

**Music has many options.
So do your benefits.
Choose what works for you.**



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 2024 benefits is Oct. 1-27, 2023. If you're still eligible and choose to remain enrolled as of Jan. 1, 2024, you can also enroll your eligible dependents.

This newsletter gives you important information about your 2024 benefits choices. These include your health, dental and vision insurance options.

- Find retiree Annual Enrollment details by going to the **For Retirement webpage** at www.tn.gov/partnersforhealth/ae/for-retirement.
- **Premium charts** are found by going to the Premiums webpage at www.tn.gov/partnersforhealth/insurance-premiums.html.
- **Insurance comparison charts** for health, dental and vision are found by opening the Publications webpage at www.tn.gov/partnersforhealth/publications.html and going to Insurance Comparison Charts.

If you're a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for dental and vision insurance. To enroll in vision, you must be enrolled in group health coverage (see pages 7-8).

It's important to note that if you don't want to make changes in your benefit selections, **NO ACTION** is needed on your part during Annual Enrollment. If you don't make changes, you'll be enrolled in the same plan options for medical, dental and vision insurance you're enrolled in now, subject to eligibility.

We encourage you to review your BlueCross BlueShield and Cigna network options each year. Networks and benefits may change and impact you. Even if you don't make any changes, it's a good idea to review your enrollment selections each year. Annual Enrollment is a good time to do that.

**Here are the
benefits high notes!**

Health insurance premiums are changing; however, there will be no increases to deductibles, copays or coinsurance. Premium increases will vary depending on the health plan, network and tier you choose.

- **State and higher education retirees:** Average health plan premium increase is 5.0%.
- **Local education retirees:** Average health plan premium increase is 5.1%.
- **Local government retirees:** Good news! All retirees will now have the same level of health plan premiums. Premiums may increase or decrease depending on the current level for your former agency, and the health plan, network and tier in which you're enrolled.

Find premiums on pages 3-6.

Important! BlueCross BlueShield and Cigna will remain the health insurance carriers. The four provider network options will remain the same: BlueCross Network S, BlueCross Network P, Cigna LocalPlus and Cigna Open Access Plus.

For the BlueCross Network P and Cigna Open Access Plus networks, the additional cost to your premium will increase by \$10 or \$20 per month depending on the tier in which you're enrolled. There continues to be no additional cost above the premium for the BlueCross Network S or Cigna LocalPlus networks. Go to www.tn.gov/ParTNersforHealth and click on Carrier Information for network options.

Starting Jan. 1, 2024, Sharecare will be the **new wellness program vendor.**

LET'S KEEP IN TOUCH!

Benefits Administration 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'll no longer**

receive any insurance-related updates. Please log in to Edison and make sure your email address is correct. It's easy! After clicking the home icon in the top right corner, just go to "Self Service," "My System Profile" and "Change or Set Up Email Address".



How to Enroll in Your Benefits

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

- Mailed applications must be postmarked no later than Oct. 27, 2023.
- Submit by fax at 615.741.8196 by Oct. 27, 2023, at 11:59 p.m. CT.

If you want to make changes to your insurance coverage online, you can use Employee Self Service in Edison at www.edison.tn.gov.

Employee Self Service in Edison

- Look for the green “Benefits Enrollment” button.
- 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 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 under Annual Enrollment and then Enrollment Materials.

IN-NETWORK 2024 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
Annual Deductible					
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
Maximum Out-of-Pocket					
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
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
Telehealth (approved carrier program only)	\$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
Pharmacy (30-day supply)					
generic	\$7 copay	\$14 copay	\$14 copay	20% coinsurance after deductible	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay		
non-preferred brand	\$90 copay	\$100 copay	\$110 copay		
specialty tier 1 (generics)	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200		
specialty tier 2 (all brands)	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400		
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

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 for help with your password reset.

