PARTNERS FOR HEALTH

ANNUAL ENROLLMENT

FOR 2027 BENEFITS | OCT. 1-OCT. 30, 2026

Review the Changes. Make Your Plan. Choose Your Benefits.

2027 HIGHLIGHTS

Thank you for considering Partners for Health for your insurance needs. We look forward to continuing to provide comprehensive, affordable, dependable and sustainable benefits to our members.

Annual Enrollment is when you can make changes to your Partners for Health benefits for the following Jan. 1-Dec. 31. Your annual enrollment period for 2027 benefits is Oct. 1-30, 2026. If you're still eligible and choose to remain enrolled as of Jan. 1, 2027, you also can enroll your eligible dependents.

Maybe your family or benefit needs have changed. Now is the time to review your options to make sure they make sense. This benefits guide provides important details and can help you make an enrollment plan.

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 2027 premium amounts.

2027 PREMIUMS

For 2027, health insurance premiums will increase due to rising healthcare costs; however, they are lower than both national and state averages.

- **State and higher education retirees:** Average health plan monthly premium increase is 7.9%
- **Local education retirees:** Average health plan monthly premium increase is 8.7%
- **Local government retirees:** Average health plan monthly premium increase is 10.5%

Your specific increase may be different based on the health plan, network and coverage tier you choose.

HEALTH PLANS

State and Higher Education Retirees

In 2027, you'll have the choice of the same three health plan options: Premier PPO, Standard PPO and Consumer-driven Health Plan. For the PPOs, there will be **no increase in health plan copays, deductibles or coinsurance.** For the CDHP, there will be an increase in deductibles but no increase in coinsurance. These are your "cost shares" for the out-of-pocket costs you pay when you get care.

TABLE OF CONTENTS

Local Education and Local Government Retirees

In 2027, you'll have the choice of five different health plan options, including the **new Copay Preferred Provider Organization:**

- With the Copay PPO, enrolled members will have lower premiums and no deductible.
- Members will pay simple, predictable copay costs, so they'll know what care will cost ahead of time.

See 2027 Health Insurance Plan Options, Local Education and Local Government Retirees, With the new Copay PPO for more details.

With the other four health plan options for local education and local government retirees, Premier PPO, Standard PPO, Limited PPO and the Local Consumer-driven Health Plan, there will be **no increase in health plan copays, deductibles or coinsurance.** These are your "cost shares" for the out-of-pocket costs you pay when you get care.

Networks

BlueCross BlueShield and Cigna will stay as your health insurance carriers and will offer the same four provider networks. Note: Local education and local government Copay PPO members will use BlueCross Network S providers.

- **BCBST Network S and Cigna LocalPlus:** These are efficient networks, and you will save money with them. If your providers are in these networks, either one may be your best choice.
- **BCBST Network P and Cigna Open Access Plus**: These are expanded networks, which include more hospitals and facilities than the efficient networks. However, the premiums are higher for the expanded networks, and you may pay more for services you receive from network providers. Visit *tn.gov/partnersforhealth* > Premiums page > Health Insurance premiums to see the monthly premium charts and the increased cost if you select either of these networks.

cigna healthcare

of Tennessee

Weight-loss Surgery

In 2027, weight-loss surgery will only be covered through the Carrum Health centers of excellence program. There will be no cost share for PPO members and no cost for CDHP members after meeting their deductible. Weight-loss surgery performed by any other provider will not be covered.

Other Benefits

- **Dental and vision premium rates and benefits will not change next year.** The same carriers will administer these benefits.
- Optum Behavioral Health: Enrolled health plan retirees and eligible dependents will now get up to eight short-term counseling visits, per problem, per year, per individual at no cost.

2027 Health Insurance and Premiums

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, which are the copays, deductible and coinsurance you pay when getting care. For all plans, in-network preventive care has no member cost-sharing.

Visit *tn.gov/partnersforhealth* on the Publications webpage to find the 2027 Comparison Charts:

- 2027 Health Options – State and Higher Education
- 2027 Health Options - Local Education and Local Government

Visit *tn.gov/partnersforhealth* > Premiums to find the 2027 Insurance Premiums.

State and Higher Education Retirees

In 2027, state and higher education retirees have a choice of three different health plan options, the Premier PPO, Standard PPO and the Consumer-driven Health Plan with a health savings account.

Premier Preferred Provider Organization: Higher monthly premium, but you'll have lower out-of-pocket costs for care.

Standard PPO: Lower monthly premium than the Premier PPO, but you'll pay more out of pocket when paying for care.

