

2024

# Retirement Guide



**PARTNERS**  
**FOR HEALTH**

2024

# Retiree Group Health Insurance Eligibility

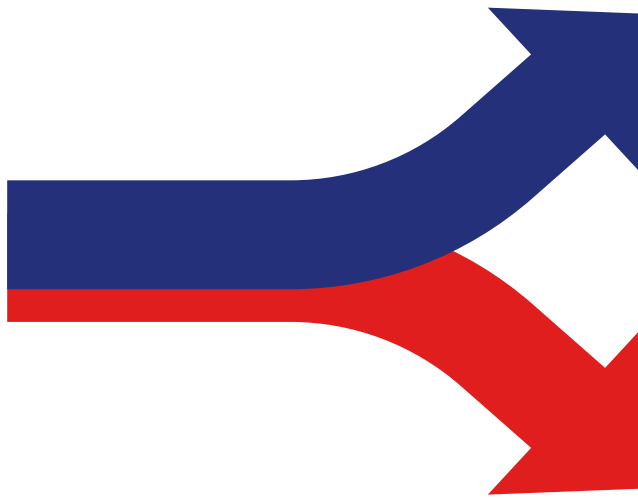


**PARTNERS**  
**FOR HEALTH**



# Eligibility Requirements

**PARTNERS**  
**FOR HEALTH**



## Hire Date

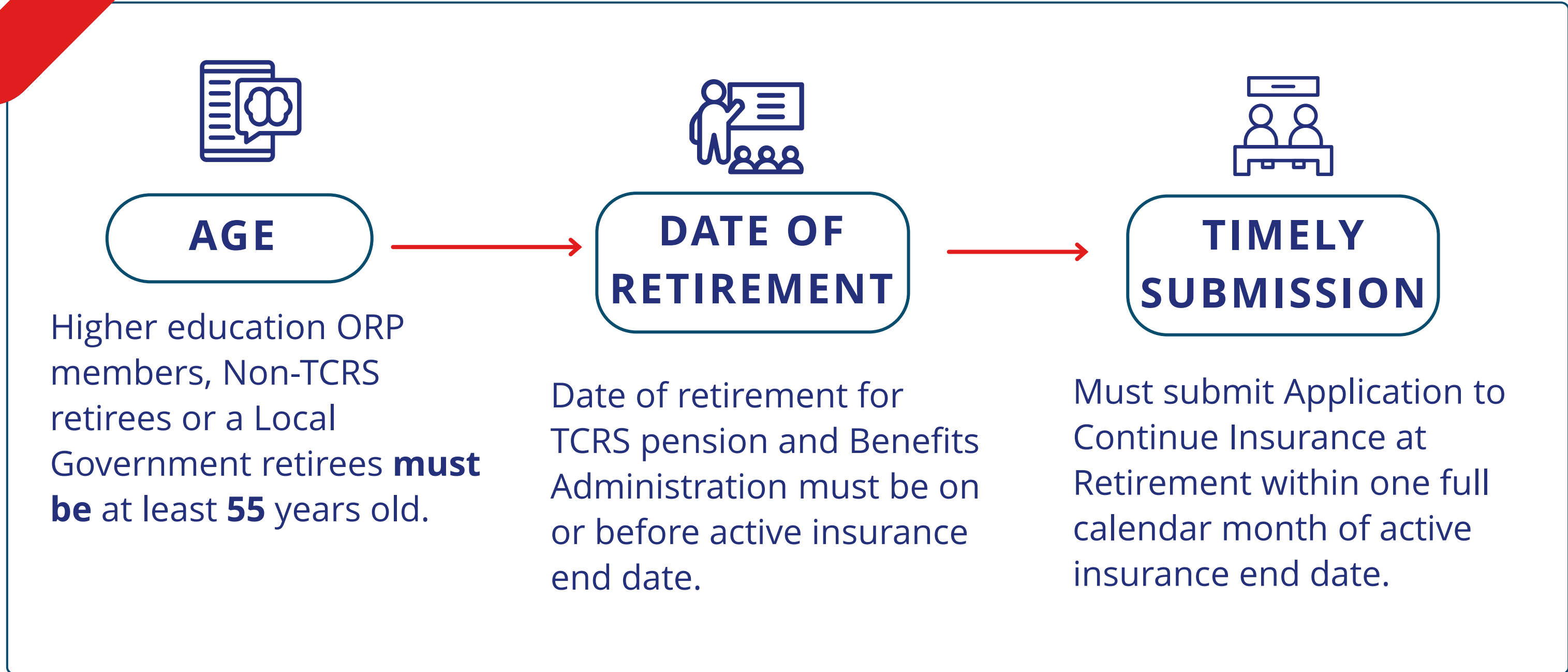
State, Higher Education and Local Education retirees must have a date of hire on or before July 1, 2015.



