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 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
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.
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.**
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).
• More detailed information about enrollment and your benefits can be found in the Eligibility and Enrollment Guide on the ParTNers for Health website under Publications.

• Your ABC will also provide you with an employee checklist to confirm that you have received this important benefit information. After the presentation, please sign the checklist and return it to your ABC.
• As required by law, the State of Tennessee Group Health Program has created a Summary of Benefits and Coverage, or SBC for short. It describes your health coverage options.

• You can read and print it from the main page of the ParTNers for Health website by clicking on Summary of Benefits at the bottom of the homepage. You may also request a free printed copy from your ABC.

• Most information found in the SBC is covered in more detail in other publications like the Eligibility and Enrollment Guide, Plan Document and member handbooks. Again, these can be found under the Publications tab on the website.
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](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?

• 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.

• 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, and not performing services on a contract basis.

• 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, or children for whom the plan has qualified medical child support orders.

• 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.
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 after 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 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.

For a complete list of Special Enrollment Qualifying Events, contact your ABC.

See the Eligibility and Enrollment Guide for more information.
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 can 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.

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.
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 under 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 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 network.

• 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.
Here are the health plans you can choose from, and as a reminder with all health plans, you won’t pay anything for in-network preventive care:

- **Premier PPO**: Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance.

- **Standard PPO**: Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance.

- **Consumer-driven Health Plan (CDHP)/health savings account (HSA)**: Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. 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 about the CDHP/HSA:

• State puts $250 (employee only) or $500 (all other tiers) into your HSA.
  ▫ This money applies to your yearly maximum contribution amount (see below).
  ▫ State HSA contribution is not available if your coverage starts Sept. 2, 2020, through Dec. 31, 2020.

• 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 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.
  ▫ 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.

Here is more information about the CDHP/HSA:

• The state will put $250 (employee only) or $500 (all other tiers) into your HSA.
  ▫ This money applies to your yearly maximum contribution amount (see below).
  ▫ State HSA contribution is not available if your coverage starts Sept. 2, 2020, through Dec. 31, 2020.

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

- **State employees** enrolled in the CDHP must enter their HSA contribution amounts each year in Edison.

- **Higher education employees** who enroll in the CDHP do not have to, but can, update their HSA contribution amounts. To make a change, contact your agency benefits coordinator (ABC).
There are restrictions with a CDHP/HSA and enrolling in other plans and/or FSAs:

• 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
  ▫ Member only receives care from a VA facility for a service-connected disability (it must be a disability).


You cannot enroll in the 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.
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.

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

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<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
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<td>Coordinate maintenance meds</td>
<td>Certain meds to treat opioid dependency</td>
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<tr>
<td>Maintenance drugs</td>
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<td>Copay installment program</td>
<td>Flu and pneumonia vaccines</td>
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<td>Tobacco cessation products</td>
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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
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](http://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

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](http://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
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

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.

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Employee Assistance Program (EAP) – managed by Optum

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.
  ▫ 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. State plan participants can earn a Wellness Program cash incentive.

• 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

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.
  ▫ 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. State plan participants can earn a Wellness Program cash incentive.

• 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
A wellness program is available for state/higher education employees and spouses (excludes retirees). There are a few cash incentive changes.

- **Members can each earn up to $250 ($500 annual maximum per family)** by completing certain wellness activities to earn cash incentives.

Information about programs, activities and a printable **Incentive Table** are at tn.gov/PartnersForHealth under **Wellness**. ActiveHealth, our program vendor, will send emails out to members during the year about the program.

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

*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.*
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](http://tn.gov/PartnersForHealth) under Other Benefits and Wellness on the DPP webpage.
Here are the 2020 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 your HSA annually. Not available for coverage starting Sept. 2, 2020, through Dec. 31, 2020.*
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.
Disability Insurance (employee paid) – offered through MetLife

- Disability insurance is offered to full-time state/higher education employees through MetLife. Premiums are employee paid.
- All sick leave, annual leave and comp time must be used before benefits are payable.
  - **Short-term Disability (STD):** Replaces a percentage of your income during a disability, which could last up to 26 weeks. *Two options are available.*
    - Frequently asked questions (FAQs), including pregnancy are found at tn.gov/PartnersForHealth under Other Benefits and Disability.
  - **Long-term Disability (LTD) (state employees only):** Replaces a percentage of your income during a disability that is expected to last longer than 90-180 days. **Four options are available.**
    - Higher education employees-contact your ABC about available LTD options.

