



STATE AND HIGHER EDUCATION

**New Employee Orientation
Enrollment and Insurance Benefits
Jan. 1 – Dec. 31, 2019**



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 your new hire period.**
- Be aware of all the options available to you and make informed decisions.
- Submit questions to your **Agency Benefits Coordinator (ABC)**.



About the Plan

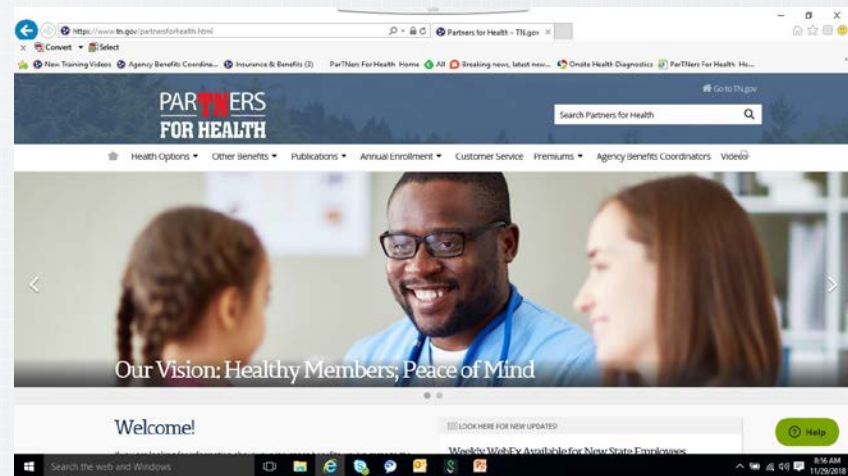
Benefits Administration, within the Department of Finance and Administration, manages the State Group Insurance Program.

- The plan is self-insured. All claims are paid through the combined premiums of our members and any contributions that employers make toward monthly premiums.
- The State Plan includes employees of state government and higher education.
- We also have a Local Education Plan available to local K-12 school systems, and a Local Government Plan for agencies that choose to participate.
- Our program works with more than 500 agencies and provides benefits to 300,000 employees, retirees and dependents of Tennessee's public institutions.
- The state pays about 80% of the medical insurance premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.

Resources - Website

To help you learn about what benefits are offered and help you make your decisions, the **ParTners for Health website** is a great resource and includes all of the documents, publications, forms and contact information.

Go to tn.gov/partnersforhealth -



Specific resources:

- Links to educational **videos** on the homepage. These videos can help you learn about your benefits and what everything means.
- Premium charts on the **Premiums page**.
- A health plan **benefits comparison grid** is on the **Health page**.
- You can also find definitions, insurance terms and frequently asked questions (FAQs).

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

Resource Materials


For more detailed information, refer to the **Eligibility and Enrollment Guide (below)** found online under Publications.

**PARTNERS
FOR HEALTH**

Your 2019
Eligibility & Enrollment
Guide

State and Higher Education Employees

Tennessee State Group Insurance Program



STATE OF TENNESSEE GROUP INSURANCE PROGRAM
EMPLOYEE INSURANCE CHECKLIST — STATE PLAN
 State of Tennessee • Department of Finance and Administration • Benefits Administration
 312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 615.741.3590 or 800.253.9981

