

ANNUAL ENROLLMENT FOR 2019 BENEFITS

Oct. 1- Oct. 26, 2018, at 4:30 p.m. Central time

Local Government Employees & COBRA Participants

Email

If you give us your email address in Edison, we may email you important information in 2019.

Join a Webinar ...

to learn more about 2019 benefits:

Thursday, Sept. 27: 10-11 a.m.

Thursday, Oct. 4: 1-2 p.m.

Wednesday, Oct. 10: 3:30-4:30 p.m.

Thursday, Oct. 18: 10-11 a.m.

Wednesday, Oct. 24: 3:30-4:30 p.m.

All Central time.

See page 2 for instructions.

Premiums

To see all premiums, go to tn.gov/partnersforhealth/insurance-premiums.html

Follow us on Social Media



It's About Time ... to Enroll!

This year, Benefits Administration is mailing this annual enrollment newsletter, instead of a decision guide. This newsletter highlights important information. You can find full details, including comparison charts for health, dental and vision plans, on our website at tn.gov/partnersforhealth.

Your annual chance to ...

- Choose or update your benefits for 2019. Changes will be effective Jan. 1, 2019.
- Enroll or re-enroll in a health savings account (HSA) if enrolled in the Local CDHP/HSA.
 - » HSA details are on page 2.

Important 2019 updates

Networks and benefits may change and impact you. So even if you don't make any changes, it's a good idea to review your enrollment each year. If you don't make changes, your current enrollment selections will stay the same.

- **Health insurance premiums will increase by 2%.** See page 3 for details.
- **Same health plans** as last year—Premier PPO, Standard PPO, Limited PPO, Local Consumer-driven Health Plan/Health Savings Account (CDHP/HSA).
- **Same network options**—BlueCross BlueShield Network S, Cigna LocalPlus, Cigna Open Access Plus (OAP). See page 3 for details.
- **Copays, coinsurance and deductibles are staying the same for all plans, except the Limited PPO**—deductibles and maximum out-of-pocket will increase. Also in the Limited PPO, there will no longer be a \$100 pharmacy deductible.
- **Other benefits premiums:**
 - » **Cigna DHMO** (prepaid) dental plan – **no premium increase.**
 - » **MetLife DPPO** dental plan – **premiums will increase 2%.**
 - » **Davis Vision** plans – **no premium increases.**
- Please see CDHP/HSA and FSA restrictions on page 6.



New!

Medical benefit improvements

- **Physical therapy benefit (if enrolled in a PPO plan)** - You no longer have to meet your deductible first for physical therapy, occupational therapy and speech therapy that is in-network and outpatient. You will only have to pay coinsurance.
- **Cardiac rehab benefit** - PPO members will not pay any costs for in-network, outpatient cardiac rehab. Local CDHP/HSA members must meet the deductible first before the coinsurance is waived.
- **Bone anchored hearing devices** will be covered when deemed medically necessary (subject to plan benefits).
- Members won't have to pay for specific **medications used to treat opioid dependency**. Learn more at tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.

What you Need to do:

- **Enroll or make changes online in Edison (unless otherwise noted):**
 - » www.edison.tn.gov
 - » Find step-by-step login instructions at tn.gov/partnersforhealth on the **Annual Enrollment** webpage.
- **Watch videos for help - how to enroll or change your Edison password.**
 - » On the tn.gov/partnersforhealth homepage – click the **Video** link at the top.
- **Enrolling new dependents?** We need documents to prove their relationship to you.
 - » A list of required documents is found at tn.gov/partnersforhealth under **Publications**, and **Forms**.
 - » Upload documents in Edison or fax to 615.741.8196.
 - » Dependent documents deadline is Oct. 26.



Need help with Edison?

Visit www.tn.gov/partnersforhealth and click on **Videos**. You'll find four Edison "how-to" videos: Retrieve your Edison ID, Log in to Edison for the first time, Reset your Edison password and Select/enroll in benefits in Edison.

We can Help you!

Go to tn.gov/partnersforhealth. Here you'll find:

- » **Videos** about your benefits.
- » A **questions button** to our help desk: <https://benefitssupport.tn.gov/hc/en-us>
- » A **help** button to chat live with an agent.
- **Join an employee webinar:**
 - » Dates and times are on page 1.
 - » Go to tn.gov/partnersforhealth and click on the **Annual Enrollment** page. Scroll down for instructions.
- **Call Benefits Administration** at 800.253.9981, M-F, 8 a.m. to 4:30 p.m. Central time.

Benefits: We've got you Covered!



