

# State of Tennessee Group Insurance Program

New Employee Benefits Orientation  
State and Higher Education Employees  
January 1 – December 31, 2017



# Importance of Your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits
- **Please note:** Some decisions can only be made during the new hire period
- Be aware of all the options available to you and make an informed decision
- Submit questions to your Agency Benefits Coordinator (ABC)

# Resource Materials

**PARTNERS FOR HEALTH**

State Group Insurance Program

**Eligibility and Enrollment Guide**

State and Higher Education Employees

For more detailed information, refer to the **Eligibility and Enrollment Guide** provided by your ABC.

You will also be provided with an **Employee Checklist** to confirm that you have been informed of important benefits information.

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**EMPLOYEE INSURANCE CHECKLIST**  
State of Tennessee • Department of Finance and Administration • Benefits Administration  
20th Floor, William B. Souders III Tower • Nashville, Tennessee 37243

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. After completion, this form is to be placed in the employee's insurance or personnel file at the time of processing. Place a check mark after each action has been completed.

**EMPLOYEE INFORMATION**

Name	Social Security Number	Agency
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**ELIGIBILITY AND ENROLLMENT**

- Explain the eligibility criteria for employees and dependents.
- Enrollment applications must be returned by:  
Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage by approval through one of the special enrollment provisions. There is no guarantee of an open enrollment in future years. If a completed enrollment application is not returned by the 15th of the month prior to coverage beginning, an employee may have a double deduction on the first paycheck from which health premiums are collected.
- Explain the Annual Enrollment Transfer Period, which occurs each year during the fall.
  - Employees/dependents are allowed to transfer between or cancel health options.
  - Employees/dependents are allowed to enroll in, transfer or cancel dental coverage.
  - Employees/dependents are allowed to enroll in optional life insurance coverage.
  - Effective dates for any changes will be the following January 1.

**INSURANCE PRODUCTS**

<b>Health Options</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Partnership PPO<ul style="list-style-type: none"><li>• available statewide</li><li>• available statewide</li></ul></li><li><input type="checkbox"/> Standard PPO</li><li><input type="checkbox"/> Dental Options<ul style="list-style-type: none"><li><input type="checkbox"/> Preferred Plan</li><li><input type="checkbox"/> Preferred Dental Organization (PPO)</li></ul></li></ul>	<b>Life Options</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Basic Term Life and Special Accident</li><li><input type="checkbox"/> Optional Special Accident</li><li><input type="checkbox"/> Optional Universal Life and Term Life</li></ul> <b>Other</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Long Term Care</li></ul>
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**MATERIALS TO BE PROVIDED**

- Provide an enrollment/change application and optional life insurance applications. Enrollment application must be signed and placed in the employee's insurance or personnel file at the time of processing.
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Employee Signature \_\_\_\_\_ Agency Benefits Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

IA-0900 (rev 12/10)

# Resource Materials

[tn.gov/finance/section/fa-benefits](https://tn.gov/finance/section/fa-benefits)

**TN** Department of Finance & Administration

Go to TN.gov

Search F&A

Looking For Financial F&A News F&A Events Employee Resources

### Insurance & Benefits

[ParTNers for Health Website](#)

- Insurance Products
- Other Benefits
- Publications & Forms
- Quicklinks
- Annual Enrollment
- For New Employees
- For Retirement
- Customer Service
- Premiums
- Report Fraud
- Summary of Benefits**
- Agency Benefits Coordinators

## Insurance & Benefits

Benefits Administration is responsible for servicing three basic groups of employees by managing their state-provided insurance benefits. The state plan is comprised of state government and higher education employees. The local education plan is available to local K-12 school systems that choose to participate in the plan. The local government plan is available to local city and county governments and to certain quasi-governmental agencies that choose to participate. Over 300,000 individuals are enrolled in coverage.

In addition to insurance coverage, the division also administers an employee assistance program and a wellness program. These related programs complement insurance programs by educating employees and their families about prevention and behaviors that can affect their mental and physical health.

This site contains most documents and forms related to your insurance benefits. Your human resource office can provide this information as well.

[HIPAA Breach](#)

The Summary of Benefits Coverage (SBC) describes your health coverage options. You can print a copy on the Benefits Administration website, or ask your ABC for a copy.



# About the Plan



- The State Group Insurance Program (the Plan) covers:
  - State and Higher Education Employees
  - Local Education Employees
  - Local Government Employees
- We spend about \$1.3 billion annually and cover nearly 300,000 members
- The health plan is **self-insured**. The State, not an insurance company, pays claims from premiums collected from members and their employers
- The Division of Benefits Administration manages the Plan.