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

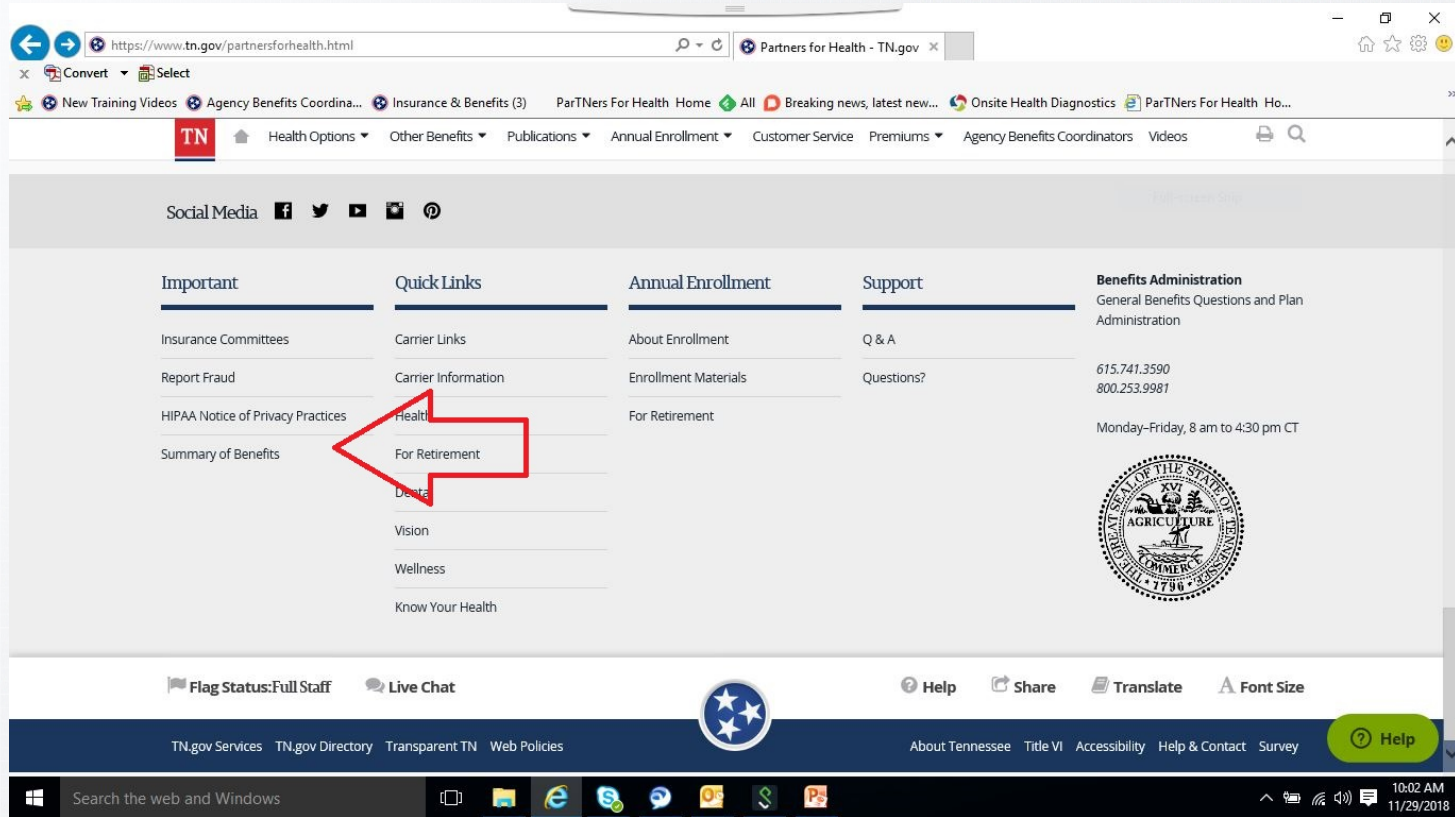
EMPLOYEE INFORMATION		
NAME	EDISON ID	AGENCY
ELIGIBILITY AND ENROLLMENT		
<input type="checkbox"/> Explain the eligibility criteria for employees and dependents. <input type="checkbox"/> Enrollment must be completed within 31 days of your eligibility date. If completing a paper form, it must be returned to the human resource office, with applicable dependent verification documents, by _____ to allow us time to submit to Benefits Administration within the 31 day requirement. If electronic enrollment is available through Edison ESS, you must enter your enrollment request with dependent verification by _____. A paper form is not necessary if using ESS. <input type="checkbox"/> Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage during the year by approval through one of the special enrollment provisions. 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. <input type="checkbox"/> Explain the changes which can be made during the fall annual enrollment period. <ul style="list-style-type: none"> • Employees/dependents are allowed to enroll in, cancel or transfer between health options and carriers • Employees/dependents are allowed to enroll in, cancel or transfer between dental and vision options • Employees are allowed to apply for short term and/or long term disability • Employees/dependents are allowed to enroll in voluntary accidental death insurance and apply for voluntary term life • Employees are allowed to start a flexible spending account (FSA) Effective dates for any changes will be the following January 1		
INSURANCE PRODUCTS		
Health Options		Other
<input type="checkbox"/> Premier PPO	<input type="checkbox"/> Standard PPO	<input type="checkbox"/> Dental — Prepaid and Preferred Provider
<input type="checkbox"/> CDHP/HSA		<input type="checkbox"/> Vision — Basic and Expanded Plans
		<input type="checkbox"/> Flexible Benefits
Life Options		<input type="checkbox"/> Short Term Disability (State and Higher Education)
<input type="checkbox"/> Basic Term Life and Accidental Death and Dismemberment	<input type="checkbox"/> Voluntary Term Life	<input type="checkbox"/> Long Term Disability (State Only)
<input type="checkbox"/> Voluntary Term Life	<input type="checkbox"/> Voluntary Accidental Death and Dismemberment	
MATERIALS TO BE PROVIDED		
<input type="checkbox"/> Provide Edison login, password and employee self service (ESS) instructions. <input type="checkbox"/> If the Edison password is not set up timely to complete ESS, provide an enrollment application to process insurance elections. Also provide basic life beneficiary designation application and voluntary AD&D insurance application. The beneficiary designations, life insurance forms and enrollment application must be signed and placed in the employee's insurance/personnel file even if refusing coverage. <input type="checkbox"/> Provide the web address for voluntary term life vendor, or a paper enrollment form. <input type="checkbox"/> Provide the web address to locate the summaries of benefits and coverage or printed copies if requested. <input type="checkbox"/> Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare. <input type="checkbox"/> Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice. <input type="checkbox"/> Explain the marketplace letter and applicable provider materials and provide the web address or printed copies if requested. <input type="checkbox"/> Explain monthly premiums, including employee deduction and employer contribution. <input type="checkbox"/> Explain the benefits available through the Employee Assistance Program (EAP) and provide the web address or a paper copy of the brochure. <input type="checkbox"/> Explain flexible medical, limited purpose, dependent care, transportation and parking reimbursement accounts and provide enrollment form. <input type="checkbox"/> Explain the deferred compensation choices and provide enrollment form or the web address to enroll.		
EMPLOYEE SIGNATURE _____		AGENCY BENEFITS COORDINATOR SIGNATURE _____
DATE _____		DATE _____

