



## STATE AND HIGHER EDUCATION

New Employee Orientation  
Enrollment and Insurance Benefits  
Jan. 1 - Dec. 31, 2021

- 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

## Importance of your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits.
- **Important:** Some decisions can only be made during your new hire period.
- Please be aware of all the options available to you and make informed decisions.
- Submit questions to your **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. **Partners for Health** is the official logo and website name for Benefits Administration.

- 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 eligible agencies that choose to participate.
- Our program works with more than 500 agencies and provides benefits to about 300,000 employees, retirees and dependents of Tennessee's public institutions.
- The State Insurance Committee is authorized to determine the premiums, benefits package, funding method, administrative procedures, eligibility provisions and rules relating to the State Plan.
- **The state pays about 80% of the medical insurance premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.**

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- **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. It includes all documents, publications, forms and contact information.

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)



### Specific resources:

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

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

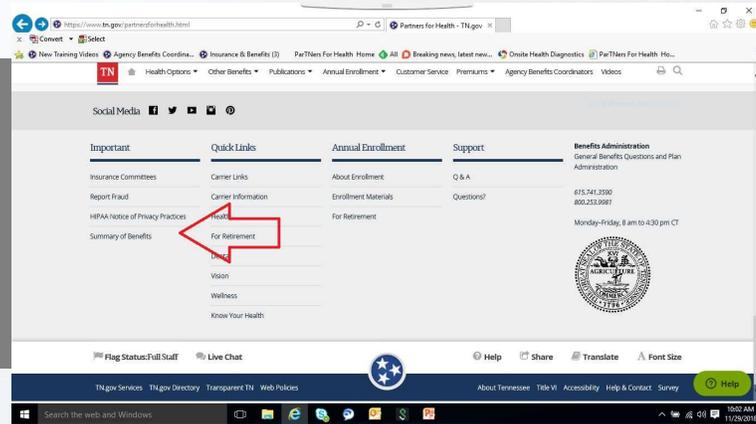
- Links to educational **videos** are on the homepage. These videos can help you enroll in Edison, learn about your benefits and what everything means.
- Premium charts are on the **Premiums page**.
- A health plan **benefits comparison grid** is on the **Health page**.
- You can also find definitions,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



# Resource Materials

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 website.

## Need Help?

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

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

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- 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.

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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 at least 30 hours per week. For information on those who are not eligible, see the Eligibility and Enrollment Guide.
- 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.

## When Can You Add Coverage?

There are three times you may add coverage:

- **As a new employee** – your eligibility date is your hire date. **You have 30 days after your hire date to enroll in coverage**
- **Annual Enrollment in the fall**
- **Special enrollment due to certain life events:**
  - HIPAA federal law allows you and your dependents to enroll in a group health plan due to certain life events or loss of eligibility under another plan
    - 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 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 30 days from your hire date to enroll in your coverage**
- The second is during Annual Enrollment in the fall
- And the third allows you to apply during the year through special enrollment due to certain life events.

The federal law, Health Insurance Portability Accountability Act (HIPAA), allows you and your dependents to enroll in a group health plan due to certain life events or loss of eligibility under another plan.

- 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.
- 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 the Special Enrollment Qualifying Events on page three. Or, for a complete list, contact your ABC. Or, see the Eligibility and Enrollment Guide for more information.

## About Annual Enrollment

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

- Enrollment information is also emailed to those who have current email addresses in Edison. We encourage you to put your email information in Edison - you can opt out of these emails.
- Annual Enrollment is when you can enroll/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.
- Enrollment in voluntary term life insurance and disability insurance could start three months after enrollment - 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 any time.
- You may not cancel other coverage outside of the enrollment period unless eligibility is lost or there is a qualifying event. A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes.

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- You may not cancel other coverage outside of the enrollment period unless eligibility is lost or there is a qualifying event. A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes.

## 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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  - (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)
- You can choose the same, or different levels for health, dental and vision coverage.
- 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 network.
- **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 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 employee only coverage or employee + child(ren) coverage to receive the maximum basic term life insurance benefit.
  - NOTE: An individual may only be covered under one state policy.

## Benefits

### Health plans

You have the choice between three different health plans. Preventive care is free in all plans, if you use an in-network provider.