## Retiree or Dependent Age

Retiree/spouse must be under 65 years old.  
Dependent child(ren) must be under 26 years old.

# Eligibility Requirements



# Eligibility Requirements



**TCRS OR HIGHER EDUCATION ORP**

Tennessee Consolidated Retirement System (TCRS) or Optional Retirement Plan (ORP) member based on their own service.



**CONTINUOUS INSURANCE COVERAGE**

Must be enrolled in state employee insurance leading up to retirement. Your years of service determine how much continuous insurance coverage you must have to qualify for retirement insurance.

**10 YEARS +**

Three years of continuous insurance leading up to retirement.

**OR**

**20 YEARS +**

**One year** of continuous insurance leading up to retirement.





# CREDITABLE SERVICE

Creditable service with State, Higher Education or Local Education agencies that participate in the state group health insurance plans may be combined to obtain the required 10 years of service for retirement.







# Non-CREDITABLE SERVICE

## Local Government

Local Government service cannot be combined with any other service, including other local government agencies.



## Military Time

Any military time that did not interrupt employment should not count towards creditable service.







# Non-CREDITABLE SERVICE

## Local Education Agency Service

Any service with a local education agency that does not participate in the state group health insurance plans will not count towards creditable service.



## TCRS

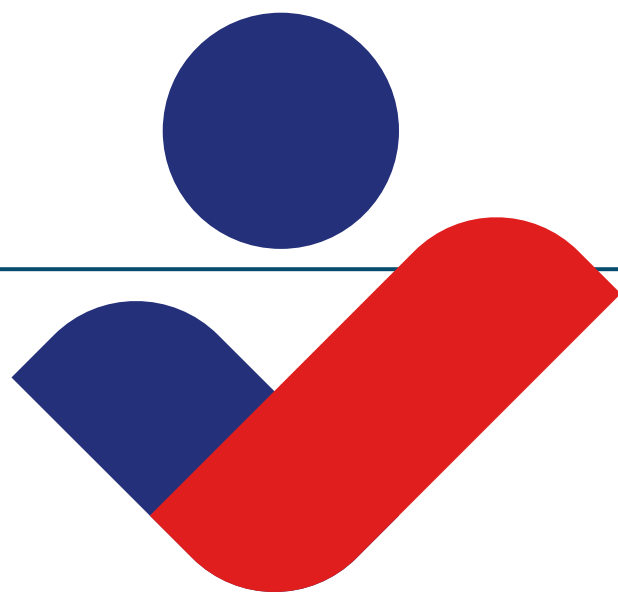
Any TCRS service previously cashed out and not paid back will not count towards creditable service.

Cashed out service may impact member's eligibility to meet the hire date prior to July 1, 2015, even if it was purchased back.