# Who is Eligible for Coverage?

- Full-time employees and their dependents, who may include:
  - Legally married spouses
  - Children up to age 26, (natural, adopted, step-children or children for whom the employee is the legal guardian)
    - Special circumstances for disabled dependents may allow for coverage after age 26. Refer to your Eligibility and Enrollment Guide or consult your ABC for more information.
- Employees cannot be enrolled in TennCare **and** a State Group Health Insurance Plan
  - Contact your caseworker at TennCare within 10 days of your date of employment to report your new job, salary and that you have access to medical insurance with your new employer

# Adding Coverage

## Three times you may add health coverage:

1. As a new employee
2. Annual Enrollment in the fall
3. If you experience a special qualifying event
  - A special qualifying event could be marriage, birth of a baby or something that results in loss of other coverage
  - Submit the enrollment within 60 days of the event or loss of other coverage
  - A complete list is provided on page three of the enrollment application

# Annual Enrollment

- During Annual Enrollment you may:
  - Enroll in or cancel health insurance for yourself or your eligible dependents
  - Change your health insurance option
  - Choose one of three health insurance networks
  - Enroll in, cancel or transfer between dental options
  - Enroll in, cancel or transfer between vision coverage
  - Enroll in or cancel voluntary accidental death coverage
  - Apply for, cancel, increase or decrease voluntary term life coverage amounts (if eligible)
- Changes are effective January 1 of the following year

Annual Enrollment occurs during the fall

# Canceling Coverage

- You may only cancel health, dental or vision coverage for yourself or your dependents:
  1. During Annual Enrollment
  2. If you become ineligible to continue coverage
  3. If you and/or your dependents become newly eligible for coverage under another plan due to an event like marriage, divorce, birth or adoption of a child.

# Definitions

- **Premiums** - amount you pay each month for your coverage regardless of whether or not you receive health services
- **Copay** - flat amount you pay for services and products (office visits, prescriptions etc.)
- **Deductible** - set amount you must pay each year for services
- **Coinsurance** - percentage of cost for a service after you meet deductible
- **CDHP** – Consumer – driven health plan is a type of medical insurance plan
- **PPO** – Preferred Provider Organization also a type of medical insurance plan that gives members direct access to a network of doctors and facilities

# Definitions

- **Out-of-pocket maximum** - limit on amount you pay each year in deductibles, co-insurance and copays
- **Network** - group of doctors, hospitals and other providers contracted with a health insurance plan to provide services to members at pre-negotiated (usually discounted) fees
- **Maximum allowable charge (MAC)** - the most a plan will pay for a service

For a complete list of definitions, see the Eligibility and Enrollment Guide or visit our website.

# What is ALEX?

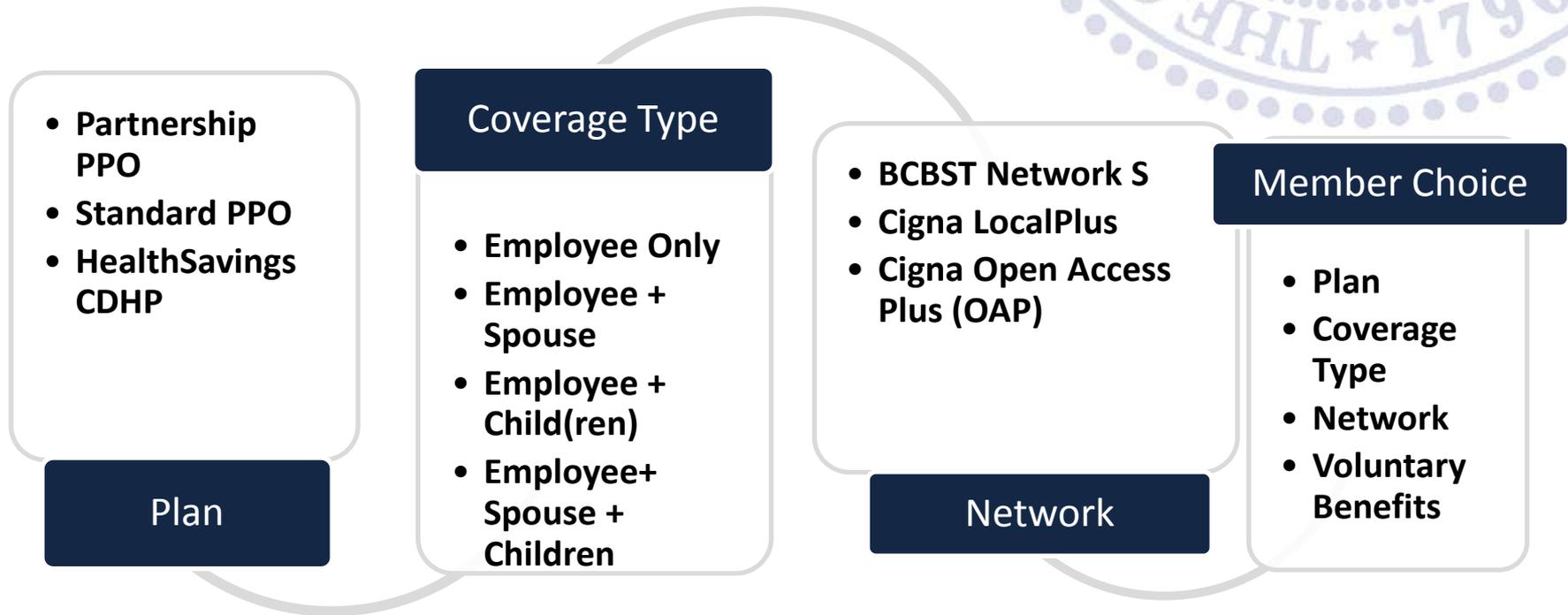
ALEX is a smart, funny benefits expert who explains benefits options and may help members choose what's best for them.

