

Combined ABC Conference Call Notes
Higher Education, Local Education, Local Government and State
Oct. 17, 2023

Communications

- **State/Higher Ed: Annual Enrollment Update:** Annual Enrollment has ended for employees. Employees will have an opportunity for an Annual Enrollment revision, and information is below. Retirees can continue to enroll through Oct. 27.
- **Local Ed/Local Gov: Annual Enrollment Update:**
 - Annual Enrollment continues for employees and retirees through Oct. 27.
 - **Local education/local government employees:** Now – Friday, Oct. 27
 - **Retirees:** Now – Friday, Oct. 27
- **ABC Conference Call Schedule:**
 - **Higher Ed/State:** Regular conference calls will resume Nov. 14. The ABC conference call schedule is found on the ABC webpage under Conference Call Notes Archive and Resources.
 - **Local Ed/Local Gov:** Our next Annual Enrollment call will occur Oct. 31. Regular ABC conference calls will then resume Nov. 14. The ABC conference call schedule is found on the ABC webpage under Conference Call Notes Archive and Resources.
- **Important Cigna and BlueCross BlueShield Network Updates:**
 - Benefits Administration has learned that some employees are receiving letters from the Covenant Health System in East Tennessee. Cigna and Covenant Health System are currently in negotiations. If Cigna and Covenant cannot reach an agreement, Covenant hospitals and their affiliated medical groups will be leaving the Cigna LocalPlus and Cigna OAP networks effective March 1, 2024.
 - BA has also learned that BCBST and Maury Regional Health System in Middle Tennessee are in negotiations. Maury Regional Health System will be leaving BCBS Network S and BCBS Network P effective Feb. 1, 2024, if they cannot reach an agreement.
 - We're sharing a chart below to illustrate network changes that may occur after the beginning of the 2024 plan year, assuming the medical carriers and health systems do not reach agreements. While we hope negotiations result in favorable outcomes, employees need to be aware of the possibility of terminations so they can make informed decisions about their medical elections effective Jan. 1, 2024. We will keep you updated as we learn of any new developments, but there is no guarantee that agreements will be reached before the end of this plan year.
 - **Remember, employees are not permitted to change their 2024 medical benefit elections due to changes in the medical carrier networks, so please remind employees to consider their choices carefully.**

Impacted Health Systems and Hospitals	Medical Networks			
Covenant Health System:	BCBS Network S	BCBS Network P	Cigna LocalPlus	Cigna Open Access Plus
1. Claiborne Medical Center, Tazewell	In	In	Out Effective 3/1/24	Out Effective 3/1/24
2. Cumberland Medical Center, Crossville	In	In	Out Effective 3/1/24	Out Effective 3/1/24
3. Fort Loudoun Medical Center, Lenoir City	In	In	Out Effective 3/1/24	Out Effective 3/1/24
4. Fort Sanders Regional Medical Center, Knoxville	In	In	Out Effective 3/1/24	Out Effective 3/1/24
5. LeConte Medical Center, Sevierville	In	In	Out Effective 3/1/24	Out Effective 3/1/24
6. Methodist Medical Center, Oak Ridge	In	In	Out Effective 3/1/24	Out Effective 3/1/24
7. Morristown-Hamblen Healthcare System, Morristown	In	In	Out Effective 3/1/24	Out Effective 3/1/24
8. Parkwest Medical Center, Knoxville	In	In	Out Effective 3/1/24	Out Effective 3/1/24
9. Roane Medical Center, Harriman	In	In	Out Effective 3/1/24	Out Effective 3/1/24
Maury Regional Health:	BCBS Network S	BCBS Network P	Cigna LocalPlus	Cigna Open Access Plus
1. Marshall Medical Center, Lewisburg	Out Effective 2/1/24	Out Effective 2/1/24	In	In
2. Maury Regional Medical Center, Columbia	Out Effective 2/1/24	Out Effective 2/1/24	In	In

- **Webinar has occurred: State: Oct. 18 - 4Mind4Body Webinar - How to Support Mental Health**, presented by Optum Health, was held Wed., Oct. 18, starting at 11:30 a.m. CT.