CDHP/HSA: Lower monthly premium than the PPOs. For most other services outside of in-network preventive care, you pay your deductible first before the plan pays for anything. Then you pay coinsurance, not copays.

Local Education and Local Government Retirees

In 2027, local education and local government retirees have the choice of five different health plan options, including the new Copay Preferred Provider Organization.

With the **Premier PPO, Standard PPO, Limited PPO and the Local Consumer-driven Health Plan with a health savings account**:

Each of these plans have different deductibles, copays and coinsurance. These are your out-of-pocket costs or your "cost share" when you get care.

- **Premier PPO:** Higher monthly premium, but you'll have lower out-of-pocket costs for care.
- **Standard PPO:** Lower monthly premium than the Premier PPO, but higher out-of-pocket costs when paying for care.
- **Limited PPO:** Lower monthly premium than the Premier and Standard PPOs, but higher out-of-pocket costs when paying for care.
- **Local CDHP/HSA:** Lower monthly premium than the Limited PPO. For most other services outside of in-network preventive care, you pay your deductible first before the plan pays for anything. Then you pay coinsurance, not copays.

With the new Copay PPO:

You'll pay simple, predictable copay costs, so you'll know what care will cost ahead of time. There is no deductible with this plan.

- These are the lowest monthly premiums compared to the other plan options.
- **Copay PPO members will use only BlueCross BlueShield Network S providers.** These providers will be in two different tiers, Tier 1 and Tier 2. Members will pay less when they choose providers in Tier 1.
- Copay PPO members will use the CVS **Value Formulary** for prescription drugs. This formulary is more selective in the medications it covers and only includes two tiers:
  - Generic medications, and
  - Most preferred brand-name medications
- Coinsurance for weight-loss and specialty drugs will apply with this plan.
- Behavioral health and substance use services are covered and administered by Optum Behavioral Health.
- There are out-of-pocket maximums to protect members from high costs.
- Find new Copay PPO details at *tn.govpartnersforhealth* > Health, and you can watch a video to learn more.

Retirees in all plans— learn more about health savings accounts

There are limits on how much money you can put into your HSA each year as permitted by the IRS:

- $4,500 for retiree-only coverage
- $9,000 for all other family tiers
- Members age 55+ can add $1,000 more each year
- HSA contributions more than the IRS maximums listed above are not tax deductible and are subject to a 6% excise tax. Monitor your HSA contributions carefully.
- **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.
- **HSA debit cards:** Current enrolled HSA members will use the same debit card they have now. Retirees who are new to the CDHP or Local CDHP/HSA will receive new debit cards from administrator TASC in December 2026.
- **HSA and flexible spending account restrictions:** There are restrictions on 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 restriction. If you enroll in a CDHP/HSA, you CANNOT have a medical FSA or health reimbursement account. You can enroll in a CDHP/HSA and a limited purpose FSA for dental and vision costs, if one is offered to you.
- **Social Security and HSAs:** 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.

Visit *www.stateoftntasc.com* for more information.

All healthcare options cover the same medical services and treatments, but medical necessity decisions may vary by carriers BlueCross BlueShield of Tennessee and Cigna. Eligible preventive care billed as preventive is free if you use an in-network provider. Eligible preventive care coverage follows the United States Preventive Services Task Force recommended frequency and age limits for preventive screenings rated A or B. You can review the screening recommendations here: https://www.uspreventiveservicestaskforce.org/uspstf/home. Ask your doctor about your recommended preventive services.

Pharmacy

Managed by CVS Caremark

All Partners for Health medical plans include pharmacy benefits. When you choose your health plan option, this will determine your out-of-pocket prescription costs such as your copay or coinsurance and out-of-pocket maximum.

If you choose one of these plans:

- **Premier PPO**
- **Standard PPO**
- **Limited PPO (local education/local government only)**
- **CDHP (state/higher education only)**
- **Local CDHP (local education/local government only)**

Here is information on your cost share:

A **copay** is a flat dollar amount you pay when filling a prescription. The exact amount depends on:

- Your health plan option
- The drug tier (generic, preferred brand or non-preferred brand)
- The number of days' supply you receive

Coinsurance is a percentage of the drug's cost that you pay when filling a prescription. Coinsurance applies to the **CDHPs, specialty drugs and medications prescribed for obesity**.

Visit tn.gov/partnersforhealth > Pharmacy to see which medications are covered. Here you'll find the **Prescribing Guide – Standard Control for Clients with Advanced Control Specialty Formulary.** This guidebook is updated quarterly.

