



# ANNUAL ENROLLMENT

## FOR 2026 BENEFITS | OCT. 3-31, 2025

Each year, Annual Enrollment is your chance to make changes to your Partners for Health plan benefits that will be effective the following Jan. 1 through Dec. 31. Your annual enrollment period for 2026 benefits is Oct. 3-31, 2025. If you're still eligible and choose to remain enrolled as of Jan. 1, 2026, you also can enroll your eligible dependents.

This guide gives you important information about your 2026 benefits choices. You'll find a menu of benefit options. These include your health, dental, vision and other benefits. In this guide, you'll also learn how to make changes and find links to helpful videos. There is a section where you'll learn about the Annual Enrollment confirmation statement and vendor contact information for all the benefits described in this guide.

We encourage you to review your network options for health, dental and vision care each year. Please review the Important 2026 Benefits Changes section for information about 2026 premiums and benefits and vendor changes.

It's important to note that if you don't want to change your benefit selections, NO ACTION is needed on your part during Annual Enrollment. You'll continue enrollment in the same plan options for medical, dental and vision products, subject to eligibility, and you'll pay 2026 premium amounts.

To make changes to your insurance coverage, go to How to Enroll in Your Benefits.

Now, let's open your menu of benefits!

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**Bon Appetit and Happy Enrolling!**

### A full menu of benefits, served with peace of mind

## Important 2026 Benefits Updates

Benefits Administration offers a wide choice of benefits. For 2026, health insurance premiums will increase due to the higher cost of delivering health care:

- **State and higher education retirees:** Average health plan monthly premium increase is 5.7%.
- **Local education retirees:** Average health plan monthly premium increase is 5.0%.
- **Local government retirees:** Average health plan monthly premium increase is 7.7%

Specific premium increases will vary slightly depending on the health plan, network and coverage tier you choose. You'll find health plan premium charts in this guide.

For 2026, pharmacy costs are increasing mainly due to weight loss and specialty medications. Here are the 2026 pharmacy cost-sharing changes:

- Members will pay 25% coinsurance for medications prescribed for weight loss for all plans.
- Members will pay 30% coinsurance for in-network specialty medications for all plans.
- A separate maximum out-of-pocket amount will be added for specialty drugs obtained through the pharmacy benefit. The amount varies based on the tier and plan selected.

BlueCross BlueShield and Cigna will remain the health insurance carriers, and you can choose from the same four provider networks, but the **monthly cost for the expanded networks will increase in 2026** for all tiers.

- **BlueCross BlueShield Network S and Cigna LocalPlus:** These are efficient networks, and you will save money with them. If your providers are in these networks, either may be your best choice.
- **BlueCross BlueShield Network P and Cigna Open Access Plus:** If you can't find your providers in the efficient networks, then you could consider these expanded networks. The monthly premiums for the expanded networks are higher because providers charge more in the expanded networks. For all health plan options, the 2026 additional monthly costs will be:
  - Retiree-only, spouse-only and child(ren) only tiers – \$90 per month
  - Retiree+child(ren) and spouse+child(ren) tiers – \$100 per month
  - Retiree+spouse and retiree+spouse+child(ren) tiers – \$180 per month

The Dental Preferred Provider Organization carrier **will change to MetLife** in 2026. The Dental Health Maintenance Organization - Prepaid Provider carrier will **continue to be Cigna**.

- Dental DPPO plan rates will increase in 2026 by 6%, primarily due to higher claims expense.
- 2026 DPPO benefit changes eliminate waiting periods for all enrolled members.
- DHMO Prepaid Provider plan rates will stay the same for all plan members.

TASC will be the new vendor for health savings accounts for retirees who enroll in a consumer-driven health plan.



## Health Benefits

### Health Insurance Plan Options (choose one)

You have a choice of health plans from Partners for Health. Each plan has different out-of-pocket costs. Examples of these costs include copays, deductibles and coinsurance.

All health plan options cover the same services and treatments, but coverage decisions may vary between BlueCross BlueShield of Tennessee and Cigna. Eligible preventive care is free with all plans if you use an in-network provider.

#### Here is a comparison of the plans:

**Premier Preferred Provider Organization:** Higher monthly premium, lower out-of-pocket costs when paying for care.

**Standard PPO:** Lower monthly premium than Premier PPO, higher out-of-pocket costs when paying for care.

**Limited PPO: (local education/local government retirees only):** Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs when paying for care.

**Consumer-driven Health Plan/Health Savings Account (state/higher education retirees only) and Local CDHP/HSA (local education/local government retirees only):** Lowest monthly premium, in-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.

### Learn more about health savings accounts

There are limits on how much money you can put into your HSA each year, but HSA maximum contributions are increasing in 2026, as permitted by the IRS:

- \$4,400 for retiree-only coverage;
- \$8,750 for all other family tiers; and
- Members age 55+ can add \$1,000 more each year.

**Important!** If you enroll in a CDHP/HSA, you can contribute after-tax funds to your HSA by check or by linking your bank account to your HSA. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds.