From time to time, we all have friends or family who suffer with low mood. When low mood persists, it's hard to know what to do, especially when you don't want to make things worse. This is not a program about your mental and emotional health; it's about the positive role you can play in other's wellness. Because you're probably not a doctor or health professional, there are limits to the support you can provide, so it's important to know those boundaries. Then, once you understand those limitations, there are many helpful and supportive conversations and actions you can take. Participants will:

- Understand the boundaries of being a supportive friend versus the role of professionals.
- Know how to overcome social stigma and start the conversation.
- Identify questions to ask and actions to take.
- Recognize the importance of being there.
- Learn that talking about suicide will not make things worse.
- Explore how to follow up without being intrusive.

Preregistration is required. Session will not be recorded. Link included in flyer:
<https://tn.webex.com/weblink/register/r10bb86a513ed05d2ed67b65fc858b809>

Operations

- **Higher Ed/State: Annual Enrollment Revisions:**

- Once the plan's designated Annual Enrollment period has closed, employees have one opportunity to revise Annual Enrollment elections provided the request is submitted to Benefits Administration no later than 4:30 CT on Dec. 1 of the current plan year. Timely submitted revisions will become effective on Jan. 1 of the upcoming plan year. See Section 2.07 (E) of the Medical Plan Documents on the Partners for Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>.
- Although a provider leaving a network does not qualify as a special enrollment, employees are given a one-time opportunity to revise elections after the close of the Annual Enrollment period. Members wishing to change medical carriers due to recent developments related to contract negotiations will need to do the following:
 - Deadline to submit an updated Enrollment Change Application is Dec. 1 at 4:30 p.m. CT.
 - Check the "Annual Enrollment Revision" box in right upper corner of the Enrollment Change Application and complete Parts 1, 2, 3 and 8.
 - No formal written appeal is required.
 - Submit Enrollment Change Application by email to benefits.administration@tn.gov, by fax to 615-741-8196, or upload in Zendesk.
 - Use "AE Revision" as the subject of email if choosing this method to submit.
- If the Annual Enrollment and Revision periods are missed, then as of Dec. 2 an employee may submit an Annual Enrollment appeal. The written appeal should include details of why the deadline was missed and can be submitted by email to benefits.administration@tn.gov, by fax to 615-741-8196, or may be uploaded in Zendesk. The appeal should include the employee's full name, Edison ID or last four of the Social Security number, date of birth and full address. An Enrollment Change Application should also be included along with dependent verification (if adding dependents) or a Cancel Request Application if canceling coverage.

HIGHER EDUCATION QUESTIONS

Higher Ed: These (Covenant Health System) letters were mailed to employees Oct. 10 and were not received until Saturday, Oct. 14. Employees had no chance to make changes for Annual Enrollment.

- **Answer:** Employees concerned about the impact of network changes that may occur can submit an AE revision request if they'd like to change carriers. Members wishing to change medical carriers and networks will need to do the following:
 - Submit an updated Enrollment Change Application before the deadline of Dec. 1 at 4:30 p.m. CT.

- Check the “Annual Enrollment Revision” box in right upper corner of the Enrollment Change Application and complete Parts 1, 2, 3 and 8.
- Submit the Enrollment Change Application by email to benefits.administration@tn.gov, by fax to 615-741-8196, or upload in Zendesk.
- Use "AE Revision" as the subject of the email if choosing this method to submit.
- No formal written appeal is required.

Higher Ed: If no written appeal is required, does this mean employees should have made some type of election during Annual Enrollment?

- **Answer:** No. If employees did not make changes or want to correct changes, they can submit the Enrollment Change Application and follow the instructions provided.

Higher Ed: So, in essence, Annual Enrollment is being extended? I thought they always had to submit a written letter or they should make selections during the two-week AE period. So, they can turn in the enrollment form with the changes?