FA-0980 (rev 11/17) RCA SW20

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



Resource Materials



The Summary of Benefits and Coverage (SBC) describes your health coverage options. You can find a link to print copies at the bottom of the ParTNers for Health website, or ask your ABC for a copy.



Need Some Help?

You can also talk directly with someone at Benefits Administration or ask a question by clicking links on the website.

- Contact **Benefits Administration** (BA) for **eligibility and enrollment** questions at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.
- In Zendesk – click the “**Questions**” button on the website or go to the link below to search the help desk, find articles or submit a question at <https://benefitssupport.tn.gov/hc/en-us>.
- Click the green **HELP** button on the website to live-chat with a BA service center representative during business hours.



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, children for whom the plan has qualified medical child support orders)
 - 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.
 - All other individuals cited in state statute, approved as an exception by the State Insurance Committee or defined as a full-time employee for health insurance purposes by federal law
 - 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
 - Employees **cannot** be enrolled as both the head of contract and dependent within the State Plan. See the Eligibility and Enrollment Guide for details.



When Can You Add Coverage?

There are three times you may add coverage:

- As a new employee – **you have 31 days after your hire date to enroll in coverage**
- Annual Enrollment in the fall
- 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
 - An Enrollment Change Application on the website **Forms page** lists all of the qualifying events on page three.



About Annual Enrollment

Annual Enrollment occurs during the fall. Benefit information will be mailed to you about changes and what is offered for the following year.

