in this coverage and include a child term rider even if you do not enroll in this coverage.
- You can apply for coverage for your children equal to \$5,000 or \$10,000.
- To apply, go to lifebenefits.com/stateoftn, fill out the Evidence of Insurability form and fax to Securian Financial (Minnesota Life).
- **Note:** Voluntary term life insurance coverage may start on the first of a month depending upon review and approval of health related questions.

Enrolling in Benefits

You must enroll using Edison Employee Self Service (ESS) for health, dental, vision, disability and voluntary AD&D insurance.

- **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.
 - 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** and **Health**.
- **Note:** Voluntary term life enrollment is available through the Securian Financial website or through a paper enrollment form.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

You must enroll using Edison Employee Self Service (ESS) for health, dental, vision, disability coverage and voluntary AD&D insurance.

- **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.**
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 - A complete list of required documentation for dependent verification can be found on the website under **Publications on the Forms page** under **Health**.
- **Note:** Voluntary term life enrollment is available through the Securian Financial website or through a paper enrollment form.

Using ESS in Edison

Here is how you can enroll online in Employee Self Service (ESS).

- You will receive ESS - 1st time login instructions from your ABC or HR office.

Login/Passwords

The instructions for **1st Time Login/Password Reset** are also found on the Edison homepage, edison.tn.gov . There is also a video for first-time users.

- State employees call the Edison help desk at 866.376.0104 for assistance.
- Higher education employees call the Benefits Administration service center at 800.253.9981 for assistance.