**Please note:** TASC will be your new health savings account vendor starting on Jan. 1, 2026. The TASC HSA account will be available to all members who enroll in the CDHP for 2026. If you currently have a consumer-driven health plan/HSA with Optum Financial, you will need to complete a transfer form and submit it to Optum. If you switch your HSA to TASC, Partners for Health will continue to pay your monthly administrative fee. If you choose to keep your HSA with Optum, it will no longer be an employer-sponsored plan, and you will be charged a monthly HSA maintenance fee by Optum. The transfer form will be available in December. You will have until June 30, 2026, to request that your funds be transferred. All 2026 CDHP/HSA members will receive a new debit card from TASC in December in a plain white envelope. The new TASC website, [www.stateoftntasc.com](http://www.stateoftntasc.com), will provide updates.

**HSA and FSA restrictions:** There are restrictions about who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you CANNOT enroll in another medical plan, including any government plan, among other restrictions. If you enroll in the CDHP/HSA, you and your spouse CANNOT have a medical flexible spending account or health reimbursement account. You can enroll in the CDHP/HSA and a limited purpose FSA for dental and vision costs if one is offered to you.

If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice.



### Health Insurance Network Options (choose one)

BlueCross BlueShield of Tennessee and Cigna, our health insurance carriers, offer expansive networks of doctors, hospitals and facility providers. Each carrier's networks cover the same benefits; however, the coverage decisions between carriers may differ. The only difference among the networks is the providers and hospitals that are in-network.

You can choose from four networks for your medical care.

#### BlueCross BlueShield Network S Cigna LocalPlus

These are efficient networks, and you will save money with them. These networks include more than 95% of the providers and 85% of the hospitals that are in the expanded networks. If your providers are in BCBST Network S or Cigna LocalPlus, either may be your best choice for saving money on premiums and claims costs.

#### BlueCross BlueShield Network P Cigna Open Access Plus

These are expanded networks, which include more hospitals and facilities, **but the monthly premiums are higher because providers charge more in the expanded networks. In 2026, for all health plans, the additional cost is increasing and will be:**

- Additional \$90 per month for the retiree-only, spouse-only and child(ren) tiers.
- Additional \$100 per month for the retiree + child(ren) and spouse+child(ren) tiers.
- Additional \$180 per month for the retiree+spouse and retiree+spouse+child(ren) tiers.

You'll see the total cost for these networks in the premium chart. You may also pay more per claim because the costs for services in these networks are generally higher than the efficient networks.

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2026 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is in the Enrollment Change Application found on the Partners for Health website ([tn.gov/partnersforhealth](https://tn.gov/partnersforhealth)) under the Publications tab and then Forms.

Network providers and facilities can and do change. Partners for Health cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.

### IN-NETWORK 2026 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
<b>DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE</b>					
Ret only	\$750	\$1,300	\$1,800	\$1,700	\$2,000
Ret + Child(ren)	\$1,125	\$1,950	\$2,500	\$3,400	\$4,000
Ret + Spouse	\$1,500	\$2,600	\$2,800	\$3,400	\$4,000
Ret + Spouse + Child(ren)	\$1,875	\$3,250	\$3,600	\$3,400	\$4,000
<b>OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES — MEDICAL, BEHAVIORAL AND NON-SPECIALTY PHARMACY, COMBINED, INCLUDING APPLICABLE DEDUCTIBLE EXPENSES</b>					
Ret only	\$3,600	\$4,400	\$6,800	\$2,800	\$5,000
Ret + Child(ren)	\$5,400	\$6,600	\$13,600	\$5,600	\$10,000
Ret + Spouse	\$7,200	\$8,800	\$13,600	\$5,600	\$10,000
Ret + Spouse + Child(ren)	\$9,000	\$11,000	\$13,600	\$5,600	\$10,000
<b>OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES — SPECIALTY PHARMACY (ONLY), INCLUDING SPECIALTY PHARMACY DEDUCTIBLE EXPENSES</b>					
Ret only	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400
Ret + Child(ren)	\$3,600	\$3,600	\$4,800	\$4,800	\$4,800
Ret + Spouse	\$4,800	\$4,800	\$4,800	\$4,800	\$4,800
Ret + Spouse + Child(ren)	\$6,000	\$6,000	\$4,800	\$4,800	\$4,800
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
Teladoc (MDLive/Teledoc/Talkspace)	\$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	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Hospital/Facility Services	15% 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	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Emergency Room Visit	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
<b>PHARMACY — GENERIC/PREFERRED/NON-PREFERRED</b>					
30-Day Supply	\$7/\$40/\$90	\$14/\$50/\$100	\$14/\$60/\$110	20% coinsurance after deductible	30% coinsurance after deductible
90-Day Supply 90-day pharmacy or mail order	\$14/\$80/\$180	\$28/\$100/\$200	\$28/\$120/\$220	20% coinsurance after deductible	30% coinsurance after deductible
90-Day Supply Certain Maintenance Medications	\$7/\$40/\$160	\$14/\$50/\$180	\$14/\$60/\$200	10% coinsurance before deductible	20% coinsurance before deductible
30-Day Supply Medications Prescribed for Obesity	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance after deductible	25% coinsurance after deductible
<b>SPECIALTY PHARMACY MEDICATIONS — 30-DAY SUPPLY</b>					
Generic/Preferred/ Non-Preferred	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance after deductible	30% coinsurance after deductible

FIND THE FULL HEALTH PLAN COMPARISON CHARTS AT [TN.GOV/PARTNERSFORHEALTH](https://tn.gov/partnersforhealth) ON THE PUBLICATIONS WEBPAGE UNDER INSURANCE COMPARISON CHARTS.