- **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 (HSA) with this plan.

Find a plan comparison chart on the website under Health Options > Health

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**Here are the health plans you can choose from. 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 your deductible, copays and coinsurance.
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for your deductible, copays and coinsurance.
- **CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays. You get a health savings account or HSA with this plan.
- Find a plan comparison chart at [tn.gov/PartnersForHealth](http://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 - not available if your coverage starts Sept. 2 through Dec. 31
- The **HSA** can help you **save** for healthcare costs.
  - You get tax benefits and the money rolls over each year
  - You can keep the money if you leave/retire.
  - You can put premium savings into your HSA to pay your deductibleLearn more at [tn.gov/PartnersForHealth](https://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 2021 amounts are:** \$3,600 for employee only coverage and \$7,200 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.

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- State HSA contribution is not available if your coverage starts Sept. 2, 2021, through Dec. 31, 2021.

The **HSA** can help you **save** for healthcare costs. You get tax benefits, the money rolls over each year and you can keep the money if you leave or retire. You can put premium savings into your HSA to pay your deductible!

- Learn more at [tn.gov/PartnersForHealth](https://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 2021 amounts are:** \$3,600 for employee only coverage and \$7,200 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.

## Important HSA Information

- **Important! Your full HSA contribution is **not** available upfront at the beginning of the year or after you enroll. Your pledged amount is taken out of each paycheck, each pay period. You may only spend the money that in your HSA at the time of service or care. But you can pay out of your own pocket and pay yourself back later with funds from your HSA.**
- **Debit card:** CDHP/HSA members will get a debit card from our vendor, Optum Bank, to use for qualified expenses.
- **State employees** enrolled in the CDHP **must** enter their HSA contribution amounts **each year** in Edison.
- **Higher education employees** enrolled in the CDHP can update their HSA contribution amounts by contacting their agency benefits coordinator (ABC).
- 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.

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

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

## CDHP/HSA and FSA restrictions

**Restrictions with a CDHP/HSA:** You cannot enroll in 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),
- If you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months. Generally, members receiving 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 member did not receive any care from a VA facility for three months, or member only receives care from a VA facility for a service-connected disability (it must be a disability).
- Go to [https://www.irs.gov/irb/2004-33\\_IRB/ar08.html](https://www.irs.gov/irb/2004-33_IRB/ar08.html) for HSA eligibility information.

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

## Carrier Networks

**Choose between three networks (doctors, hospitals, facilities) for your medical care.**

There are two narrow networks, BlueCross BlueShield (BCBST) Network S and Cigna LocalPlus. The narrow networks exclude some providers to keep premiums and costs low. There is also one broad network, Cigna OAP, for maximum choice.

- **BCBST Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP)** is a broad network with the most providers in Tennessee. OAP gives you access to more providers than the other networks, but this broad choice costs more. You pay a monthly surcharge of \$40/\$80, which is added to the premium.
  - \$40 more for Employee only/Employee+child(ren) tiers
  - \$80 more for Employee+spouse/Employee+spouse+child(ren) tiers
- **Surgical and Treatment Support Program:** Cigna members can also access this program, which offers 100% coverage (after deductible for CDHP) for some hip, knee and back surgeries with program providers. Members must enroll in the program prior to surgery. Go to [cigna.com/stateoftn](http://cigna.com/stateoftn) to learn more.

To find out if your doctor/hospital are in a network, go to [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Health Options** and **Carrier Information**.

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## Carrier Networks

### Important! Carrier Network Information

Each network (BCBST S, Cigna LP and OAP) has providers (doctors, hospitals and facilities) throughout Tennessee and across the country. It's important to check the networks carefully. The network choice you make during your enrollment period is for the entire plan year (Jan.1 until Dec. 31), subject to eligibility. After your new hire enrollment period ends, you won't be able to change plans or networks for 2021. You may be able to make changes in enrollment of plan members and dependents as a special enrollment.

**Network providers and hospitals can and do change.** Benefits Administration cannot guarantee that all providers and hospitals that are in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make coverage changes.**

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

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

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## Pharmacy Benefits

All health plans include full prescription drug benefits. The health plan you choose determines your out-of-pocket prescription costs (copay, coinsurance, deductible and out-of-pocket maximum).