- **Answer:** No. This is not a new opportunity. Employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period. See Section 2.07 (E) of the Medical Plan Documents on the Partners for Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>. Employees can submit an updated Enrollment Change Application with the instructions provided before the deadline of Dec. 1 at 4:30 p.m. CT.

Higher Ed: In the past, you have had a query for those who made changes but did not submit. Is that query still available?

- **Answer:** You can use TN_BA219_OE_NOT_SUBMITTED. With this query it is easier to see the saved and not submitted. It will say “SAVED” in the “Saved but not submitted” column.

Higher Ed: If I run TN_BA 219OE_Not Submitted query, what date do I use?

- **Answer:** Use 1/1/2024 as the date.

Higher Ed: What about life insurance? How can people change life insurance if they did not do it during Annual Enrollment?

- **Answer:** For voluntary term life insurance, the 2024 Annual Enrollment is closed. Employees cannot make changes for voluntary term life insurance. The one-time revision period will be available for basic term life/basic accidental death and dismemberment and voluntary AD&D.

Higher Ed: If someone did not participate during the last two weeks of Annual Enrollment, they can complete the Enrollment Change Application, check the box and submit their change?

- **Answer:** Yes, as long as the change is received by Dec. 1, 4:30 p.m. CT.

Higher Ed: Did any other schools find that life voluntary term life insurance was difficult for people to enroll? My employees got into Benefits Scout and had trouble getting out. Maybe directing them to enrollment would have been better?

- **Answer:** We did have a few issues at the beginning of Annual Enrollment with people trying to sign on and complete their enrollment, but it was isolated. If someone’s spouse was inactive because the spouse was previously declined or Evidence of Insurability was not previously submitted, the spouse became inactive in the Securian system, and then there was no way to add the spouse online. There were some issues with password resets and getting help online,

but these issues were resolved promptly. We have discussed with Securian ways to improve the online process next year.

Higher Ed: Any walk arounds for current new hires' auto enrollment into long-term disability Jan. 1, 2024? I have new hires for November and all will be effective 12/1. What is the cut off?

- **Answer:** We will continue to create Annual Enrollment events for all new hires so they will be enrolled in the LTD option 3 plan for Jan. 1, 2024. There is nothing that you need to do to make sure that happens.

Higher Ed: Going forward with long-term disability, if employees disregard enrollment and it defaults to waive coverage, will they be defaulted to basic term life 1X their salary and LTD option 3?

- **Answer:** Yes.

Higher Ed: For those who had saved changes, but not submitted, what action needs to be taken? Do employees complete the form you presented earlier?

- **Answer:** If employees did not intend to make changes, then no action is needed. If employees intended to make a change, then they will need to fill out the Enrollment Change Application and submit it by the Dec. 1 deadline.

Higher Ed: With the Enrollment Change Application and AE revision, if someone turns it in, do you all communicate anything to them or do we assume it is accepted?

- **Answer:** If the employee submits the form directly, we will respond back to the employee once it has been processed and will copy the ABC.

Higher Ed: My dentist was told that he could not participate under the Delta Dental DPPO and the Premier, but they did give us the Premier benefit. They did communicate that they were going to go out of network or go higher on costs. Is that how they are supposed to process the dental benefit? This is a large dental group in Memphis.

- Please send us the details in a Zendesk ticket so we can look at this provider. It is our understanding that a dentist may be in both the DPPO and Premier but is not required to be in both. However, the dentist is supposed to use the DPPO benefit if participating in both networks. If only in Premier, the dentist will treat with out-of-network benefits, and the negotiated fee for the Premier is higher than for the DPPO; therefore, there will be higher out of pocket costs for the member.

LOCAL EDUCATION QUESTIONS

Local Ed: So employees do need to change from Cigna by the end of Annual Enrollment whether they know if an agreement will be reached or not?