Health plans offered (a summary of costs is on page 4): With all plans, you won't pay anything for in-network preventive care.

- **Premier PPO:** Higher premiums - but lower out-of-pocket costs for deductibles, copays and coinsurance.
- **Standard PPO:** Lower premiums than the Premier PPO - but you'll pay more out-of-pocket for deductibles, copays and coinsurance.
- **Limited PPO:** Lower premiums than the other PPOs – but you'll pay more out-of-pocket for deductibles, copays and coinsurance compared to the other PPOs.
- **Local CDHP/HSA:** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays.
 - » A **health savings account or HSA** can help you **save** for your healthcare now and in the future, and it offers tax benefits.
 - » Take the savings from your lower premium and put them in your HSA to cover your deductible! Your HSA balance carries over each year.
 - » **HSA IRS maximum contributions** - the 2019 amount is increasing:
 - \$3,500 for employee only coverage.
 - \$7,000 for all other tiers.
 - Members 55 or older can contribute \$1,000 more each year.

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

Carrier networks

Choose a network of providers (doctors, hospitals, facilities) for your medical care. Network choices are the same as last year, but the providers in each network can change. Check your providers—are they in the network for 2019? Once you make a choice, you are in this network for the year.

- **BlueCross BlueShield (BCBST) Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP)** is a larger network. You have a choice of more providers, but you pay more each month. Monthly \$40/\$80 surcharge is included in the premium.

To find out if your doctor and hospital are in a network go to tn.gov/partnersforhealth and click on **Health Options** and **Carrier Information**. Or, contact the carrier.

Contact: **BCBST**, 800.558.6213, M-F, 7 a.m. to 5 p.m., bcbst.com/members/tn_state

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

Pharmacy

All of our health plans include comprehensive prescription drug benefits.

- The health plan you choose will determine your out-of-pocket prescription costs.

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

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

Telehealth

You can talk to a doctor for a non-emergency visit by phone or computer from anywhere, at any time at a lower cost than a typical office visit.

You must pre-register with your carrier, BCBST or Cigna.

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

| MONTHLY HEALTH PREMIUMS | | | | | | |
|--------------------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|
| | LEVEL 1 | | LEVEL 2 | | LEVEL 3 | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Employee Only | \$662 | \$702 | \$740 | \$780 | \$804 | \$844 |
| Employee + Child(ren) | \$1,027 | \$1,067 | \$1,146 | \$1,186 | \$1,246 | \$1,286 |
| Employee + Spouse | \$1,424 | \$1,504 | \$1,590 | \$1,670 | \$1,729 | \$1,809 |
| Employee + Spouse + Child(ren) | \$1,789 | \$1,869 | \$1,997 | \$2,077 | \$2,172 | \$2,252 |
| STANDARD PPO | | | | | | |
| Employee Only | \$620 | \$660 | \$693 | \$733 | \$753 | \$793 |
| Employee + Child(ren) | \$962 | \$1,002 | \$1,074 | \$1,114 | \$1,168 | \$1,208 |
| Employee + Spouse | \$1,334 | \$1,414 | \$1,489 | \$1,569 | \$1,620 | \$1,700 |
| Employee + Spouse + Child(ren) | \$1,676 | \$1,756 | \$1,871 | \$1,951 | \$2,034 | \$2,114 |
| LIMITED PPO | | | | | | |
| Employee Only | \$481 | \$521 | \$538 | \$578 | \$585 | \$625 |
| Employee + Child(ren) | \$747 | \$787 | \$834 | \$874 | \$907 | \$947 |
| Employee + Spouse | \$1,036 | \$1,116 | \$1,157 | \$1,237 | \$1,258 | \$1,338 |
| Employee + Spouse + Child(ren) | \$1,302 | \$1,382 | \$1,452 | \$1,532 | \$1,580 | \$1,660 |
| LOCAL CDHP/HSA | | | | | | |
| Employee Only | \$434 | \$474 | \$483 | \$523 | \$525 | \$565 |
| Employee + Child(ren) | \$671 | \$711 | \$750 | \$790 | \$815 | \$855 |
| Employee + Spouse | \$931 | \$1,011 | \$1,039 | \$1,119 | \$1,130 | \$1,210 |
| Employee + Spouse + Child(ren) | \$1,170 | \$1,250 | \$1,306 | \$1,386 | \$1,420 | \$1,500 |

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

Premiums charts, including COBRA, are found at tn.gov/partnersforhealth on the Premiums page. Click on **Premiums** in the top navigation.

| HEALTH PLAN COST SHARING COMPARISON | | | | |
|-------------------------------------|----------------|----------------|----------------|-----------------------|
| PLAN | COPAYS | COINSURANCE | DEDUCTIBLE | MAXIMUM OUT-OF-POCKET |
| Premier PPO | Lowest | Lowest | Lowest | Lowest |
| Standard PPO | Mid-range | Mid-range | Mid-range | Mid-range |
| Limited PPO | Highest | Highest | Mid-range | Highest |
| Local CDHP/HSA | N/A | Highest | Highest | Mid-range |

Employee premiums vary by employer. To make a full cost comparison, you will need to check your premiums with your employer.