# **Information to Know**



## **Application to Continue Insurance at Retirement**

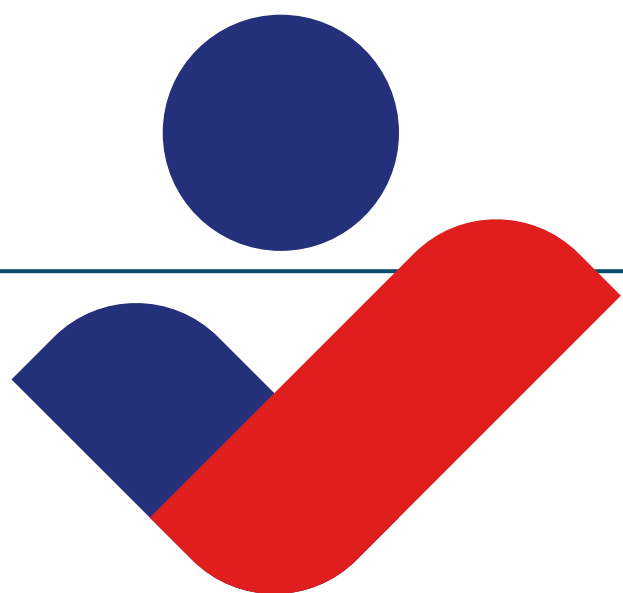
This application is used for all employees who are going directly from active to retirement coverage, even if the member is applying to enroll in the Tennessee Plan.

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Retirees will continue coverage in the same group health plan upon retirement.

Changes can be made during Annual Enrollment or if a special qualifying event (SQE) occurs.

# **Information to Know**



Continuation of dependent-only group health is allowed if the retiree is enrolled in Medicare.

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A retiree who is no longer eligible for group health coverage is not eligible to add a dependent to the retiree group health plan via special enrollment provision.

2024

# THE TENNESSEE PLAN

**UMR**<sup>SM</sup>



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# Eligibility Requirements



## MEDICARE

Must be enrolled in Medicare.

## TCRS PENSION

Must receive TCRS pension based on their own service with a hire date on or before July 1, 2015.

**OR**

## ORP MEMBER

Higher education retirees who are ORP participants based on their own service with a hire date on or before July 1, 2015.

# UMR Eligibility Requirements



**TIMELY SUBMISSION**

Member has 60 days from date of initial eligibility to apply for guaranteed approval.



Member can apply after 60 day window, but there is no guaranteed approval for member or spouse.



**COVERING SPOUSE**

Retiree must be enrolled in TN Plan to cover a Medicare-entitled spouse.



# Information to Know



## **Service and Premium Support**

State, Higher Education, and Local Education certified teacher retirees have premium reduction based on combined years of service.

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## **Medigap Resolution**

Local Education support staff and Local Government retirees do not receive a reduction on premiums unless the agency has passed a Medigap resolution.



# The Tennessee Plan

The Tennessee Plan is a supplemental plan for Medicare parts A and B.

- It does not cover prescription drugs.

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It will not pay claims if the retiree is enrolled in a Medicare Advantage plan.



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# RETIREE DENTAL AND VISION



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# RETIREE VISION



- Must be enrolled on the retiree group health plan to qualify for retiree vision insurance and will lose retiree vision insurance at age 65.
- If member does not meet eligibility for retiree vision, the member may continue under COBRA vision if they had coverage as an employee.
- COBRA retiree vision premiums cannot be processed on the retirement pension with TCRS.



# RETIREE DENTAL



- Must receive TCRS pension or be a Higher Education ORP retiree.
- Member is not required to be on retiree group health insurance and can keep retiree dental insurance past the age of 65.
- If member had dental as an active employee, the member has the option to continue their dental insurance under COBRA provision for a cheaper premium for 18 months before they transition to retiree dental.

# COBRA DENTAL



COBRA dental premiums are cheaper than retiree dental.



COBRA premiums can be processed on TCRS pension.



Member must complete COBRA dental application and return to Benefits Administration.

