

January 5, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

2018 Monthly ABC Conference Calls Start Next Week!

ABC monthly conference calls will be next Tuesday, January 9!

The **attached** agenda includes the webinar link.

Higher Ed – Tuesday, Jan. 9 at 8:30 a.m. Central time

Local Ed – Tuesday, Jan. 9 at 10 a.m. Central time

Central State – Tuesday, Jan. 9 at 12:30 p.m. Central time

Local Government – Tuesday, Jan. 9 at 2 p.m. Central time

We have **attached** a letter about the wellness program that will be referenced during the call.

PPACA Reporting Deadline Update (Local Ed, Local Gov, Higher Ed)

The IRS issued [Notice 2018-06](#), which extends an upcoming ACA employer reporting deadline. This notice ***extends the due date for furnishing Forms 1095-C (or 1095-B, if applicable) to employees to March 2, 2018*** (previously January 31, 2018). This extension is automatic; employers do not need to file a request with the IRS. Previous procedures for requesting a filing extension will not apply to this extended due date.

This Notice also provides the following guidance:

- The ***due date for filing Forms 1095-C (or 1095-B, if applicable) electronically with the IRS remains April 2, 2018*** (February 28, 2018 if filing on paper).
- If employers do not file on time, they should nevertheless file as soon as possible because the IRS will take these efforts into account when determining penalties, if applicable.
- Employees can rely on information from their employers other than Forms 1095-C when completing their individual 2017 tax returns, including regarding eligibility for premium tax credits or having minimum essential coverage. Employees do not have to send this information to the IRS with their individual tax filings.
- The IRS is extending ***penalty relief for employers who make good faith efforts to comply for 2017.***

PPACA Reporting Update (State)

The IRS issued [Notice 2018-06](#), which extends an upcoming ACA employer reporting deadline. This notice ***extends the due date for furnishing Form 1095-C to employees to March 2, 2018*** (previously January 31, 2018). All employees should now receive their 1095-C in the mail by March 2, 2018. They will receive it sooner if they have elected to receive an electronic communication in Edison. We will be sending out an email to all state employees reminding them of this opportunity to receive their form electronically. As a reminder, employees **do not** have to send this form to the IRS with their individual tax filings.

Plan Premium Reminder

We have received a few inquiries from members confused about their 2018 premiums. They are wondering if they were defaulted from the 2017 Partnership PPO to a different plan. As a reminder, the Partnership Promise no longer exists in 2018. Members who were enrolled in the Partnership PPO in 2017 and made no changes during annual enrollment were moved to the Premier PPO, and premiums are different.

If members have questions, you can share the information below

If you were enrolled in the Partnership PPO in 2017 and made no changes during annual enrollment, you were automatically moved to the Premier PPO for your 2018 coverage. The premiums are different for the Premier PPO. The same would apply if you were in the Wellness HealthSavings CDHP in 2017 and made no changes; you were automatically moved to the CDHP/HSA. As a reminder, the Partnership Promise no longer exists in 2018.

You can find the 2018 premium information at www.partnersforhealthtn.gov under the **Premiums** drop down, on the [Premium Levels page](#).

Pharmacy Benefit Information

Over the holidays, your employees may have received a welcome kit and/or pharmacy ID card from CVS/Caremark, our pharmacy benefits manager. On the backside of the welcome kit, it named the plan your employee is enrolled in for 2018 (example: Premier PPO) and below that it lists the 30-day and 90-day copayments for generic drugs, preferred brand name drugs, and non-preferred brand name drugs. After the copayment, it says “after deductible.”

Please note and share with your employees that no deductible applies to the prescription drug benefits for the Premier PPO or Standard PPO. The Limited PPO has a \$100 per person pharmacy deductible before the insurance plan begins paying benefits, and the CDHP/HSA and Local CDHP/HSAs have various deductibles that apply before pharmacy coinsurance starts; these deductibles vary depending on your level of coverage (e.g., employee only, employee plus spouse, etc.)

The benefits themselves are correctly set up and being administered, but we wanted to clarify this language a bit more in case your employees have questions.

Attachment: Healthways Notification Letter



PARTNERS FOR HEALTH

701 Cool Springs Blvd • Franklin, TN 37067

<<IM Barcode>>
<<Name>>
<<Address1>>
<<Address2>>
<<City State Zip>>

<<sort>>
<<tray>>
<<break>>

January 3, 2018

Dear <<Full Name>>:

The ParTNers for Health wellness program contract with Healthways will end on December 31, 2017. Following the award of the new wellness program contract that would have gone into effect on January 1, 2018, one of the proposers filed a protest. The protest process is still on-going. All parties involved are expediting the process and it is anticipated that a hearing on the issues will be scheduled in February.

What this means for members who have been engaged in coaching or wellness program activities is that we will not have a wellness program or wellness resources in place until the issue is resolved. After this occurs and the new program has been successfully implemented, you will receive more information about a program start date. You can go to partnersforhealthtn.gov for updates. Just click on the wellness tab, and then the 2018 Wellness Program drop down.

Sincerely,

The ParTNers for Health Wellness Program

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, please call 1.866.576.0029. If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

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



January 12, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the Jan. 9 ABC conference calls are **attached**.

Local Gov: We have **attached** the slides from the ABC conference call for your reference.

Free Flu and Pneumonia Vaccine Reminder

Area hospitals have reported an increase in emergency department visits due to flu, respiratory illness, and other conditions. As a result, they are urging people to consider other treatment options before choosing the emergency room. The **attached** infographic outlining strategies to deal with the flu was created by HealthCare 21 Business Coalition.

As a reminder, each year, health plan members can get **free flu and pneumonia vaccines (if eligible)** through certain pharmacies or at your doctor's office. Even though CDC recommends getting flu shots in October, it is not too late if members didn't get them in the fall of 2017. View the [2017-2018 flu and pneumococcal vaccine coverage](#) information sheet on how to access this free benefit.

CDHP Enrollees and Long-term Care Federal Tax Deduction Limits

****Please share the information below with your members who have HSAs****

Some employees can use HSA funds to pay for long-term care insurance premiums. The age-based limits for which employees may pay a portion (or all, depending on age and premium amount) of their long-term care insurance (LTCi) premiums are shown below. These are the maximum amounts that a person in each age band may pay from their HSA toward their annual long-term care insurance premiums using their HSA funds.

2018 Long Term Care Insurance Federal Tax Deductible Limits (Table 1)

| Taxpayer's Age At End of Tax Year - Deductible Limit | |
|---|---------|
| 40 or less | \$ 420 |
| More than 40 but not more than 50 | \$ 780 |
| More than 50 but not more than 60 | \$1,560 |
| More than 60 but not more than 70 | \$4,160 |
| More than 70 | \$5,200 |

Source: IRS Revenue Procedure: 2017-58

Edison Down for Upgrade

Edison will be unavailable beginning Friday, Jan. 12 at 5 p.m. until Sunday, Jan. 14 at 6 a.m. Central time. This is in support of a technical upgrade (behind the scenes), so there will be no change to how the system functions. There is a News Alert on the Edison portal about this outage.

State Offices and BA Service Center Closed

State offices and the Benefits Administration service center are closed on Monday, Jan. 15 for the Martin Luther King Day holiday.

We hope you have a great weekend!

Attachments: Call Notes

Flu Strategies

LG Presentation

Medicare Eligible Letter State

FLU Season

STRATEGIES

For Businesses and Employers

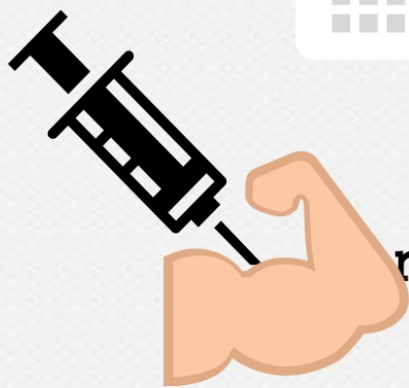


October



The flu generally lasts from October through March, annually.

March



The Centers for Disease Control and Prevention recommends getting your annual flu shot prior to October, when available.

The annual direct costs of flu in the US, such as hospital and doctor's office visits, and medications are an estimated

\$4.6 billion



The flu causes US workers to lose up to **111 million** workdays annually.

This amounts to an estimated **\$7 billion** a year in sick days and lost productivity.



How Employers Can Help



promote vaccination;



encourage sick workers to stay home;



promote hand hygiene and cough etiquette;



keep the workplace clean; and



address travel concerns.