Go to [www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)



# Health Benefits

## Your Enrollment Decision Steps



After your new hire period, changes can only be made if you experience a special qualifying event or during Annual Enrollment in the fall.

COBRA participants and retirees are not eligible for state HSA funds.

# Health Insurance Options

## First, you'll choose your health insurance option:

- **Partnership PPO - Two options give you the same benefits, but the cost is different:**
  - **Partnership Promise PPO** – Agree to the 2017 Partnership Promise, and you will save money! Your premiums will be \$50 or \$100 dollars less than the No Partnership Promise PPO each month.
  - **No Partnership Promise PPO** – This option does not include the Partnership Promise. Your premiums will be \$50 to \$100 more than the Partnership Promise PPO each month.
- **Standard PPO** – This option does not include the Partnership Promise and cost sharing (copays, coinsurance, etc.) is higher than the Partnership PPO options.
- **HealthSavings CDHP - Two options give you the same benefits and the cost is the same, but only one includes state HSA funds:**
  - **Promise HealthSavings CDHP** – Agree to the 2017 Partnership Promise, and the state will put \$500 or \$1,000 into your HSA!
  - **No Promise HealthSavings CDHP** – This option does not include the Partnership Promise and the state will not put money into your HSA.
- COBRA participants and retirees are not eligible for state HSA funds.

# Health Insurance Options

- **All health options cover the same services and treatments:**
  - But medical necessity decisions can vary by carrier (BCBS or Cigna)
- **In-network preventive care at no cost**
  - Flu shots, annual exams, screenings
- **All health options include:**
  - Medical, behavioral health and pharmacy benefits
  - Fixed copays or coinsurance for some services depending on plan
  - Out-of-pocket maximums to limit costs
  - Access to the wellness program

Carriers may offer discounts for services not covered. Refer to the carrier's member handbooks or websites for more information.



# Health Insurance Networks

## Next, you would choose your health insurance network

- **BlueCross BlueShield of Tennessee Network S**
- **Cigna LocalPlus**
- **Cigna Open Access Plus (OAP)** – this is a large network, includes Baptist Memphis and will cost you more each month.
  - A surcharge applies:
    - \$40 more employee/employee+children coverage each month
    - \$80 more for employee+spouse/employee+spouse+children coverage each month



# Voluntary Benefits

## Then, you choose your voluntary benefits

- Dental
- Vision
- Life (voluntary term life – not available in Edison)
- Flexible spending accounts (FSA)
- Long-term care (not available in Edison)
- Accidental death & dismemberment (AD&D)
  
- Voluntary benefits are all employee paid premium

# Health Benefits

## HealthSavings CDHP (Consumer-driven Health Plan)

- Two different CDHP options:
  - **Promise HealthSavings CDHP** – includes the Partnership Promise and the state will put \$500 or \$1,000 into your HSA\*
  - **No Promise HealthSavings CDHP** - does not include the Partnership Promise and no funds from the state. Employees may fund the HSA

### CDHPs:

- Lower monthly premium - but a higher deductible
- Can help you save money
- Includes a tax-free health savings account (HSA), which you own
- Can be used to pay for qualified medical, behavioral health, dental and vision expenses
- Employees can make pre-tax payroll deduction contributions or post-tax contributions into the HSA

**\*New enrollees with coverage effective dates Sept 2 through Dec 1, 2017, will not receive a state contribution in 2017. The Promise HealthSavings CDHP is only available to state and higher ed active employees.**



# Health Benefits

## How does a CDHP work?

- You pay for services up to your deductible before the plan starts paying for anything — but you can use the money in your HSA to pay for your deductible and qualified medical costs
- After meeting the deductible, you pay coinsurance (a set percentage of the discounted network cost) instead of copays (a set amount), until you reach your out-of-pocket maximum

# Health Benefits

## HealthSavings CDHP Pharmacy Benefits

1. You pay the full negotiated cost of prescription drugs up to annual deductible
2. Then you pay coinsurance until the annual out-of-pocket maximum is reached
3. Plan covers 100% of in-network costs after you reach the out-of-pocket maximum

*For 90-day chronic maintenance drugs (e.g., hypertension, high cholesterol, etc.) you pay coinsurance only – don't have to meet the deductible first when filled through mail order or a Retail-90 network pharmacy.*

### **Important Note:**

Members pay medications at the time of purchase. Even at the negotiated or discounted rate, some drugs can be expensive, particularly specialty drugs, so CDHP members may need to know costs and plan for those costs until the deductible is met



