STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — LOCAL GOVERNMENT PLAN

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 615.741.3590 or 800.253.9981

AGENCY BENEFITS COORDINATOR: This form must be completed on or within FIVE business days of the eligibility date for newly hired employees who are insurance eligible and existing employees who become insurance eligible due to a status change. This form IS NOT for special enrollment. DO NOT submit this form to Benefits Administration. Place the completed form in the employee's insurance or personnel file and give the employee a copy along with the page 2 attachment.

EMPLOYEE INFORMATION – TO BE COMPLETED BY ABC

NAME	EDISON ID	AGENCY

ELIGIBILITY AND ENROLLMENT – ABC SHOULD PLACE A CHECK MARK BY EACH ITEM DISCUSSED/PROVIDED AND FILL IN ANY BLANKS

- ☐ Advise that an ABC is a liaison with the health plan and that all conversations about health and related benefits should be with the ABC and not others in the HR office. Provide ABC contact information.
- ☐ Advise that insurance enrollment must be completed in Edison OR by paper returned to the ABC within 30 days of the employee's eligibility date. The 30day deadline begins on the eligibility date_____and ends on _____. Dependent verification must be submitted no later than 10 days after the 30day enrollment period or dependent coverage will be waived. Paper application is not necessary if using ESS.
- ☐ Advise that all coverage starts on the first day of the month after the employee's eligibility date.
- ☐ Advise that if not enrolled when first eligible, the employee will be deemed to have waived insurance coverage for the remainder of the calendar year unless a special qualifying event (SQE) or MidYear Enrollment Event occurs. Direct employee to the Medical Plan Document for information about SQEs and to respective voluntary benefit certificates of coverage for MidYear Enrollment Events.
- ☐ Advise that all new hire elections are fixed for the remainder of the calendar year in most cases. There will be a fall annual enrollment period in October during which changes in coverages and dependents can be made for the next calendar year, effective the following January 1.

INSURANCE PRODUCTS – ABC SHOULD DISCUSS ALL PRODUCTS AND PLACE A CHECK MARK BY EACH TO CONFIRM

Health Options — each allows a choice of carrier and network
- ☐ Premier Preferred Provider Organization
- ☐ Standard PPO
- ☐ Limited PPO
- ☐ Local Consumer driven Health Plan with a health savings account

Other
- ☐ Dental — Prepaid and Preferred Provider
- ☐ Vision — Basic and Expanded Plans

INFORMATION TO BE PROVIDED – ABC SHOULD PLACE A CHECK MARK BESIDE EACH ITEM TO CONFIRM

- ☐ Provide Edison login, password and ESS instructions.
- ☐ Provide health, dental and vision Edison enrollment access or paper enrollment form/Benefit eform (if needed) to employee on their eligibility date or within five business days of eligibility date. This is mandatory.
- ☐ Confirm accurate contact information including email address and provide link to change contact information. BA/ParTNers for Health will communicate to member using contact information provided in Edison, including email address.
- ☐ Provide the ParTNers for Health URL, tn.gov/partnersforhealth. Describe information located there, including vendor materials, plan document, legal notices, plan coverage, customer service page (emphasize search feature for network providers) with contact information for BA and vendor partners.
- ☐ Provide links to the following <u>by giving employee the Attached Page 2</u>:
  - all online forms for health, dental, vision, retirement, leave of absence, and miscellaneous forms and provide printed copies if requested
  - the New Hire Guide and HIPAA privacy notice or printed copies if requested
  - the Emotional Wellbeing Solutions and the wellness program websites
  - chart with monthly premiums, including employee deduction and employer contribution (if applicable)
  - Summary of Benefits and Coverage and the marketplace notice and printed copies if requested

_____ EMPLOYEE SIGNATURE

_____ AGENCY BENEFITS COORDINATOR SIGNATURE

_____ DATE

_____ DATE

ABC: GIVE THIS PAGE TO THE EMPLOYEE.

1. **Insurance and Benefit Information. ParTNers for Health** - https://www.tn.gov/partnersforhealth.html has drop down menus at the top of the page for Health Options (health, CDHP/HSA insurance options, carrier information, pharmacy, behavioral health and included benefit extras); Other Benefits (including dental, vision, wellness, The Tennessee Plan, Working for a Healthier Tennessee, and Emotional Wellbeing Solutions); Publications (including publications, forms, and reports); Annual Enrollment, Benefits Contact Information and Premiums

2. **Enrollment and Other Forms -** https://www.tn.gov/partnersforhealth/publications/forms.html for health, dental, vision, retirement, leave of absence, and miscellaneous

3. **Monthly Premium Charts** - https://www.tn.gov/partnersforhealth/insurancepremiums.htmlFor health, The Tennessee Plan, dental insurance and vision insurance

4. **Publications** - https://www.tn.gov/partnersforhealth/publications/publications.htmlIncluding New Hire Guides and HIPAA Privacy Notice (under Miscellaneous menu item) as well as Insurance Comparison Charts, Medical Plan Documents and other publications for pharmacy, dental, The Tennessee Plan, Vision, Behavioral Health and HSA/FSA.

5. **Emotional Wellbeing Solutions** https://www.tn.gov/partnersforhealth/otherbenefits/emotionalwellbeingsolutions.html

6. **Wellness program** https://www.tn.gov/partnersforhealth/otherbenefits/wellnessprogram.html

7. **Summary of Benefits and Coverage** https://www.tn.gov/partnersforhealth/summaryofbenefitsandcoverage.html

8. **Marketplace Notice**
   - **Local Government Employees** - https://www.tn.gov/partnersforhealth/agencybenefitscoordinators/ppacadocuments.html (Select Local Government Required Federal Marketplace Notice)