## Covered Services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna member handbook and your plan document by going to the Partners for Health website ([tn.gov/partnersforhealth](https://tn.gov/partnersforhealth)) and then going to the Publications webpage. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

## Included with Health Benefits

Along with your medical coverage, your health plan provides the following benefits: pharmacy, behavioral health, an emotional wellbeing solutions program and a wellness program.

Learn about benefits such as Carrum Centers of Excellence services, telehealth, the Diabetes Prevention Program, behavioral health virtual visits and more by going to the Partners for Health website at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) and then going to the **Included Benefits Extras** webpage.

Did you know we now have information organized by health topics and life events on our new **Your Life, Your Benefits** webpage? You'll find information about weight management. You can find this new webpage at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth), then go to the Your Life, Your Benefits tab.

## Pharmacy

*Managed by CVS Caremark*

All health plans include full prescription drug benefits. The health plan you choose determines your out-of-pocket prescription costs, including copay, coinsurance, deductible and out-of-pocket maximum.

How much you pay for prescriptions depends on several things including:

- The drug tier: Your choice of a generic, preferred brand, non-preferred brand or specialty drug will help determine price.
- The day supply you receive: A 30-day (or less than a 30-day supply) or 90-day (greater than a 31-day supply).
- Where you fill your prescription: You can fill at a retail, Retail-90, mail order or specialty pharmacy.

In 2026, pharmacy costs will increase mainly due to weight loss and specialty medications. Here are the 2026 pharmacy cost-sharing changes:

- Members will pay 25% coinsurance for medications prescribed for weight loss for all plans.
- Members will pay 30% coinsurance for in-network specialty medications for all plans.
- A separate maximum out-of-pocket amount will be added for specialty drugs obtained through the pharmacy benefit. The amount varies based on tier and plan selected.



As a reminder, specialty drugs and medications prescribed for weight loss are limited to a 30-day supply.

## Behavioral Health

*Managed by Optum Behavioral Health*

All members enrolled in medical insurance with Partners for Health have behavioral health benefits through Optum Behavioral Health. All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum Behavioral Health can help retirees find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions. **Virtual Behavioral Coaching** provides personalized, self-paced support to those who need help managing symptoms of depression, stress and anxiety.

You have access to preferred substance use treatment facilities at no cost for PPO plans and no coinsurance after deductible for the CDHP plan. Your benefits include applied behavior analysis therapy.

Members have a separate Optum Behavioral Health ID card to use for their services.

## Emotional Wellbeing Solutions

*Managed by Optum Behavioral Health*

Here4TN emotional wellbeing services are available to all retirees enrolled in health insurance and their eligible dependents, even if the dependents are not enrolled in medical insurance through Partners for Health.

Specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EWS, those who are eligible get five counseling visits, either in-person or virtual, per problem, per year, per individual at no cost to you.

Your benefits include the **Calm app**, available 24/7 to help build coping skills and resilience to navigate life's uncertainties; **Talkspace** online therapy; and **Take Charge at Work**, a coaching program that helps those working and eligible for EWS deal with stress and depression.

## Wellness Program

*Managed by Sharecare*

To help you achieve your health goals, the wellness program is available to all retirees and adult dependents enrolled in medical insurance through Partners for Health.

Retirees enrolled in health benefits will have access to the Sharecare online platform and the Sharecare mobile app, RealAge Test, lifestyle management coaching, chronic condition management coaching, the Eat Right Now weight management program, Unwinding Anxiety program, quarterly challenges and biometric screenings.

A Diabetes Prevention Program is also offered to members who qualify through health insurance carriers BlueCross BlueShield or Cigna.

## Additional Benefits

Along with health insurance, Partners for Health offers dental and vision benefits, subject to eligibility. These benefits provide additional coverage for you and your eligible dependents.

### Dental Insurance

*Offered through Cigna and MetLife*

Partners for Health offers two different dental plans to eligible retirees\*. You pay the full monthly premium.

#### Cigna: Dental Health Maintenance Organization – Prepaid Provider

Total premiums will not increase for retirees.

You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at [cigna.com/stateoftn](https://cigna.com/stateoftn).

Members pay copays. Review the patient charge schedule before having procedures performed. Lab fees may apply for some procedures.

Completion of crowns, bridges, dentures, implants or root canals already in progress on a new member's effective date will not be covered.

Members can contact Cigna customer service for additional information about coverage for orthodontic services in progress.

#### MetLife: Dental Preferred Provider Organization

In 2026, DPPO plan rates will increase for all enrolled retirees by 6%.



Use any dentist but save money by choosing an in-network dentist. The MetLife DPPO plan will use MetLife's PDP+ network.

Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.

#### 2026 DPPO benefits changes:

- There are no waiting periods for any services
- In-network deductibles will change from \$25 to \$50 per individual and from \$75 to \$150 per family with the DPPO
- Two routine office exams and two problem-focused exams will be covered each calendar year
- The orthodontia plan benefit lifetime maximum will increase to \$1,500

There are other 2026 DPPO plan design changes. We encourage you to review the dental plan comparison chart found on the Partners for Health website at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) on the Publications webpage under Insurance Comparison Charts.