If you're adding eligible dependents (such as your spouse and/or eligible children) who have not been previously covered (this includes a spouse who has not been covered for six months or more):

- You can add them to medical coverage if you (the retiree) will be covered on the medical plan as of Jan. 1, 2024.
- You may be eligible to add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.
- If the dependent is not currently covered on the medical plan, we need documents to prove their relationship to you. Find a list of required 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 the Annual Enrollment deadline of Oct. 27, 2023.

Get Help with Your Enrollment

Find enrollment instructions and help with passwords:

- Find step-by-step enrollment login instructions by going to tn.gov/ParTNersforHealth and then Annual Enrollment and then click on Enrollment Materials.
- For password reset help, call Edison at 866.376.0104.

Videos and Recorded Webinars

Find videos to help you learn about your benefits. You can watch them when it's convenient for you. Find video links at www.tn.gov/ParTNersforHealth under Enrollment Materials:

Annual Enrollment Videos

- Top 10 Playlist for Annual Enrollment
- 2024 Premiums
- 2024 Additional Benefits Changes
- 2024 Wellness Program Changes

Benefit Option Videos

- BlueCross BlueShield Network Options
- Cigna Network Options
- EyeMed Vision Options
- Cigna Dental DHMO Option
- Delta Dental DPPO Option
- Optum Financial HSA Option (for those who enroll in the CDHP or Local CDHP health plans)



If you don't want to make any changes in your enrollment, NO ACTION is needed on your part.

Contact Us

Find resources on the ParTNers for Health website at tn.gov/ParTNersForHealth

You'll find:

- A red button to contact our help desk: benefitssupport.tn.gov/hc/en-us
- A green Help button to chat during business hours.
- Call Benefits Administration at 615.741.3590 or 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

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, subject to retiree group health eligibility criteria, you may be able to enroll in this plan if eligibility for that other coverage is lost or if employer contribution toward the other coverage ends. 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. However, you must request enrollment within 30 days after the marriage, 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.

Health Benefits

There will be no increases to deductibles, copays or coinsurance!

Health Plan Options

You have a choice of health plans from ParTNers for Health. Each health plan has different out-of-pocket costs. Some examples include your copays, deductibles and coinsurance. 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 (deductible, copays and coinsurance).

Standard Preferred Provider Organization: Lower monthly premium than Premier PPO, higher out-of-pocket costs.

Limited Preferred Provider Organization (local education/local government retirees only): Lower monthly premium than the other PPOs, higher out-of-pocket costs compared to the other PPOs.

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

HSA IRS maximum contributions are increasing in 2024.

There are limits on how much money you can put in your HSA each year:

- \$4,150 for retiree-only coverage in 2024;
- \$8,300 for all other family tiers in 2024; and
- Members 55+ can add \$1,000 more each year.

Important! With the HSA, your total contribution is not available up-front. 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 available in your HSA at the time of service or care.

Debit card: Newly enrolled CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses. Current CDHP/HSA members who stay enrolled will use their same debit card.

HSA and FSA restrictions: There are certain 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. Instead, you can enroll in a limited purpose L-FSA for dental and vision costs if one is offered to you.

- State and higher education: The L-FSA offered to you is one that you can pair with your HSA.
- Local education and local government: Check with your employer to see if they offer an L-FSA.

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

Go to tn.gov/ParTNersForHealth, under Health Options and click on CDHP/HSA Insurance Options for all CDHP/HSA details.

Find all health plan options at tn.gov/ParTNersforHealth and click on Health Options and then Health.