State of Tennessee Group Insurance Program

ABC Conference Calls
Higher Ed, Local Ed and Local Gov
Jan. 9, 2018

Follow us:

www.Facebook.com/ParTNersforHealthTN

www.Twitter.com/ParTNerHealthTN

www.Pinterest.com/ParTNers4Health

Communications

Vendor Calls to Members:

- We received a Zendesk ticket that a member received a call from someone claiming to be a representative from BCBST. The person on the phone asked for the member's mailing information to mail them an ID card. We verified with BCBST and this was not a caller representing BCBST.
 - None of the state's vendors would ever be calling a member to ask for this type of information.
 - If members receive a call such as this, you can tell the members that they should ignore it.
 - Members can call the vendor's customer service department directly to verify the call. The vendor's customer service center number is found on the back of their ID card.

Benefits

Know Your Health

- Campaign's goal is to inform and educate members to help them become more knowledgeable healthcare consumers
- Focuses on these topics: Know Your Hospital, Know Your Options, Know Your Providers, and Know Your Condition
- Plan to launch in Jan. via an emailed newsletter to members who have email addresses in Edison. Goal is to email a newsletter each month
- Jan. newsletter will include hospital flier we have shared and a new video
- Know Your Health information will be posted on the homepage of the ParTNers for Health website

Benefits – Wellness Program

Update on the status of the Wellness Program

Benefits



**PARTNERS
FOR HEALTH**

701 Cool Springs Blvd • Franklin, TN 37067

<<IM Barcode>>
<<Name>>
<<Address1>>
<<Address2>>
<<City State Zip>>

<<mailto:>>
<<mailto:>>
<<mailto:>>

January 3, 2018

Dear <<Full Name>>:

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What this means for members who have been engaged in coaching or wellness program activities is that we will not have a wellness program or wellness resources in place until the issue is resolved. After this occurs and the new program has been successfully implemented, you will receive more information about a program start date. You can go to partnersforhealthtn.gov for updates. Just click on the wellness tab, and then the 2018 Wellness Program drop down.

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رقم: 0029-576-0029. ملحوظة: إذا كنت تتحدث أكثر اللغات، فإن خدمات المساعدة اللغوية تتوفر للبلد مجاناً. اتصل برقم (1) 800-848-0298. مكتب الصوت: 1-800-848-0298.

ParTNers for Health Wellness Program
www.partnersforhealthtn.gov • 1.888.741.3390



Left: Sample letter sent to 2,254 lifestyle or disease management coaching participants

Benefits – Wellness Program

Member inquiries:

- We are starting to see more member inquiries about how to find the Well Being Assessment, the physician screening form and other wellness resources.
- You may be receiving these inquiries as well so we wanted to provide you with some talking points as well as where to direct members for updates:

Benefits – Wellness Program

Member inquiries:

1. This talking point has been approved by legal and is the only comment that should be made about the protest and on-going litigation. Should a member inquire about the wellness program, please use this message: Following the award of the wellness program contract back in July, one of the proposers filed a protest. The protest process is still on-going. What this means for members is that we will not have a wellness program in place until resolution of the litigation. For updates, go to partnersforhealthtn.gov and click on the wellness tab, and then the 2018 Wellness Program drop down.

- We will include this talking point in the notes.** A similar talking point has been distributed to all of our other vendor partners as well as the BA Service Center.

www.partnersforhealthtn.gov

Benefits – Wellness Program

Member inquiries:

2. We have also created a Zendesk article. It can be found in the General Section, ParTNers for Health Wellness Program, then 2018 Wellness Program Update.

3. ParTNers Website – We are also referring members to the ParTNers website for status updates since the litigation is still on-going. Members can click on the quick links tab to be taken to the 2018 wellness program page. Or, they can click on the wellness tab, then the 2018 Wellness Program drop down. They also have the ability to send an email to the ParTNER's mailbox. This link is on the main page under Resources.

Benefits – Wellness Program

Member premiums:

- We are receiving some member questions about the increase in premium for the Premier PPO.
- Some members think they have been defaulted because they did not complete the Partnership Promise.
- We provided you with some email copy in case you are receiving a lot of questions. You can remind them that the Partnership Promise went away along with the premium discount.
- Members who were enrolled in the Partnership PPO were moved to the Premier PPO and the premiums are different.

Operations

ESS Benefits Summary

- Computer navigation: **Self Service > Employee Work Center > My Benefits > Benefits Summary**

Benefits Summary

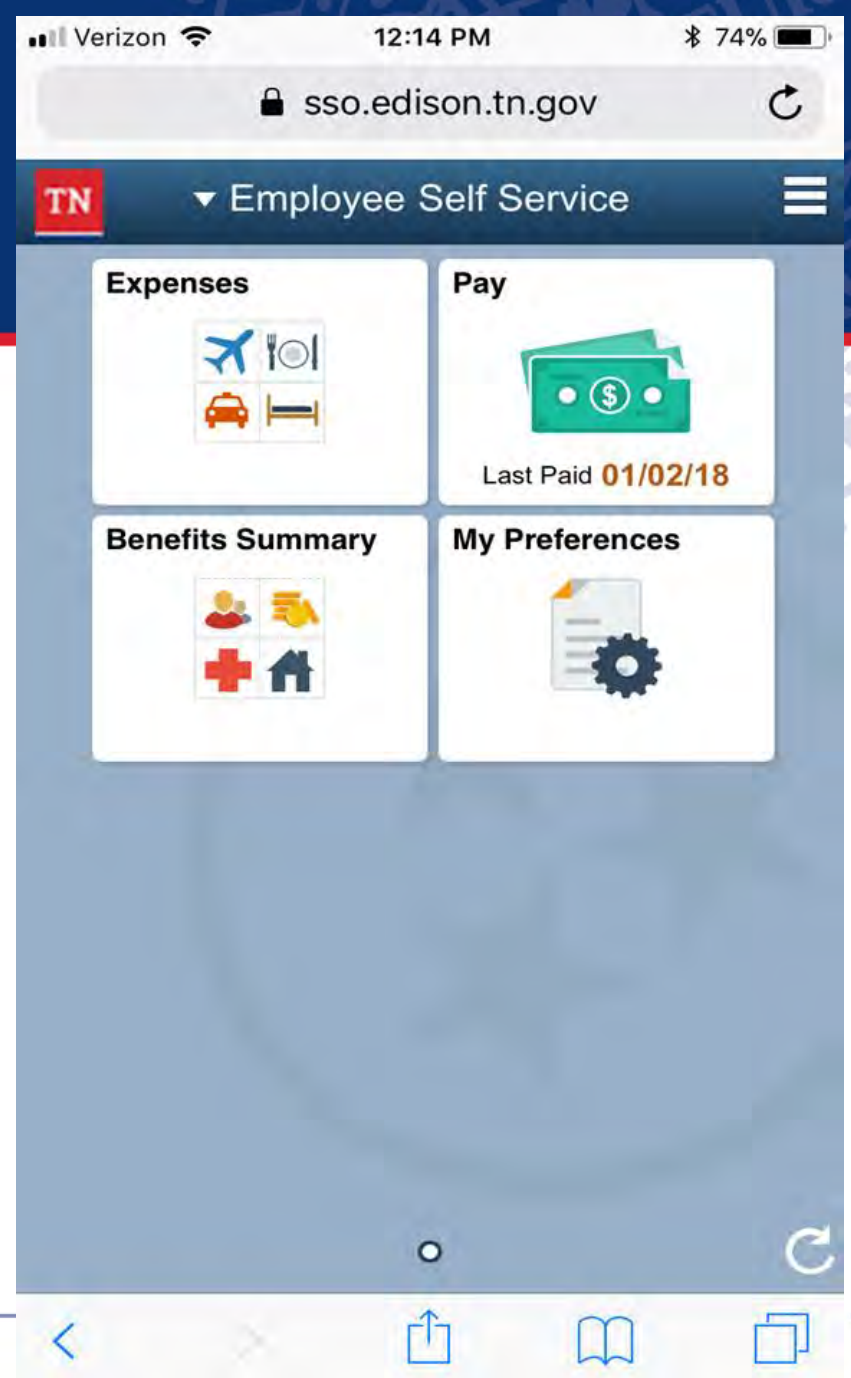
As Of: 01/08/2018

Refresh

| Type of Benefit | Plan Description | Coverage or Participation |
|-----------------------------|-----------------------------|---------------------------|
| Medical | CDHP/HSA BCBS Middle | Employee + Child(ren) |
| Dental | | Waived |
| Vision | | Waived |
| Employee Assistance Program | Employee Assistance Program | Generic Coverage Cod |

Operations

- **Mobile Devices/Tablets**



Operations

- **Benefits Summary tile**

Verizon 12:14 PM 74%

sso.edison.tn.gov

Benefits

Benefits Summary

As Of

01/08/2018

Refresh

| Type of Benefit | Plan Description | Coverage or Participation |
|-----------------------------|-----------------------------|---------------------------|
| Medical | CDHP/HSA BCBS Middle | Employee + Child(ren) > |
| Dental | | Waived |
| Vision | | Waived |
| Employee Assistance Program | Employee Assistance Program | Generic Coverage Cod > |

Operations

Service Center Metrics/Customer Service Rating

December 2017

- o Tickets via Email: 660
- o Tickets via Self-Service: 2,623
- o Tickets via Phone: 6,026
- o Tickets via Chat: 56
- o Total: 9,365

- o Satisfaction Score: 90.5%

December 2016

- o Tickets via Email: 309
- o Tickets via Self-Service: 1,574
- o Tickets via Phone: 5,986

- o Total: 7,869

- o Satisfaction Score: 93.6%

Operations

ABC Document Upload Reminder

- Access to the ABC Document Upload Page is scheduled to be removed January 31st.
- Starting February 1st, documents will be accepted through Zendesk, email, or fax.
- Zendesk is the preferred method.
- Employees will still be able to upload documents through Edison Employee Self-Service.