- How much you pay will depend on three things (**benefits chart on next page**):
  - the drug tier - if you choose a generic, preferred brand, non-preferred brand or specialty drug (called tiers) drug;
  - the day supply you receive - 30-day (or <30) supply or a 90-day (>31) supply; and
  - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Information about pharmacy benefits, vaccines and ways to save money is at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Health Options** and **Pharmacy**.

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)



All health plans include full prescription drug benefits. The health plan you choose determines your out-of-pocket prescription costs (copay, coinsurance, deductible and out-of-pocket maximum).

- How much you pay will depend on three things (**benefits chart on next page**):
  - the drug tier - if you choose a generic, preferred brand, non-preferred brand or specialty drug (called tiers) drug;
  - the day supply you receive - 30-day (or <30) supply or a 90-day (>31) supply; and
  - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Information about pharmacy benefits, vaccines and ways to save money is at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Health Options** and **Pharmacy**.

## Pharmacy Benefits

\*These are the in-network pharmacy benefits (copays and coinsurance). 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
<b>30-DAY SUPPLY</b>			
Generic	\$7	\$14	20% coinsurance after deductible is met
Brand	\$40	\$50	
Non-preferred brand	\$90	\$100	
<b>90-DAY SUPPLY (Retail-90 network pharmacy or mail order)</b>			
Generic	\$14	\$28	20% coinsurance after deductible is met
Brand	\$80	\$100	
Non-preferred brand	\$180	\$200	
<b>90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)</b>			
Generic	\$7	\$14	10% coinsurance without having to meet deductible
Brand	\$40	\$50	
Non-preferred brand	\$160	\$180	
<b>SPECIALITY PHARMACY**</b>			
Coinsurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	20% after deductible

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

**PARTNERS  
FOR HEALTH**

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

## Telehealth – 24/7 virtual medical care

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 when you use PhysiciansNow or MDLive programs sponsored by BlueCross BlueShield (BCBST) and Cigna.

- 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 – create your user profile in advance.**

- **BCBST members:**
  - Log into BlueAccess at [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
  - Look for and select **Talk With a Doctor Now**
  - Or, call 888.283.6691
- **Cigna members:**
  - Log into MyCigna.com
  - Look for and select **MDLive**
  - Or, call 888.726.3171 for MDLive

**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

Find more information at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Health Options** and **Telehealth**.



[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

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Find more information at [tn.gov/PartnersForHealth](http://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.

**Newly enrolled members will get an ID card to use for services.**

- **Optum can:** Find a network provider (in person or virtual visits); schedule an appointment; explain benefits; identify best treatment options; and answer questions.
- **Talkspace online therapy:** Members with behavioral health benefits can get more information on HERE4TN.com including how to download the app. Communicate securely, 24/7, with a therapist from your smartphone or desktop. It includes text, audio or video within the secure app. Talkspace sessions are subject to the same cost share or coinsurance rate (after deductible) as an outpatient office visit.

Find more information at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Health Options** and **Behavioral Health**.

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

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)



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

## Employee Assistance Program (EAP) – managed by Optum

Available to all benefits-eligible state/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, per individual at no cost.
  - Available in person or by **virtual visit**.

### Available with EAP:

- **Sanvello** is an on-demand mobile app to help with stress, anxiety and depression. The premium app version is available through your benefits any time at no extra cost. Get more information at [HERE4TN.com](http://HERE4TN.com) including how to register and download the app.
- A telephonic coaching program, **Take Charge at Work**, helps members who are 18+ (EAP-eligible and 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](http://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](http://Here4TN.com)

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



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  - Available in person or by **virtual visit**.

### Available with EAP:

- **Sanvello** is an on-demand mobile app to help with stress, anxiety and depression. The premium app version is available through your benefits any time at no extra cost. Get more information at [HERE4TN.com](http://HERE4TN.com) including how to register and download the app.
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Find more information at [tn.gov/PartnersForHealth](http://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](http://Here4TN.com)

## Wellness Program

A wellness program is offered for state/higher education employees and spouses (excludes retirees).