2024 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
PREMIER PPO						
Retiree Only	\$180.00	\$255.00	\$270.00	\$345.00	\$360.00	\$435.00
Retiree + Child(ren)	\$270.00	\$355.00	\$405.00	\$490.00	\$540.00	\$625.00
Retiree + Spouse	\$405.20	\$555.20	\$607.80	\$757.80	\$810.40	\$960.40
Retiree + Spouse + Child(ren)	\$467.80	\$617.80	\$701.70	\$851.70	\$935.60	\$1,085.60
Spouse Only	\$225.20	\$300.20	\$337.80	\$412.80	\$450.40	\$525.40
Child(ren) Only	\$90.00	\$165.00	\$135.00	\$210.00	\$180.00	\$255.00
Spouse + Child(ren)	\$287.80	\$372.80	\$431.70	\$516.70	\$575.60	\$660.60
STANDARD PPO						
Retiree Only	\$167.20	\$242.20	\$250.80	\$325.80	\$334.40	\$409.40
Retiree + Child(ren)	\$250.80	\$335.80	\$376.20	\$461.20	\$501.60	\$586.60
Retiree + Spouse	\$376.20	\$526.20	\$564.30	\$714.30	\$752.40	\$902.40
Retiree + Spouse + Child(ren)	\$434.40	\$584.40	\$651.60	\$801.60	\$868.80	\$1,018.80
Spouse Only	\$209.00	\$284.00	\$313.50	\$388.50	\$418.00	\$493.00
Child(ren) Only	\$83.60	\$158.60	\$125.40	\$200.40	\$167.20	\$242.20
Spouse + Child(ren)	\$267.20	\$352.20	\$400.80	\$485.80	\$534.40	\$619.40
CDHP/HSA						
Retiree Only	\$158.60	\$233.60	\$237.90	\$312.90	\$317.20	\$392.20
Retiree + Child(ren)	\$237.60	\$322.60	\$356.40	\$441.40	\$475.20	\$560.20
Retiree + Spouse	\$356.60	\$506.60	\$534.90	\$684.90	\$713.20	\$863.20
Retiree + Spouse + Child(ren)	\$411.80	\$561.80	\$617.70	\$767.70	\$823.60	\$973.60
Spouse Only	\$198.00	\$273.00	\$297.00	\$372.00	\$396.00	\$471.00
Child(ren) Only	\$79.00	\$154.00	\$118.50	\$193.50	\$158.00	\$233.00
Spouse + Child(ren)	\$253.20	\$338.20	\$379.80	\$464.80	\$506.40	\$591.40

Find a complete health plan comparison chart at tn.gov/ParTNersforHealth and click on Publications. On this page, go to Insurance Comparison Charts.

Find premium charts, including COBRA at tn.gov/PartnersforHealth and click on Premiums.

LOCAL EDUCATION 2024 SUPPORT STAFF RETIREES MONTHLY HEALTH PREMIUMS		
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO		
Retiree Only	\$713.00	\$788.00
Retiree + Child(ren)	\$1,175.00	\$1,260.00
Retiree + Spouse	\$1,604.00	\$1,754.00
Retiree + Spouse + Child(ren)	\$1,852.00	\$2,002.00
Spouse Only	\$891.00	\$966.00
Child(ren) Only	\$462.00	\$537.00
Spouse + Child(ren)	\$1,139.00	\$1,224.00
STANDARD PPO		
Retiree Only	\$662.00	\$737.00
Retiree + Child(ren)	\$1,092.00	\$1,177.00
Retiree + Spouse	\$1,490.00	\$1,640.00
Retiree + Spouse + Child(ren)	\$1,721.00	\$1,871.00
Spouse Only	\$828.00	\$903.00
Child(ren) Only	\$430.00	\$505.00
Spouse + Child(ren)	\$1,059.00	\$1,144.00
LIMITED PPO		
Retiree Only	\$625.00	\$700.00
Retiree + Child(ren)	\$1,031.00	\$1,116.00
Retiree + Spouse	\$1,407.00	\$1,557.00
Retiree + Spouse + Child(ren)	\$1,625.00	\$1,775.00
Spouse Only	\$782.00	\$857.00
Child(ren) Only	\$406.00	\$481.00
Spouse + Child(ren)	\$1,000.00	\$1,085.00
LOCAL CDHP/HSA		
Retiree Only	\$546.00	\$621.00
Retiree + Child(ren)	\$900.00	\$985.00
Retiree + Spouse	\$1,228.00	\$1,378.00
Retiree + Spouse + Child(ren)	\$1,419.00	\$1,569.00
Spouse Only	\$682.00	\$757.00
Child(ren) Only	\$354.00	\$429.00
Spouse + Child(ren)	\$873.00	\$958.00

Health Plan Carrier Networks

BlueCross BlueShield of Tennessee and Cigna, our health insurance carriers, administer our network options. Both carriers offer expansive networks of doctor, hospital and facility providers.