- **Answer:** We cannot answer that for you as every employee must make that decision for themselves. We hope the health systems and carriers will come to agreements, but we won't know until negotiations are finalized, and that may not happen before the end of the year. We encourage employees to look at their benefits and carefully consider their choices. If they don't make changes, they will be in the same products they are enrolled in now.
- The plan document for local education does allow employees to request to make a revision after AE has closed. Although a provider leaving a network is not a special qualifying event

that would permit enrollment changes, employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period.

See Section 2.07 (E) of the Medical Plan Documents on the Partners for Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

Members wishing to change medical carriers and networks will need to do the following:

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- Check the “Annual Enrollment Revision” box in right upper corner of the Enrollment Change Application and complete Parts 1, 2, 3 and 8.
- Submit the Enrollment Change Application by email to benefits.administration@tn.gov, by fax to 615-741-8196, or upload in Zendesk.
- Use "AE Revision" as the subject of the email if choosing this method to submit.
- No formal written appeal is required.

Local Ed: Can we find the Covenant slide on the ABC website?

- **Answer:** The chart shown on the slides will be included in the call notes on the ABC website. Also, a special notice about potential network changes and a copy of the chart can be found in the [All Networks Hospital List](#). The carrier documents and search engines won't be updated because they are current as of today's date. Those carrier items won't be updated unless network changes are finalized.

Local Ed: I sent out an email to all employees telling them that they couldn't change after Annual Enrollment.

- **Answer:** Although a provider leaving a network is not a special qualifying event that would permit enrollment changes, employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period. See Section 2.07 (E) of the Medical Plan Documents on the Partners For Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>. Members wishing to change medical carriers and networks will need to do the following:
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Local Ed: Can you put a (network change) blurb together for us to send out to our employees? It would be nice if we could go ahead and send that out to employees now.

- **Answer:** We are working on information for you to share, and we are planning on emailing employees for whom we have accurate email addresses in Edison.

Local Ed: We have quite a few employees that are upset over the (network) letters. Can they do anything by calling Cigna?

- **Answer:** Employees are always welcome to call the carriers. Negotiations are between the carriers and the health systems, so the outcome is not just up to the carriers, but employees are always welcome to call.

Local Ed: I realize that network changes happen every day, but what is happening in East Tennessee with Covenant Health is catastrophic to our region. About 85-90% is covered under the Cigna network. Does this not cause a monopoly with BCBS and Covenant now being the only carrier that we have an option for? What is Cigna saying about this issue? We only have 10 days left to get all of these people moved over. Is no regard being given to extending out Annual Enrollment at all?

- **Answer:** We do understand news about the potential network changes is causing some stress, but we aren't able to predict what the final outcome will be. Contract negotiations between our carriers and providers happen all the time. Sometimes these negotiations get contentious between the hospital system and the carrier when the hospital system is asking for rate increases; it is part of the process and it happens over many months. It is unprecedented for a hospital group to send letters to members this early, but because this is during Annual Enrollment, employees can make a change if they want to do so. Employees are not required to make changes, but BA is trying to make sure employees are aware of the opportunity to request changes during AE if they would like to do so. Some negotiations are resolved, as with Cigna and HCA. The only thing we can do is allow individuals to make the best decision for themselves during Annual Enrollment.
- Although a provider leaving a network is not a special qualifying event that would permit enrollment changes, employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period.
 - See Section 2.07 (E) of the Medical Plan Documents on the Partners For Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>
 - Members wishing to change medical carriers due to recent developments related to contract negotiations will need to do the following:
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Local Ed: I know we are covering changes regarding the network changes; however, I have had multiple employees upset regarding changes on allergy serum cost. We were told on one call to BCBS to file a grievance. Is this the only thing to do, call carriers regarding their concerns and let that side handle it?

- **Answer:** The allergy serum cost was a benefit design change that went into effect Jan. 1, 2023, in all of our PPO plans. The change went from no cost, to applying to the deductible with coinsurance benefit, and the member is responsible for the allowed amount until they meet their deductible and then for their coinsurance. This is not a BCBS or a claims processing issue. Members can file a grievance. We are evaluating member complaints and feedback, and if at some point we determine that budget constraints and other factors allow us, we may change this back in the future, but at this time there are no changes to the allergy serum benefit for 2024.