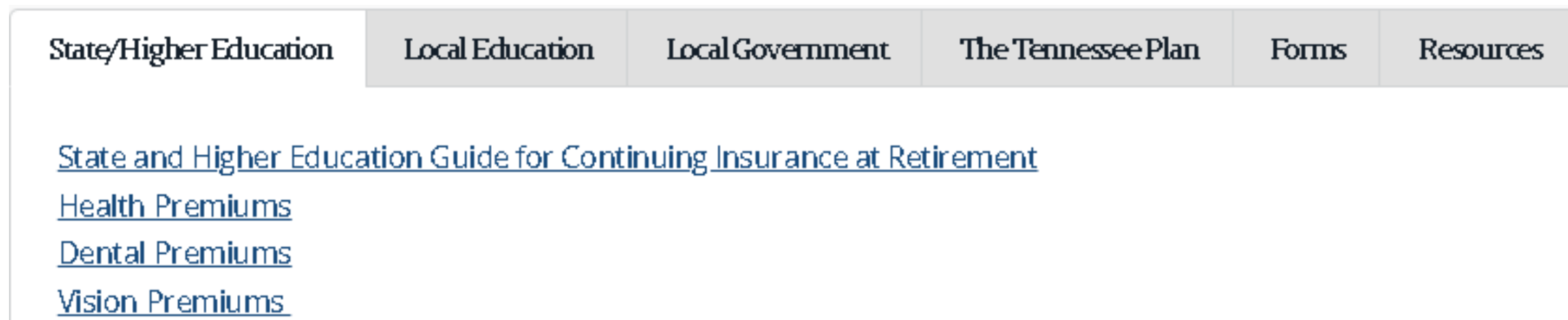


Benefits Administration will notify member of enrollment and when the 18 months will end.

# RESOURCES

- **TN Plan Video:** <https://www.youtube.com/watch?v=wdfYn5XbLJE>

- **Website:** [www.tn.gov/partnersforhealth](http://www.tn.gov/partnersforhealth)



- **Benefits Administration Service Center**

Monday - Friday 8-4:30pm

615-741-3590 or 800-253-9981 (Select option 2 for retirement department)

[retirement.insurance@tn.gov](mailto:retirement.insurance@tn.gov)



2024

# ABC STEPS



**PARTNERS**  
**FOR HEALTH**

# When an Employee is Ready to Retire

**UNDER**



**TCRS:**  
800-922-7772

**Benefits Administration:**  
615-741-3590

When an active employee is ready to retire, advise the employee to contact:

TCRS to verify eligibility and application process for pension. **This is a separate application from retirement insurance.** If agency does not participate with TCRS, please disregard this step.

Benefits Administration (BA) - Retirement Department to verify eligibility and application process for retirement insurance.

**IMPORTANT:** It is recommended for active employees to start the pension and retirement insurance application process about three months prior to retirement date.

# When an Employee is Ready to Retire

OVER



**TCRS:**  
800-922-7772

**Benefits Administration:**  
615-741-3590

**Social Security:**  
800-772-1213

When an active employee is ready to retire, advise the employee to contact:

TCRS to verify eligibility and application process for pension. **This is a separate application from retirement insurance.** If agency does not participate with TCRS, please disregard this step.

Benefits Administration (BA) - Retirement Department to verify eligibility and application process for retirement insurance.

Social Security to verify Medicare eligibility and enrollment process.

**IMPORTANT:** It is recommended for active employees to start the pension and retirement insurance application process about three months prior to retirement date.



OVER



## If member and/or spouse is over 65 years old...

Member and/or spouse does not qualify for retiree group health or vision insurance. Member and/or spouse may qualify for dental insurance and The Tennessee Plan, as long as all eligibility requirements are met.

- Spouse cannot be on The Tennessee Plan until member becomes eligible.
- If spouse is under 65 and member is over 65, spouse may continue on dependent only group health and vision insurance coverage if they were on the member's insurance at the time the member turned 65.

# ABC STEPS: Employee Termination

## Terminate Employee in Edison

It is important for ABCs to **terminate an employee in Edison in a timely manner**. Failure to terminate in a timely manner can extend an active employee's insurance coverage into the next month, which can lead to billing issues for the agency.


ABCs will utilize the RET code for retirement terminations. If a termination refresher is needed, please reference the training link [here](#).

[https://www.tn.gov/content/dam/tn/partnersforhealth/documents/how\\_to\\_modify\\_an\\_employee\\_in\\_edison.pdf](https://www.tn.gov/content/dam/tn/partnersforhealth/documents/how_to_modify_an_employee_in_edison.pdf)


# Application to Continue Insurance at Retirement

Active employees who are looking to retire will fill out the application and return it back to ABC. ABC will certify part 9 and return application to Benefits Administration.

This application is used for active employees that are under or over the age of 65.