You can choose from four carrier networks for your medical care.

BlueCross BlueShield Network S Cigna LocalPlus

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

BlueCross BlueShield Network P Cigna Open Access Plus

These networks include more hospitals and facilities. There is an additional cost added to the monthly premium for the BlueCross Network P and Cigna OAP networks. This cost is going up in 2024. 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 other two networks.

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

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2024 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event.

Network providers and facilities can and do change. Benefits Administration 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.

Covered Services

Covered services are generally the same whether you choose BlueCross 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, available at tn.gov/ParTNersforHealth on the Publications page. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

How to Make Changes

You can make changes to your health insurance option, carrier and network online in Edison at www.edison.tn.gov.



CONTACT OUR CARRIERS

Contact BlueCross or Cigna if you have questions about a provider or hospital in a network:

BlueCross, 800.558.6213, M-F, 7 a.m. - 5 p.m. CT, bcbst.com/members/tn_state/

Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

Learn more about your health plan carrier networks at tn.gov/ParTNersforHealth. Go to Health Options and click on Carrier Information for network hospital lists and directories.

LOCAL EDUCATION 2024 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
PREMIER PPO						
Retiree Only	\$392.15	\$467.15	\$463.45	\$538.45	\$534.75	\$609.75
Retiree + Child(ren)	\$646.25	\$731.25	\$763.75	\$848.75	\$881.25	\$966.25
Retiree + Spouse	\$882.20	\$1,032.20	\$1,042.60	\$1,192.60	\$1,203.00	\$1,353.00
Retiree + Spouse + Child(ren)	\$1,018.60	\$1,168.60	\$1,203.80	\$1,353.80	\$1,389.00	\$1,539.00
Spouse Only	\$490.05	\$565.05	\$579.15	\$654.15	\$668.25	\$743.25
Child(ren) Only	\$254.10	\$329.10	\$300.30	\$375.30	\$346.50	\$421.50
Spouse + Child(ren)	\$626.45	\$711.45	\$740.35	\$825.35	\$854.25	\$939.25
STANDARD PPO						
Retiree Only	\$364.10	\$439.10	\$430.30	\$505.30	\$496.50	\$571.50
Retiree + Child(ren)	\$600.60	\$685.60	\$709.80	\$794.80	\$819.00	\$904.00
Retiree + Spouse	\$819.50	\$969.50	\$968.50	\$1,118.50	\$1,117.50	\$1,267.50
Retiree + Spouse + Child(ren)	\$946.55	\$1,096.55	\$1,118.65	\$1,268.65	\$1,290.75	\$1,440.75
Spouse Only	\$455.40	\$530.40	\$538.20	\$613.20	\$621.00	\$696.00
Child(ren) Only	\$236.50	\$311.50	\$279.50	\$354.50	\$322.50	\$397.50
Spouse + Child(ren)	\$582.45	\$667.45	\$688.35	\$773.35	\$794.25	\$879.25
LIMITED PPO						
Retiree Only	\$343.75	\$418.75	\$406.25	\$481.25	\$468.75	\$543.75
Retiree + Child(ren)	\$567.05	\$652.05	\$670.15	\$755.15	\$773.25	\$858.25
Retiree + Spouse	\$773.85	\$923.85	\$914.55	\$1,064.55	\$1,055.25	\$1,205.25
Retiree + Spouse + Child(ren)	\$893.75	\$1,043.75	\$1,056.25	\$1,206.25	\$1,218.75	\$1,368.75
Spouse Only	\$430.10	\$505.10	\$508.30	\$583.30	\$586.50	\$661.50
Child(ren) Only	\$223.30	\$298.30	\$263.90	\$338.90	\$304.50	\$379.50
Spouse + Child(ren)	\$550.00	\$635.00	\$650.00	\$735.00	\$750.00	\$835.00
LOCAL CDHP/HSA						
Retiree Only	\$300.30	\$375.30	\$354.90	\$429.90	\$409.50	\$484.50
Retiree + Child(ren)	\$495.00	\$580.00	\$585.00	\$670.00	\$675.00	\$760.00
Retiree + Spouse	\$675.40	\$825.40	\$798.20	\$948.20	\$921.00	\$1,071.00
Retiree + Spouse + Child(ren)	\$780.45	\$930.45	\$922.35	\$1,072.35	\$1,064.25	\$1,214.25
Spouse Only	\$375.10	\$450.10	\$443.30	\$518.30	\$511.50	\$586.50
Child(ren) Only	\$194.70	\$269.70	\$230.10	\$305.10	\$265.50	\$340.50
Spouse + Child(ren)	\$480.15	\$565.15	\$567.45	\$652.45	\$654.75	\$739.75