# Health Benefits

## CDHP Enrollment Restrictions

- You cannot enroll in a HealthSavings CDHP if you are enrolled in another plan, including the PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, or Social Security benefits). Also, if your spouse has a FSA or HRA you cannot contribute to a HSA.
- Retirees and COBRA participants are not eligible for state funds contributed to your HSA.
- If you are eligible for VA, Tricare or Indian Health Service (IHS) medical benefits and did not get benefits during the past three months, you can enroll in and put money in your HSA. If you get VA benefits in the future, then you CANNOT put money in your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA. Veterans are responsible for determining their eligibility.
- **Other restrictions may apply. Go to [IRS.gov](https://www.irs.gov) to learn more.**



# Health Benefits

## HSA Benefits:

- Money in your HSA rolls over each year – you keep it when you leave or retire
- Your HSA earns interest
- You can invest your HSA money (when HSA is over \$1,000)
- HSA offers tax advantages on money in your account:
  - 1. Both employer and employee contributions are tax free
  - 2. Withdrawals for qualified medical expenses are tax free
- You can use your HSA card to pay for your qualified medical expenses (from payroll deductions and other contributions) and your deductible
- Qualified expenses such as hearing aids, contact lenses, acupuncture, etc., that may not be covered by your plan
- HSA can also serve as a retirement savings account. Money in the account can be used tax free for health costs when you retire. And, when you turn 65, it can be used for non-medical expenses. Non-medical expenses are taxed prior to age 65
- You should keep all receipts and EOBs (explanations of benefits) used to pay funds from your HSA for tax purposes



# Health Benefits

## How does the Health Savings Account (HSA) work?

- Once you enroll in a CDHP, a HSA is set up for you. You can put money in your HSA by taking money from your paycheck and/or putting money directly into your account. There is a maximum amount you can contribute each year.

## What is the maximum I contribute to a HSA each year?

- In 2017, IRS guidelines allow total annual tax-free contributions up to \$3,400 for individuals and \$6,750 for families.
- At age 55 and older, you can make an additional \$1,000/year contribution (\$4,400 for individuals or \$7,750 for families).
- The maximum includes any employer contribution.



# Health Benefits

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## HSA vs. FSA

- If you enroll in a HealthSavings CDHP, you cannot use a flexible spending account (FSA) for medical costs. You can enroll in a limited purpose FSA (LPFSA) to use for dental and vision costs.
  - Remember, HSA dollars are not “use-it-or-lose-it” like an FSA, so you may put the maximum amount allowed in your HSA without fear of losing those dollars.



# Health Benefits

## Health Savings Account

- After you enroll in a HealthSavings CDHP, you will need to activate your account with PayFlex
  - **You will register and access your PayFlex HSA online at [stateoftn.payflexdirect.com](http://stateoftn.payflexdirect.com)**
- PayFlex will send you information about the account after you enroll
- Go to their website for a Quick Reference guide and other information
- PayFlex will send you a debit card to pay for your eligible expenses
  - Convenient way to pay for eligible expenses
  - Expenses are paid automatically, as long as funds are available
  - Keep your receipts for audit purposes



# Health Benefits

## Health Savings Account

### Pay yourself back

- Pay for your eligible medical expenses with cash, check or personal credit card
- Then withdraw funds for your HSA to pay yourself back
- Can have your payment deposited directly into your checking or savings account
- **Pay your provider**
  - Use PayFlex's online feature to pay your provider directly from your account
- **Contribute post-tax dollars** from your checking or savings account online
  - **Account fees:** The state will pay the monthly maintenance fee for your HSA as long as you are enrolled in a HealthSavings CDHP. You are responsible for standard banking fees. However, if you leave your job, retire or choose a PPO option in the future, you will be responsible for paying any applicable HSA fees.

# Pharmacy Benefits

## CVS/caremark is the Pharmacy Benefits Manager

- All state health insurance plans include pharmacy benefits
- Covered drug list is the same in each plan, but costs differ from plan to plan
- More than 67,000 independent and chain pharmacies throughout the U.S.
- For each plan, how much you pay depends on the prescription tier:
  - Lowest cost: Tier one/generic drug
  - Higher cost: Tier two/preferred brand drug
  - Highest cost: Tier three/non-preferred brand
  - **New specialty pharmacy tier**

**Tobacco Cessation:** The state's prescription drug coverage provides free tobacco quit aids to members who want to stop using tobacco products.

# Prescription Drug Copays

	Partnership PPO (promise and no promise)		Standard PPO		HealthSavings CDHP (promise and no promise)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>30-Day Supply</b> (only from pharmacies in the 30-day network)	\$7 copay generic \$40 copay preferred brand \$90 copay non-preferred brand	Copay, plus any amount exceeding MAC	\$14 copay for generic \$50 copay for preferred brand \$100 copay for non-preferred brand	Copay, plus any amount exceeding MAC	After deductible is met - 20% coinsurance	After deductible is met - 40% coinsurance plus amount exceeding MAC
<b>90-Day Supply</b> (90-day network pharmacy or mail order)	\$14 copay generic \$80 copay preferred brand \$180 copay non-preferred brand	N/A – no network	\$28 copay for generic \$100 copay for preferred brand \$200 copay for non-preferred brand	N/A – no network	After deductible is met - 20% coinsurance	N/A – no network
<b>90-Day Supply</b> (certain maintenance medications from 90-day pharmacy or mail order)	\$7 copay generic \$40 copay preferred brand \$160 copay non-preferred brand	N/A – no network	\$14 copay generic \$50 copay preferred brand \$180 copay non-preferred brand	N/A – no network	10% coinsurance without first having to meet deductible	N/A – no network
<b>Specialty Tier</b> (coinsurance)	10% (min \$50; max \$150)	N/A – no network	10% (min \$50; max \$150)	N/A – no network	20% after deductible	N/A – no network



