

ANNUAL ENROLLMENT FOR 2019 BENEFITS

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

Retiree Participants

Email

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

Premiums

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

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It's About Time ... if You Want to Make Changes!

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 ...

- Make changes to your benefits for 2019. If you remain enrolled as of Jan. 1, 2019, you can also enroll your eligible dependents. Changes will be effective Jan. 1, 2019.
- Enroll or re-enroll in a health savings account (HSA) if enrolled in a Consumer-driven Health Plan (CDHP).
 - » HSA details are on page 2.
- Tennessee Consolidated Retirement System (TCRS) retirees who receive a monthly pension from the TCRS, or optional retirement plan retirees from the University of Tennessee or a TBR higher education agency, are eligible for the following benefits:
 - » Dental options
 - » Vision options (must be enrolled in group health coverage)

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 want to make any changes in enrollment, NO ACTION is needed on your part.**

- State and higher education retiree health insurance premiums will increase by 3.5%.
- Local education retiree health insurance premiums will increase by 2.5%
- Local government retiree health insurance premiums will increase by 2.0%
- **Same health plans** as last year—see page 2 for details.
- **Same network options**—see page 3 for details.
- **Copays, coinsurance and deductibles are staying the same for all plans, except the Limited PPO (Limited PPO is available to local education and local government retirees only)**—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 4.

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. CDHP/HSA and 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:

- **If you want to make changes, fill out the annual enrollment application found at the end of this newsletter. Submit it to Benefits Administration:**
 - » Mailed applications must be postmarked no later than Oct. 26, 2018.
 - » Submit by fax at 615.741.8196 by Oct. 26, 2018, at 11:59 p.m. Central time. **OR ...**
- **This year, if you want to you can also make changes online in Employee Self Service (ESS) in Edison at www.edison.tn.gov!**
 - » In Edison, you need to set up an account with a password. Find step-by-step instructions on how to log in at tn.gov/partnersforhealth on the **Annual Enrollment** webpage.
 - » **Important!** You may already have an old email address in ESS in Edison from when you were an employee. If you try to reset your password to enroll, the password reset email may go to this old email account. If you do not receive an email after trying to set up your account, you can enroll by submitting the paper application, or call our service center for help.
- **Watch videos for help - how to enroll or set up your Edison password.** On the tn.gov/partnersforhealth homepage – click on **Annual Enrollment** and **For Retirement**.
- **If you are adding dependents (spouse and/or eligible children) who have not been previously covered:**
 - » You can add them to medical coverage if you (the retiree) are covered on the medical plan.
 - » You may also add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.

- » 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 if enrolling through ESS or mail copies along with your annual enrollment application or fax to 615.741.8196. You must include your Edison ID or SSN on each document.
- » Dependent documents deadline is Oct. 26.

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>
- **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 (local education/local government retirees only):** Lower premiums than the other PPOs – but you'll pay more out-of-pocket for deductibles, copays and coinsurance compared to the other PPOs.
- **CDHP/HSA (state/higher education retirees only) & Local CDHP/HSA (local education/local government retirees only):** 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 retiree only coverage.
 - \$7,000 for all other tiers.
 - Members 55 or older can contribute \$1,000 more each year.

Important! If you enroll in a CDHP/HSA, you may contribute after-tax funds to the HSA by check or by linking your bank account to your HSA.

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**.

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 retirees enrolled in health coverage and eligible dependents – even if your dependents are not enrolled in a health plan.

- 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 under **Other Benefits** and **EAP**.

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

Voluntary wellness program

In 2019, two programs will be offered to enrolled retirees 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.

IN-NETWORK 2019 HEALTH PLAN COMPARISON

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

Complete health plan comparisons, 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**.

CDHP/HSA restrictions: You should consult with your tax professional for assistance on restrictions when considering enrolling in a CDHP/HSA plan. You cannot enroll in a CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, Social Security benefits), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months. Generally, members eligible to receive free care at any VA facility cannot enroll in a 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 a CDHP/HSA if either you or your spouse is enrolled in a medical flexible spending account (FSA) or HRA. You can have a limited purpose FSA (L-FSA) which you can only use for vision or dental expenses if you have one available.