Local Education and Local Government only

If you choose the **new Copay PPO**, you'll use the **CVS Value Formulary**.

This formulary is more selective in the medications it covers and only includes two tiers:

- Generic medications, and
- Most preferred brand-name medications

You'll pay copays. A **copay** is a flat dollar amount you pay when filling a prescription. The exact amount depends on:

- Your health plan option
- The drug tier (generic or brand)
- The number of days' supply you receive

Coinsurance is a percentage of the drug's cost that you pay when filling a prescription. Coinsurance applies to **specialty drugs and medications prescribed for obesity**.

Visit tn.gov/partnersforhealth > *Pharmacy* to see which medications are covered. Here you'll find the **CVS Value Formulary**. This formulary is updated quarterly.

Where you get your prescription: You can fill your prescription at any pharmacy participating in the Partners for Health network.

- Retail-30 Network: Fill up to a 30-day supply of medications at most pharmacies.
- Retail-90 Network: Fill up to a 90-day supply of your medications at one time, often at a lower cost than filling multiple 30-day prescriptions. Not all pharmacies in the Retail-30 Network are part of the Retail-90 Network.
- Specialty Pharmacy Network: Your plan requires specialty medications to be filled through pharmacies in the Specialty Pharmacy Network.
- Use the Pharmacy Locator tool at the CVS Caremark website, info.caremark.com/stateoftn to help you.

All Partners for Health medical plans include these pharmacy benefits

Specialty Drugs

Members pay 30% coinsurance for specialty medications with all plans. Specialty drugs are limited to a 30-day supply. Additionally, there is a separate maximum out-of-pocket for specialty drugs processed through the pharmacy benefit. This amount varies based on your coverage tier.

Weight-loss Medications

Members pay 25% coinsurance for weight-loss medications with all plans. Medications prescribed for weight loss are limited to a 30-day supply.

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 network covers the same benefits; however, coverage decisions between carriers may differ.

If you enroll in one of these plans:

- **Premier PPO**
- **Standard PPO**
- **Limited PPO (local education/local government only)**
- **CDHP (state/higher education only)**
- **Local CDHP (local education/local government only**

You'll choose from four network options for your medical care. The in-network providers and hospitals in each option may be different.

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 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 healthcare costs.

BlueCross BlueShield Network P
Cigna Open Access Plus

These are expanded networks that include more hospitals and facilities than the efficient networks. However, the premiums are higher for the expanded networks, and you may pay more for services you receive from network providers.

Search the carriers' websites for your providers by going to *tn.gov/partnersforhealth* > *Carrier Information.*

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 *tn.gov/partnersforhealth* > *Publications*. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

Local Education/Local Government only

If you choose the **Copay PPO**, you'll use BlueCross BlueShield Network S providers.

BlueCross BlueShield Network S

These providers will be in two different tiers, Tier 1 and Tier 2. Members will pay less when they choose providers in Tier 1.

Search the BCBST Tiered Network S directory for your providers and learn if they are in Tier 1 or Tier 2 at *tn.gov/partnersforhealth* > *Carrier Information* > *BCBST Tiered Network S*

Covered Services

For detailed information on covered services, exclusions and how this plan works, view the BCBST Member Handbook and your Plan Document by going to the at *tn.gov/partnersforhealth* > *Publications*. If you have questions about your benefits or medical criteria for a specific service, contact BCBST member services.

It's important to check the networks carefully. **The network choice you make during Annual Enrollment is for the entire 2027 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 at *tn.gov/partnersforhealth* > Help for Qualifying Enrollment Events webpage.

Network providers and facilities can and do change. Benefits Administration cannot guarantee that 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 change your insurance choices.

How to Enroll and Helpful Information

How to Enroll in Your Benefits

If you want to make changes to your benefits, you can do so online or by submitting the printed form at the end of this guide.

Employee Self Service in Edison

To make changes to your insurance coverage online, you will use Employee Self Service in Edison at *www.edison.tn.gov*. You can make changes to your insurance coverage, unless otherwise noted.

Look for the green Benefits Enrollment button:

- Click 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.
- 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 device's built-in web browser.
- In Edison, set up an account with a password, if you haven't done so. Find step-by-step instructions at *tn.gov/partnersforhealth* under Annual Enrollment.

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 don't 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 the Edison Help Desk at 866.376.0104 for help with your password reset.