# Pharmacy Benefits

## Copay Installment Program for Maintenance Medications

- You can spread the cost of your **90-day mail order prescriptions** over a three-month period – at no additional cost to you
- Enroll online or by calling CVS/caremark customer care:
  - 877.522.8679
  - [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) > register and log in
- Does not apply to specialty medications



# 2017 Partnership Promise

## Take Action – Save Money – Improve Health

- The goal of the Partnership Promise is to help you get and stay healthy – while saving you money. We can cut healthcare costs with our own personal choices. If you agree to the 2017 Partnership Promise, you are not only taking steps toward better health, you can save money on premiums or get state HSA funds.
- If you choose the Partnership Promise PPO, **you will pay \$50 to \$100 less** in monthly premiums than if enrolled in the No Partnership Promise PPO.
- If you choose the Promise HealthSavings CDHP, **the state will put money, either \$500 or \$1,000**, into your health savings account (HSA).
  - The Partnership Promise is an annual commitment, but you do not have to sign a new promise each year.
  - You and all eligible family members must enroll in the same healthcare option. Your dependent spouse must also agree to the Partnership Promise.
  - Children are not required to complete the steps.
  - Healthways administers the Partnership Promise.
  - Requirements may change each year.

# 2017 Partnership Promise New Member Requirements

## 2017 new members and covered spouses must:

1. Complete the online Well-Being Assessment (WBA)
  - **Go to [partnersforhealthtn.gov](http://partnersforhealthtn.gov) - click on the “My Wellness Tab”**
  - **Must complete the Healthways WBA**
2. Get a biometric health screening from your physician
  - Includes height, weight, blood pressure, waist circumference, glucose and cholesterol levels
- **Steps 1 and 2 must be completed within 120 days from the day your coverage begins.**



# Behavioral Health Benefits

## Optum Health – Behavioral Health Vendor

- **Optum Health** is the behavioral health and substance abuse vendor.
- Members enrolled in health coverage automatically have access to this benefit.
- Also, you have the option of TeleBehavioral Health counseling services and can have a counseling session with a provider over the phone.
- To get maximum benefits, you should use an in-network provider and some services require prior authorization.

Learn more by visiting [HERE4TN.com](http://HERE4TN.com) or calling 855.437.3486

# Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides you and your family with both workplace and personal resources. Benefits are administered by **Optum Health**.

- Services are confidential and available at no cost to eligible employees and their eligible dependents – even if they don't have medical coverage.
- COBRA participants are also eligible.
- Services are available 24 hours a day, 365 days a year
- TeleBehavioral Health – talk to a provider over the phone
- You may use up to five counseling sessions per episode
- EAP has resources that can help you and your family with:

Family or relationship issues	Child and elder care
Feeling anxious or depressed	Difficulties and conflicts at work
Dealing with addiction	Grief and loss
Legal or financial issues	Work/life balance

- Call Toll Free 24/7 at 1.855.HERE4TN (855.437.3486)

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov) 800-253-9981

**PARTNERS**  
**FOR HEALTH**



# Choosing Your Premium Level



- Four premium levels (tiers) available:
  - Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)



# Choosing Your Premium Level

- If your spouse works for a local government or education agency whose health insurance is through the State
  - You can choose premium level, health option and insurance carrier separately
- If you and your spouse are both State and Higher Education employees:
  - Consider employee only coverage or employee + child(ren) to receive the maximum life insurance benefit.

NOTE: An individual may only be covered under one state policy

# Premiums for 2017: State and Higher Education

## Employee Share of Monthly Premiums

Premium Level	Partnership Promise PPO	No Partnership Promise PPO	Standard PPO	HealthSavings CDHP (promise and no promise)
Employee Only	\$133	\$183	\$130	\$84
Employee + Child(ren)	\$200	\$250	\$197	\$127
Employee + Spouse	\$280	\$380	\$275	\$177
Employee + Spouse + Child(ren)	\$346	\$446	\$340	\$219

- Premiums shown are for the employee share for **active employees**. A complete chart is available in the Eligibility Guide and on the ParTNeRS for Health website.
- Premiums are for the BCBS Network S or Cigna LocalPlus network
- Premiums do NOT include the cost for the larger Cigna Open Access Plus network – which would add \$40 to \$80 more EACH MONTH depending on your tier

# 2017 Deductibles and Out-of-Pocket Co-insurance Maximums

	Partnership PPO	Standard PPO	HealthSavings CDHP
	In-Network	In-Network	In-Network
<b>Deductibles</b>			
Employee only	\$500	\$1,000	\$1,500
Employee + Child(ren)	\$750	\$1,500	\$3,000
Employee + Spouse	\$1,000	\$2,000	\$3,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$3,000
<b>Out of Pocket Max (medical and pharmacy combined)</b>			
Employee only	\$3,600	\$4,000	\$2,500
Employee + Child(ren)	\$5,400	\$6,000	\$5,000
Employee + Spouse	\$7,200	\$8,000	\$5,000
Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$5,000

# Take Note!

- Deductibles and out-of-pocket maximums for in-network and out-of-network services add up **separately** in PPOs and CDHPs.