STATE AND HIGHER EDUCATION 2019 RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$155.00	\$195.00	\$232.60	\$272.60	\$310.10	\$350.10
Retiree + Child(ren)	\$232.50	\$272.50	\$348.70	\$388.70	\$464.90	\$504.90
Retiree + Spouse	\$325.40	\$405.40	\$488.10	\$568.10	\$650.80	\$730.80
Retiree + Spouse + Child(ren)	\$402.80	\$482.80	\$604.20	\$684.20	\$805.60	\$885.60
Spouse Only	\$170.40	\$210.40	\$255.50	\$295.50	\$340.70	\$380.70
Child(ren) Only	\$77.40	\$117.40	\$116.10	\$156.10	\$154.80	\$194.80
Spouse + Child(ren)	\$247.80	\$287.80	\$371.70	\$411.70	\$495.60	\$535.60
STANDARD PPO						
Retiree Only	\$145.10	\$185.10	\$217.70	\$257.70	\$290.20	\$330.20
Retiree + Child(ren)	\$217.60	\$257.60	\$326.30	\$366.30	\$435.10	\$475.10
Retiree + Spouse	\$304.90	\$384.90	\$457.40	\$537.40	\$609.80	\$689.80
Retiree + Spouse + Child(ren)	\$377.40	\$457.40	\$566.00	\$646.00	\$754.70	\$834.70
Spouse Only	\$159.80	\$199.80	\$239.70	\$279.70	\$319.60	\$359.60
Child(ren) Only	\$72.50	\$112.50	\$108.70	\$148.70	\$144.90	\$184.90
Spouse + Child(ren)	\$232.30	\$272.30	\$348.40	\$388.40	\$464.50	\$504.50
CDHP/HSA						
Retiree Only	\$137.70	\$177.70	\$206.50	\$246.50	\$275.30	\$315.30
Retiree + Child(ren)	\$206.20	\$246.20	\$309.30	\$349.30	\$412.30	\$452.30
Retiree + Spouse	\$289.00	\$369.00	\$433.50	\$513.50	\$577.90	\$657.90
Retiree + Spouse + Child(ren)	\$357.50	\$437.50	\$536.20	\$616.20	\$715.00	\$795.00
Spouse Only	\$151.30	\$191.30	\$227.00	\$267.00	\$302.60	\$342.60
Child(ren) Only	\$68.50	\$108.50	\$102.80	\$142.80	\$137.00	\$177.00
Spouse + Child(ren)	\$219.80	\$259.80	\$329.80	\$369.80	\$439.70	\$479.70