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: pharmacy, behavioral health, an Employee Assistance Program and a wellness program. Learn about benefits such as telehealth, the Diabetes Prevention Program, behavioral health virtual visits and more at tn.gov/ParTNersforHealth under Health Options, Included Benefits Extras.

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.

How much you pay depends on three things:

- the drug tier – if you choose a generic, preferred brand, nonpreferred brand or specialty drug (two different cost tiers in the PPOs);
- the day supply you receive – 30-day (or <30) or 90-day (>31) supply; and
- where you fill your prescription – at a retail, Retail-90 or mail-order pharmacy.

Learn more about prescription drug benefits, the preferred drug list, vaccines and how to save money at tn.gov/ParTNersforHealth and click Health Options and then on Pharmacy.

Contact: CVS Caremark, 877.522.8679, 24/7,
info.caremark.com/stateoftn

Behavioral Health

Managed by Optum Health

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services. Optum can help retirees and eligible dependents find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits also include applied behavior analysis therapy and preferred no-cost substance use treatment facilities (for PPO plans, no coinsurance after deductible for CDHP).

Learn more at tn.gov/ParTNersforHealth under Health Options, Behavioral Health.

For all programs and services and help finding a provider, **contact Optum at 855.Here4TN (855.437.3486), 24/7 or visit HERE4TN.com.**

Employee Assistance Program

Managed by Optum Health

EAP services are available to all retirees enrolled in health insurance and their benefits-eligible dependents, even if they are not enrolled in a health plan.

Specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

- Get five counseling visits, per problem, per year, per individual at no cost to you.
- Available in-person or by virtual visit to get the care you need in the privacy and comfort of your own home.