The premium rates for the Cigna DHMO plan are less than for the DPPO plan; however, there are fewer providers in the DHMO. You should carefully review all details of each plan before making a selection.

To learn about all dental benefits, find a dental insurance comparison chart, the Cigna DHMO handbook, Cigna patient charge schedules and the MetLife DPPO handbook on the Partners for Health website at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) under the Publications tab.

*\*Retired employees may be eligible for dental insurance if the agency from which the employee retired is participating in these programs. Additional eligibility rules for enrollment will change on Jan. 1, 2026. Go to Partners for Health at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) and then under Publications, you'll find the Certificates of Coverage under Dental PPO and Dental HMO – Prepaid Provider.*

## Vision Insurance

*Offered through EyeMed*

Vision benefits are offered to eligible retirees.\*\* You pay 100% of the monthly premium. Premiums and benefits will stay the same in 2026. You'll save money when using in-network providers.

Choose from two vision insurance options, the **Basic Plan** or **Expanded Plan**.

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids are available once every two calendar years



**Basic Plan:** Pays for your eye exam after you pay a \$10 copay and provides various allowances, or dollar amounts paid by the plan, for materials such as eyeglass frames and contact lenses. **Frames are available once every two calendar years.**

**Expanded Plan:** Annual eye exam with \$0 copay. Includes greater allowances versus the Basic Plan. **Frames are available once every calendar year.**

In both plans, you pay copays; when the cost exceeds the allowed dollar amount paid by the plan, you pay the cost of materials and services above the allowance. Discounts may be available for select materials. Find the EyeMed handbook on the Partners for Health website [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) by going to the Publications webpage and then going to Vision Insurance.

**Enrollment Eligibility Change for 2026:** Eligible retirees and dependents may enroll in vision insurance without enrolling in the basic health plan.

Find the EyeMed handbook at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) under Publications and Vision Insurance. Find a comparison of both plans at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) under Publications, Insurance Comparison Charts.

*\*\*Retired employees may be eligible for vision insurance if the agency from which the employee retired is participating in these programs. Additional eligibility rules for enrollment will change on Jan. 1, 2026. Go to Partners for Health at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) and then under Publications you'll find the Certificates of Coverage under Vision Insurance.*

## Select Your Benefits

### How to Enroll in Your Benefits

If you want to make changes, fill out the Annual Enrollment application found at the end of this guide. Submit it to Benefits Administration by mail or fax.

- Mailed applications must be postmarked no later than Oct. 31, 2025.
- Submit by fax at 615.741.8196 by Oct. 31, 2025, at 11:59 p.m. CT.

### Employee Self Service in Edison

You can use Employee Self Service in Edison at [www.edison.tn.gov](http://www.edison.tn.gov) to make changes online to your insurance coverage, unless otherwise noted.

- Look for the green Benefits Enrollment button.
- Click on the green Benefits Enrollment button, then click the Login button to log in to Edison using your Access ID. This is not your eight-digit Edison employee ID. To get your Access ID, go to Edison, click the green Benefits Enrollment button, and then click the Retrieve Access ID button.
- Effective June 2025, the password length for all Edison account users changed. If you have not done so, all Edison users MUST change their account passwords to a minimum of 15 characters. Once you have set up this new 15-character password, you will not be required to change it for 365 days.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.
- In Edison, set up an account with a password, if you haven't done so. Find step-by-step instructions at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under the Annual Enrollment tab.



Important! You may have an old employee email address in Edison. 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 mailing or faxing the application found at the back of this newsletter or you can call Edison at 866.376.0104 to reset your password.

If you're adding eligible dependents, such as a spouse and/or eligible children, who have not been previously covered, we need documents to prove their relationship to you.

- You can add them to medical, dental, and/or vision coverage if you, the retiree, will be covered on the plan in which you want to enroll them as of Jan. 1, 2026.
- Find a list of required dependent verification documents online at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Publications > Forms and then Retirement. Click on Dependent Verification Eligibility Documents.
- 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 employee ID or Social Security number on each document.
- Dependent verification documents MUST be submitted by the Annual Enrollment deadline of Oct. 31, 2025.

### Get Help with Your Enrollment

You can find enrollment instructions and help with passwords:

- Find step-by-step enrollment login instructions by going to [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth), click on the Annual Enrollment tab and then click on Enrollment Materials.
- For password reset help, call Edison at 866.376.0104.

#### ***If you revise or cancel enrollment:***

*If you decline enrollment on the retiree group health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward the other coverage. However, you must request enrollment within 60 days after the other coverage ends or after the employer stops contributing toward the other coverage.*

*In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption. Application must be made within 30 days of a birth, adoption or placement for adoption for the coverage to be retroactive to the date of birth, adoption or placement for adoption.*

*To request special enrollment or obtain more information, contact Benefits Administration. Please note that any future enrollment request will be subject to plan provisions in effect at the time of the request.*



## On-demand Videos

Find videos to help you learn about your benefits by going to [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) and clicking on Videos. You'll find the videos listed below and new health insurance educational videos.