LOCAL EDUCATION 2019 TEACHER RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$344.85	\$384.85	\$407.55	\$447.55	\$470.25	\$510.25
Retiree + Child(ren)	\$568.70	\$608.70	\$672.10	\$712.10	\$775.50	\$815.50
Retiree + Spouse	\$672.65	\$752.65	\$794.95	\$874.95	\$917.25	\$997.25
Retiree + Spouse + Child(ren)	\$895.95	\$975.95	\$1,058.85	\$1,138.85	\$1,221.75	\$1,301.75
Spouse Only	\$327.80	\$367.80	\$387.40	\$427.40	\$447.00	\$487.00
Child(ren) Only	\$223.85	\$263.85	\$264.55	\$304.55	\$305.25	\$345.25
Spouse + Child(ren)	\$551.10	\$591.10	\$651.30	\$691.30	\$751.50	\$791.50
STANDARD PPO						
Retiree Only	\$323.40	\$363.40	\$382.20	\$422.20	\$441.00	\$481.00
Retiree + Child(ren)	\$532.40	\$572.40	\$629.20	\$669.20	\$726.00	\$766.00
Retiree + Spouse	\$630.30	\$710.30	\$744.90	\$824.90	\$859.50	\$939.50
Retiree + Spouse + Child(ren)	\$839.30	\$919.30	\$991.90	\$1,071.90	\$1,144.50	\$1,224.50
Spouse Only	\$306.90	\$346.90	\$362.70	\$402.70	\$418.50	\$458.50
Child(ren) Only	\$209.00	\$249.00	\$247.00	\$287.00	\$285.00	\$325.00
Spouse + Child(ren)	\$515.90	\$555.90	\$609.70	\$649.70	\$703.50	\$743.50
LOCAL CDHP/HSA						
Retiree Only	\$250.80	\$290.80	\$296.40	\$336.40	\$342.00	\$382.00
Retiree + Child(ren)	\$413.05	\$453.05	\$488.15	\$528.15	\$563.25	\$603.25
Retiree + Spouse	\$488.40	\$568.40	\$577.20	\$657.20	\$666.00	\$746.00
Retiree + Spouse + Child(ren)	\$651.20	\$731.20	\$769.60	\$849.60	\$888.00	\$968.00
Spouse Only	\$237.60	\$277.60	\$280.80	\$320.80	\$324.00	\$364.00
Child(ren) Only	\$162.25	\$202.25	\$191.75	\$231.75	\$221.25	\$261.25
Spouse + Child(ren)	\$400.40	\$440.40	\$473.20	\$513.20	\$546.00	\$586.00
LIMITED PPO						
Retiree Only	\$295.35	\$335.35	\$349.05	\$389.05	\$402.75	\$442.75
Retiree + Child(ren)	\$486.75	\$526.75	\$575.25	\$615.25	\$663.75	\$703.75
Retiree + Spouse	\$575.85	\$655.85	\$680.55	\$760.55	\$785.25	\$865.25
Retiree + Spouse + Child(ren)	\$767.25	\$847.25	\$906.75	\$986.75	\$1,046.25	\$1,126.25
Spouse Only	\$280.50	\$320.50	\$331.50	\$371.50	\$382.50	\$422.50
Child(ren) Only	\$191.40	\$231.40	\$226.20	\$266.20	\$261.00	\$301.00
Spouse + Child(ren)	\$471.90	\$511.90	\$557.70	\$597.70	\$643.50	\$683.50

**LOCAL EDUCATION 2019
SUPPORT STAFF RETIREES MONTHLY HEALTH PREMIUMS**

	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO		
Retiree Only	\$627	\$667
Retiree + Child(ren)	\$1,034	\$1,074
Retiree + Spouse	\$1,223	\$1,303
Retiree + Spouse + Child(ren)	\$1,630	\$1,710
Spouse Only	\$596	\$636
Child(ren) Only	\$407	\$447
Spouse + Child(ren)	\$1,002	\$1,042
STANDARD PPO		
Retiree Only	\$587	\$627
Retiree + Child(ren)	\$969	\$1,009
Retiree + Spouse	\$1,146	\$1,226
Retiree + Spouse + Child(ren)	\$1,526	\$1,606
Spouse Only	\$559	\$599
Child(ren) Only	\$381	\$421
Spouse + Child(ren)	\$939	\$979
LOCAL CDHP/HSA		
Retiree Only	\$456	\$496
Retiree + Child(ren)	\$751	\$791
Retiree + Spouse	\$889	\$969
Retiree + Spouse + Child(ren)	\$1,184	\$1,264
Spouse Only	\$433	\$473
Child(ren) Only	\$295	\$335
Spouse + Child(ren)	\$728	\$768
LIMITED PPO		
Retiree Only	\$537	\$577
Retiree + Child(ren)	\$885	\$925
Retiree + Spouse	\$1,047	\$1,127
Retiree + Spouse + Child(ren)	\$1,395	\$1,475
Spouse Only	\$509	\$549
Child(ren) Only	\$347	\$387
Spouse + Child(ren)	\$858	\$898