## **Example: Employee Only Coverage - Partnership PPO**

- **In-network** services count toward in-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
In-Network	\$500	\$3,600

- **Out-of-network** services count toward out-of-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
Out-of-Network	\$1,000	\$4,000

Ineligible expenses, including non-covered services and expenses over the MAC don't count toward deductibles and out-of-pocket maximums.

# Dental Benefits

Eligible employees can choose between two dental options:

## **Cigna Prepaid Plan**

- Fixed copays
- Participating dentists only

## **MetLife Dental Preferred Plan**

- Coinsurance and deductibles
- Any dentist
- Pay less with network providers

- Eligible employees can enroll in or transfer between the two options
- Employee paid premiums and what you pay depends on the plan you choose

# Dental Benefits

## Cigna Prepaid Plan

**Provides services at fixed copay amounts. A limited network of participating dentists and specialists must be used to receive benefits.**

- Must select a general dentist from the Cigna dental provider list and notify Cigna of your choice. You must use your selected dentist to receive benefits. **The state network is part of the Dental Care (HMO) network.**
- There may be some areas in the state where network dentists are limited or not available. Be sure to carefully review the provider directory for your location.
  - With this plan, you can cancel coverage during the year if there are no network general dentists within a 40-mile radius of your home
- You pay predetermined member copay amounts (reduced fees) for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Preexisting conditions are covered.
- Orthodontic treatment fee lifetime maximum.
- **Referrals to specialists are required.**

# Dental Benefits

## MetLife Dental

**Provides services with coinsurance. Any dentist may be used to receive benefits but you will pay less if an in-network provider is used.**

- Can use any dentist — receive maximum benefits when visiting an in-network MetLife DPPO provider. **The state network is part of the PDP network.**
- Deductible applies for basic and major dental care.
- You pay coinsurance for basic, major, orthodontic and out-of-network covered services.
- You or your dentist will file claims for covered services.
- Some services (e.g., crowns, dentures, implants and complete or partial dentures) require a 6-month waiting period from member's effective date before benefits begin.
- There is a 12-month waiting period from the member's effective coverage date on replacement of a missing tooth and for orthodontics.
- **Referrals to specialists are not required.**
- Pre-treatment estimates are recommended for services with significant expense.

# Dental Benefits

## Monthly Premiums for Active Members

Premiums	Cigna Prepaid	MetLife DPPO
Employee Only	\$12.99	\$22.37
Employee + Child(ren)	\$26.97	\$51.44
Employee + Spouse	\$23.02	\$42.32
Employee + Spouse + Child(ren)	\$31.65	\$82.80

### Dental services for both the Prepaid Plan and the DPPO Plan include:

- Periodic oral evaluations
- Routine Cleanings
- Amalgam fillings
- Endodontics-Root Canal
- X-rays
- Extractions
- Major restorations
- Orthodontics
- Dentures

# Vision Benefits

## Vision Plan - Administered by EyeMed Vision Care

- There are two plan options – both plans offer the same services:

Basic Plan	Expanded Plan
Discounted rates	Copays
Allowances	Allowances
	Discounted rates

- **2017 Premiums**

	Basic	Expanded
Employee Only	\$3.35	\$5.86
Employee + Child(ren)	\$6.69	\$11.72
Employee + Spouse	\$6.35	\$11.14
Employee + Spouse + Child(ren)	\$9.83	\$17.23

# Additional Benefits

- Eligible employees also have access to:
  - ParTNers for Health Wellness Program
  - Life Insurance
  - Long-Term Care Insurance
  - Sick Leave Bank (state only)
  - Flexible Benefits
  - Deferred Compensation (state only)

## ***Did You Know?***

All state and higher ed employees have access to the Wellness Program even if enrolled in the Standard PPO or HealthSavings CDHP.



# ParTNers for Health Wellness Program

- **All health plan members have access to the ParTNers for Health Wellness Program**, which gives you the tools, information and support you need to take charge of your health and feel your best.
- ParTNers for Health Wellness Program is provided at no additional cost to all members.
- **Wellness Resources:**
  - Coaching – call and get support from a coach on your well-being goals
  - Well-Being Assessment (WBA) – online well-being questionnaire
  - Nurse advice line – medical information and support at no cost to you
  - Wellness challenges - a fun way to develop a healthier lifestyle with group support
  - Weight Watchers at Work and Fitness Center discounts
  - Additional wellness and fitness discounts through the EAP program and our carriers BlueCross BlueShield and Cigna



# *Working for a Healthier Tennessee*

- Expands wellness resources to all employees
- Encourages state employees to lead healthier lives by focusing on:
  1. Physical Activity
  2. Healthy Eating
  3. Tobacco Cessation

# Basic Term Life/AD&D

## Basic Term Life / Accidental Death & Dismemberment Insurance

- The State provides \$20,000 of basic term life and \$40,000 of accidental death and dismemberment insurance
- If you are enrolled in health insurance as the head of contract, your coverage increases with your salary — to a maximum of \$50,000 for basic term life insurance and \$100,000 for accidental death insurance
- If you enroll in family health insurance, your enrolled dependents are covered for \$3,000 of basic term life coverage and basic AD&D based on your salary and family composition.
- Coverage effective date is the same as health insurance.