Operations

Higher Ed/Local Ed/Local Gov

PPACA (Affordable Care Act) Reporting Deadline Update:

- The IRS issued [Notice 2018-06](#), which extends an upcoming ACA employer reporting deadline. This notice ***extends the due date for furnishing Forms 1095-C (or 1095-B, if applicable) to employees to March 2, 2018*** (previously January 31, 2018). This extension is automatic; employers do not need to file a request with the IRS. Previous procedures for requesting a filing extension will not apply to this extended due date.

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Operations

Higher Ed/Local Ed/Local Gov

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- Employees can rely on information from their employers other than Forms 1095-C when completing their individual 2017 tax returns, including regarding eligibility for premium tax credits or having minimum essential coverage. Employees do not have to send this information to the IRS with their individual tax filings.
- The IRS is extending ***penalty relief for employers who make good faith efforts to comply for 2017.***

Operations

Higher Ed/Local Ed/Local Gov

Employer Shared Responsibility Letter:

- The IRS has announced that it will start assessing penalties for the Employer Shared Responsibility Payments. They are assessing these penalties on anyone who received a premium tax credit on the Federal Marketplace Healthcare Exchange that should have been offered coverage through their employer. The letters will start going out soon for the **2015** tax year. We sent a sample of this letter to ABCs with the Friday Dec. 22 ABC email. Please note that once you receive it, you will only have **30 days** to respond to the letter.

Operations

Zendesk Answer Bot Pilot Program

Do any of these articles answer your question?



For general information about the Wellness Program including wellness and fitness discounts and Weight Watchers at Work, visit the Wellness Program page (<http://partnersforhealthtn.gov/wellness.shtml>).

Yes, close my request



If you are looking for information about the 2018 Voluntary Wellness Program, visit our ParTNers for Health website (<http://www.partnersforhealthtn.gov/wellness.shtml>)

Yes, close my request

Operations

Upcoming ABC Training

- **ABC Workshop:**

Uploading Documents in Zendesk

- January 10: 9-10 a.m. & 1-2 p.m. Central time
- January 11: 9-10 a.m. & 1-2 p.m. Central time
- January 16: 9-10 a.m. & 1-2 p.m. Central time
- January 18: 9-10 a.m. & 1-2 p.m. Central time

Operations

Upcoming ABC Training

- **New ABC Training**

- January 24: Local Education: 9-11 a.m. Central Time
- January 24: State/Higher Education: 1-3 p.m. Central Time
- January 25: Local Government: 9-11 a.m. Central Time
- January 25: Session 2 All Entities 1-3 p.m. Central Time

Operations

Upcoming ABC Training

How to Sign Up for Training:

1. Login in To Edison.
2. Navigate to ELM Menu >ELM>Employee Self Service>Learning>Search Catalog>Enter ABC in the “Search the Catalog” field>Click the “Search Activities” button.
3. Locate the training you are interested in.
4. Locate the specific dates you would like to attend the webinar.
5. Click Enroll to the right of the training session you wish to participate in.
6. Click Submit Enrollment in the bottom lower left corner.
7. Once you have enrolled, you will see the following message under your name at the top of the page.

You have successfully enrolled in ABC Training Webinar/Workshop. This change in status will be updated on the All Learning page.

Questions?

Press *6 to un-mute your line
Use the chat function at the bottom left of the screen

www.partnersforhealthtn.gov

Email: Benefits.info@tn.gov



State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 800.253.9981 • www.tn.gov/finance

DATE

NAME
ADDRESS
CITY, ST ZIP

RE: Medicare
Emplid: XXXXXXXX

Dear NAME,

According to our records, you turn 65 in MONTH YEAR. This means you will soon be eligible for Medicare. Here is a general description of Medicare services:

- Part A – (Hospital Insurance) covers hospital, skilled nursing facility, home health and hospice care
- Part B – (Medical Insurance) covers doctors' services, preventive care, durable medical equipment, hospital outpatient services, lab tests, x-rays, mental health care, home health and ambulance services
- Part C – (Medicare Advantage Plans) offered by private companies that contract with Medicare to provide all Part A and Part B benefits
- Part D – (Prescription Drugs) provided through private companies that contract with the government

If you continue to work and are covered by one of the State health insurance plans or are covered by a creditable health plan through your spouse's employer, you may want to consider delaying enrollment in Medicare Part A, Part B and Part D.

Medicare considers the State's health insurance plans as 'creditable'. This means if you delay enrollment until you terminate employment, Medicare will not assess a penalty for late enrollment. When you do enroll in Medicare, you may be asked by Medicare to provide proof you were enrolled in a health insurance plan through your employer.

When you have creditable coverage, delaying the start of your Medicare benefits can save you money. You would not have to pay the additional monthly premium cost for Medicare Part B. You would also save the premium amount for any Part D plan you might select.

If you choose to enroll in Medicare while still covered under the State health insurance plan, your State plan is deemed 'primary'. This means that medical claims will be filed with the State plan first for payment to the provider. Medicare would then be the secondary payer.

Please be aware that if you are enrolled in the State's CDHP plan and you enroll in ANY part of Medicare (Part A, Part B or Part D), you may no longer be eligible to have contributions made to your health savings account (HSA). Go to IRS.gov to learn more.

If you plan to retire or end your employment this year, you will need to make enrollment decisions about Part A, Part B, Part D and a Medicare supplement plan. Benefits Administration and the State Health Insurance Assistance Program (TN SHIP) can help you with the decision-making process. TN SHIP offers free, non-biased Medicare options counseling that can help you understand the often-confusing Medicare insurance choices. Benefits Administration can help you with questions regarding your eligibility to enroll in The Tennessee Plan (our supplemental medical insurance for retirees with Medicare) and other questions you may have about retirement insurance.

To contact Benefits Administration, please call 1-800-253-9981 Monday-Friday, 8-4:30 Central Time.
To contact TN SHIP, please call 1-877-801-0044 Monday-Friday, 8-5 Central Time.

We look forward to helping you.

January 19, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Death Claim Process Documents

Following ABC calls this month, we made minor updates to the **Death Claim Process** documents found on the [ABC webpage](#). The funeral home Q&A document has been updated as well as the process documents by plan type. We will review this process during the February calls. We have also **attached** these documents for your reference.

Updated Plan Documents

The 2018 State/Higher Ed, Local Ed and Local Gov Plan Documents (PD) are now posted to the BA website at:

<https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html>.

- **State and higher ed:** New - The state and higher education plan document is now a two-part, combined document for medical and flex benefits. Part I is specific to comprehensive medical and hospitalization coverage (medical benefits), and Part II is specific to the flexible benefits and parking/transportation expense plan. The two parts are separated in the table of contents.
- **Reminders** - In addition to scrolling and word searching the plan documents, the Table of Contents (TOC) contains hyperlinks. If you hover over any topic in the TOC and click, you will be redirected to the section of the PD specific to that topic.
- Major benefit changes effective 1/1/18 were communicated in the Oct. 3, 2017, ABC call notes, including updates to therapy coverage and bariatric surgery. Here are the highlights:
 - Bariatric Surgery Criteria – bariatric surgery coverage will continue, however, the plan-specific bariatric surgery criterion was eliminated. As is the case with all other surgical procedures, coverage is now subject to either the BCBST or Cigna criteria, depending on a member's chosen carrier.
 - Therapies (speech therapy, physical therapy, and occupational therapy) – coverage for habilitative therapy was added; subject to medical necessity as determined by the claims administrators, members will have coverage for both habilitative and rehabilitative therapies without limit (the 90-day limit was removed); habilitation services help a person keep, learn or improve skills and functioning for daily living, for example, therapy for a child who isn't walking or talking at the expected age; rehabilitation services help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
- **Ongoing** – Appropriate updates based on mandated changes, insurance committee actions, and approved clarifications will be made to the 2018 PDs throughout the plan year as needed, and we will keep you updated as changes occur. Please let us know if you have any questions or concerns about the plan documents.