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

Information about programs, activities and a **printable Incentive Table** are at [tn.gov/PartnersForHealth](http://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](http://go.activehealth.com/wellnesstn)

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

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

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

## Diabetes Prevention Program

**Diabetes Prevention Program (DPP)\*** is offered **free** to members in 2021. If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes.

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

### Two online programs offered:

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

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

For details, go to [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Other Benefits** and **Wellness** on the **DPP webpage**.

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



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

For details, go to [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Other Benefits** and **Wellness** on the **DPP webpage**.

## 2021 Premiums State and Higher Education

### Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	CDHP/HSA*
Employee Only	\$140	\$95	\$62
Employee + Child(ren)	\$210	\$143	\$91
Employee + Spouse	\$292	\$200	\$129
Employee + Spouse + Child(ren)	\$362	\$248	\$158

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

\*Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad 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, 2021, through Dec. 31, 2021.



[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

Here are the 2021 premiums for active state and higher education employees.

- These premiums do not include the cost for the broad 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, 2021, through Dec. 31, 2021.

2021 Deductibles/Out-of-Pocket Maximums			
	Premier PPO	Standard PPO	CDHP/HSA
	In-Network	In-Network	In-Network
<b>Deductibles</b>			
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
<b>Out-of-Pocket Max</b>			
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

tn.gov/PartnersForHealth



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

## Disability Insurance (employee paid) – offered through MetLife

Disability insurance is offered to full-time state/higher education employees through MetLife.

- Members pay the full monthly premium.
- 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 coverage options are available.
  - Frequently asked questions (FAQs), including pregnancy: [tn.gov/PartnersForHealth](http://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/HR office about available LTD options.

Information, including **how to calculate your rates**, is at [tn.gov/PartnersForHealth](http://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](http://metlife.com/StateofTN)



[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

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## Dental Benefits (employee paid)

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

- **MetLife DPPO:** Use any Dentist, but save money staying in-network.
  - Discuss any estimated expenses with your dentist or specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
  - Waiting periods apply to select procedures.
- **Cigna 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 and they may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under Publications, then Dental.
  - Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment already in progress on a new member's effective date will not be covered.

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](http://metlife.com/StateofTN)

Contact: **Cigna**, 800.997.1617, 24/7; [cigna.com/stateofTN](http://cigna.com/stateofTN)



[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

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- Discuss any estimated expenses with your dentist or specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
- Waiting periods apply to select procedures.

**Cigna 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 and they may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under Publications, then Dental.
- Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment already in progress on a new member's effective date will not be covered.

Information, including a comparison of the two plan options is at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Other Benefits and Dental**.

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Contact: **Cigna**, 800.997.1617, 24/7; [cigna.com/stateofTN](http://cigna.com/stateofTN)

## Dental Benefits (employee paid)

### Monthly Premiums

Tiers	Cigna Prepaid (DHMO) Plan	DPPO - MetLife
Employee Only	\$13.84	\$23.64
Employee + Child(ren)	\$28.75	\$54.36
Employee + Spouse	\$24.54	\$44.72
Employee + Spouse + Child(ren)	\$33.74	\$87.50

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

**PARTNERS**  
**FOR HEALTH**

Here are the 2021 premiums for active employees. All premiums are employee paid.

You can find full benefits charts on the website at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) on the **Dental** webpage.

2021 premium information is found on the **Premium webpage**.

## Vision Benefits (employee paid)

Vision insurance is offered through Davis Vision. Members pay the full monthly premium. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials such as eyeglass frames, lenses, contact lenses, etc.
- **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 allowed dollar amount.

- 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)

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



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

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**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)

## Vision Benefits (employee paid)

### Monthly Premiums

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

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

**PARTNERS**  
**FOR HEALTH**

And here are the premiums for vision benefits in 2021.

The vision benefits grid is found on the website [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Vision**.

2021 premium information is found on the **Premium** webpage.