## Annual Enrollment Video

[Welcome to the Partners for Health Annual Enrollment Benefits Café](#)

## Benefits Videos

[BlueCross BlueShield Medical Network Options](#)

[Cigna Medical Network Options](#)

[EyeMed Vision Options](#)

[Cigna Dental DHMO Option](#)

[MetLife DPPO Option](#)

[TASC HSA Option](#)

(for those enrolled in a CDHP health plan)

[Optum Behavioral Health](#)

(including Emotional Wellbeing Solutions)

[Sharecare Wellness Program](#)

## Contact Us

Find resources on the Partners for Health website at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth)

You'll find:

A Questions? button to contact our help desk:  
<https://benefitssupport.tn.gov/hc/en-us>

Call Benefits Administration at 615.741.3590 or 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

## Served With Peace of Mind

### Annual Enrollment Confirmation Statement

After you click the Submit Enrollment button in Edison, an email will be sent to your primary email address in Edison letting you know that your benefits enrollment has been submitted if you have a valid email address in Edison. After the Annual Enrollment period ends, you will get another email letting you know your confirmation statement is available in Edison. The email you receive includes instructions on how to access this statement. There are a couple of different ways you can access the Annual Enrollment confirmation statement:

- From the Edison homepage, if you log into Edison through the green Benefits Enrollment button: You will click Benefit Details, and then click on Benefits Statement. If you do not see the Benefit Details tile, check the drop-down in the upper left corner to make sure the Employee Self Service menu is selected.
- From the Edison homepage, if you log in through the red Employee Portal login button: You will click Benefits & Health and then click on Benefit Statements under the Benefits section.
- If you don't have an email address in Edison, you'll receive a confirmation statement in the mail.

## Let's Keep in Touch!

Partners for Health sends emails to members with important insurance information throughout the year. Emails are from Partners for Health and are sent from an email service provider. You can unsubscribe at any time, but if you do, you won't receive any insurance-related updates. Please log in to Edison and make sure your primary email address is correct. It's easy! Click on your name next to the home icon in the top right corner. This will open an Update Email Addresses & MFA Methods pop-up window.

Click on the pencil icon near the Primary Email field to type in your updated email. Once complete, click Submit at the bottom of the pop-up window.

## Legal Notices

### Anti-Discrimination Compliance and Civil Rights Complaint Procedures

Benefits Administration does not support any practice that excludes participation in its health programs or activities or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability. If you have a complaint regarding discrimination, please call 615-532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and 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 Coordinator, Department of Finance and Administration, Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243 or email [FA.CivilRights@tn.gov](mailto:FA.CivilRights@tn.gov).

**F & A Policy No. 36. Non-Discrimination Policy and Complaint procedure may be found at the following link:** [Policy 36 - 10.24.2024 pdf](#)

#### 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  
1-800-368-1019 or TTY/TDD at 1-800-537-7697

U. S. Office for Civil Rights Office of Justice Programs  
U. S. Department of Justice  
810 7th Street, NW Washington, DC 20531

Tennessee Office of Attorney General and Reporter  
Civil Rights Enforcement Division  
P.O. Box 20207  
Nashville, TN 37202

**Language/Communication Assistance.** Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please request assistance by emailing [benefits.assistance@tn.gov](mailto:benefits.assistance@tn.gov) and [FA.CivilRights@tn.gov](mailto:FA.CivilRights@tn.gov) or calling 800-253-9981. If

you think you have been denied free language or communications assistance, please call 615-532-9617 for the F&A Civil Rights Coordinator or follow the F & A complaint procedures in F & A Policy No. 36. Non-Discrimination Policy and Complaint Procedure which is available at the following link: [Policy 36 - 10.24.2024 pdf](#)

#### Spanish

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

#### Arabic

ةيوغللا ددعاسملا تامدخ نإف ءةغللا ركذا شدحتت تنك اذا ءطوح لم فتهاه مقر 1-866-576-0029 مقر ب ل ص ت ا . ن ا ج م ا ب ل كل رف او ت ت م ك ب ل او م ص ل ا 1-800-848-0298).

#### Chinese

注意：如果會說中文，則提供免費的語言協助服務。請致電 1-866-576-0029 ( 電傳打字機：1-800-848-0298 )。

#### Vietnamese

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

#### Korean

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

#### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1800-848-0298).

#### Laotian

ຂ້ອນລະວັງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເຊັນມີ. ໂທ 1-866-576-0029 (TTY: 1-800-848-0298).

#### Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው፡ 1-800-848-0298).

#### German

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

#### Gujarati

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

#### Japanese

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

#### Tagalog

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).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1800-848-0298) पर कॉल करें।

## Russian

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

## Persian

دینابز تالیست، دینک یم وگتفگ یراف نابز م رگا: هجوت  
دشاب یم مهارف امش یارب ناگیار تروص  
1-866-576-0029 (TTY: 1-800-848-0298) دیریگب سامت

## 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), and 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 Practices is located at [tn.gov/partnersforhealth](https://www.tn.gov/partnersforhealth) at the bottom of the page, titled HIPAA Notice of Privacy Practices. You may also request the notice in writing by emailing [benefits.privacy@tn.gov](mailto:benefits.privacy@tn.gov).

## Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP), you have options for your drug coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Partners for Health website: [https://www.tn.gov/content/dam/tn/partnersforhealth/documents/medicare\\_part\\_d\\_notice.pdf](https://www.tn.gov/content/dam/tn/partnersforhealth/documents/medicare_part_d_notice.pdf).

## Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available, which describes your 2026 health coverage options. The SBC will be available for review no later than Sept. 1 at [tn.gov/partnersforhealth](https://www.tn.gov/partnersforhealth) at the bottom of the page, titled Summary of Benefits. The digital newsletter contains much of the same information. To get an SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

## Plan Document and Certificates of Coverage

The information contained in this newsletter provides a summary of the benefits available to you through the State of Tennessee. Specific plan information is contained within the formal plan documents and certificates of coverage. If there is any discrepancy between the information in this newsletter and the formal plan documents and certificates of coverages, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents on the Partners for Health website at [tn.gov/partnersforhealth](https://www.tn.gov/partnersforhealth) under the Publications tab.

## Other Publications

In addition to the documents mentioned above, the Partners for Health website at [tn.gov/partnersforhealth](https://www.tn.gov/partnersforhealth) contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance for Retirees with Medicare.

## Notice Regarding Wellness Program

The Partners for Health Wellness Program is a voluntary wellness program available to all state, higher education, local education, local government employees, spouses and adult dependents as well as retirees enrolled in health coverage. 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.

If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the assessment or other medical examinations. Although you are not required to complete the health questionnaire, only active state and higher education employees and spouses who do so are eligible to receive cash incentives. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Partners for Health Wellness Program at 888.741.3390.

The information from your health questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through wellness programs such as weight management, Diabetes Prevention Program, and other programs. You also are encouraged to share your results or concerns with your own doctor.

## 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 necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or 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 and the State of TN's contract with

Sharecare 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 or receiving an incentive, if eligible. Anyone who receives your information for purpose 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 health care professionals) and their vendor partners (case managers with the medical and behavioral health vendors, diabetes remission program vendor, and the biometric screening vendor) 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

## 2026 STATE AND HIGHER EDUCATION RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>						
Retiree Only	\$200.60	\$290.60	\$300.90	\$390.90	\$401.20	\$491.20
Retiree + Child(ren)	\$301.20	\$401.20	\$451.80	\$551.80	\$602.40	\$702.40
Retiree + Spouse	\$452.00	\$632.00	\$678.00	\$858.00	\$904.00	\$1,084.00
Retiree + Spouse + Child(ren)	\$521.80	\$701.80	\$782.70	\$962.70	\$1,043.60	\$1,223.60
Spouse Only	\$251.40	\$341.40	\$377.10	\$467.10	\$502.80	\$592.80
Child(ren) Only	\$100.60	\$190.60	\$150.90	\$240.90	\$201.20	\$291.20
Spouse + Child(ren)	\$321.20	\$421.20	\$481.80	\$581.80	\$642.40	\$742.40
<b>STANDARD PPO</b>						
Retiree Only	\$186.60	\$276.60	\$279.90	\$369.90	\$373.20	\$463.20
Retiree + Child(ren)	\$279.60	\$379.60	\$419.40	\$519.40	\$559.20	\$659.20
Retiree + Spouse	\$419.60	\$599.60	\$629.40	\$809.40	\$839.20	\$1,019.20
Retiree + Spouse + Child(ren)	\$484.60	\$664.60	\$726.90	\$906.90	\$969.20	\$1,149.20
Spouse Only	\$233.00	\$323.00	\$349.50	\$439.50	\$466.00	\$556.00
Child(ren) Only	\$93.00	\$183.00	\$139.50	\$229.50	\$186.00	\$276.00
Spouse + Child(ren)	\$298.00	\$398.00	\$447.00	\$547.00	\$596.00	\$696.00
<b>CDHP/HSA</b>						
Retiree Only	\$176.80	\$266.80	\$265.20	\$355.20	\$353.60	\$443.60
Retiree + Child(ren)	\$265.00	\$365.00	\$397.50	\$497.50	\$530.00	\$630.00
Retiree + Spouse	\$397.60	\$577.60	\$596.40	\$776.40	\$795.20	\$975.20
Retiree + Spouse + Child(ren)	\$459.20	\$639.20	\$688.80	\$868.80	\$918.40	\$1,098.40
Spouse Only	\$220.80	\$310.80	\$331.20	\$421.20	\$441.60	\$531.60
Child(ren) Only	\$88.20	\$178.20	\$132.30	\$222.30	\$176.40	\$266.40
Spouse + Child(ren)	\$282.40	\$382.40	\$423.60	\$523.60	\$564.80	\$664.80

making any employment decisions. Appropriate safeguards will be taken to avoid any data breach, and in the event a data breach occurs involving information in connection with the wellness program, you will be notified promptly. 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](mailto:partners.wellness@tn.gov).