Enrollment Instructions and Password Reset

You can find enrollment instructions and help with passwords:

- Find step-by-step instructions by going to *tn.gov/partnersforhealth* under Annual Enrollment.
- For password reset help, call Edison at 866.376.0104.

If you want to make changes to your insurance coverage by using a paper form, fill out the Annual Enrollment application found at the end of this guide. Submit it to Benefits Administration by mail, email or fax.

- Mailed applications must be postmarked no later than Oct. 30, 2026.
- Submit by email to *retirement.insurance@tn.gov* by Oct. 30, 2026, at 11:59 p.m. CT.
- Submit by fax at 615.741.8196 by Oct. 30, 2026, at 11:59 p.m. CT.

Adding Dependents

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, 2027.

Find a list of required dependent verification documents online at *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 Nov. 9, 2026, which is 10 days after the annual enrollment period ends.

If you change your mind after the annual enrollment period has ended: You have one opportunity to revise your Annual Enrollment elections as described in the Plan Document, Section 2. The state, local education and local government plan documents are posted at tn.gov/partnersforhealth on the Publications page.

Special Enrollment– Other Opportunities to Enroll

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 later if you or your dependents experience an event that results in losing 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.

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.

In addition, if you or your dependents become newly eligible for a premium subsidy under a State Children's Health Insurance Program or Medicaid, you may be able to enroll yourself and your dependents. You must apply within 60 days of receiving notice of eligibility for the premium subsidy.

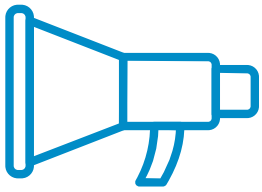
To request special enrollment or obtain more information, contact Benefits Administration. Please note that any future enrollment request will be subject to plan provisions in effect at the time of the request.

Helpful Terms and Definitions

Find a definitions page on the *tn.gov/partnersforhealth* homepage to help you with any terms used in this guide and on the website.

Contact Us

On the Partners for Health website, you'll find a Questions link to contact our help desk. Call Benefits Administration at 615.741.3590 or 800.253.9981, Monday through Friday, 8 a.m. to 4:30 p.m. CT or email us at *retirement.insurance@tn.gov.*



Enrollment Videos

Find videos at *tn.gov/partnersforhealth* > Enrollment Materials to help you enroll.

- *How to Reset Your Password*
- *How to Get Your Access ID*
- *How to Log in for the First Time*

Benefits Information from our Vendors

BlueCross BlueShield Medical Network Options

Cigna Medical Network Options

CVS Caremark

EyeMed Vision Options

Cigna Dental DHMO Option

MetLife DPPO Option

TASC Health Savings Account Option
(for those enrolled in a CDHP health plan)

Optum Behavioral Health

Sharecare Wellness Program

ID and Debit Cards

ID Cards

Newly enrolled members and members who change their medical, dental or vision plans will receive new ID cards for 2027. State and higher education retirees enrolled in the Consumer-driven Health Plan will get new medical ID cards. If you do not change your medical, dental or vision plan, you will not get a new ID card.

Medical plan members: Those who are newly enrolled, members who changed their last name and members who change plans will receive new medical, behavioral health and pharmacy ID cards.

Debit Cards

Current Consumer-driven Health Plan/health savings account members will use their same debit cards. Newly enrolled CDHP members will get a new debit card from TASC.

When cards will mail

- BlueCross BlueShield:
  ID cards will mail by Dec.15, 2026.
- Cigna (both medical and dental):
  ID cards will mail between Dec. 9-18, 2026.
- CVS Caremark:
  ID cards will mail between Dec.11-31, 2026.
- MetLife Dental:
  ID cards will mail between Dec. 9-18, 2026.
- EyeMed: ID cards will mail by Dec.17, 2026.
- Optum Behavioral Health:
  ID cards will mail by Dec.15, 2026.
- TASC: HSA debit cards will mail between Dec.10-31, 2026, and arrive in an unmarked envelope.

Members can request additional cards by contacting their vendor(s) or by using a vendor's mobile app or online member portal. Find vendor contact information on the Benefits Contact Information webpage at *tn.gov/partnersforhealth*.

Dental and Vision Insurance

In addition to health insurance, Partners for Health offers dental and vision benefits, subject to eligibility. These benefits provide more coverage for you and your eligible dependents.

Find premium charts at *tn.gov/partnersforhealth* on the Premiums webpage.

Dental Insurance

Offered through Cigna and MetLife

Partners for Health offers two dental plans to eligible retirees.* You pay the full monthly premium. Premiums and benefits will stay the same in 2027 for both dental plans as they are in 2026.