LOCAL GOVERNMENT 2024 RETIREES MONTHLY HEALTH PREMIUMS				
	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS
PREMIER PPO				
Retiree Only	\$826.01	\$826.01	\$901.01	\$901.01
Retiree + Child(ren)	\$1,281.52	\$1,281.52	\$1,366.52	\$1,366.52
Retiree + Spouse	\$1,899.82	\$1,899.82	\$2,049.82	\$2,049.82
Retiree + Spouse + Child(ren)	\$2,232.43	\$2,232.43	\$2,382.43	\$2,382.43
Spouse Only	\$1,073.81	\$1,073.81	\$1,148.81	\$1,148.81
Child(ren) Only	\$455.51	\$455.51	\$530.51	\$530.51
Spouse + Child(ren)	\$1,406.42	\$1,406.42	\$1,491.42	\$1,491.42
STANDARD PPO				
Retiree Only	\$760.13	\$760.13	\$835.13	\$835.13
Retiree + Child(ren)	\$1,179.31	\$1,179.31	\$1,264.31	\$1,264.31
Retiree + Spouse	\$1,748.30	\$1,748.30	\$1,898.30	\$1,898.30
Retiree + Spouse + Child(ren)	\$2,054.38	\$2,054.38	\$2,204.38	\$2,204.38
Spouse Only	\$988.17	\$988.17	\$1,063.17	\$1,063.17
Child(ren) Only	\$419.18	\$419.18	\$494.18	\$494.18
Spouse + Child(ren)	\$1,294.25	\$1,294.25	\$1,379.25	\$1,379.25
LIMITED PPO				
Retiree Only	\$617.23	\$617.23	\$692.23	\$692.23
Retiree + Child(ren)	\$957.60	\$957.60	\$1,042.60	\$1,042.60
Retiree + Spouse	\$1,419.62	\$1,419.62	\$1,569.62	\$1,569.62
Retiree + Spouse + Child(ren)	\$1,668.16	\$1,668.16	\$1,818.16	\$1,818.16
Spouse Only	\$802.39	\$802.39	\$877.39	\$877.39
Child(ren) Only	\$340.38	\$340.38	\$415.38	\$415.38
Spouse + Child(ren)	\$1,050.93	\$1,050.93	\$1,135.93	\$1,135.93
LOCAL CDHP/HSA				
Retiree Only	\$569.59	\$569.59	\$644.59	\$644.59
Retiree + Child(ren)	\$883.70	\$883.70	\$968.70	\$968.70
Retiree + Spouse	\$1,310.06	\$1,310.06	\$1,460.06	\$1,460.06
Retiree + Spouse + Child(ren)	\$1,539.42	\$1,539.42	\$1,689.42	\$1,689.42
Spouse Only	\$740.47	\$740.47	\$815.47	\$815.47
Child(ren) Only	\$314.11	\$314.11	\$389.11	\$389.11
Spouse + Child(ren)	\$969.83	\$969.83	\$1,054.83	\$1,054.83

Your benefits include **Self Care by AbleTo**, an on-demand mobile app to help with stress, anxiety and depression; **Talkspace** online therapy; and **Take Charge at Work**, a telephonic coaching program that helps those working and eligible for EAP services deal with stress and depression.

Learn more at tn.gov/ParTNersforHealth under Other Benefits and click on EAP.

For all EAP programs and services and help finding a provider, **contact Optum 24/7 at 855.HERE4TN (855.437.3486) or HERE4TN.com.**

Wellness Program

Managed by new vendor Sharecare in 2024

To help you achieve your health goals, the 2024 wellness program is available to all retirees and adult dependents enrolled in the health plan.

Sharecare will be the wellness program vendor beginning in 2024. You'll receive more information about the program later this year. Members enrolled in health benefits will have access to lifestyle counseling, chronic condition management, a weight management program, digital health devices, the website, mobile app and biometric screenings. A diabetes remission and Diabetes Prevention Program will also be offered to members who qualify. The Diabetes Prevention Program is offered through health insurance carriers BlueCross 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 Delta Dental

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

Cigna: Dental Health Maintenance Organization – Prepaid Provider

Retiree premiums will increase by 3.5%.

You're 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.

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.

Delta Dental: Dental Preferred Provider Organization

Retiree premiums will increase by 1%.

Use any dentist but save money by choosing an in-network dentist.

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

Waiting periods apply to select procedures.

Find 2024 dental premiums by going to tn.gov/ParTNersforHealth and click on Premiums.

Review the **dental DHMO and DPPO network options**, get a comparison of the two plans and find more information at tn.gov/ParTNersforHealth and click on Dental. The premium rates for the Cigna DHMO plan are less than for the DPPO plan; however, the network options are fewer in the DHMO and each plan has different benefits. Retirees should carefully review all details of each plan before making a selection.

To learn about all dental benefits, find the Cigna DHMO handbook, Cigna Patient Charge Schedule and the Delta Dental DPPO handbook at tn.gov/ParTNersforHealth and click on Publications.