STATE OF TENNESSEE GROUP INSURANCE PROGRAM  
**APPLICATION TO CONTINUE INSURANCE AT RETIREMENT**  
 State of Tennessee • Department of Finance and Administration • Benefits Administration  
 312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196

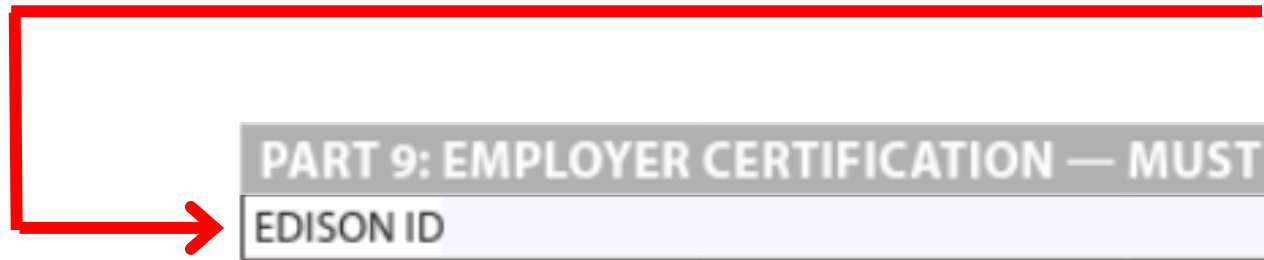


You must apply to continue coverage at retirement within one full calendar month of the date active coverage ends. Please complete in blue or black ink and return completed form to Benefits Administration. **See page 3 for detailed instructions on each part of this form.**

PART 1: ACTION REQUESTED					
<b>TYPE OF ACTION</b>	<b>REASON FOR ACTION</b>	<b>PARTICIPANTS AFFECTED</b>	<b>COVERAGE AFFECTED</b>	<b>AGENCY RETIRED FROM</b>	
<input type="checkbox"/> Add Coverage <input type="checkbox"/> Update Personal Info	<input type="checkbox"/> New Retiree <input type="checkbox"/> Surviving Dependent Continuing Coverage	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> The Tenn Plan	ORIGINAL HIRE DATE: _____ TERMINATION DATE: _____ DATE OF RETIREMENT: _____	
PART 2: RETIREE INFORMATION					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
SOCIAL SECURITY NUMBER	ELIGIBLE FOR MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, MEDICARE PART A EFFECTIVE DATE		MEDICARE PART B EFFECTIVE DATE
HOME ADDRESS <input type="checkbox"/> UPDATE MY ADDRESS			CITY	ST	ZIP CODE COUNTY
PART 3: GROUP HEALTH COVERAGE CONTINUATION			PART 4: THE TENN PLAN ENROLLMENT		
CHECK ALL THAT APPLY <input type="checkbox"/> retiree <input type="checkbox"/> spouse <input type="checkbox"/> child(ren)			CHECK DESIRED COVERAGE LEVEL <input type="checkbox"/> retiree <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + children <input type="checkbox"/> retiree + spouse + child(ren)		
PART 5: DENTAL COVERAGE			PART 6: VISION COVERAGE		
PLAN <input type="checkbox"/> Delta Dental DPPD <input type="checkbox"/> Cigna DHMO	CHECK DESIRED COVERAGE LEVEL <input type="checkbox"/> retiree <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse + child(ren)		PLAN <input type="checkbox"/> Basic <input type="checkbox"/> Expanded	CHECK ALL THAT APPLY—must be enrolled in group health <input type="checkbox"/> retiree <input type="checkbox"/> spouse <input type="checkbox"/> child(ren)	
PART 7: DEPENDENT INFORMATION — attach a separate sheet if necessary					
NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	MEDICARE ELIGIBLE? PART A <input type="checkbox"/> Y <input type="checkbox"/> N
					DATE EFFECTIVE
					DATE EFFECTIVE
					DATE EFFECTIVE
Proof of a dependent's eligibility must be submitted with this application for all new dependents (see page 2). <input type="checkbox"/> A SEPARATE SHEET WITH MORE DEPENDENTS IS ATTACHED.					
PART 8: AUTHORIZATION					
I confirm that the information shown is true. I understand my health, dental and vision elections are effective until the end of the plan year (December 31).					