Behavioral health – managed by Optum (not BCBST or Cigna)

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

- Find a provider (in person or Virtual Visits)
- Explain your benefits
- Identify the best treatment options
- Schedule an appointment
- Answer questions

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

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

Employee Assistance Program (EAP) – managed by Optum

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

- Get five EAP counseling visits, per problem, per year at no cost to you.
- A new telephonic coaching program called **Take Charge at Work** helps people dealing with stress or depression. It's available at no additional cost for those who qualify.

Find more information at tn.gov/partnersforhealth on the **EAP** webpage under **Other Benefits**.

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

| IN-NETWORK 2019 HEALTH PLAN COMPARISON | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| Your Costs for Covered Services | Premier PPO | Standard PPO | Limited PPO | Local CDHP/HSA |
| Annual Deductible | | | | |
| Emp only | \$500 | \$1,000 | \$1,800 | \$2,000 |
| Emp + Child(ren) | \$750 | \$1,500 | \$2,500 | \$4,000 |
| Emp + Spouse | \$1,000 | \$2,000 | \$2,800 | \$4,000 |
| Emp + Spouse + Child(ren) | \$1,250 | \$2,500 | \$3,600 | \$4,000 |
| Maximum Out-of-Pocket | | | | |
| Emp only | \$3,600 | \$4,000 | \$6,800 | \$5,000 |
| Emp + Child(ren) | \$5,400 | \$6,000 | \$13,600 | \$10,000 |
| Emp + Spouse | \$7,200 | \$8,000 | \$13,600 | \$10,000 |
| Emp + Spouse + Child(ren) | \$9,000 | \$10,000 | \$13,600 | \$10,000 |
| Preventive Care | No charge | No charge | No charge | No charge |
| Primary Care/Convenience Care | \$25 copay | \$30 copay | \$35 copay | 30% coinsurance after deductible |
| Specialist/Urgent Care | \$45 copay | \$50 copay | \$55 copay | 30% coinsurance after deductible |
| Telehealth (approved carrier program only) | \$15 copay | \$15 copay | \$15 copay | 30% coinsurance after deductible |
| Behavioral Health and Substance Use (and virtual visits) | \$25 copay | \$30 copay | \$35 copay | 30% coinsurance after deductible |
| Routine X-Rays, Labs and Diagnostics | 10% coinsurance | 20% coinsurance | 30% coinsurance | 30% coinsurance after deductible |
| Pharmacy (30-day supply) | | | | |
| generic | \$7 copay | \$14 copay | \$14 copay | 30% coinsurance after deductible |
| preferred brand | \$40 copay | \$50 copay | \$60 copay | |
| non preferred brand | \$90 copay | \$100 copay | \$110 copay | |
| specialty | 10% coinsurance min \$50; max \$150 | 10% coinsurance min \$50; max \$150 | 10% coinsurance min \$50; max \$150 | |
| Hospital/Facility Services | 10% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible | 30% coinsurance after deductible |
| Maternity | 10% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible | 30% coinsurance after deductible |
| Outpatient Physical, Speech and Occupational Therapy | 10% coinsurance | 20% coinsurance | 30% coinsurance | 30% coinsurance after deductible |
| Emergency Room Visit | \$150 copay | \$175 copay | \$200 copay | 30% coinsurance after deductible |

A complete health plan comparison, as well as dental and vision comparisons, can be found at tn.gov/partnersforhealth. Click on Publications in the top navigation. Under **Publications**, you'll find **Insurance Comparison Charts**.

Voluntary wellness program

In 2019, two programs will be offered to enrolled health plan members and spouses. Members must qualify for these programs.

- **Disease management:** Members with chronic diseases that include asthma, diabetes, coronary artery disease, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) will have access to this program to better manage their chronic condition.
- **Diabetes Prevention Program:** Will continue to be offered in 2019. Go to tn.gov/partnersforhealth for details under **Wellness** and **Diabetes Prevention Program** and to see if you qualify.