- Information, including how to calculate your rates, is at tn.gov/PartnersForHealth under Other Benefits and Disability. Monthly premium rates are also in Edison.
- Contact: MetLife, 855.700.8001, M-F, 7 a.m. - 10 p.m.; metlife.com/StateofTN
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](http://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
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.
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](http://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](http://davisvision.com/stateofTN)
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.
Use FSAs to pay for healthcare and dependent care while saving money on your taxes. Insurance-eligible employees can enroll these:

**FSAs/2020 contribution amounts** (FSA, L-FSA and DC-FSA managed by PayFlex):

- **Medical FSA:** For medical, dental and vision expenses.
  - Annual limit - $2,700. Carryover limit - $500. **Full contribution available upfront.**

- **Limited Purpose FSA (L-FSA):** For dental and vision expenses only.
  - Annual limit - $2,700. Carryover limit - $500. **Full contribution available upfront.**

- **Dependent Care FSA (DC-FSA):** For certain dependent care costs.
  - Annual limit - $5,000 (up to $2,500 per spouse for married couples filing jointly). No carryover amount allowed.

**Important:** Cannot enroll in both a medical FSA and a L-FSA in the same year.

**Medical FSA and L-FSA members get a debit card** to use their funds at the pharmacy or provider’s office. Per IRS rules, PayFlex may need you to verify debit card purchases by providing your explanation of benefits (EOB)/claims document. Make sure to respond or your debit card may be suspended.

If your debit card is suspended, you will still have access to your flex funds but will need to file paper claims, fax them, or upload them on the PayFlex website or app.
Flexible Spending Accounts (FSA) (continued)

State employees: Transportation/parking FSA is also available - managed by Benefits Administration (BA).
- The maximum amount that may be contributed to the transportation FSA and/or the parking FSA is $265 per month. Debit card not provided. File claims with BA.

FSA Enrollment
- State employees enroll in Edison. For the transportation/parking FSA, you can enroll at any time outside of annual enrollment with a paper form.
- Higher education employees enroll on the PayFlex website.

Information is at tn.gov/PartnersForHealth under Other Benefits and Flexible Benefits. Find a FSA/HSA chart showing contribution amounts, tax benefits and how to use your funds is at tn.gov/PartnersForHealth under Publications.

• State employees: Transportation/parking FSA is also available - managed by Benefits Administration (BA).
  - The maximum amount that may be contributed to the transportation FSA and/or the parking FSA is $265 per month. Debit card not provided. File claims with BA.

FSA Enrollment
  - State employees enroll in Edison.
    - For the transportation/parking FSA, you can enroll at any time outside of annual enrollment with a paper form.
  - Higher education employees enroll on the PayFlex website.
  - Important Enrollment Information – Each year, you must choose how much money (elections) you’ll put in your medical FSA or L-FSA, and DC-FSA during annual enrollment (unless you have a special qualifying event).

Information is at tn.gov/PartnersForHealth under Other Benefits and Flexible Benefits. Find a FSA/HSA chart showing contribution amounts, tax benefits and how to use your funds is at tn.gov/PartnersForHealth under Publications.
Life insurance is offered through Securian Financial (MN Life).

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

- An online web tool, **Benefit Scout**, can help you estimate the amount of life insurance you may need.
  - Find it at lifebenefits.com/stateoftn.
All benefits-eligible employees get $20,000 basic term life insurance and $40,000 basic AD&D coverage at no cost.

- If you enroll in health insurance, life insurance coverage increases based on your salary. You pay a premium for this additional coverage.
  - If your salary goes up, your monthly premium may increase. At ages 65 and over, your coverage amounts will reduce.
- Basic dependent term life/basic AD&D insurance will automatically apply to your dependent(s) enrolled in your family health insurance. You will pay premiums for your dependent(s) coverage.

Please keep your beneficiary information current in Edison.
**Voluntary AD&D state and higher education only**

Voluntary accidental death & dismemberment (AD&D)
- You can buy this insurance to give you and your family additional protection if you or your covered dependent’s death or dismemberment is due to an accident at work or elsewhere.
- Enroll in Edison.

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

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

- Note: Voluntary term life insurance coverage may start on the first of a month depending upon review and approval of health related questions.

Information is at tn.gov/PartnersForHealth under Other Benefits and Life Insurance. Premium rates are found on the Premium webpage.
You must enroll using Edison Employee Self Service (ESS) for health, dental, vision, disability coverage and voluntary AD&D insurance.