## 2026 TEACHER RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>						
Retiree Only	\$436.15	\$526.15	\$515.45	\$605.45	\$594.75	\$684.75
Retiree + Child(ren)	\$718.85	\$818.85	\$849.55	\$949.55	\$980.25	\$1,080.25
Retiree + Spouse	\$980.65	\$1,160.65	\$1,158.95	\$1,338.95	\$1,337.25	\$1,517.25
Retiree + Spouse + Child(ren)	\$1,133.00	\$1,313.00	\$1,339.00	\$1,519.00	\$1,545.00	\$1,725.00
Spouse Only	\$544.50	\$634.50	\$643.50	\$733.50	\$742.50	\$832.50
Child(ren) Only	\$282.70	\$372.70	\$334.10	\$424.10	\$385.50	\$475.50
Spouse + Child(ren)	\$696.85	\$796.85	\$823.55	\$923.55	\$950.25	\$1,050.25
<b>STANDARD PPO</b>						
Retiree Only	\$404.80	\$494.80	\$478.40	\$568.40	\$552.00	\$642.00
Retiree + Child(ren)	\$667.70	\$767.70	\$789.10	\$889.10	\$910.50	\$1,010.50
Retiree + Spouse	\$910.80	\$1,090.80	\$1,076.40	\$1,256.40	\$1,242.00	\$1,422.00
Retiree + Spouse + Child(ren)	\$1,052.70	\$1,232.70	\$1,244.10	\$1,424.10	\$1,435.50	\$1,615.50
Spouse Only	\$506.00	\$596.00	\$598.00	\$688.00	\$690.00	\$780.00
Child(ren) Only	\$262.90	\$352.90	\$310.70	\$400.70	\$358.50	\$448.50
Spouse + Child(ren)	\$647.90	\$747.90	\$765.70	\$865.70	\$883.50	\$983.50
<b>LIMITED PPO</b>						
Retiree Only	\$382.25	\$472.25	\$451.75	\$541.75	\$521.25	\$611.25
Retiree + Child(ren)	\$630.30	\$730.30	\$744.90	\$844.90	\$859.50	\$959.50
Retiree + Spouse	\$860.75	\$1,040.75	\$1,017.25	\$1,197.25	\$1,173.75	\$1,353.75
Retiree + Spouse + Child(ren)	\$993.85	\$1,173.85	\$1,174.55	\$1,354.55	\$1,355.25	\$1,535.25
Spouse Only	\$478.50	\$568.50	\$565.50	\$655.50	\$652.50	\$742.50
Child(ren) Only	\$248.05	\$338.05	\$293.15	\$383.15	\$338.25	\$428.25
Spouse + Child(ren)	\$611.60	\$711.60	\$722.80	\$822.80	\$834.00	\$934.00
<b>LOCAL CDHP/HSA</b>						
Retiree Only	\$333.85	\$423.85	\$394.55	\$484.55	\$455.25	\$545.25
Retiree + Child(ren)	\$550.55	\$650.55	\$650.65	\$750.65	\$750.75	\$850.75
Retiree + Spouse	\$750.75	\$930.75	\$887.25	\$1,067.25	\$1,023.75	\$1,203.75
Retiree + Spouse + Child(ren)	\$867.90	\$1,047.90	\$1,025.70	\$1,205.70	\$1,183.50	\$1,363.50
Spouse Only	\$416.90	\$506.90	\$492.70	\$582.70	\$568.50	\$658.50
Child(ren) Only	\$216.70	\$306.70	\$256.10	\$346.10	\$295.50	\$385.50
Spouse + Child(ren)	\$534.05	\$634.05	\$631.15	\$731.15	\$728.25	\$828.25

**2026 MONTHLY DENTAL PREMIUMS FOR ALL PLANS**

	CIGNA DHMO (PREPAID PROVIDER) PLAN	METLIFE DPPO PLAN
Retiree Only	\$16.32	\$28.91
Retiree + Child(ren)	\$33.88	\$65.30
Retiree + Spouse	\$28.93	\$56.99
Retiree + Spouse + Child(ren)	\$39.74	\$103.18

**2026 LOCAL GOVERNMENT RETIREES MONTHLY HEALTH PREMIUMS**

	BCBST NETWORK S & CIGNA LOCALPLUS		BCBST NETWORK P & CIGNA OPEN ACCESS	
PREMIER PPO				
Retiree Only	\$904	\$904	\$994	\$994
Retiree + Child(ren)	\$1,402	\$1,402	\$1,502	\$1,502
Retiree + Spouse	\$2,080	\$2,080	\$2,260	\$2,260
Retiree + Spouse + Child(ren)	\$2,444	\$2,444	\$2,624	\$2,624
Spouse Only	\$1,176	\$1,176	\$1,266	\$1,266
Child(ren) Only	\$498	\$498	\$588	\$588
Spouse + Child(ren)	\$1,540	\$1,540	\$1,640	\$1,640
STANDARD PPO				
Retiree Only	\$832	\$832	\$922	\$922
Retiree + Child(ren)	\$1,290	\$1,290	\$1,390	\$1,390
Retiree + Spouse	\$1,914	\$1,914	\$2,094	\$2,094
Retiree + Spouse + Child(ren)	\$2,249	\$2,249	\$2,429	\$2,429
Spouse Only	\$1,082	\$1,082	\$1,172	\$1,172
Child(ren) Only	\$458	\$458	\$548	\$548
Spouse + Child(ren)	\$1,417	\$1,417	\$1,517	\$1,517
LIMITED PPO				
Retiree Only	\$675	\$675	\$765	\$765
Retiree + Child(ren)	\$1,048	\$1,048	\$1,148	\$1,148
Retiree + Spouse	\$1,554	\$1,554	\$1,734	\$1,734
Retiree + Spouse + Child(ren)	\$1,826	\$1,826	\$2,006	\$2,006
Spouse Only	\$879	\$879	\$969	\$969
Child(ren) Only	\$373	\$373	\$463	\$463
Spouse + Child(ren)	\$1,151	\$1,151	\$1,251	\$1,251
LOCAL CDHP/HSA				
Retiree Only	\$624	\$624	\$714	\$714
Retiree + Child(ren)	\$967	\$967	\$1,067	\$1,067
Retiree + Spouse	\$1,434	\$1,434	\$1,614	\$1,614
Retiree + Spouse + Child(ren)	\$1,685	\$1,685	\$1,865	\$1,865
Spouse Only	\$810	\$810	\$900	\$900
Child(ren) Only	\$343	\$343	\$433	\$433
Spouse + Child(ren)	\$1,061	\$1,061	\$1,161	\$1,161