Local Ed: Since our county's only hospital would now be out of network, would there be any exceptions for that?

- **Answer:** The hospitals that we are talking about, if they are not in one carrier's network, they are in the other carrier's network, and the premium is the same for BlueCross Network S and Cigna LocalPlus. Likewise, the premium is the same for BlueCross Network P and Cigna Open Access Plus. Employees have the option to stick with their current elections, understanding that if their preferred providers do leave their network, they will only have access to out-of-network benefits if they receive non-emergency care from those providers. The other option employees have is to move to the other carrier's network. There are no other exceptions. If someone has the need for emergency care, emergency benefits are available at the in-network level even if a hospital is out-of-network. Non-emergency services are the only services that will be considered out of network once a provider's status is out-of-network.

Local Ed: Why was the state not made aware of such a serious issue (network negotiations)?

- **Answer:** We do not work with provider groups. We do not get involved in contract negotiations between hospitals and providers and the medical carriers; that is what the medical carriers do.

Local Ed: Are retirees being notified about this issue? I know I have had a few emails and calls yesterday about this issue, and I do not know what to tell them.

- **Answer:** We will email those retirees for whom we can reach by email. We need your help to get the word out to your employees and retirees.

Local Ed: With the only other option being BCBS, then unfortunately employees have no other carrier to choose?

- **Answer:** The hospitals that we are talking about, if they don't make an agreement, are in the other carrier's network and the premium is the same for BlueCross Network S and Cigna LocalPlus. Likewise, the premium is the same for BlueCross Network P and Cigna Open Access Plus. An employee may choose to switch carriers. We are trying to let employees make thoughtful choices during Annual Enrollment.

Local Ed: Can an employee add a spouse to their insurance at retirement?

- **Answer:** To continue the insurance at retirement, the spouse must be enrolled on the active coverage. If the retiree enrolls and the spouse experiences a special qualifying event at a later time, they will be allowed to enroll their spouse as long as the retiree is still eligible.

Local Ed: An employee was hired as a full-time custodian but actually retired June 2021. I was not aware of this until after I had them sign all the paperwork and entered them into Edison. I am working on a temporary employment contract and getting his status changed. Do I need to take him back out of Edison or do I need to do a Correction and Clarification Form?

- **Answer:** Only benefits eligible employees should be hired into Edison. If he/she does not meet the definition of an employee as outlined in Plan Document you should not enter them into Edison.

Local Ed: So active employees will be notified about these network changes?

- **Answer:** We are working on an email notification to send to active employees for whom we have accurate email addresses.

Local Ed: Do you feel that it (network changes) will get resolved?

- **Answer:** We hope favorable resolutions can be achieved, but we don't have any more information than we've shared. Negotiations typically go until the contract deadline, so we do not anticipate resolution until 2024.

Local Ed: If an employee's spouse is awarded disability insurance after Annual Enrollment ends, is that an SQE to cancel the spouse?

- **Answer:** Yes. That would be an SQE to cancel the spouse's coverage as long as they are eligible for disability. Please use the Cancel Request Form.
- **Follow up question:** I didn't see that listed on the form. What kind of proof would she need to cancel him?
- **Answer:** It is on the form. It doesn't specify SSI disability insurance but you mark the reason for Medicare entitlement and provide proof provided from Social Security administration. That will suffice as long as the letter or card details the effective date.

Local Ed: An employee requests to remove a dependent from their policy. Which form do I provide for them? The 2022 or the 2023 Cancel Request form? I am not clear if the 2023 form is specifically for 2024 changes?

- **Answer:** You can submit the form that says Plan Year 2023. This has been changed on the ABC webpage.

Local Ed: If an employee's spouse is on the member's plan and he retires from his employer and picks up Medicare Part B (already has Part A), does Medicare Part B qualify as an SQE to drop him from the member's plan or do you only look at when he obtained Medicare Part A?