LOCAL GOVERNMENT 2019 RETIREE 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						
Retiree Only	\$662	\$702	\$740	\$780	\$804	\$844
Retiree + Child(ren)	\$1,027	\$1,067	\$1,146	\$1,186	\$1,246	\$1,286
Retiree + Spouse	\$1,424	\$1,504	\$1,590	\$1,670	\$1,729	\$1,809
Retiree + Spouse + Child(ren)	\$1,789	\$1,869	\$1,997	\$2,077	\$2,172	\$2,252
Spouse Only	\$762	\$802	\$851	\$891	\$925	\$965
Child(ren) Only	\$365	\$405	\$407	\$447	\$443	\$483
Spouse + Child(ren)	\$1,127	\$1,167	\$1,258	\$1,298	\$1,368	\$1,408
STANDARD PPO						
Retiree Only	\$620	\$660	\$693	\$733	\$753	\$793
Retiree + Child(ren)	\$962	\$1,002	\$1,074	\$1,114	\$1,168	\$1,208
Retiree + Spouse	\$1,334	\$1,414	\$1,489	\$1,569	\$1,620	\$1,700
Retiree + Spouse + Child(ren)	\$1,676	\$1,756	\$1,871	\$1,951	\$2,034	\$2,114
Spouse Only	\$714	\$754	\$797	\$837	\$867	\$907
Child(ren) Only	\$342	\$382	\$381	\$421	\$415	\$455
Spouse + Child(ren)	\$1,056	\$1,096	\$1,178	\$1,218	\$1,281	\$1,321
LOCAL CDHP/HSA						
Retiree Only	\$434	\$474	\$483	\$523	\$525	\$565
Retiree + Child(ren)	\$671	\$711	\$750	\$790	\$815	\$855
Retiree + Spouse	\$931	\$1,011	\$1,039	\$1,119	\$1,130	\$1,210
Retiree + Spouse + Child(ren)	\$1,170	\$1,250	\$1,306	\$1,386	\$1,420	\$1,500
Spouse Only	\$498	\$538	\$556	\$596	\$605	\$645
Child(ren) Only	\$238	\$278	\$266	\$306	\$290	\$330
Spouse + Child(ren)	\$736	\$776	\$822	\$862	\$895	\$935
LIMITED PPO						
Retiree Only	\$481	\$521	\$538	\$578	\$585	\$625
Retiree + Child(ren)	\$747	\$787	\$834	\$874	\$907	\$947
Retiree + Spouse	\$1,036	\$1,116	\$1,157	\$1,237	\$1,258	\$1,338
Retiree + Spouse + Child(ren)	\$1,302	\$1,382	\$1,452	\$1,532	\$1,580	\$1,660
Spouse Only	\$555	\$595	\$619	\$659	\$672	\$712
Child(ren) Only	\$265	\$305	\$297	\$337	\$321	\$361
Spouse + Child(ren)	\$820	\$860	\$915	\$955	\$995	\$1,035

Other Benefits

Dental coverage

Two different Dental plans are offered to eligible retirees*. 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.

2019 MONTHLY DENTAL PREMIUMS	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
Retiree Only	\$14.79	\$30.52
Retiree + Child(ren)	\$30.71	\$70.18
Retiree + Spouse	\$26.22	\$57.74
Retiree + Spouse + Child(ren)	\$36.02	\$112.98

In 2019, there are no changes in benefits, deductibles, copays or allowances. Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Dental**.

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

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

*Eligible retirees are those receiving a monthly pension from the TCRS or an optional retirement plan retiree from the University of Tennessee or a TBR higher education institution.

Vision insurance

Vision benefits are offered to eligible retirees** 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 and choice of eyeglass lenses or contact lenses once every calendar year.

Find more information at tn.gov/partnersforhealth under **Other Benefits** and **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

**Eligible retirees are those who are enrolled in the retiree group health plan and who are receiving a monthly pension from the TCRS or an optional retirement plan retiree from the University of Tennessee or a TBR higher education institution.

Dependents enrolled in spouse only, spouse+children or children only group health coverage are eligible to enroll in dependent only vision coverage if the retiree is no longer enrolled in the group health plan.

2019 MONTHLY VISION PREMIUMS	BASIC PLAN	EXPANDED PLAN
Retiree Only	\$3.07	\$5.56
Retiree + Child(ren)	\$6.13	\$11.12
Retiree + Spouse	\$5.82	\$10.57
Retiree + Spouse + Child(ren)	\$9.01	\$16.35
Spouse Only	\$3.07	\$5.56
One Child Only	\$3.07	\$5.56
Two or More Children Only	\$6.13	\$11.12
Spouse + Children Only	\$6.13	\$11.12

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).