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FOR HEALTH

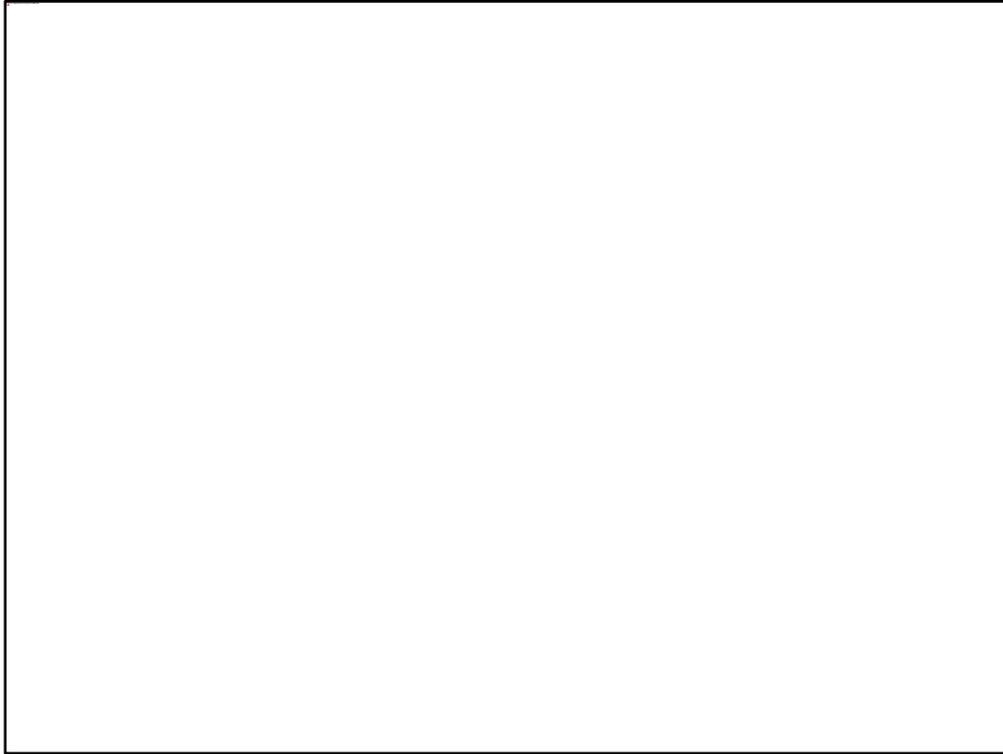
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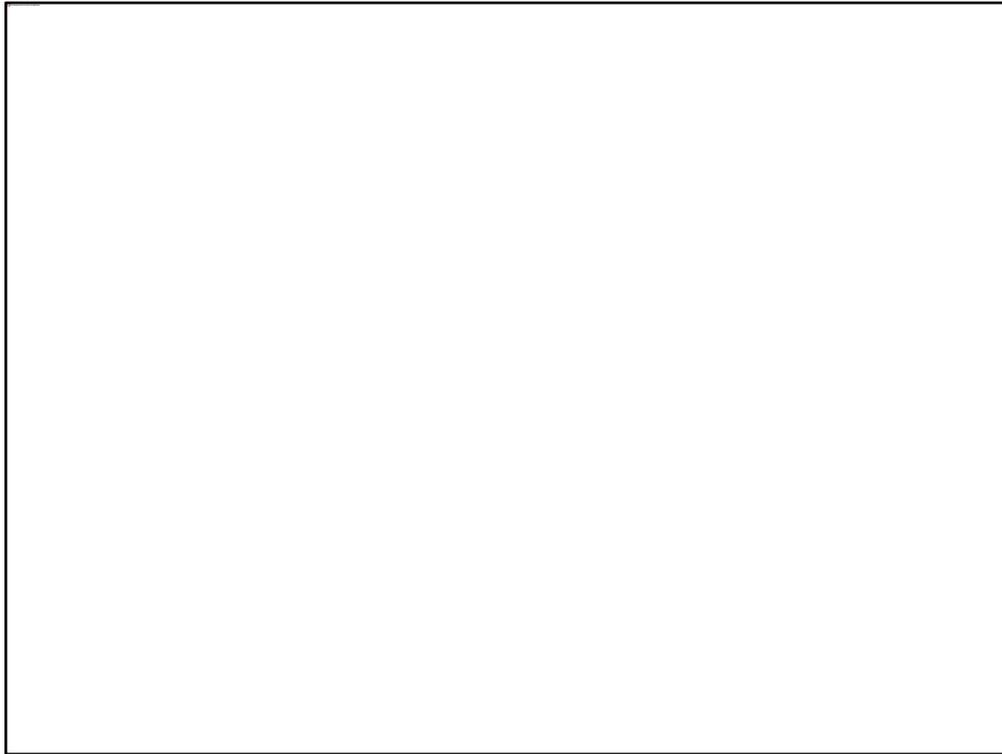
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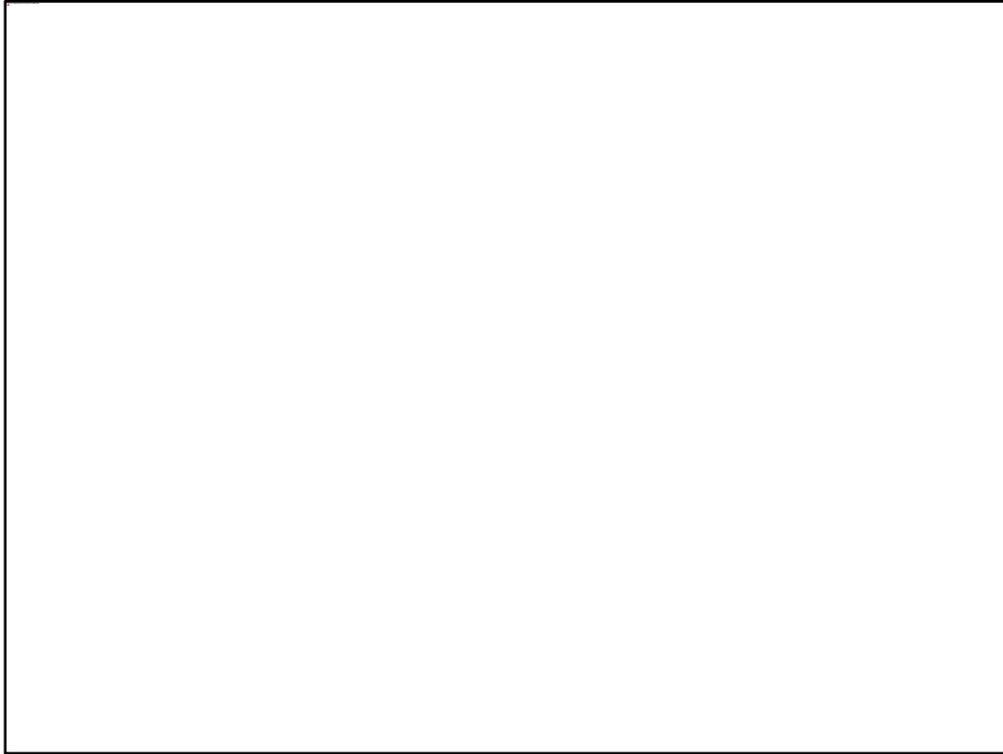
Go to www.edison.tn.gov

- 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 and the system will take you through the rest of the process.
- 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.**

Note: When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may not be able to enroll if you use another browser, a mobile device or a tablet.



- 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.



- 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.