Contact our dental carriers:

Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

Delta Dental, 800.552.2498, M-F, 7 a.m. – 5 p.m. CT, DeltaDentalTN.com/StateofTN

** If you are a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for dental insurance.*

Vision Insurance

Offered through EyeMed

Vision benefits are offered to eligible retirees**. You pay the monthly premium. Premiums and benefits will stay the same in 2024. You'll save money when using in-network providers.

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

2024 MONTHLY DENTAL PREMIUMS FOR ALL PLANS

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Retiree Only	\$15.77	\$26.87
Retiree + Child(ren)	\$32.74	\$60.69
Retiree + Spouse	\$27.95	\$52.96
Retiree + Spouse + Child(ren)	\$38.40	\$95.90



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 available once every two calendar years

Basic Plan: Pays for your eye exam after you pay a \$10 copay and provides various allowances (dollar amounts) for materials such as eyeglass frames and contact lenses.

- Frames available once every two calendar years.

Expanded Plan: Free routine eye exam annually. Includes greater allowances versus the Basic Plan.

- Frames available once every calendar year.

In both plans, you pay copays; or 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 2023 vision premiums at tn.gov/ParTNersForHealth under Premiums and go to Other Insurance Coverages – Vision.

Find the EyeMed handbook at www.tn.gov/ParTNersforHealth under Publications and Vision Insurance.

Find a comparison of both plans at tn.gov/ParTNersForHealth under Other Benefits and Vision.

Contact: EyeMed, 855.779.5046, M-S, 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

*** If you are a retired employee and drawing a retirement benefit from the Tennessee Consolidated Retirement System or participate in an Optional Retirement Plan through the University of Tennessee or the state university and community college system, you may be eligible for vision insurance. To enroll in vision, you must be enrolled in group health coverage. Dependents enrolled in spouse only, spouse + child(ren) or child(ren) only group health coverage are eligible to enroll in dependent only vision coverage if the retiree is no longer enrolled in the group health plan.*

2024 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

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, contact the Finance and Administration Civil Rights Coordinator at FA.CivilRights@tn.gov or 615.532.9617.

Have you been denied services or treated differently for the above stated reasons? Find the Department of Finance and Administration's Nondiscrimination Policy and Complaint Procedures and Form under F&A Department Policies at www.tn.gov/finance/looking-for/policies.html (Policy 36); contact the F&A Civil Rights Coordinator; or mail a complaint to F&A Civil Rights Coordinator/Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service such as Braille or large print? If you speak a language other than English, help in your language is available for free. Contact the F&A Civil Rights Coordinator at 615.532.9617.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.576.0029 (TTY: 1.800.848.0298).

اللغوية وتتوافر لك بالجملة. اتصل برقم 1.(800.848.0298) هاتف الصم (رقم 576.0029. ملحوظة: إذا كنت تتحدث أكثر اللغة، فإن خدمات المساعدة والبلك: 866 1

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.576.0029 (TTY:1.800.848.0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.576.0029 (TTY:1.800.848.0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.576.0029 (TTY: 1.800.848.0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.576.0029 (ATS : 1.800.848.0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpai] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpai. Call 1.866.576.0029 (TTY: 1.800.848.0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1.866.576.0029 (ማስማት ለተሳናቸው: 1.800.848.0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.576.0029 (TTY: 1.800.848.0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1.866.576.0029 (TTY:1.800.848.0298)

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 866.576.0029 (TTY:1.800.848.0298) まで、お電話にてご連絡ください。

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).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.866.576.0029 (TTY: 1.800.848.0298) पर कॉल करें। ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.576.0029 (телетайп: 1.800.848.0298).

اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان شما (1.800.848.0298) فراهم می باشد. با تماس توج: 866.576.0029 (TTY: 1.800.848.0298) بیگریز برای

If you have questions about civil rights compliance or concerns, you may also contact:

- 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, GA 30303-8909 or 1.800.368.019 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 Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

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 on the Benefits Administration website at www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. 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 (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 Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage (SBC) is available which describes your 2024 health coverage options. The SBC will be available for review at www.tn.gov/partnersforhealth/summary-of-benefits-and-coverage.html no later than Sept. 1. The digital newsletter contains much of the same information. To get a 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 coverage, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html

Other Publications

In addition to the documents mentioned above, the Benefits Administration website 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. Employees enrolled in health coverage have access to certain wellness programs like disease management and the web portal.