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

Use FSAs to pay for healthcare and dependent care while saving money on your taxes. Insurance-eligible employees can enroll these:

### Optum Bank manages medical, limited purpose (L-FSA) and dependent care FSA (DC-FSA) programs:

- **Medical FSA:** For medical, dental and vision expenses.
  - Annual limit - \$2,750. Carryover limit - \$500. **Full contribution available upfront.**
- **Limited Purpose FSA (L-FSA):** For dental and vision expenses only.
  - Annual limit - \$2,750. 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 will get a debit card** to use their funds at the pharmacy/provider's office from Optum Bank. Per IRS rules, **Optum Bank may need you to verify card purchases by providing your explanation of benefits (EOB)/claims document. Make sure to respond or your debit card may be suspended.**

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)

**PARTNERS  
FOR HEALTH**

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- **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 will get a debit card** to use their funds at the pharmacy/provider's office from Optum Bank. Per IRS rules, **Optum Bank may need you to verify card purchases by providing your explanation of benefits (EOB)/claims document. Make sure to respond or your debit card may be suspended and any unsubstantiated claims may be reported to your employer for inclusion on your W2 or turned over to a collection agency.**

## Flexible Spending Accounts (FSA)

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

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

**Important Enrollment Information** - You must choose how much money (elections) you'll put in your medical FSA or L-FSA, and DC-FSA during your new hire period (unless you have a special qualifying event).

- **State employees enroll in Edison.** For the transportation/parking FSA, you can enroll at any time with a paper form found on the Partners for Health website, Flexible Benefits.
- **Higher education employees enroll by filling out a paper form – ask your ABC/HR representative**

Information is at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Other Benefits** and **Flexible Benefits**.

**Contact:** Optum Bank (medical FSA, L-FSA, DC-FSA), 866.600.4984, 24/7, [optumbank.com/Tennessee](http://optumbank.com/Tennessee)

**Find a FSA/HSA chart** showing contribution amounts, tax benefits and how to use your funds at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Publications**.

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



**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 \$270 per month. Debit card not provided. File claims with BA.

**Important Enrollment Information** - You must choose how much money (elections) you'll put in your medical FSA or L-FSA, and DC-FSA as a new hire (unless you have a special qualifying event).

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**Find a FSA/HSA chart** showing contribution amounts, tax benefits and how to use your funds at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Publications**.

## Life Insurance – state and higher education only

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

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

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

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)

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## Basic Term Life/AD&D – state and higher education only

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 automatically increases based on your salary to a maximum of \$50,000 for Basic Term Life Insurance and \$100,000 for Basic Accidental Death and Dismemberment (AD&D) Insurance. You pay a monthly premium for this additional coverage.

- If your salary goes up as of Sept. 1, 2021 compared to Sept. 1, 2020, your monthly premium may increase as of Oct. 2021.
- The face amount of coverage declines at ages above 65.
- 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.
- **Update beneficiary information in Edison.**

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- **Update beneficiary information 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.

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

Update beneficiary information in Edison.

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



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- Coverage is available at low group rates – no questions asked.
- Coverage is based on salary. The maximum benefit for employees is \$60,000.
- Enroll in Edison.

Update beneficiary information in Edison.

## Voluntary Term Life Insurance - state and higher education only

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

- Once enrolled, monthly premium could go up if you increase your life insurance amount, or you move into a higher age bracket.
- **To apply for coverage and update your beneficiaries, go to [lifebenefits.com/stateoftn](https://lifebenefits.com/stateoftn)**

Information is at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Life Insurance**. Premium rates are found on the **Premium** webpage.

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)

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**FOR HEALTH**

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  - **There are details in the Eligibility and Enrollment guide about how to log in to apply for coverage.**

Find more information at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Life Insurance**. Premium rates are found on the **Premium** webpage.

## Enrolling in Benefits

Edison is the state's Enterprise Resource Planning (ERP) system. You must enroll using Edison Employee Self Service (ESS) for health, dental, vision, disability and voluntary AD&D insurance.

- **You must complete your enrollment within 30 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 at [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn) or contact Securian at 866.881.0631 or your ABC to request a form.

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**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 30 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** under **Health**.
- **Note:** Voluntary term life enrollment is available through the Securian Financial website at [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn) or Securian or your ABC can provide a paper enrollment form.

## Using ESS in Edison

### Enrolling online in Employee Self Service (ESS)

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

### Log in to Edison

Click the **First Time Login / New Hire** button on the Edison homepage at [edison.tn.gov](http://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.