ABC Document Upload Reminder

The ABC Document Upload Page is scheduled to be taken down at the end of January. Starting February 1, documents will be accepted through Zendesk, email or fax.

Zendesk is the preferred method. Employees will still be able to upload documents through Edison Employee Self-Service.

Please begin using Zendesk to upload documents as soon as possible if you are not already.

Edison Down for Upgrade

Edison will be down for maintenance this Sunday, Jan. 21, from 6 a.m. until 10 p.m. Central time.

Attachments: Death Claim Process Higher Education Agencies
 Death Claim Process Higher Education Agencies
 Death Claim Process Local Gov and Local Ed Agencies
 Funeral Home Q & A

Funeral Home Q & A

Q: I am calling from “Funeral Home” to verify if the deceased, John Doe, had life insurance?

A: Yes, John Doe had life insurance coverage. (“Yes” assumes he was an active working full-time employee at the time of death. If he was not, then please indicate there was no life insurance coverage i.e. retiree or terminate employee.)

Please note: If the employee dies within the first 30 days of the termination of employment OR within one year of leaving service sick and dies of this same illness (i.e. cancer) the claim should be handled as you would an active employee’s death claim.

Q: How much insurance did John Doe have?

A: Due to privacy laws, we are unable to communicate the specifics of the policy; you may contact Minnesota Life at 866-881-0631 for more details.

Q: Do you accept funeral assignments?

A: Yes, our life insurance vendor does accept funeral assignments. Please contact Minnesota Life at 866-881-0631. They can assist you on where to send the completed, signed assignment.

Please note: Sometimes, the funeral home will ask if the amount of life insurance will be enough to cover the funeral assignment (cost of funeral.) Please do not advise the funeral home of this information. Instead, refer the caller to Minnesota Life as stated above.

Death Claim Process Higher Education Agencies

If the decedent is an employee:

An Agency Benefits Coordinator (ABC) has two options in which they can notify Benefits Administration of an employee's death. The ABC may contact our service center by phone or by submitting a Zendesk ticket.

Once our office has been notified of the employee's death, an analyst will advise the ABC that all of the following documentation must be submitted to begin the death claim process:

1. Enrollment Change form - Check death in the upper right corner of Part 1.
2. Notice of Death –ABC should only sign in the “completed by” section. Do not sign under the policy holder's representative/title section; Benefits Administration will complete this section of the form. This form is necessary so that Minnesota Life requires this form to provide proof of the employee's last day of work.
3. Beneficiary Designee – This form is necessary to notify Minnesota Life who the beneficiary of the policy is.
4. Beneficiary Statement – This form designates how the beneficiary wants to be paid, either by check or direct deposit.
5. Death Certificate – This does not have to be an original; our office will accept a copy. If the cause of death was an accident, then an accident report should also be provided.

Once the ABC collects all of the above items, please upload all of these items together via Zendesk or fax the information to Benefits Administration. Upon receipt of all required items, our office will file an electronic e-claim to Minnesota Life for processing.

Minnesota Life will contact the beneficiary to outline the next steps in the process, provide contact information, and answer questions and provide resources that the beneficiary may need. Standard processing time for a death claim is 4 to 6 weeks once the claim has been filed.

The ABC should key the date of death in Job Data and use action “Termination” and reason “X-Benefits Employee Death.” This action will terminate benefits in Edison.

*If the beneficiary is a minor, guardianship paperwork for the minor beneficiary OR documentation of a bank account set up under the Tennessee Uniform Transfer to Minors Act must be sent to Benefits Administration with the other death claim paperwork.

***Voluntary Accidental & Dismemberment* coverage is a product of Minnesota Life. If the employee has this coverage, Benefits Administration will initiate the processing of this claim on behalf of the employee/beneficiary if the death is due to an accident.

****Optional Term Life* is also a product of Minnesota Life. If the employee has this benefit, Benefits Administration will notify Minnesota Life so that the claim for this policy will also be initiated.

If the decedent is a dependent:

An Agency Benefits Coordinator (ABC) has two options in which they can notify Benefits Administration of a dependent's death. The ABC may contact our service center by phone or by submitting a Zendesk ticket.

Once our office has been notified of the employee's death, an analyst will advise the ABC that all of the following documentation must be submitted to begin the death claim process:

1. Enrollment Change form - Check death in the upper right corner of Part 1. The employee does not have to sign this form but the ABC does.
2. Notice of Death – ABC should complete section 3. Do not sign under the policy holder's representative/title section; Benefits Administration will complete this section of the form. This form is necessary so that Minnesota Life requires this form to provide proof of the employee's last day of work.
3. Beneficiary Statement – This form designates how the beneficiary wants to be paid, either by check or direct deposit.
4. Death Certificate – This does not have to be an original; our office will accept a copy. If the cause of death was an accident, then an accident report should also be provided.

Once the ABC collects all of the above items, please upload all of these items together via Zendesk or fax the information to Benefits Administration. Upon receipt of all required items, our office will file an electronic e-claim to Minnesota Life for processing.

Minnesota Life will contact the beneficiary to outline the next steps in the process, provide contact information, and answer questions and provide resources that the beneficiary may need. Standard processing time for a death claim is 4 to 6 weeks once the claim has been filed.

***Voluntary Accidental & Dismemberment* coverage is a product of Minnesota Life. If the employee has this coverage for the dependent, Benefits Administration will initiate the processing of this claim on behalf of the employee if the death is due to an accident.

****Optional Term Life* is also a product of Minnesota Life. If the employee has this coverage for the dependent, Benefits Administration will notify Minnesota Life so that the claim for this policy will also be initiated.

Death Claim Process

Local Government and Local Education Agencies

If the decedent is an employee:

The Agency Benefits Coordinator (ABC) should key the date of death in Job Data and use action “Termination” and reason “X-Benefits Employee Death.” This action will terminate benefits in Edison.

No form or death certificate is required to be submitted to Benefits Administration because our office does not file any type of life insurance claim.

If the decedent is a dependent:

The ABC should complete an Enrollment Change form and a copy of the death certificate to Benefits Administration for termination of coverage for the dependent. The employee does not have to sign this form but the ABC does. Both items should be submitted to our office together via Zendesk or by fax.

Death Claim Process State Agencies

If the decedent is an employee:

An Agency Benefits Coordinator (ABC) has two options in which they can notify Benefits Administration of an employee's death. The ABC may contact our service center by phone or by submitting a Zendesk ticket.

Once our office has been notified of the employee's death, an analyst will advise the ABC that all of the following documentation must be submitted to begin the death claim process:

1. Enrollment Change form - Check death in the upper right corner of Part 1.
2. Notice of Death –ABC should only sign in the “completed by” section. Do not sign under the policy holder's representative/title section; Benefits Administration will complete this section of the form. This form is necessary so that Minnesota Life requires this form to provide proof of the employee's last day of work.
3. Beneficiary Designee – This form is necessary to notify Minnesota Life who the beneficiary of the policy is.
4. Beneficiary Statement – This form designates how the beneficiary wants to be paid, either by check or direct deposit.
5. Death Certificate – This does not have to be an original; our office will accept a copy. If the cause of death was an accident, then an accident report should also be provided.

Once the ABC collects all of the above items, please upload all of these items together via Zendesk or fax the information to Benefits Administration. Upon receipt of all required items, our office will file an electronic e-claim to Minnesota Life for processing.

Minnesota Life will contact the beneficiary to outline the next steps in the process, provide contact information, and answer questions and provide resources that the beneficiary may need. Standard processing time for a death claim is 4 to 6 weeks once the claim has been filed.

*If the beneficiary is a minor, guardianship paperwork for the minor beneficiary OR documentation of a bank account set up under the Tennessee Uniform Transfer to Minors Act must be sent to Benefits Administration with the other death claim paperwork.

***Voluntary Accidental & Dismemberment* coverage is a product of Minnesota Life. If the employee has this coverage, Benefits Administration will initiate the processing of this claim on behalf of the employee/beneficiary if the death is due to an accident.

****Optional Term Life* is also a product of Minnesota Life. If the employee has this benefit, Benefits Administration will notify Minnesota Life so that the claim for this policy will also be initiated.

If the decedent is a dependent:

An Agency Benefits Coordinator (ABC) has two options in which they can notify Benefits Administration of a dependent's death. The ABC may contact our service center by phone or by submitting a Zendesk ticket.