**Important: Keep your life insurance beneficiary information up to date. You can make updates online.**

# Voluntary AD&D

## Voluntary Accidental Death & Dismemberment Insurance

- Additional accident protection for yourself and your dependents
- Coverage is available at low group rates—no questions asked
- Premiums vary by salary
- The maximum benefit available to employees is \$60,000
- Members can enroll through ESS

Basic Term Life, Basic AD&D and Voluntary AD&D are administered by Securian (Minnesota Life).

# Voluntary Term Life Insurance

- Premiums are based on age and the amount of coverage requested
- Coverage is also available for spouses and dependent children
  - Spouses: Maximum level of coverage is \$30,000
  - Children: \$5,000 or \$10,000 term rider
- **Must enroll in first 31 days of employment for guaranteed issue coverage. Effective after three full months of employment.**
- You can apply later during Annual Enrollment by answering health questions
- Select up to seven times your annual base salary when first eligible
  - Minimum coverage level: \$5,000
  - Maximum coverage level: \$500,000
  - Enroll through Minnesota Life website at [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn)

**Voluntary Term Life Insurance is administered  
by Securian (Minnesota Life).**



# Long-Term Care Insurance

- Covers services for individuals no longer able to care for themselves:
  - Nursing home care
  - Assisted living
  - Home healthcare
  - Home care
  - Adult Day Care
- You have 90 days to enroll with guaranteed-issue coverage
- Who is eligible?
  - You, your spouse, eligible dependent children, parents and parents-in-law may also apply
- Premiums are based on age of the insured at the time of enrollment



# Long-Term Care Insurance

## Long-Term Care Insurance

- Benefits available for different daily benefit amounts (\$100, \$150 or \$200) for either three- year or five-year coverage
- Available with or without inflation protection
- You pay 100% of the premium
- Premiums are based on age at the time of enrollment
- Choose to have the premium taken from your payroll check or opt for a direct bill arrangement



# Flexible Benefits Plan

## Flexible Benefits – State and Higher Ed

- All state and higher education employees have access to a Flexible Benefits Plan. This plan is designed to help you decrease your taxable income and increase your take home pay.
- PayFlex manages medical, dependent care and limited purpose FSA programs
  - **State employees:** Parking and transportation flexible benefits are managed by Benefits Administration. Parking and transportation flex benefits are not available to higher education employees.
  - **State employees** will not send claims to Treasury
- PayFlex will send all medical FSA participants a debit card. You can use it at pharmacies, doctor's offices and other healthcare facilities for instant payment from your medical FSA

# Flexible Benefits Plan

## Flexible Benefits – State and Higher Ed

- **Medical FSA:** For certain medical, dental, vision and prescription costs not covered by insurance. You do NOT qualify if enrolled in a CDHP. But you can put money in a limited purpose FSA for dental and vision
- **Limited Purpose FSA:** For certain dental and vision costs not covered by insurance.
- **Dependent Care FSA:** For certain dependent care costs such as after school care, baby-sitting fees, adult or child daycare and pre-school
- **State employees only: Transportation and Parking FSA:** For certain work-related commuting and/or parking expenses.
- **Contribution limits:** Set by the IRS. Go to [IRS.gov](https://www.irs.gov) for contribution limits
- If you enroll in a CDHP/HSA and plan to enroll in a limited-purpose FSA – you will use the same debit card for both

# Employee Sick Leave Bank

## State only

### Employee Sick Leave Bank – State Only

- Administered by Tennessee Department of Human Resources
- Provides sick leave to qualifying members
- A member may receive a maximum of 90 days from the Bank
- Open enrollment is August 1 – October 31 each year
- Must be a full-time state employee for 12 consecutive months and have at least six days of sick leave by October 31 of your enrollment year
- Must contribute four sick leave days to enroll
- One day of sick leave thereafter assessed each Oct 1 to maintain membership
- New members are eligible to apply for grants of sick leave on Feb. 1 after enrollment

For more information or to enroll, visit the SLB website  
<https://dohrslb.tn.gov/slb/enroll/login.aspx>

# Hybrid Pension Plan State only

- New hires with the State will be enrolled in the Hybrid Pension Plan
- Employees transferring from the State, Higher Education or a Local Education Agency as a K-12 teacher will be grandfathered into the legacy plan
  - Employees transferring from local government will be treated as a new hire
- The Hybrid Pension Plan contains both a Defined Benefit and a Defined contribution component
  - Defined benefit component is administered by TCRS
  - Defined contribution component is administered by **Empower Retirement**
- Shared risk by Employer and Employee
- Employees are required to contribute to the plan