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.

The information from your health questionnaire 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 the wellness program such as 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 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. Anyone who receives your information for purposes 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 healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order 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 making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide 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. Here is the link to the wellness page: www.tn.gov/partnersforhealth/other-benefits/wellness-program.html



Completed form (blue or black ink) must be postmarked or faxed to Benefits Administration by 10/27/23 — 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"/> Retiree	SELECT A BENEFIT OPTION		SELECT A CARRIER & NETWORK	
<input type="checkbox"/> Change	<input type="checkbox"/> Spouse	<input type="checkbox"/> Premier PPO	<input type="checkbox"/> BCBS Network S	<input type="checkbox"/> retiree only <input type="checkbox"/> spouse ONLY	
<input type="checkbox"/> Cancel	<input type="checkbox"/> Child	<input type="checkbox"/> Standard PPO	<input type="checkbox"/> BCBS Network P*	<input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> child(ren) ONLY	
		<input type="checkbox"/> CDHP/HSA or Local CDHP/HSA	<input type="checkbox"/> Cigna LocalPlus	<input type="checkbox"/> retiree + spouse <input type="checkbox"/> spouse + child(ren) ONLY	
		<input type="checkbox"/> Limited PPO (local education and local government only)	<input type="checkbox"/> Cigna Open Access* *higher premium applies	<input type="checkbox"/> retiree + spouse + child(ren)	

PART 3: DENTAL COVERAGE SELECTION			PART 4: VISION COVERAGE SELECTION (must be on health coverage)		
<input type="checkbox"/> Add	<input type="checkbox"/> Retiree	SELECT PLAN	<input type="checkbox"/> Add	<input type="checkbox"/> Retiree	SELECT PLAN
<input type="checkbox"/> Change	<input type="checkbox"/> Spouse	<input type="checkbox"/> Delta Dental DPPO	<input type="checkbox"/> Change	<input type="checkbox"/> Spouse	<input type="checkbox"/> Basic
<input type="checkbox"/> Cancel	<input type="checkbox"/> Child	<input type="checkbox"/> Cigna DHMO (Prepaid Provider)	<input type="checkbox"/> Cancel	<input type="checkbox"/> Child	<input type="checkbox"/> Expanded
SELECT A PREMIUM LEVEL			SELECT A PREMIUM LEVEL		
<input type="checkbox"/> retiree only	<input type="checkbox"/> retiree + spouse		<input type="checkbox"/> retiree only	<input type="checkbox"/> retiree + spouse + child(ren)	
<input type="checkbox"/> retiree + child(ren)	<input type="checkbox"/> retiree + spouse + child(ren)		<input type="checkbox"/> retiree + child(ren)	<input type="checkbox"/> spouse ONLY	
			<input type="checkbox"/> retiree + spouse	<input type="checkbox"/> child(ren) ONLY	
				<input type="checkbox"/> spouse + child(ren) ONLY	

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.
 A separate sheet with more dependents is attached

PART 6: RETIREE AUTHORIZATION		
<p>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.</p>		
RETIREE SIGNATURE	DATE	HOME PHONE



STATE OF TENNESSEE
 BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION

WILLIAM R. SNODGRASS TN TOWER
 312 ROSA L. PARKS AVENUE, 19TH FLOOR
 NASHVILLE, TN 37243-1102



IT'S ANNUAL ENROLLMENT TIME!
 Sunday, Oct. 1 – Friday, Oct. 27
**Music has many options.
 So do your benefits.
 Choose what works for you.**

Tennessee Department of Finance and Administration.
 Authorization Number 317593, 12,000 copies, July 2023. This
 public document was promulgated at a cost of \$0.82 per copy.