Once our office has been notified of the employee's death, an analyst will advise the ABC that all of the following documentation must be submitted to begin the death claim process:

1. Enrollment Change form - Check death in the upper right corner of Part 1. The employee does not have to sign this form but the ABC does.
2. Notice of Death –ABC should complete section 3. Do not sign under the policy holder's representative/title section; Benefits Administration will complete this section of the form. This form is necessary so that Minnesota Life requires this form to provide proof of the employee's last day of work.
3. Beneficiary Statement – This form designates how the beneficiary wants to be paid, either by check or direct deposit.
4. Death Certificate – This does not have to be an original; our office will accept a copy. If the cause of death was an accident, then an accident report should also be provided.

Once the ABC collects all of the above items, please upload all of these items together via Zendesk or fax the information to Benefits Administration. Upon receipt of all required items, our office will file an electronic e-claim to Minnesota Life for processing.

Minnesota Life will contact the beneficiary to outline the next steps in the process, provide contact information, and answer questions and provide resources that the beneficiary may need. Standard processing time for a death claim is 4 to 6 weeks once the claim has been filed.

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****Optional Term Life* is also a product of Minnesota Life. If the employee has this coverage for the dependent, Benefits Administration will notify Minnesota Life so that the claim for this policy will also be initiated.

January 26, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Plan Members with a 2017 HSA Distribution

On Saturday, January 20, PayFlex began mailing 1099-SA forms to plan members who had a distribution from their HSA in 2017. Members who did not use any of their HSA funds or took no withdrawals from their HSA will not receive one. Below is more information about the 1099-SA and **attached** is an insert that will be included with the 1099-SA that members will receive.

Members can also log in to your account online and see a PDF of the 1099-SA. Here are the instructions:

1. Log into stateoftn.payflexdirect.com
2. Look on left side of page under “My Dashboard” for “My Documents”
3. Click “My Documents”
4. Toward the top of the page in the green bar where it says “Filter Document Type” click the drop down box and choose “HSA Tax Statements”
5. Click on the blue hyperlink that says “2017 IRS 1099SA”

Health Savings Account (HSA) 1099-SA Mailing Begins Saturday January 20, 2018

What’s Happening

- On Saturday January 20, 2018 PayFlex began mailing HSA Form 1099-SA to HSA account holders
 - This includes any HSA participant with 2017 distributions
- An HSA Form 1099-SA Insert will be included with each mailed form (**Attached**)
- Forms will be uploaded to the member portal by end of day on January 24, 2018
- PayFlex will file copies with the Internal Revenue Service (IRS) by January 31, 2018

Details

- HSA Form 1099-SA:
 - Reports distributions taken from an HSA (withdrawals, debit card purchases, checks, bill payments and return of net income on excess contributions)
 - Is used when filing Federal Income Tax Returns
- Taxpayers have until Tuesday, April 17, 2018, to file their 2017 tax returns. The deadline is extended because April 15 is a Sunday and Emancipation Day, a holiday in Washington, D.C., will be observed on Monday, April 16, pushing the nation’s filing deadline to April 17.
- Per IRS Regulations, PayFlex is required to:
 - By January 31, provide Form 1099-SA annually to HSA Account Holders that had distributions during the year
 - By March 31, file copies with the IRS

ABC Document Upload Reminder

As a reminder, the ABC Document Upload Page is scheduled to be taken down at the end of January. **Starting February 1, documents will be accepted through Zendesk, email or fax.** Zendesk is the preferred method. Employees will still be able to upload documents through Edison Employee Self-Service.

Please begin using Zendesk to upload documents as soon as possible if you are not already.

Attachments: HAS 1099-SA Insert_2017 tax yr

This **Form 1099-SA** is for your PayFlex Health Savings Account (HSA). It shows your HSA **distributions in 2017**. This includes what you paid for with your PayFlex debit card, payments to health care providers, and amounts paid to you from your HSA. We sent a copy of this form to the Internal Revenue Service (IRS). Below are some Frequently Asked Questions (FAQs) about this form.

What do I need to do with Form 1099-SA?

Save it. You'll **use it to complete IRS Form 8889**. As an HSA accountholder you must complete Form 8889 when you file your federal tax return. You can find more information on Form 8889 at www.irs.gov.

Is this the only tax form I'll receive for my HSA?

In May, you'll receive Form 5498-SA. You don't need to include that form when you file your taxes. We'll send it to the IRS for you. Form 5498-SA includes pretax contributions from your paycheck, any contributions you made on your own (post-tax), and any employer contributions. You can make contributions for 2017 until the tax filing deadline (April 17, 2018).

Can I find my HSA tax forms online?

Yes. Log in to the PayFlex member website. Click on **Documents & Forms** and select **My Documents**. From the drop down, select **HSA Tax Documents**. If you no longer want to get your tax forms by mail, follow these steps. Click on **Account Settings** and select **Account notifications**. Under Health Savings Account, select "Paperless" for your tax documents.

Field descriptions for Form 1099-SA

Box 1: Gross distribution – Total amount withdrawn from your HSA during the year. This includes debit card payments, payments to health care providers, and amounts paid to you.

Box 4: FMV on date of death – This is reported only if the account holder has died. The fair market value (FMV) is the total value of the account on the date of death.

Box 2: Earnings on excess cont. – Includes earnings on any excess contributions you may have withdrawn from your HSA during 2017. It also includes interest or investment earnings that apply to the funds that you withdrew.

Box 5: HSA/Archer HSA/MA MSA – The type of account reported on this form. The appropriate box will be checked.

Box 3: Distribution code – Identifies the type of distributions from your HSA:

- 1 = Normal distribution
- 2 = Excess contributions
- 3 = Disability
- 4 = Death distribution other than code 6
- 5 = Prohibited transaction
- 6 = Death distribution after year of death to a non-spouse beneficiary

Account number – The unique number that PayFlex assigned to your HSA.

This material is for informational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax advisor if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

February 2, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

**** New Webinar Service for ABC Conference Calls ****

For our ABC calls going forward, we will be switching to a new webinar platform called WebEx, which can accommodate much larger groups than our current webinar platform, Global Meet. With participation continuing to grow, we realized we needed to find a way to accommodate more people.

We've included WebEx login instructions and FAQs below. We will send these instructions to you each Friday before our next conference call on February 13. We will also send a reminder to you on Monday, February 12.

We will have two test webinars on February 6 at 8:30 a.m. and 2 p.m. Central time. You will use the same instructions provided below. We strongly encourage you to join us on one of these test webinars so you can check your computer and phone system to make sure it works with WebEx.

If you have questions, please feel to submit them to benefits.info@tn.gov

To join the test webinars and ABC Conference Call:

Click on the following link:

<https://tngov.webex.com/meet/HPease>

If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.

You will see **Heather Pease's Personal Room**

You will be asked to enter your name and email. Then click join meeting

You will see two options. "Select Audio Connection" on the left and "Select Video Connection" on the right

For "Video Connection": Please click on the drop down box and click on "no video"

For "Audio Connection", you will have a few choices:

- Call me (**recommended**)
- I will call in
- Call using computer

If you are only calling in to listen and not using a computer, please use the following phone number and access code:

+1-415-655-0003 US TOLL
Access code: 647 036 393

Tips:

If you choose “call me” you can put any number into the box and click the green box that says connect audio. The system will call you.

If you choose “I will call in” the phone number you need to dial will “pop up” on the screen and you will need to use the access code given to you in the pop up box. This phone number and access code is also listed above.

We do not recommend using the “call using computer” option unless you are using a headset connected to your computer.

If you call in using the 415-655-0003 telephone number, you will not need an attendee id number. You can just push the pound key.

Instructions for the chat function:

Once you have entered the webinar room, at the top right of the screen you will see a **chat** button. Push that button. Anytime you want to ask a question or make a comment, you will enter your chat message in the box at the bottom right of the screen. Before you hit send, please note that you have the options on who sees your chat. For example, you could send your chat to “everyone” or you could send a chat to just the host. We will continue to read questions out loud, so we recommend that you send your chat to everyone.

We encourage you to login and test the new webinar service. Plan to join us on the dates and times listed below:

Tuesday, Feb. 6: 8:30 to 9:00 a.m. CST

Tuesday, Feb. 6: 2 p.m.to 2:30 p.m. CST

FAQS

Why are you changing to a different system?

Our current webinar platform, Global Meet, can only accommodate up to 125 participants on the web, and we were over capacity on a few calls. The new system can accommodate up to 1,000 participants per call.

When will this change take effect?

This change will be effective starting Tuesday, February 13 for the regularly scheduled February ABC calls.

Do I have to be sitting at my computer to participate, or can I just call in?