قدعاسملا تامدخ نإف، دغللا ركذا ثدحتت تنك اذإ: دظوح لم -576-0029- مقر) 866 م:كبلا او مصلا فتاه -1(800-848-0298. م:قرب لصتا. ن:اجملا ب كل رفاوتت ةي وغللا

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 kаланган oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የግንባራ ቋንቋ አግርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚኒስተር ድርጅት 1-866-576-0029 (ማስማት ለተሳናቸው: 1-800-848-0298) ይደውሉ።

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 છો, 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 दें: 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).

یاد رہے: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت میں زبان کی خدمات دستیاب ہیں۔ 1-866-576-0029 (TTY: 1-800-848-0298) پر کال کریں۔

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.



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

ANNUAL ENROLLMENT APPLICATION FOR RETIREE PARTICIPANT

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 800.253.9981 • fax 615.741.8196



PART 1: RETIREE INFORMATION

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER OR EDISON ID	
DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS	ARE YOU THE SURVIVING SPOUSE OF A DECEASED RETIREE? <input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY RETIRED FROM	
HOME ADDRESS			CITY	ST	ZIP CODE	COUNTY

PART 2: HEALTH COVERAGE SELECTION

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	SELECT A BENEFIT OPTION <input type="checkbox"/> Premier PPO <input type="checkbox"/> Standard PPO <input type="checkbox"/> CDHP/HSA or Local CDHP/HSA <input type="checkbox"/> Limited PPO (local education and local government only)	SELECT A CARRIER <input type="checkbox"/> BlueCross BlueShield Network S <input type="checkbox"/> Cigna LocalPlus <input type="checkbox"/> Cigna Open Access (surcharge applies)	SELECT A PREMIUM LEVEL <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + spouse + child(ren)	<input type="checkbox"/> spouse ONLY <input type="checkbox"/> child(ren) ONLY <input type="checkbox"/> spouse + child(ren) ONLY
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PART 3: DENTAL COVERAGE SELECTION **PART 4: VISION COVERAGE SELECTION (must be on health coverage)**

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	SELECT PLAN <input type="checkbox"/> MetLife DPPO <input type="checkbox"/> Cigna Prepaid DHMO	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	SELECT PLAN <input type="checkbox"/> Basic <input type="checkbox"/> Expanded
SELECT A PREMIUM LEVEL <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + child(ren)		<input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + spouse + child(ren)	SELECT A PREMIUM LEVEL <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse		<input type="checkbox"/> retiree + spouse + child(ren) <input type="checkbox"/> spouse ONLY <input type="checkbox"/> child(ren) ONLY <input type="checkbox"/> spouse + child(ren) ONLY

PART 5: DEPENDENT INFORMATION — LIST ALL DEPENDENTS YOU WISH TO COVER (attach a separate sheet if necessary)

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, MI)	BIRTHDATE	GENDER	RELATIONSHIP	ACQUIRE DATE *	HEALTH	DENTAL	VISION
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* The acquire date is the date of marriage, birth, adoption or guardianship.
PROOF OF A DEPENDENT'S ELIGIBILITY MUST BE SUBMITTED WITH THIS APPLICATION FOR ALL NEW DEPENDENTS.
 A separate sheet with more dependents is attached

PART 6: RETIREE AUTHORIZATION

I confirm that all of the information above is true. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell Benefits Administration within one calendar month. I understand that I will be responsible for any claims paid in error. Finally, I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents.

RETIREE SIGNATURE	DATE	HOME PHONE
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Complete in blue or black ink
Completed form must be postmarked or faxed to Benefits Administration by 10/26/18 — Attention: Retirement



STATE OF TENNESSEE
 BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 WILLIAM R. SNODGRASS TN TOWER
 312 ROSA L. PARKS AVENUE, 19TH FLOOR
 NASHVILLE, TN 37243-1102

PRESORTED STANDARD
 U.S. POSTAGE
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Questions? Go to tn.gov/partnersforhealth

WHAT YOU'LL FIND INSIDE

- Details on available benefits
- Premiums
- Helpful resources, including websites and videos
- How to make changes

Retiree Participants

IT'S ANNUAL ENROLLMENT TIME!