- The enrollment period is when you can enroll or make changes for you and your eligible dependents.
- You'll be able to make changes to your existing coverage, change your plan, carrier provider network (doctors and facilities), and cancel or transfer between plans.
- Most changes will be effective on Jan. 1 of the following year. Voluntary term life insurance and disability insurance could start Jan. 1, Feb. 1 or March 1 – this is due to the review of medical history by the insurance carriers to determine if you are eligible.
- Changes are in effect for a full plan year Jan. 1 – Dec. 31 (but you can cancel voluntary term life insurance and disability at anytime).



Canceling Coverage

Outside of Annual Enrollment, you can only cancel coverage (other than disability and voluntary term life insurance) for yourself and/or your covered dependents, if:

- You lose eligibility for the State Group Insurance Program (e.g., changing from full-time to part-time)
- You experience a special qualifying event, family status change or other special qualifying event as approved by Benefits Administration.
 - (Examples include becoming newly eligible for other coverage under another plan due to an event like marriage, divorce, birth or adoption of a child; entitlement to Medicare, Medicaid or TRICARE)
- See the Eligibility and Enrollment Guide for details.



Choosing Your Premium Level

- Four premium levels (tiers) available:
 - Employee Only
 - Employee + Child(ren)
 - Employee + Spouse
 - Employee + Spouse + Child(ren)
- If you're enrolling as a family, everyone must be enrolled in the same health, dental and vision options.
- If you are married to an employee who is also a member of the state, local education or local government plan, you can each enroll in Emp Only coverage if you are not covering dependent children. If you have children, one of you can choose Emp Only, and the other can choose Emp + Children. Then you can choose your own benefit option and carrier.
- If you and your spouse are both state or higher education employees:
 - Consider employee only coverage or employee + child(ren) to receive the maximum basic term life insurance benefit.
 - NOTE: An individual may only be covered under one state policy



Benefits: We've Got You Covered!

Here are your health plan options – with all plans you won't pay anything for in-network preventive care.

- **Premier PPO:** Higher premiums – but lower out-of-pocket costs for deductibles, copays and coinsurance
- **Standard PPO:** Lower premiums than the Premier PPO – but you'll pay more out-of-pocket for deductibles, copays and coinsurance
- **CDHP/HSA:** Lowest premiums – but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays



Benefits: We've Got You Covered!

More info about the CDHP/HSA:

- The CDHP has a **health savings account or HSA**. The HSA can help you **save** for your healthcare expenses during the year and in the future – and it offers tax benefits.
- The state will put **\$250** (emp. only) or **\$500** (all other tiers) into your HSA. This money applies to your maximum contribution.
 - State HSA contribution is not available for coverage starting Sept. 2, 2019, through the end of 2019.
- Take the savings from your **lower premium** and put them in your HSA to cover your deductible!
- Your HSA rolls over – you won't lose the funds at the end of the year!
- **2019 HSA IRS maximum – this is the most you can put in the HSA:**
 - \$3,500 for emp. only
 - \$7,000 for all other tiers
 - Members 55 or older can contribute \$1,000 or more each year



Important HSA Information

- **State employees:** Those enrolled in the CDHP/HSA must update their HSA contribution amounts each year in Edison.
- **Higher education employees:** Those currently enrolled in the CDHP do not have to, but can, update their HSA contribution amounts each year. To make a change, contact your agency benefits coordinator (ABC).



CDHP/HSA and FSA restrictions

There are restrictions with a CDHP/HSA:

- You cannot enroll in a CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, Social Security benefits), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.
- Generally, members eligible to receive free care at any VA facility cannot enroll in the CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months.
- However, members may be eligible if the following applies:
 - Member did not receive any care from a VA facility for three months, or
 - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
- Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

You cannot have a HSA if either you or your spouse are enrolled in a medical flexible spending account (FSA) or HRA at either employer. You can have a limited purpose FSA (L-FSA) for dental and vision expenses.