No, you do not have to be sitting at your computer. You can call in using the following information:

+1-415-655-0003 US TOLL

Access code: 647 036 393

Will the login information always be the same for each call/webinar?

Yes, unless otherwise noted prior to the meeting.

Are there reasons why the state would not pay any applicable long-distance charges?

The state will not pay any applicable long-distance charges if you call into the meeting using your phone. There is no charge for connecting with your computer, and the state will pay charges if you have the meeting call you.

Updated Vendor Contact List

We have **attached** an updated 2018 vendor contact list. The information for our former long-term care vendor has been removed. You can find the list posted on the [ABC webpage under Conference Call Notes](#). These contacts can assist you with member materials and/or for vendor representatives to participate in your benefits fairs.

Attachment: 2018 Vendor Contact List

Vendor Contact List for ABCs – Benefits Fairs/Materials

| Health | | |
|---|----------------------------------|--|
| BlueCross BlueShield of Tennessee | | |
| Amy Jordan | (423) 535-5788 | Amy_Jordan@bcbst.com |
| Cigna | | |
| Deb Williams – East TN | (860) 902-2815 | Deborah.Williams@Cigna.com |
| Cindy Sexton – Middle TN | (615) 595-3389 | Cynthia.Sexton@Cigna.com |
| Bonnie Hampton – West TN | (901) 748-4114 | Bonnie.Hampton@Cigna.com |
| Celeste Sims – packets/materials | (615) 595-3134 | Celeste.sims@cigna.com |
| Health Savings Account (HSA) (and FSAs for State and Higher Education) | | |
| PayFlex | | |
| Samantha Alleva – benefits fairs | (860) 273-8864 | AllevaS@aetna.com |
| Darlene Russo – ABC HSA (questions) | | stateoftennessee@payflex.com |
| Dental | | |
| Cigna | | |
| Deb Williams – East TN | (860) 902-2815 | Deborah.Williams@Cigna.com |
| Cindy Sexton – Middle TN | (615) 595-3389 | Cynthia.Sexton@Cigna.com |
| Bonnie Hampton – West TN | (901) 748-4114 | Bonnie.Hampton@Cigna.com |
| Celeste Sims – packets and materials | (615) 595-3134 | Celeste.sims@cigna.com |
| MetLife | | |
| Julie Salomone | (770) 407-2495 (fax number) | StateofTennessee@metlife.com |
| Wellness Program | | |
| TBD | | |
| TBD | | |
| Employee Assistance Program (EAP)/Behavioral Health | | |
| Optum | | |
| Melissa Ward | (612) 632-5456 | Melissa.ward@optum.com |
| Group Term Life Insurance | | |
| Securian (Minnesota Life) | | |
| Michael Kretman | (651) 665-3935 (651) 665-4128 | GroupMarketingRequest@securian.com |
| Vision | | |
| Davis Vision | | |
| Larry Sheehan (benefits fairs and materials) | (508) 813-4211 | lsheehan@davisvision.com |
| Jay Storey (benefits fairs and materials) | (315) 884-0479 | jstorey@davisvision.com |
| Disability (state and higher education) | | |
| MetLife | | |
| Julie Salomone | (770) 407-2495 (fax number) | StateofTennessee@metlife.com |

February 9, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Week

ABC monthly conference calls will be next Tuesday, February 13.

The **attached** agenda includes the webinar login instructions.

Higher Ed – Tuesday, Feb. 13 at 8:30 a.m. Central time

Local Ed – Tuesday, Feb. 13 at 10 a.m. Central time

Central State – Tuesday, Feb. 13 at 12:30 p.m. Central time

Local Government – Tuesday, Feb. 13 at 2 p.m. Central time

As a reminder, we are moving to a WebEx platform for ABC conference calls. You can find login instructions and more information below and **attached** for your reference.

PPACA Report – Transfers (Local Ed, Local Gov and Higher Ed)

If an employee transfers from one agency on the state plan to another, the coverage months on the PPACA report may display incorrectly because we have to use a prior month in job data to make benefits start and end correctly. If you have anyone that transferred from or to your agency in 2017, please review their information on the PPACA report closely to make sure all of the coverage you provided is accounted for. If the report is missing a row, please add it manually. We are unable to change the system so that it displays correctly on the report.

Reminder - ** New Webinar Service for ABC Conference Calls **

New information highlighted

For our ABC calls going forward, we will be switching to a new webinar platform called WebEx, which can accommodate much larger groups than our current webinar platform, Global Meet. With participation continuing to grow, we realized we needed to find a way to accommodate more people.

We've included WebEx login instructions and FAQs below. We will send a reminder to you with these instructions on Monday, February 12.

We will offer two more opportunities to test the webinar program:

Monday, February 12 at 8:30 a.m. Central time

Monday, February 12 at 1:00 p.m. Central time

You will use the instructions provided below. **We strongly encourage you to join us on one of these test webinars so you can check your computer and phone system to make sure it works with WebEx.**

If you have questions, please feel to submit them to benefits.info@tn.gov

To join the test webinars and ABC Conference Call:

Click on the following link:

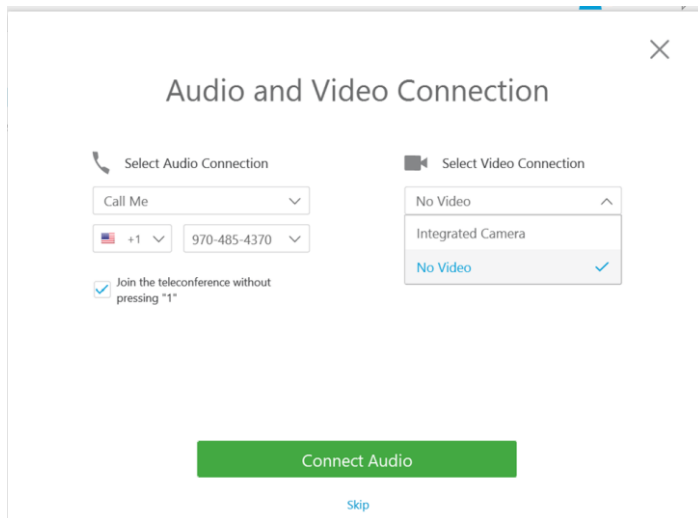
<https://tngov.webex.com/meet/HPease>

If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.

You will see **Heather Pease's Personal Room**

You will be asked to enter your name and email. Then click join meeting

You will see two options. "Select Audio Connection" on the left and "Select Video Connection" on the right



For "Video Connection": Please click on the drop down box and click on "no video." **See example in screen shot above.**

For "Audio Connection", you will have a few choices:

- Call me (**recommended**)
- I will call in
- Call using computer

If you are only calling in to listen and not using a computer, please use the following phone number and access code:

+1-415-655-0003 US TOLL

Access code: 647 036 393

Tips:

- If you choose "call me" you can put any number into the box and click the green box that says connect audio. The system will call you.

- If you choose “I will call in” the phone number you need to dial will “pop up” on the screen and you will need to use the access code given to you in the pop up box. This phone number and access code is also listed above.
- We do not recommend using the “call using computer” option unless you are using a headset connected to your computer.
- If you call in using the 415-655-0003 telephone number, you will not need an attendee id number. You can just push the pound key.
- If you do not click on “no video” you can turn off your video once you are logged in. Look for your name in the participant list on the right side of the screen, the video symbol is blue when active. You have to click that symbol to turn video on and off. This symbol is next to the mute/unmute microphone symbol.
- Unfortunately the “call me” option is not available for numbers with extensions. If you are calling from an extension, you have to “Call In” or “Call Using Computer.”

Instructions for the chat function:

Once you have entered the webinar room, at the top right of the screen you will see a **chat** button. Push that button. Anytime you want to ask a question or make a comment, you will enter your chat message in the box at the bottom right of the screen. Before you hit send, please note that you have the options on who sees your chat. For example, you could send your chat to “everyone” or you could send a chat to just the host. We will continue to read questions out loud, so we recommend that you send your chat to everyone.

FAQS

Why are you changing to a different system?

Our current webinar platform, Global Meet, can only accommodate up to 125 participants on the web, and we were over capacity on a few calls. The new system can accommodate up to 1,000 participants per call.

When will this change take effect?

This change will be effective starting Tuesday, February 13 for the regularly scheduled February ABC calls.

Do I have to be sitting at my computer to participate, or can I just call in?

No, you do not have to be sitting at your computer. You can call in using the following information:

+1-415-655-0003 US TOLL
Access code: 647 036 393

Will the login information always be the same for each call/webinar?

Yes, unless otherwise noted prior to the meeting.

Are there reasons why the state would not pay any applicable long-distance charges?