- **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.
  - **Note:** You enroll in voluntary term life through the Securian Financial website or through a paper enrollment form.
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](http://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:**
- 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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After logging into Edison, go to [www.edison.tn.gov](http://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.
- 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 must use **ESS in Edison**.
• You have 31 days from your hire date to enroll.
• Dependent verification documents are due by your 31-day deadline.

**Life Insurance:** Use the Securian Financial (MN Life) website to enroll in voluntary term life insurance at [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn)

**Coverage will begin:**
• For health, dental, vision, disability and basic term life/ voluntary AD&D, coverage will begin on the first day of the month after one full calendar month of employment from your hire date.
  • Example: Hired on Sept. 15 – coverage will begin Nov. 1
• Voluntary term life insurance begins after three full calendar months from employee/eligibility.

• If you have questions, ask your ABC about when your coverage begins.
• 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 the first month of enrollment.

• This is a double deduction example:
  • The employee’s hire date is July 31 (the employee has until August 31 to enroll).
  • If you enter your enrollment in ESS after mid-August (i.e., after payroll “runs”) then you will have two months of premiums deducted.
  • In this instance, if you were to enter your elections NO LATER than the first week of August, they WILL NOT be double deducted.
Here is information about ID and Debit cards:

- 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.
  - CDHP/HSA, medical FSA and limited purpose FSA (L-FSA) 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.**

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Your Privacy

• 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.
The Tennessee Department of Human Resources administers the Employee Sick Leave Bank (SLB).

- **Higher Ed employees**: You have access to your own sick leave program.

The SLB provides sick leave to qualifying members who are medically certified as unable to perform the duties of their jobs.

- A member may receive a maximum of 90 days from the Bank as a result of a personal illness, injury, accident, disability, medical condition, or quarantine or a condition related to, resulting from, or recurring from a previously diagnosed condition for which the Bank granted sick leave.
- You must be a full-time State employee for 12 consecutive months and have at least six days of sick leave by October 31 of your enrollment year.
- Open enrollment is August 1 through October 31 each year.
- Must be a full-time state employee for 12 consecutive months and have at least six days of sick leave by October 31 of your enrollment year.
- Must contribute four sick leave days to enroll.
- One day of sick leave thereafter assessed each Oct 1 to maintain membership.
- New members are eligible to apply for grants of sick leave on Feb. 1 after enrollment.
- Open enrollment is August 1 through October 31 each year.
- New members must contribute four sick leave days to enroll. The member must also be employed full time and in leave accruing status. Thereafter, one day of sick leave per year will be assessed each October 1 to maintain membership in the Bank.
- Existing members contribute one day annually.
- You are not required to re-enroll every year if you are already a member of the Bank. You maintain your membership in the Bank as long as you meet the annual assessment requirement.
- New members are eligible to apply for grants of sick leave on February 1 following enrollment.
- See the SLB Guidelines, eligibility requirements, FAQs and enroll online on the SLB website found at the Department of Human Resources website.
The state offers a Hybrid Pension plan.

- New hires with the state will be enrolled in this plan.
  - Someone is also considered a new hire if he/she has ever lost membership in TCRS (i.e., the employee terminated or refunded contributions in the legacy plan or the employee terminated and refunded contributions in the former legacy plan or the employee terminated, was not vested, and was not employed for a period of seven years or more).

- The Hybrid Pension Plan contains both a Defined Benefit and a Defined contribution component.
  - Defined benefit component is administered by TCRS
  - Defined contribution component is administered by Empower Retirement
  - The risk for this plan is shared by the Employer and the Employee.
  - Employees are required to contribute to the plan.

- For more information about the defined benefit and the defined contribution including employee and State contribution percentages; employee rights regarding the account; auto-enrollment for defined contribution, go to the Treasury website.
• As of July 1, 2015, retiree health insurance coverage for pre-65 retirees will not be available to any employee whose employment with the state first began on or after July 1, 2015. Employees hired before July 1, 2015, will be grandfathered in.

• The Tennessee Plan (Supplemental Medical Insurance for retirees with Medicare) will not be available to any employee whose first employment is on or after July 1, 2015.

• Any senator, representative or governor if first elected to office after July 1, 2015, is not eligible to continue coverage after retirement from office.

• Any employee whose first state employment began before July 1, 2015, and who returns to state service after July 1, 2015, will not be prohibited from retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015. Employees must also meet all other retiree insurance eligibility requirements.

• If you have questions about eligibility for retirement insurance, please contact Benefits Administration.

• If you have questions about your insurance options as an employee, talk to your ABC.
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](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
• 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.