Carrier Networks

Choose a network of providers (doctors, hospitals, facilities) for your medical care:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP):** This is a large network. You have a choice of more doctors and facilities, but you will pay more each month.
 - Monthly surcharge is included in the premium:
 - \$40 more for employee only and employee+child(ren) coverage
 - \$80 more for employee+spouse and employee+spouse+child(ren) coverage
- **To find out if your doctor and hospital are in a network, go to tn.gov/partnersforhealth and click on Health Options and Carrier Information.**

Your carrier network's (BlueCross BlueShield or Cigna) website has tools and resources to help you find out how much a procedure or test could cost.

tn.gov/partnersforhealth

PARTNERS
FOR HEALTH

Pharmacy Benefits

All of our health plans include comprehensive prescription drug benefits. The health plan you choose will determine your out-of-pocket prescription costs.

*These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.

** Specialty Network Pharmacy: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	CDHP/HSA
30-DAY SUPPLY			
Generic	\$7	\$14	20% coinsurance after deductible is met
Brand	\$40	\$50	
Non-preferred brand	\$90	\$100	
90-DAY SUPPLY (Retail-90 network pharmacy or mail order)			
Generic	\$14	\$28	20% coinsurance after deductible is met
Brand	\$80	\$100	
Non-preferred brand	\$180	\$200	
90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)			
Generic	\$7	\$14	10% coinsurance without having to meet deductible
Brand	\$40	\$50	
Non-preferred brand	\$160	\$180	
SPECIALITY PHARMACY**			
Coinurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	20% after deductible





Pharmacy Benefits

Find more information about pharmacy benefits, vaccines and available discounts at tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.

- **Go to the website to learn more about these pharmacy benefits:**

Maintenance drugs	Weight management drugs
Certain low dose statins	Diabetic supplies
Copay installment program	Flu and pneumonia vaccines
Tobacco cessation products	Some no cost medications to treat dependency
Coordinate refills for maintenance medications – so multiple medications are day. For PPO members – medications being “synced” will have pro-rated	



Telehealth – 24/7 care

All health plan members have access to state-sponsored Telehealth programs through BCBST and Cigna.

- You can talk to a medical doctor for a non-emergency visit by phone or computer from anywhere, at any time at a lower cost than a typical office visit.
- For non-emergency medical issues such as cold & flu, infections, allergies, asthma, fever, pink eye, etc.
- When your regular doctor is unavailable or you can't leave home or work.
- You must pre-register with your carrier, BCBST or Cigna.
- Find more information at tn.gov/partnersforhealth under **Health Options and Telehealth**.

Cost:

- **PPO Members:** Copay is \$15
- **CDHP Members:** You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies



Behavioral Health & Substance Use Services – managed by Optum

All health plan members and enrolled dependents have access to the same behavioral health and substance use disorder services.

Optum can help:

- Find a provider (in person or virtual visits – let's you see a provider by private, secure video conferencing)
 - Explain your benefits
 - Identify the best treatment options
 - Schedule an appointment
 - Answer questions
-
- Find more information at tn.gov/partnersforhealth under **Health Options** and **Behavioral Health**.
 - To access all programs and services, including help finding a provider, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com



Employee Assistance Program (EAP) – managed by Optum

EAP services are available to all benefits-eligible state and higher education employees and their eligible dependents – even if they are not enrolled in a health plan.

- Members get five EAP counseling visits, per problem, per year at no cost.
- A telephonic coaching program called Take Charge at Work helps members dealing with stress and depression feel productive again. It's available at no additional cost for those who qualify.
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **EAP**.
- To access all programs and services, including how to find a provider, contact Optum at 855.HERE4TN (855.437.3486), 24/7, or Here4TN.com



Voluntary Wellness Program

A voluntary wellness program will be available for active state and higher education employees and spouses. The wellness vendor, Active Health, will email information about programs.

- Regardless of the health plan you choose, you can participate in the program
- **You and your spouse can each earn up to \$250* a year** by completing certain wellness activities – up to \$500* per employee and spouse annually!
- More information about programs and activities will be available at tn.gov/partnersforhealth on the **Wellness** page.
- The **Diabetes Prevention Program (DPP)** is also offered in 2019. Go to tn.gov/partnersforhealth for details under **Other Benefits, Wellness** on the **DPP** webpage.

**Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck. The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in the member's paycheck.