- **Answer:** New enrollment in Medicare Part B as an SQE to cancel.

Local Ed: What if I inform our employees of the (network) situation and they may want to move to BCBS? What happens if Cigna reaches an agreement next week, which is toward the end of Annual Enrollment? That only gives them a small amount of time to switch back if they want to and to get the word out. Would there be any extra time to allow them to do that or file some sort of appeal to switch back to Cigna? I just need to know how to inform them and I am sure that question would come up.

- **Answer:** Negotiations typically go until the contract deadline, so we do not anticipate resolution until 2024. The plan document for local education does allow employees to request to make a revision after AE has closed. Although a provider leaving a network is not a special qualifying event that would permit enrollment changes, employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period. See Section 2.07 (E) of the Medical Plan Documents on the Partners For Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>. Members wishing to change medical carriers and networks will need to do the following:
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 - No formal written appeal is required.

Local Ed: I have an Edison clarification question. I have an employee who said his ex-wife is showing as a dependent. His current coverage shows single coverage, but Edison will show all prior dependents to choose during Annual Enrollment. Just because the name is showing on the dependent page, it does not mean they are enrolled unless the employee selects that name, correct?

- **Answer:** Correct. If you do not select the dependent to be enrolled, even though they show in Edison, they will not be enrolled. We can update the relationship for any dependent so that the dependent is not visible. You will need to reach out to the service center.

LOCAL GOVERNMENT QUESTIONS

Local Gov: Can you tell us the difference in the costs/benefits and differences in BCBS Network S and Network P?

- **Answer:** Here is information about the networks, found on the Carrier Information webpage:
BlueCross BlueShield Network S

Cigna LocalPlus

These networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in BlueCross Network S and Cigna Local Plus networks, which helps keep premiums and claims costs low. There is no additional monthly cost added to the premium for the BlueCross Network S or Cigna LP networks.

BlueCross BlueShield Network P

Cigna Open Access Plus

These networks include more hospitals and facilities. There is an additional cost added to the monthly premium for the BlueCross Network P and Cigna OAP networks. You may also pay more per claim because the costs for services in these networks are generally higher than the other two networks.

- Employee-only tier - Additional \$75 per month
- Employee + child(ren) tier - Additional \$85 per month
- Employee + spouse and Employee + spouse + child(ren) tiers - Additional \$150 per month

Here is where you can find premium information:

<https://www.tn.gov/partnersforhealth/insurance-premiums.html>

Here is the link to search the carrier networks:

<https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>

Here is a link to the health plan comparison chart:

https://www.tn.gov/content/dam/tn/partnersforhealth/documents/2024_comparison_charts/benefit_grid_2024_le_lg.pdf

Local Gov: Is it recommended that employees with Cigna in East Tennessee change to BCBS for hospital coverage?

- **Answer:** We cannot answer that for you as every employee must make that decision for themselves. We hope the health systems and carriers will come to agreements, but we won't know until negotiations are finalized, and that may not happen before the end of the year. We encourage employees to look at their benefits and carefully consider their choices. If they don't make changes, they will be in the same products they are enrolled in now.
- The plan document for local government does allow employees to request to make a revision after AE has closed. Although a provider leaving a network is not a special qualifying event

that would permit enrollment changes, employees are given a one-time opportunity to revise their benefit elections after the close of the Annual Enrollment period.

See Section 2.07 (E) of the Medical Plan Documents on the Partners for Health publications page at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

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- Use "AE Revision" as the subject of the email if choosing this method to submit.
- No formal written appeal is required.

Local Gov: Are we able to run a report to show what employees have elected for 2024?

- **Answer:** We have several queries available depending on what you are looking for. You can run TN_BA219_AETP_INS_ELECTIONS to see what the employee has currently and what they are changing to. You can run TN_BA265_OE_ELTONS_ESS_AF_OCT20 to get a list of all changes made by employees in ESS. Here is a query tool that you can use to see all the queries that are available and what each query is for: <https://www.tn.gov/partnersforhealth/abc-query-tool/query-tool.html>.