### Password reset help:

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

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## For password reset help:

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## Using ESS in Edison

After logging into Edison at [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**. On the Benefits Enrollment page, click **Start**.
- 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 30-day enrollment time frame or your dependents will not be enrolled.**

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After logging into Edison, go to [www.edison.tn.gov](http://www.edison.tn.gov)

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- **Dependent verification documents must be submitted within your 30-day enrollment time frame or your dependents will not be enrolled.**

## Important!

- To enroll - you must use **ESS in Edison**.
- You have 30 days from your hire date to enroll.
- Dependent verification documents are due by your 30-day deadline.
- **Voluntary Term 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.

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- You must use **ESS in Edison**.
- You have 30 days from your hire date to enroll.
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- **Life Insurance:** Use the Securian Financial (MN Life) website to enroll in voluntary term life insurance at [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn)
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  - 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.

## When are Premiums Paid?

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

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**PARTNERS**  
**FOR HEALTH**

- Your ABC will tell you when your premiums will be deducted from your paycheck.
- We do recommend entering your benefit selections in ESS or submitting your enrollment forms to your ABC as soon as possible.
- If you do not enter your benefit selections early, in some instances, you could end up with a double deduction from your paycheck.
- This is a double deduction example:
  - The employee's hire date is July 31 (the employee has until August 30 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.

## ID and Debit Card Information

Employees new to coverage will receive new ID cards within three weeks of the date your application is processed.

- Health coverage:
  - **BlueCross BlueShield**, you will receive up to two ID cards automatically. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
  - **Cigna**, you will receive separate ID cards for each insured family member with the participant's name printed on each. Cigna will send up to four ID cards in each envelope and additional ID cards in a separate envelope.
- In addition to your health insurance ID cards, you will also automatically receive separate Caremark pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- Optum will mail ID cards for behavioral health/substance use.
- 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 Optum Bank 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 website, Customer Service webpage.**

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### Here is information about ID and Debit cards:

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

## Your Privacy

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

To print and complete a release form, visit [www.tn.gov/PartnersForHealth](http://www.tn.gov/PartnersForHealth) and go to the Publications page and click on Forms – the form is found under Miscellaneous.

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**PARTNERS**  
**FOR HEALTH**

- 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.

## Employee Sick Leave Bank (state only)

- Administered by **Tennessee Department of Human Resources**
- Provides sick leave to qualifying members
- A member may receive a maximum of 90 days from the Bank
- DOHR will send out information about enrollment 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

Go to the Department of Human Resources (DOHR) website for more information.

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**PARTNERS  
FOR HEALTH**

### 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.
- DOHR will send out information about enrollment 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.

## Hybrid Pension Plan (state only)

New hires with the State will be enrolled in the Hybrid Pension Plan

- Employees originally hired prior to 7/1/14, transferring from the State, Higher Education or a Local Education Agency as a K-12 teacher will be grandfathered into the legacy plan
  - Employees transferring from local government will be treated as a new hire
- 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**
  - Shared risk by Employer and Employee
  - Employees are required to contribute to the plan

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**PARTNERS**  
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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**.

## Retiree Insurance

- Retiree health insurance coverage (pre-65 retirees) is not available to employees whose employment first began on or after July 1, 2015.
- 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.

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- 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 employees whose first employment with the state began on or after July 1, 2015. Employees hired before July 1, 2015, will be grandfathered in.
- Likewise, any senator, representative, governor if first elected to office after July 1, 2015, is not eligible to continue coverage after retirement from office.
  - But any employee whose first state employment began before July 1, 2015, and who returns to state service after July 1, 2015, may participate in retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015, and if the employee meets eligibility requirements for retiree insurance.
- 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>.
  - 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](https://tn.gov/PartnersForHealth) under **Customer Service**.
- Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.
- Publications and forms, brochures, handbooks, plan documents, summaries of benefits and coverage (SBC), sample life insurance certificates, definitions, FAQs and more are found at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)

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

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

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

Contact the vendor’s customer service center or visit their website. Contact information is found at [tn.gov/PartnersForHealth](https://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](https://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](https://tn.gov/PartnersForHealth) under **Publications**.



- This concludes the new employee benefits orientation. 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.