Premiums for 2019: State and Higher Education

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	CDHP/HSA*
Employee Only	\$136	\$92	\$60
Employee +	\$204	\$139	\$89
Employee + Spouse	\$284	\$195	\$125
Employee + Spouse Child(ren)	\$352	\$241	\$154

• Premiums shown are for the employee share for **active employees**. Complete premium charts are found at tn.gov/partnersforhealth. Click on **Premiums** in the top navigation.

• Premiums are for the BCBS Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the larger Cigna OAP network – which would add \$40 to \$80 more EACH MONTH depending on your tier.

*The state will put **\$250** (emp. only) or **\$500** (other tiers) into your HSA annually. Not available for coverage starting Sept. 2, 2019, through the end of 2019.

2019 Deductibles and Out-of-Pocket Maximums

	Premier PPO	Standard PPO	CDHP/HSA
	In-Network	In-Network	In-Network
Deductibles			
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
Out-of-Pocket Max			
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



Disability Insurance (employee paid)

Disability benefits are offered to full-time state and higher education employees through MetLife. Disability insurance helps cover your living expenses by insuring your paycheck.

- Premiums are employee paid.
- **Short-term Disability (STD):** Replaces a portion of your income during a disability, which could last up to 26 weeks. Two coverage options are available.
- **Long-term Disability (LTD) – state employees only:** Replaces a portion of your income during a disability that is expected to last longer than 90-180 days. Four options are available.
 - Higher education employees can contact your ABC about LTD available.
- Find more information, including how to calculate your rates, at tn.gov/partnersforhealth under **Other Benefits and Disability**.
- Monthly premium rates are also in Employees Self Service (ESS) in Edison when you enroll.



Dental Benefits (employee paid)

Two different dental plans are offered to state and higher education employees.

- **MetLife DPPPO:** Use any dentist, but you'll save money when staying in-network.
 - Provides services with coinsurance paid by the member.
- **Cigna DHMO prepaid plan:** Required to use a Network Dentist. Select your Network General Dentist and notify Cigna.
 - Provides services at fixed copay amounts paid by the member.
- Find more information, including dental coverage grids under **Other Benefits** and **Dental**.



Dental Benefits (employee paid)

Monthly Premiums for Active Members

Tiers	Cigna Prepaid (DHMO)	DPPO - MetLife
Employee Only	\$13.44	\$23.64
Employee + Child(ren)	\$27.91	\$54.36
Employee + Spouse	\$23.83	\$44.72
Employee + Spouse +	\$32.76	\$87.50



Vision Benefits (employee paid)

Vision benefits are offered through Davis Vision. Members pay the premium. Choose from two options:

- **Basic Plan:** Offers discounted network rates and allowances for services.
- **Expanded Plan:** Provides services with a combination of copays, greater allowances and discounted rates.
 - Members receive the maximum benefit when visiting a provider in Davis Vision's network.
- Vision plan members get:
 - Routine eye exam every calendar year
 - Frames once every two (2) calendar years
 - Choice of eyeglass lenses or contact lenses once every calendar year
 - Additional values offered by Davis Vision. Learn more at davisvision.com/stateofTN
- Find more information at tn.gov/partnersforhealth under **Other Benefits and Vision**.



Vision Benefits (employee paid)

2019 premium rates:

Tiers	Basic	Expanded
Employee Only	\$3.07	\$5.56
Employee + Child(ren)	\$6.13	\$11.12
Employee + Spouse	\$5.82	\$10.57
Employee + Spouse + Child(ren)	\$9.01	\$16.35



Flexible Spending Accounts (FSA) (state and higher education only)


Flexible spending accounts (FSA) - for those who expect to spend on healthcare or dependent care. FSAs can help reduce your taxable income and save you money.