See the dental plan comparison chart at *tn.gov/partnersforhealth* on the Publications webpage > Insurance Comparison Charts – 2027 Dental Options.

Cigna: Dental Health Maintenance Organization – Prepaid Provider

Members must choose a Cigna network general dentist and notify Cigna. View the list of dentists at *cigna.com/stateoftn* under Dental Plan.

- Members pay copays. Review the Cigna Dental Care® Plan 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 before coverage begins will not be covered.
- Members can contact Cigna for details on orthodontic services already in progress.

Visit *stateoftn.cigna.com/* for more information.

2027 Monthly Dental Premiums

	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

MetLife: Dental Preferred Provider Organization

You may use any dentist, but in-network dentists cost less. You'll search for providers in MetLife's PDP+ network at *metlife.com/info/stateoftn/* under Dental Insurance.

- Discuss estimated costs with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
- In-network deductibles: $50 per individual, $150 per family
- There are no waiting periods for any services.
- Two routine office exams and two problem-focused exams are covered each calendar year.
- Annual plan maximum: $1,500.
- Children orthodontia benefit lifetime maximum: $1,500.

Visit *tn.gov/partnersforhealth* > *Other Benefits* > *Dental* for details about both plans and contact information for Cigna and MetLife.

Cigna DHMO premiums are lower than MetLife DPPO premiums, but the DHMO has fewer providers. Review all plan details before choosing. Find both plan handbooks and the Cigna patient charge schedule at *tn.gov/partnersforhealth* on the Publications webpage.

*Retired employees may be eligible for dental insurance if the agency from which the employee retired is participating in this program. Go to Partners for Health at *tn.gov/partnersforhealth* on the Publications webpage to find the certificates of coverage under Dental PPO and Dental HMO–Prepaid Provider.

Visit *metlife.com/info/stateoftn/* for more information.

Vision Insurance

Offered through EyeMed

Vision benefits are offered to eligible retirees.** You pay 100% of the monthly premium. In 2027, premiums and benefits will stay the same as 2026. You'll save money by using in-network providers.

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

Both include:

- One routine eye exam every calendar year
- Eyeglass lenses or contact lenses once each calendar year
- Low-vision evaluation and aids once every two calendar years

See the vision plan comparison at *tn.gov/partnersforhealth* on the Publications webpage > Insurance Comparison Charts – 2027 Vision Options.

Basic Plan: $10 copay for an eye exam. Set dollar amounts paid by the plan for materials such as frames and contact lenses. **Frames are available once every two calendar years.**

Expanded Plan: $0 copay for an annual exam, and dollar amounts paid by the plan are higher than the Basic Plan. **Frames are available once every calendar year.**

In both plans, you pay copays and any costs above the dollar amounts paid by the plan for materials and services. Discounts may apply to some materials.

Visit *tn.gov/partnersforhealth* > *Other Benefits* > *Vision* to learn more about vision insurance.

Find the EyeMed handbook at *tn.gov/partnersforhealth* on the Publications webpage > Vision Insurance.

**Retired employees may be eligible for vision insurance if the agency from which the employee retired is participating in this program. Go to Partners for Health at *tn.gov/partnersforhealth* on the Publications webpage to find the certificates of coverage under Vision Insurance.

Visit *member.eyemedvisioncare.com/stateoftn/en-us* **for more information.**

2027 Monthly Vision Premium

	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

Benefits Included with Coverage

Members enrolled in medical coverage also have the following benefits: behavioral health, an employee assistance program, a wellness program and centers of excellence services. Here's more information about these benefits.

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. Your benefits include applied behavior analysis therapy.

Members who use certain preferred substance use treatment facilities can have their costs waived.

- For PPO members, the deductible and coinsurance are waived.
- For CDHP members, coinsurance is waived after the deductible is met.
- Copays, deductible and coinsurance will still apply for standard outpatient treatment services.

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

Visit *tn.gov/partnersforhealth* > *Health Options* > *Behavioral Health* to learn more.

Employee Assistance Program

Managed by Optum Behavioral Health

Members have access to an employee assistance program through Here4TN. Services are available to all retirees enrolled in a Partners for Health medical plan and their benefits-eligible dependents, even if they are not enrolled in medical insurance.

Specialists are available 24/7 to assist with stress, legal, financial, mediation and other services. In 2027, eligible individuals will now get eight counseling visits, either in-person or virtual, per problem, per year, at no cost.