Find more information at tn.gov/partnersforhealth on the **Wellness** page.

Other Benefits



Dental coverage—contact your agency to see if they participate

So you can smile pretty and save. Two different Dental plans offered. You pay the premium.

- **MetLife DPPO:** Use any Dentist, but you'll save money when staying in-network.
 - » **Premiums will increase 2%** in 2019.
- **Cigna DHMO prepaid plan:** Required to use a Network Dentist. Select your Network General Dentist and notify Cigna.
 - » **Premiums will stay the same** in 2019.

In 2019, there are no changes in benefits, deductibles, copays or allowances.

Find more information at tn.gov/partnersforhealth on the **Dental** webpage under **Other Benefits**.

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



Vision insurance—contact your agency to see if they participate

Set your sights on savings. Vision benefits are offered through **Davis Vision**. You pay the premium. Choose from two options:

- **Basic Plan:** Offers discounted network rates and allowances for services.
- **Expanded Plan:** Provides services with a combination of copays, greater allowances and discounted rates.
- **Premiums will stay the same in 2019.** No changes in benefits and/or allowances.
- Vision plan members get:
 - » Routine eye exam every calendar year.
 - » Frames once every two calendar years.
 - » Choice of eyeglass lenses or contact lenses once every calendar year.

Find more information at tn.gov/partnersforhealth on the **Vision** webpage under **Other Benefits**.

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

| 2019 MONTHLY VISION PREMIUMS | BASIC PLAN | EXPANDED PLAN |
|--------------------------------|------------|---------------|
| ACTIVE MEMBERS | | |
| 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 |

| 2019 MONTHLY DENTAL PREMIUMS | CIGNA PREPAID PLAN | METLIFE DPPO PLAN |
|--------------------------------|--------------------|-------------------|
| ACTIVE MEMBERS | | |
| Employee Only | \$13.44 | \$23.64 |
| Employee + Child(ren) | \$27.91 | \$54.36 |
| Employee + Spouse | \$23.83 | \$44.72 |
| Employee + Spouse + Child(ren) | \$32.76 | \$87.50 |

Local CDHP/HSA restrictions: You cannot enroll in the Local CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, Social Security benefits), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months. Generally, members eligible to receive free care at any VA facility cannot enroll in the Local 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 (and it must be a disability). Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

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

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 1-866-576-0029.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697.

If you speak a language other than English, help in your language is available for free.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).

866 (مقر -576-0029) - تظوظ لمل تامدخ نإف، ةغللال ركذا تدرجت تنك اذا: ةظوظ لم -576-0029 (مقر) 1. (800-848-0298) مقر لصلتا. ناجملاب كل رفاوتت ةىوغللل

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY: 1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalgan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚክተለውቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY: 1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दे: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

یاری ناگیار تروصب ی ناپز تالی هست، دینک یم وگتفنگ ی سراقف ناپز هب رگا، هجوت دی ریگب سامت اب، دشاب یم مهارف 866-576-0029 (TTY: 1-800-848-0298) امش

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Benefits Administration website at <https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf>. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. By law, we are required to inform plan members of this coverage yearly. You can find a copy of the required notice regarding your options on the Benefits Administration website.

If you are actively employed or a pre-65 retiree enrolled in health coverage, you have pharmacy benefits. You do not need to enroll in Medicare prescription drug coverage regardless of your age. Once your retiree group health coverage terminates due to becoming Medicare eligible you may want to enroll in Medicare prescription drug coverage if you need pharmacy benefits.

Summary of Benefits and Coverage

As required by law, the State of Tennessee Group Health Plan creates a Summary of Benefits and Coverage (SBC). The SBC describes your 2019 health coverage options. You can view it online on or after September 30 at <https://www.tn.gov/partnersforhealth/summary-of-benefits-and-coverage.html> or request that we send you a paper copy free of charge. To ask for a paper copy, call Benefits Administration at 855.809.0071.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, a sample basic term life/basic AD&D certificate, sample optional AD&D certificate, brochures and handbooks for medical, pharmacy, dental, vision, life insurance and the plan document, brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTNers for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTNers for Health at partners.wellness@tn.gov.



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 DEPARTMENT OF FINANCE AND ADMINISTRATION
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Questions? Go to tn.gov/partnersforhealth

WHAT YOU'LL FIND INSIDE

- Details on available benefits
- Premiums
- Helpful resources, including websites, webinars and videos
- How to enroll

Local Government Employees

IT'S ANNUAL ENROLLMENT TIME!