- Insurance-eligible state and higher education employees can enroll in FSAs. Part-time employees may not enroll in these benefits.
- **FSAs available and 2019 contribution amounts:**
 - **Medical FSA:** For medical, dental and vision expenses. Annual limit - \$2,650. Carryover limit - \$500.
 - **Limited Purpose FSA (L-FSA):** For dental and vision expenses only. Annual limit - \$2,650. Carryover limit - \$500.
 - **Dependent Care FSA (DC-FSA):** Annual limit - \$5,000 (up to \$2,500 per spouse for married couples filing jointly). No carryover amount allowed.
- **Important:** You cannot enroll in both a medical FSA and a L-FSA in the same year. The L-FSA is a great option for CDHP/HSA enrollees because it provides a way to save tax-free on eligible dental and vision expenses.
- Medical FSA and L-FSA members get a debit card to use their funds at the pharmacy or provider's office (not applicable for DC-FSA).



Flexible Spending Accounts (FSA) (state and higher education only)

- Transportation/parking FSA (**state employees only**) is managed by Benefits Administration.
- For all FSAs/HSA – you can find a grid showing details about contributions, tax benefits and how to use your funds at tn.gov/partnersforhealth under **Publications**.
- **Enrollment:**
 - **State employees** enroll in Edison. For transportation/parking, you can enroll and make changes at any time - to make changes outside of your new hire enrollment, submit a paper form.
 - **Higher education employees** enroll on the PayFlex website.
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Flexible Benefits**.



Life Insurance (state and higher education only)

Life insurance provides financial support for your family.

- All life insurance coverage is provided through Securian Financial (MN Life).
- Find more information at tn.gov/partnersforhealth under **Other Benefits** and **Life Insurance**.
- The next few slides have information on the different types of life insurance available.




Basic Term Life/AD&D (state and higher education only)

The state automatically provides basic term life insurance (\$20,000) and accidental death and dismemberment (AD&D) insurance (\$40,000) to all **benefits eligible employees**.

If you enroll in health insurance as the head of contract, coverage automatically increases with your salary – to a maximum of \$50,000 for basic term life insurance and \$100,000 for accidental death insurance. **You pay for this additional coverage.**

- Premiums are found on the **Premiums** webpage.
- **Basic term life insurance has four coverage levels:** employee only, employee + spouse, employee + child(ren), or employee + spouse + child(ren).

It's important to keep your life insurance beneficiaries up to date. For basic term life/AD&D insurance, make changes online in ESS in Edison.




Voluntary AD&D (state and higher education only)

If you would like additional accident protection, you may enroll in voluntary accidental death and dismemberment (AD&D) insurance for yourself and your dependents.

- Coverage is available at low group rates – no questions asked.
 - Premiums and coverage level vary by salary.
 - The maximum benefit for employees is \$60,000.
 - You must enroll using ESS in Edison.
-
- Premium rates are found on the **Premium** webpage.

Important information about your beneficiaries: Keep your life insurance beneficiaries up to date. For voluntary AD&D insurance, you can make changes online in ESS in Edison.



Voluntary Term Life Insurance (state and higher education only)

If you qualify, you can purchase additional voluntary term life insurance coverage for yourself, your spouse and children. You will need to apply within 31 days of your hire date – you do not enroll in ESS in Edison.

- You can apply for up to seven times your annual base salary (to a maximum of \$500,000) for yourself and up to a maximum of \$30,000 for your spouse (\$15,000 for ages 55 and older).
- You can also apply for coverage for your children equal to \$5,000 or \$10,000.
- To apply, go to lifebenefits.com/stateoftn, fill out the Evidence of Insurability form and fax to Securian Financial (Minnesota Life).
- **Note:** Voluntary term life insurance coverage may start on the first of a month depending upon review and approval of health related questions.
- Premium rates are found on the **Premium** webpage.



Enrolling in Benefits

You must enroll using Edison Employee Self Service (ESS) for health, dental, vision, disability and voluntary AD&D insurance.

- **Enrollment must be completed within 31 days of your hire date**
- If you want to cover your spouse or children, you will also need to provide proof of their relationship to you.
 - Examples of dependent verification can include a marriage license and Federal Income Tax Return for a spouse or a birth certificate for a child.
 - A complete list of required documentation for dependent verification can be found on the website under **Publications on the Forms page and Health.**
- **Note:** Voluntary term life enrollment is available through the Securian Financial website or through a paper enrollment form.