Your benefits include the **Calm Health 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 EAP deal with stress and depression.

Visit *tn.gov/partnersforhealth* > *Other Benefits* > *Emotional Wellbeing Solutions* to learn more.

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.

Members enrolled in health benefits 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 digital weight loss and diabetes prevention program, Unwinding Anxiety program, quarterly challenges and biometric screenings.

Visit *tn.gov/partnersforhealth* > *Other Benefits* > *Wellness* to learn more about the program.

Visit *sharecare.com/tnwellness/* to learn more about the program and find resources.

sharecare

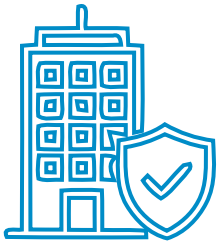
Centers of Excellence Services

Available through Carrum Health

All members aged 18 and older enrolled in medical insurance with Partners for Health have centers of excellence services available through Carrum Health.

Carrum Health makes it simpler and more affordable for you to access top surgical and cancer care from some of the nation's leading surgeons and specialists.

In 2027, weight-loss surgery will only be covered through the Carrum Health centers of excellence program. There will be no cost share for PPO members and no cost for CDHP members after meeting their deductible. Weight-loss surgery performed by any other provider will not be covered.



Carrum Health provides access to many non-emergency surgical and medical services, including:

- Joint and spine surgeries
- Heart surgery
- Comprehensive cancer care

Most, if not all, costs associated with Carrum Health services will be covered by your medical plan.

Members in the CDHP will need to meet the federal minimum deductible, but your coinsurance is waived. For those enrolled in a PPO, all out-of-pocket costs are waived. Plus, Carrum Health offers second opinion services at no charge, with no deductible required.

Visit *tn.gov/partnersforhealth* > *Health Options* > *Included Benefits Extras* > *Centers of Excellence Services* for more details.

Go to the *tn.gov/partnersforhealth* > *Included Benefits Extras* webpage to learn about services such as telehealth, Hinge Health personalized exercise therapy, expert medical opinion services and much more.

Go to the *tn.gov/partnersforhealth* > *Your Life, Your Benefits* webpage for resources organized by health topics and life events, so they're easy to find. Get information about weight management, diabetes support, stress and anxiety and maternity care.

Visit *info.carrumhealth.com/partnersforhealth/* for more details.

carrumhealth

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 think you have been denied services or treated differently for these reasons you may submit a complaint to the Tennessee Department of Finance and Administration Civil Rights Coordinator at *FA.CivilRights@tn.gov*. Please include the following information in your email:

- Your name, address and phone number. You must provide 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.

Email to *FA.CivilRights@tn.gov* or

Mail to: State of Tennessee Department of Finance and Administration

Civil Rights Coordinator
312 Rosa L. Parks Avenue,
William R. Snodgrass Tennessee Tower, 19th Floor
Nashville, TN 37243

F & A Policy No. 36. Non-Discrimination Policy and Complaint procedure may be found on the F&A Policies webpage at *www.tn.gov/finance/looking-for/policies/.*

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. Do you speak a language other than English, and need free language help? Do you 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* 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 procedurees in F&A Policy No. 36 Non-Discrimination Policy and Complaint Procedure which is available on the F&A Policies webpage at *www.tn.gov/finance/looking-for/policies/.*

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-576-0029 (رقم هاتف الصم والبكم: 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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແມ່ນມີ ໃຫ1-866-576-0029 (TTY: 1-800-848-0298).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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 નઃશુલ્ક 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

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی رایگان برای شما فراهم می باشد. با 1-866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.

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, or 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. 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*. You may also request the notice in writing by emailing *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, 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 the Medicare Part D notice at *tn.gov/partnersforhealth*.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2027 health coverage options. The SBC will be available for review at *tn.gov/partnersforhealth* no later than Sept. 1. The digital guide 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 guide 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 guide and the formal plan documents and certificates of coverage, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents at *tn.gov/partnersforhealth* on the Publications webpage.

Other Publications

In addition to the documents mentioned above, at *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, the 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
Partners for Health is required by law to maintain the privacy and security of your personally identifiable health information. 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 Tennessee'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 the 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 separately from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate 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*.

2027 Monthly Health Premiums

2027 Support Staff Retirees Monthly Health Premiums

2027 Teacher Retirees Monthly Health Premiums

2027 State and Higher Education Retirees Monthly Health Premiums

2027 Local Government Retirees Monthly Health Premiums