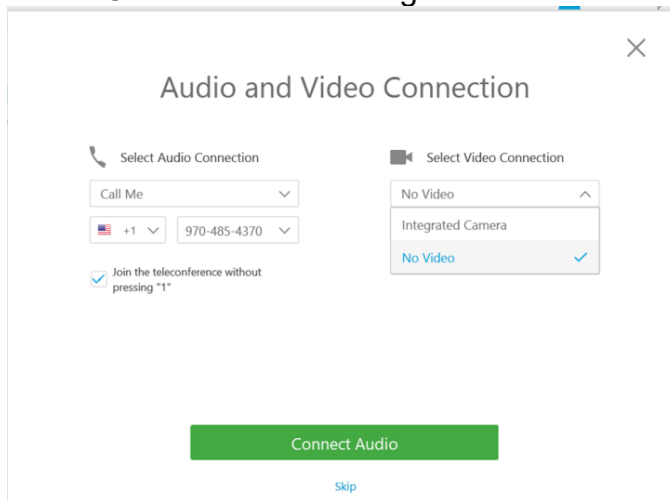
The state will not pay any applicable long-distance charges if you call into the meeting using your phone. There is no charge for connecting with your computer, and the state will pay charges if you have the meeting call you.

Attachment: WebEx Login Instructions

WebEx Login Instructions

To join the ABC Conference Call:

- Click on the following link:
<https://tngov.webex.com/meet/HPease>
- If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.
- You will see **Heather Pease's Personal Room**
- You will be asked to enter your name and email. Then click join meeting
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Are there reasons why the state would not pay any applicable long-distance charges?

The state will not pay any applicable long-distance charges if you call into the meeting using your phone. There is no charge for connecting with your computer, and the state will pay charges if you have the meeting call you.

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the Feb. 13 ABC conference calls are **attached**.

State Offices and BA Service Center Closed

State offices and the Benefits Administration service center are closed on Monday, Feb. 19 for President's Day.

We hope you have a great weekend!

Attached: Higher Ed Disability Claims Process Overview
State Disability Claims Process Overview
Optum Presentation

If you need to file a Short-Term Disability (STD) claim, contact MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Monday – Friday)

Please note that the State of TN does not offer Long Term Disability Insurance to Higher Education employees. Questions related to Long Term Disability Insurance should be directed to your Agency Benefits Coordinator.



Claim Intake and Data Gathering

- Inform your HR coordinator/manager of your absence request.
- Notify MetLife to initiate your STD claim* — you will be given a claim number at the end of the call. You may also initiate your claim through the MyBenefits Website at <https://metlife.com/MyBenefits>. (Enter "State of Tennessee" as company name.)
- MetLife will contact you for additional details about you, your job, your condition and your treatment plan and provider.
- MetLife will then mail an Acknowledgement Package to you with important information that requires action.

* To consider your claim, MetLife will review medical documentation obtained as part of the Disability claims process.



Initial Review and Decision

- You will be notified of the initial decision via phone and letter to inform you of your claim decision.
- You can check the status of your claim by visiting <https://metlife.com/MyBenefits> or on the MetLife US app. Search "MetLife" on iTunes® App Store or Google Play to download the app.
- MetLife will keep you informed on the status of your claim and will be in touch with any additional information that is needed.
- MetLife will discuss your Return to Work options and help determine an expected return to work date.



Ongoing Evaluation

- MetLife will periodically contact you and your health care provider(s) to evaluate your status, treatment plan and functional abilities.
- MetLife will contact you by phone and send a letter to inform you of changes in claim status, such as an extension or closure.
- If you are receiving STD benefits and continue to remain disabled after the STD maximum duration, please contact your local Agency Benefits Coordinator.
- You can track status of your claim online or on the MetLife US App. Search "MetLife" on iTunes® App Store or Google Play to download the app.



Return to Work

- You may be required to participate in a rehabilitation/ Return to Work Program. You may be contacted by your claims specialist, a nurse clinician and/or a vocational rehab consultant to discuss your return to work options, where appropriate.
- Before you return to work, please contact your HR coordinator/manager to review the Return to Work procedures and ensure you comply with the requirements.
- Contact MetLife to advise of your Return to Work date.
 - If there are no restrictions on your return to work, contact your HR coordinator/manager and confirm the date you will return.
 - If there are restrictions on your return to work form, MetLife will confirm whether the State of TN can accommodate those restrictions. Your HR coordinator/manager will contact you regarding return to work status.



If Your Claim is Denied

- MetLife will contact you by phone and send a letter to explain why your claim was denied and provide information about how you may file an appeal.
- Your appeal must be received by MetLife within 180 days from the date of your decision letter and sent to:

MetLife Disability
P.O. Box 14592
Lexington, KY 40511-4592
Fax: 1-844-380-0569 or Email: DisabilityAppeals@metlife.com

- MetLife will send you a letter to let you know when your appeal has been received and when to expect an appeal decision.

For more information on this process, contact MetLife's State of Tennessee service line at 1-855-700-8001.



DISABILITY BENEFITS - Frequently Asked Questions

1. When do Short Term Disability benefits begin and how long do they continue?

- ❑ Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The Elimination Period means “the period of your disability during which MetLife does not pay benefits.” It’s your waiting period. The Elimination Period starts on the day you become disabled and runs concurrently with any pay received for Accrued Leave, Sick Leave and Compensatory Leave or pay withdrawn from the Sick Leave Bank.

For Short Term Disability, there are two elimination period options available to employees:

- Option A has an Elimination Period of 14 days for both accident and sickness.
- Option B has an Elimination Period of 30 days for both accident and sickness.

The length of the Elimination Period affects the premium rate. A shorter Elimination Period means your monthly premium will be higher. A longer Elimination Period means you pay a lower monthly premium because you wait longer to receive a benefit.

2. What is my Pre-Disability Salary, and when is it determined?

- ❑ Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.
 - For new hires, Pre-Disability Salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.
 - Annually, there will be a benefit and premium level adjustment. If your salary has changed from the prior year, your benefit and premium will change accordingly using the gross base annual salary you make on September 1. This adjustment will become effective on October 1.

3. I have “Leave” time accrued. Does this affect my Short Term Disability benefit?

- ❑ Yes. You ARE required to use all of your accrued leave before your disability payments begin. This includes Sick Leave, Accrued Leave, and Compensatory Leave. Any accrued leave that extends beyond the STD benefit start date will be on offset to the STD benefit. You will not be paid from two different sources for your disability. Your disability benefit payment from MetLife will begin after your pay from any accrued leave ends.

Every Employee’s situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term and/or Long Term Disability Insurance.

4. Will using days from the “Sick Leave Bank” impact my STD benefit payments?

- ❑ You are NOT required to use days from the Sick Leave Bank. However, if you withdraw days from your Sick Leave Bank, any Sick Leave Bank days that extend beyond the STD benefit start date will be an offset to the STD benefit. You will not be paid from two different sources for your disability. Your disability benefit payment from MetLife will begin after your pay from the Sick Leave Bank ends.

5. Can I receive benefits if I return to work part-time?

- ❑ Yes. MetLife will work with you to determine if you qualify to receive any benefits and what those benefits are.

6. How does Short Term Disability work with FMLA?

- ❑ If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Medical and Dental.

You can take FMLA leave when your child is born, and therefore, you can use disability benefits due to the birth of a child. If you use FMLA for any reason other than a disability related to you, let’s say you need to care for a family member, then you may continue your STD coverage while you are on leave. You will be billed for Disability premiums just as you are with other benefits offered such as Dental or Life.



Optum Spotlight



Reminder of Optum Services



1-855-Here4TN

www.Here4TN.com

- Five Visit EAP, per problem, per year
 - All State and Higher Ed Employees and Benefit Eligible Dependents
 - All Local Ed and Local Gov Medical Plan Enrollees and Benefit Eligible Dependents
- Legal, Mediation, and Financial Services
- Work/Life Services
- Telemental Health Services
- Take Charge at Work
- Behavioral Health Services for Those Enrolled in State Medical



Telemental Health Services

- ❖ Telemental Health is a covered treatment option that leverages HIPAA-compliant technology to deliver **EAP, evaluation, therapy, medication management, information and education** at a distance in real time.
- ❖ Telemental Health is subject to the same co-pay or co-insurance rates (after deductible) that are applied for in-person visits.
- ❖ Telemental Health adheres to the same standards of care as in-person office visits.
- ❖ Prescriptions may be written by Telemental Health providers, however the provider must have prescribing licensure to write prescriptions in the state where the member wishes to receive services.
- ❖ Members will need to call the provider prior to set up their first Telemental Health session. A listing of Telemental Health providers can be found on Here4TN.com, or members can contact 888-here4tn for assistance in locating a provider.