Local Gov: Will members be notified of this (network change) during Annual Enrollment?

- **Answer:** Yes. We’re working on an email for employees and retirees for whom we have accurate email addresses.

Local Gov: Are the Limited PPO and Local CDHP available in South Carolina?

- **Answer:** The Limited PPO and Local CDHP are plan options available to all local government employees eligible for the group insurance program. All medical plans are available in all states - the only thing that is different are the carrier networks. Employees will want to review the carrier networks carefully in that area. You can go to the [Carrier Information webpage](#) to find information about the different BlueCross and Cigna network options.

Local Gov: Is there a possibility for another open enrollment?

- **Answer:** No. We will not have a special enrollment, which is why we are being transparent about these possible network changes so employees can make informed decisions now.

Local Gov: Does this slide show that neither BCBS network allow participants to go to Marshall or Maury regional?

- **Answer:** Effective Feb. 1, 2024, if BCBS and the Maury Regional health system do not come to an agreement, the facilities will be out of BlueCross Network S and BlueCross Network P. You can find the updated All Networks Hospital List with a special notice and a chart showing how the networks will be impacted if agreements are not reached here:

https://www.tn.gov/content/dam/tn/partnersforhealth/documents/comb_hospital_list_102023.pdf

Local Gov: If an employee stays with Cigna and does not change during Annual Enrollment, will members have an opportunity to change prior to March 1 if an agreement is not reached?

- **Answer:** No. Once the plan year begins, employees will not have an opportunity to make a change unless they have a Special Qualifying Event. Network changes are not SQEs.

Local Gov: I still could not find the chart where it lays out the differences in BCBS Network S and Network P.

- **Answer:** You may be asking about the All Networks Hospital List, found on the Carrier Information webpage here:
- https://www.tn.gov/content/dam/tn/partnersforhealth/documents/comb_hospital_list_102023.pdf

Local Gov: Can someone provide a link that explains the Local CDHP/HSA Plan? Thank you for the comparison chart. Can I find out more information for this plan on Cigna's website? Is there a link you can provide?

- **Answer:** The Local CDHP/HSA is a health plan offered by Partners for Health, not Cigna. Cigna is one of the carriers. Here is information about the Local CDHP/HSA: <https://www.tn.gov/partnersforhealth/health-options/cdhp.html>
- https://www.tn.gov/content/dam/tn/partnersforhealth/documents/2024_comparison_charts/benefit_grid_2024_le_lg.pdf
- If you need the carrier's websites, you can find links to BCBS and Cigna here: <https://www.tn.gov/partnersforhealth/health-options/carrier-network.html>

Local Gov: Is there anything we can do to offer flex spending?

- **Answer:** Not at this time. Flex benefits are not offered to local education or local government employees through the state, so flex benefits need to be offered by your own agency if that is a benefit offering your agency is interested in for your employees. Neither state law nor the Local Government Insurance Committee have directed Benefits Administration to offer flexible benefits for agencies other than our own state employees. You may wish to discuss this with your LG IC member.

Local Gov: We have staff who are having issues with scheduling for mental health services through Optum. Who can we contact with any issues or concerns?

- **Answer:** The best place for the member is to call Optum at 855.HERE4TN. Optum can do a provider search and they will call providers to get an appointment scheduled for them. But if you have specific member issues we can take a closer look at that. Please send an email to benefits.administration@tn.gov.

Local Gov: Do you feel as though an agreement will be reached with these facilities?

- **Answer:** Negotiations can go either way, and Benefits Administration cannot predict the outcome. Negotiations typically go until the contract deadline, so we do not anticipate resolution until 2024.

STATE QUESTIONS

No questions.

Employees will have a one-time opportunity for Annual Enrollment revisions. See the State Medical PD at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2023_annual_enrollment/state_pd_2023.pdf. See section 2.07 (E).