**2026 MONTHLY VISION PREMIUMS FOR ALL PLANS**

	BASIC PLAN	EXPANDED PLAN
Retiree Only	\$3.18	\$6.30
Retiree + Child(ren)	\$6.35	\$12.60
Retiree + Spouse	\$6.03	\$11.98
Retiree + Spouse + Child(ren)	\$9.33	\$18.54
Spouse Only	\$3.18	\$6.30
One Child Only	\$3.18	\$6.30
Two or More Children Only	\$6.35	\$12.60
Spouse + Children Only	\$6.35	\$12.60

**2026 LOCAL EDUCATION SUPPORT STAFF RETIREES MONTHLY HEALTH PREMIUMS**

	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>		
Retiree Only	\$793	\$883
Retiree + Child(ren)	\$1,307	\$1,407
Retiree + Spouse	\$1,783	\$1,963
Retiree + Spouse + Child(ren)	\$2,060	\$2,240
Spouse Only	\$990	\$1,080
Child(ren) Only	\$514	\$604
Spouse + Child(ren)	\$1,267	\$1,367
<b>STANDARD PPO</b>		
Retiree Only	\$736	\$826
Retiree + Child(ren)	\$1,214	\$1,314
Retiree + Spouse	\$1,656	\$1,836
Retiree + Spouse + Child(ren)	\$1,914	\$2,094
Spouse Only	\$920	\$1,010
Child(ren) Only	\$478	\$568
Spouse + Child(ren)	\$1,178	\$1,278
<b>LIMITED PPO</b>		
Retiree Only	\$695	\$785
Retiree + Child(ren)	\$1,146	\$1,246
Retiree + Spouse	\$1,565	\$1,745
Retiree + Spouse + Child(ren)	\$1,807	\$1,987
Spouse Only	\$870	\$960
Child(ren) Only	\$451	\$541
Spouse + Child(ren)	\$1,112	\$1,212
<b>LOCAL CDHP/HSA</b>		
Retiree Only	\$607	\$697
Retiree + Child(ren)	\$1,001	\$1,101
Retiree + Spouse	\$1,365	\$1,545
Retiree + Spouse + Child(ren)	\$1,578	\$1,758
Spouse Only	\$758	\$848
Child(ren) Only	\$394	\$484
Spouse + Child(ren)	\$971	\$1,071



## 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**PARTNERS  
FOR HEALTH**

Completed form (blue or black ink) must be postmarked or faxed to Benefits Administration by 10/31/25 — Attention: Retirement

**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	<b>SELECT A BENEFIT OPTION</b> <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)	<b>SELECT A CARRIER &amp; NETWORK</b> <input type="checkbox"/> BCBS Network S <input type="checkbox"/> BCBS Network P* <input type="checkbox"/> Cigna LocalPlus <input type="checkbox"/> Cigna Open Access* *higher premium applies	<b>SELECT A PREMIUM LEVEL</b> <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**

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<b>SELECT PLAN</b> <input type="checkbox"/> MetLife DPPO <input type="checkbox"/> Cigna DHMO (Prepaid Provider)	<b>PART 4: VISION COVERAGE SELECTION</b>
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<b>SELECT PLAN</b> <input type="checkbox"/> Basic <input type="checkbox"/> Expanded	<b>SELECT A PREMIUM LEVEL</b> <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + spouse + child(ren)

**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

(review the dependent eligibility document at [https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/deva\\_eligible\\_docs.pdf](https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/deva_eligible_docs.pdf)).☐ A separate sheet with more dependents is attached**PART 6: RETIREE AUTHORIZATION**

I confirm that the information above is true. I understand my health, dental and vision selections are effective until the end of the plan year (December 31), subject to eligibility, and that I cannot change insurance plans or carriers during the plan year. If I experience a qualifying event, I may be eligible for changes in enrollment of plan members and dependents. I understand that submission of fraudulent information may lead to consequences including cancellation of insurance or possible criminal penalties. 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 if I fail to notify.

RETIREE SIGNATURE	DATE	HOME PHONE
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Department of  
**Finance &  
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Benefits  
Administration

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**Friday, Oct. 3–Friday, Oct. 31**

**PARTNERS FOR HEALTH—ANNUAL ENROLLMENT**

Tennessee Department of Finance and Administration.  
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