Go to [treasury.tn.gov/dc](https://treasury.tn.gov/dc) for more information

**PARTNERS**  
**FOR HEALTH**

# Enrolling in Benefits

- All State employees must enroll using Edison Employee Self Service (ESS) for health, dental and vision coverage and voluntary accidental death & dismemberment insurance
- **Enrollment must be completed within 31 days of your hire date**
- Any required dependent verification must also be submitted during this timeframe
  - Example dependent verification documents include:
    - Federal Income Tax Return for a spouse
    - Birth certificate for a child

To enroll in voluntary benefit products such as voluntary term life insurance, use the separate enrollment forms provided by your ABC.

# Online Enrollment through ESS

To enroll in your health insurance and other benefit options:

- Log on to Edison
  - » [www.edison.tn.gov](http://www.edison.tn.gov)
  - » Use username and temporary password provided by your Human Resource office
  - » Go to Self Service > Employee Work Center > My Benefits > Benefits Enrollment
  - » Click **SELECT**
  - » Follow the prompts
- If covering dependents, submit dependent verification by:
  - » Uploading electronic documentation
  - » Faxing documentation to Benefits Administration service center

# When Will Coverage Begin?

- Health, dental, vision and basic term life/AD&D coverage begin on the first day of the month after one full calendar month of employment from your hire date
- If you are hired on Sept. 15, coverage would begin on Nov. 1
- Voluntary Term Life coverage begins after three full calendar months from employment/eligibility
- Voluntary Long-Term Care effective date is included with the Certificate of Coverage issued by MedAmerica
- Ask your ABC if you have questions about when your coverage begins



# When Are Premiums Paid?

- Your ABC will tell you when your premiums will be deducted from your paycheck
- Enter your benefit selections in ESS or submit your enrollment forms to your ABC as soon as possible.
  - If you do not enter your benefit selections early, in some instances you could end up with a double deduction from your paycheck the first month of enrollment.

# When Will My ID Cards Arrive?

- Within three weeks of the date your application is processed

BlueCross BlueShield	Cigna
<ul style="list-style-type: none"><li>• Sends up to two ID cards automatically, both with member's name</li></ul>	<ul style="list-style-type: none"><li>• Sends separate ID cards for each insured family member with each participant's name</li></ul>
<ul style="list-style-type: none"><li>• These may be used by any covered dependent</li></ul>	<ul style="list-style-type: none"><li>• There may be up to four ID cards in each envelope</li></ul>

- **CVS/Caremark** will send separate ID cards for pharmacy benefits
- If you enroll in dental or vision benefits, you will receive your ID cards within three weeks



# Retiree Insurance

- Retiree health insurance coverage (pre-65 retirees) is not available to employees whose employment first began on or after July 1, 2015.
- Medicare supplement insurance will not be available to any employee whose first employment is on or after July 1, 2015.
- Any senator, representative or governor if first elected to office after July 1, 2015, is not eligible to continue coverage after retirement from office.
- Any employee whose first state employment began before July 1, 2015, and who returns to state service after July 1, 2015, will not be prohibited from retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015. Employees must also meet all other retiree insurance eligibility requirements.

# Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called “HIPAA”
- Benefits Administration can only discuss benefits information with the head of contract (HOC)
- The **Authorization for Release of Protected Health Information** form must be completed before Benefits Administration can discuss benefits information with your spouse or other authorized representative

To print and complete a release form, visit [www.tn.gov/finance/section/fa-benefits](http://www.tn.gov/finance/section/fa-benefits). On this page, select the “Forms” tab.

# Insurance Carrier Websites

- BlueCross BlueShield, Cigna and CVS/caremark each offer member websites that allow you to:

- View detailed information about your claims
- Print temporary ID cards
- Access other helpful member services

➤ **BlueCross BlueShield**

[www.bcbst.com/members/tn\\_state/](http://www.bcbst.com/members/tn_state/)

➤ **Cigna**

[www.cigna.com/site/stateoftn](http://www.cigna.com/site/stateoftn)

➤ **CVS/caremark**

[www.info.caremark.com/stateoftn](http://www.info.caremark.com/stateoftn)

# Who to Contact

- Your primary point of contact is your **Agency Benefits Coordinator (ABC)**
- For questions about a provider or insurance claim, contact your insurance carrier directly via the carrier's member website or the number on the back of your ID card
- For questions about eligibility and enrollment, call the Benefits Administration service center at **1-800-253-9981**
- **ParTNers for Health**  
[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)
- **Benefits Administration**  
[www.tn.gov/finance/section/fa-benefits](http://www.tn.gov/finance/section/fa-benefits)



**Thank you for your attention  
during this presentation.**

**More information is available at  
[www.tn.gov/finance/section/fa-benefits](http://www.tn.gov/finance/section/fa-benefits)**

**If you have questions, please ask your Agency  
Benefits Coordinator at this time.**