Using ESS in Edison

Here is how you can enroll online in **Employee Self Service (ESS)**.

- You will receive ESS - 1st time login instructions from your ABC or HR office.

Login/Passwords

The instructions for **1st Time Login/Password Reset** are also found on the Edison homepage, edison.tn.gov . There is also a video for first-time users.

- State employees call the Edison help desk at 866.376.0104 for assistance.
- Higher education employees call the Benefits Administration service center at 800.253.9981 for assistance.



Using ESS in Edison

Go to www.edison.tn.gov

- Navigate to the left hand side of the main page and select **Self Service**.
- You will then click on **Employee Work Center** and will see an option for **Benefits Enrollment** under **My Benefits**. You will then click on the **Select** button to start enrollment.
- Follow the prompts to make your selections and the system will take you through the rest of the process.
- If you are covering dependents, you can submit your dependent verification by uploading copies of the appropriate documentation in Edison.
- Or, if you do not have electronic copies, you may also fax the required documentation to the Benefits Administration service center at 615-741-8196.
- **Dependent verification documents must be submitted within your 31 day enrollment time frame or your dependents will not be enrolled.**

Note: When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may not be able to enroll if you use another browser, a mobile device or a tablet.



Important Information!

- You must use ESS in Edison.
- You have 31 days from your hire date to enroll.
- Dependent verification documents are due by your 31 day deadline.
- **Life Insurance:** Use the Securian Financial (MN Life) website to enroll in voluntary term life insurance at lifebenefits.com/stateoftn
- **Coverage will begin:**
 - For health, dental, vision , disability and basic term life/ voluntary AD&D, coverage will begin on the first day of the month after one full calendar month of employment from your hire date.
 - Example: Hired on Sept. 15 – coverage will begin Nov. 1
 - Voluntary term life insurance begins after three full calendar months from employee/eligibility.
- 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 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.



ID and Debit Card Information

- Employees new to coverage will receive new ID cards within three weeks of the date your application is processed.
- Health coverage:
 - **BlueCross BlueShield**, you will receive up to two ID cards automatically. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
 - **Cigna**, you will receive separate ID cards for each insured family member with the participant's name printed on each. Cigna will send up to four ID cards in each envelope and additional ID cards in a separate envelope.
- In addition to your health insurance ID cards, you will also automatically receive separate pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- If you enroll in dental or vision coverage, you will typically receive your ID cards within three weeks. For vision coverage, you will receive an ID card, but you don't need one to access services.
- CDHP/HSA, medical FSA and limited purpose FSA (L-FSA) members will receive a debit card from PayFlex.
- Members can always request additional cards by contacting their carrier or vendor(s). Contact information is found on the **Customer Service page** on the website.



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/partnersforhealth and go to the Publications page and click on Forms – the form is found under Miscellaneous.



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

Go to the Department of Human Resources website for more information.



Hybrid Pension Plan (state only)

New hires with the State will be enrolled in the Hybrid Pension Plan

- Employees originally hired prior to 7/1/14 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



Retiree Insurance

- Retiree health insurance coverage (pre-65 retirees) is not available to employees whose employment first began on or after July 1, 2015.
- The Tennessee Plan (Supplemental Medical Insurance for retirees with Medicare) 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.



Again – We can Help!

Contact **Benefits Administration (BA)** at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.

- Click the Zendesk “**Questions**” button on the website or you can click the link below to search the help desk, find articles or submit a question at:
<https://benefitssupport.tn.gov/hc/en-us>.
- Live-chat with a BA service center representative by clicking the **green Help!** button on the website.

Contact the vendor’s customer service center or visit their website. Contact information is found at tn.gov/partnersforhealth under **Customer Service**.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

Find definitions, insurance terms and frequently asked questions (FAQ) at tn.gov/partnersforhealth

Publications and forms, brochures, handbooks, plan documents, summaries of benefits and coverage (SBC) and sample life insurance certificates are available on tn.gov/partnersforhealth



PARTNERS
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QUESTIONS?

www.tn.gov/partnersforhealth