# Application to Continue Insurance at Retirement

Fill in employee's Edison ID



PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY						
EDISON ID			PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS						
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR			
NAME OF AGENCY			AGENCY SIGNATURE		DATE	PHONE NUMBER



# Application to Continue Insurance at Retirement

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY						
EDISON ID			PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS						
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR			
NAME OF AGENCY			AGENCY SIGNATURE		DATE	PHONE NUMBER

**Check only one option for the following:**

**TCRS:** If your agency participates with TCRS.

**NON-TCRS:** If your agency does not participate with TCRS.

**ORP/TIAA:** If your employee is a higher education retiree and participates with ORP/TIAA.

**FRM LEGIS:** If your employee is a member of state legislature.

# Application to Continue Insurance at Retirement

**IMPORTANT:** If RET is selected and the member's pension is not enough to cover retiree insurance premiums in full, BA will change the member's payment status to BIL. The retiree will pay the retiree insurance premiums directly to BA.

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY						
EDISON ID			PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS						
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR			
NAME OF AGENCY			AGENCY SIGNATURE	DATE	PHONE NUMBER	

**Check only one option for the following:**

**RET:** If the retiree will have retiree insurance premiums billed to their TCRS pension.

**INS:** If the retiree insurance premiums will be billed to agency.

**BIL:** If the retiree insurance premiums will be billed to retiree.

# Application to Continue Insurance at Retirement

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY						
EDISON ID			PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL <input type="checkbox"/>		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS						
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR			
NAME OF AGENCY			AGENCY SIGNATURE		DATE	PHONE NUMBER

**Check only one option for the following:**

**ST:** State

**LE:** Local education

**LE-SS:** Local education support staff

**LG:** Local government

# Application to Continue Insurance at Retirement

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY			
EDISON ID		PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR
NAME OF AGENCY		AGENCY SIGNATURE	DATE
			PHONE NUMBER

**Active CVG Term Date:** The date when active insurance coverage is expected to end.

**RET CVG Effect Date:** The date when retiree insurance coverage should begin.

**Years of Creditable SVC:** How many years the employee has for creditable service.



# Application to Continue Insurance at Retirement

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY						
EDISON ID			PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS						
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR			
NAME OF AGENCY			AGENCY SIGNATURE		DATE	PHONE NUMBER

**Check only one option for the following:**

You will check off how many years the employee has been on state insurance leading up to their retirement.

# Application to Continue Insurance at Retirement

**IMPORTANT:** If the application to continue insurance at retirement is not certified by ABC, the application will be sent back by Benefits Administration for the ABC to certify. This may cause delays with processing the retirement insurance for the employee.

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY			
EDISON ID		PREMIUM: <input type="checkbox"/> RET <input type="checkbox"/> INS <input type="checkbox"/> BIL	
RETIREE IS: <input type="checkbox"/> TCRS <input type="checkbox"/> NON-TCRS <input type="checkbox"/> ORP/TIAA <input type="checkbox"/> FRM LEGIS		TYPE: <input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> LE-SS <input type="checkbox"/> LG	
ACTIVE CVG TERM DATE	RET CVG EFFECT DATE	YEARS OF CREDITABLE SVC	LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: <input type="checkbox"/> 3 OR MORE YEARS <input type="checkbox"/> 1-3 YEARS <input type="checkbox"/> LESS THAN 1 YEAR
NAME OF AGENCY		AGENCY SIGNATURE	DATE
			PHONE NUMBER

Make sure to fill in your agency's name along with **your** signature, date and phone number.

# RESOURCES

- **Tennessee Consolidated Retirement System (TCRS):** 800-922-7772
- **Benefits Administration Service Center**  
Monday - Friday 8-4:30pm  
615-741-3590 or 800-253-9981 (Select option 2 for retirement department)  
[retirement.insurance@tn.gov](mailto:retirement.insurance@tn.gov)
- **Social Security:** 800-772-1213
- **Tennessee State Health Insurance Assistance Program (TN SHIP)**  
877-801-0044  
Free unbiased service in comparing Medicare plans.  
Assist with general Medicare questions.