TAKE CHARGE AT WORK

Take Charge at Work is a telephonic coaching program designed, by Optum, to help people with depression improve performance at work.

- 12 Question assessment to determine signs of depression and impacts on work performance
- Qualified participants work with an Optum coach for up to eight sessions
- Coaches are Master's level mental health professionals or PhDs
- Completely confidential; Employers will not be informed of participation
- No cost; Part of the EAP benefit



Available Optum Materials

Take Charge at Work Flyer (Electronic Only)



Feeling down? Hard to stay focused at work?
Take Charge at Work may help.

Feeling blue or unfocused lately?

It's normal to feel down once in a while. But if you've lost interest in things that usually bring you joy, have trouble concentrating or feel sluggish, it may be signaling something more.

Take Charge at Work is a confidential program designed to help working adults recognize and manage symptoms of stress and depression at work. Take a simple assessment to find out if you qualify today.



Take the assessment www.takechargeatwork.com/here4tn
Answer 12 simple questions to assess your risk for depression. The information you share is completely confidential.



Start the program
If you qualify, you'll enroll and connect with a Take Charge at Work coach. Together, you'll walk through a program workbook to develop a long-term plan at a pace that works for you.



Feel better
Together, you and your coach will create your personal plan — so you can get your work-life balance back and start enjoying your life again.

If you have questions about the Take Charge at Work program, call **855-Here4TN (855-437-3486)**.

If you have thoughts of hurting yourself or others, call your health care professional, 911 or a suicide hotline such as 1-800-SUICIDE (1-800-784-2433). Or have someone drive you to your nearest emergency department. If you feel that you are in immediate danger of hurting yourself or others, call 911 or your local emergency services immediately.



FAQs

What is the Take Charge at Work program? Take Charge at Work is a telephonic coaching program designed, by Optum, to help people with depression improve performance at work. Interested individuals take an online assessment consisting of 12 questions to determine if they show signs of depression and if their work life is negatively impacted. The assessment calculates a score and the individual receives a message with suggested next steps.

Qualified and enrolled participants will work with an Optum coach for up to eight telephonic coaching sessions. Optum utilizes the *Creating a Balance* workbook to facilitate the coaching sessions. The workbook is broken into eight chapters and is available printed or electronically in a pdf.

Who is eligible for the program? All State and Higher Education benefit eligible employees, all Local Education and Local Government and Retiree State health insurance plan members, and dependents eligible for EAP, who are working either full/part time. Participants must be over the age of 18.

How does the assessment work? Our assessment is an industry standard survey designed to measure the symptoms of depression and whether a person's depression is affecting their performance in the work place. The Take Charge at Work program initially uses the assessment to determine if an individual would benefit from the program. Then throughout our coaching program, the assessment is again used to measure an individual's progress.

Are my results confidential? Yes. The results of all assessments and program participation are confidential and are not shared with your employer. If you decide to participate in Take Charge at Work, you may choose to have Optum notify any treating physicians you are currently seeing, in compliance with relevant privacy laws.

What if I don't qualify for the program? If your assessment scores indicate that Take Charge at Work is not appropriate for you, there are still other services available through Optum. These will be presented on the results screen.

Will my regular doctor know that I am participating in the program? If you decide to participate in Take Charge at Work, you may choose to have Optum notify any treating physicians you are currently seeing. You are also welcome to discuss your participation in the program with any of your current treating physicians directly.

What are the qualifications of Optum's coaches? Our coaches are licensed masters level mental health professionals or licensed PhDs. They have direct clinical mental health experience in Employee Assistance Programs, health care companies, and public as well as private clinics. Our coaches are experienced with chemical dependency and work place issues and possess knowledge of behavioral risk factors and performance issue resolution.

How can this program help me? Take Charge at Work has been developed to help people experiencing work place issues as a result of depression. The program can help you improve your attention span, increase memory, guide you regarding work place conflict and help you develop skills to make your work day more pleasurable. Through our *Creating a Balance* workbook, you will work on ideas and exercises to help you overcome your challenges.

What should I expect? You will first complete the online assessment and receive a score. This will take a couple of minutes to complete. Depending on your assessment score, you may be eligible to participate in a screening call. This call can take up to twenty minutes.

Once you have been screened, you are eligible to enroll in the Take Charge at Work program. Participants will meet telephonically with a coach bi-weekly for eight sessions. These sessions are expected to be 20-45 minutes. It's up to you to pace the program to meet your own personal schedule. Your coach will help you determine the best pace for you.

Will my employer know that I'm participating? The privacy of participation in the Take Charge at Work program is protected by reasonable safeguards (administrative, physical and technical) and in compliance with relevant privacy laws¹.

Your employer will not be informed that you took our assessment or are participating in the program.

I'm already in counseling. Should I do this too? Yes. The Take Charge at Work program is designed to help you deal with work place issues associated with depression. If you are already participating in other counseling, you might benefit by participating in Take Charge at Work as well.

How much does Take Charge at work cost? The Take Charge at Work program is available to you through your employer benefits. There is no additional cost to you to take the assessment or participate in the program.

¹The service is confidential in accordance with the law.

Non-Discrimination Notice

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll free phone number listed on your ID card.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

معلومات إضافية: إذا كنت تتحدث العربية، يمكنك الحصول على خدمات الترجمة الفورية مجاناً. اتصل بالرقم المجاني الموجود على بطاقة التعريف الخاصة بك.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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Program Overview Flyer (Electronic or Hard Copy)

Answers to questions big and small.

Wouldn't it be nice to have a personal assistant to help you with your busy life? Good news! You have one with Here4TN.

Here4TN, powered by Optum, is a friendly and confidential service that provides a wide range of resources for any life situation.

Need a rental car? Meals delivered to your home? A pet-friendly hotel? We can help.

Save precious time — let us do the research for you.

Our program specialists will search and verify services for you. We will get you pricing, professional credentials and contact information. Here are just a few of the ways Here4TN can help you and your family:

- ▶ WorkLife services referrals
- ▶ Financial and legal help
- ▶ Child, family and parenting support
- ▶ Work-life balance

Get support when times are tough.

Our Employee Assistance Program (EAP) can help you with family concerns, financial issues, separation and divorce, substance abuse, stress and anxiety, and more. Call to speak confidentially with a specialist to get referrals or prior approval for services. You may also visit Here4TN.com to search for a provider.



Talk with a specialist who cares, 24/7

855-Here4TN
855-437-3486

Unlimited telephonic consultations and referrals. Receive five no-cost EAP visits if you need to see a provider.

Visit Here4TN.com

- Provider search
- Claims and coverage
- Well-being tools, articles and videos



DADWDC

Resources listed herein do not constitute an endorsement or preference by Here4TN. We do not warrant any results or services provided in and our specialists' access to services is subject to availability. Here4TN is not responsible for any services provided by third parties. Here4TN is not responsible for any services provided by third parties.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or other healthcare provider's advice. Here4TN is not a medical or other healthcare provider. Here4TN is not a substitute for a doctor's or other healthcare provider's advice. Here4TN is not a substitute for a doctor's or other healthcare provider's advice. Here4TN is not a substitute for a doctor's or other healthcare provider's advice. Here4TN is not a substitute for a doctor's or other healthcare provider's advice. Here4TN is not a substitute for a doctor's or other healthcare provider's advice.

Get support. Save time. Enjoy life.

Get referrals to WorkLife Services with one quick call to 855-Here4TN (855-437-3486). We have 100+ ways to help you manage your life, including:



PERSONAL SERVICES

- Dining
- Entertainment
- Household services
- Pet services
- Recreation
- Relocation
- Repair: auto, home
- Shopping
- Travel
- Yard and lawn care



CHILD, FAMILY AND PARENTING SUPPORT SERVICES

- Adoption
- Before- and after-school programs
- Childcare options
- Help with parenting questions
- Infertility resources
- New parent support groups
- Prenatal services
- Special needs care
- Summer camps and activities



EDUCATIONAL RESOURCES

(from kindergarten through adult)

- Adult education classes
- At-risk youth programs
- College solutions
- Career consulting
- Home schooling
- Nursery schools
- Private school resources
- Sports and recreation programs



ADULT AND ELDERCARE SUPPORT SERVICES

- Adult day care programs
- Alzheimer's and related disorders
- Community programs
- Elder abuse
- Financial issues
- Grief/loss
- In-home/nursing care options
- Retirement planning
- Skilled nursing facility information



CHRONIC ILLNESSES AND CONDITIONS SUPPORT SERVICES

- Advocacy
- Affordable housing
- Caregiving resources
- Condition-specific support
- Food service and nutrition help lines
- Living with a disability
- Remodeling for accessibility
- Transportation
- Work issues

We're here to help.

Call anytime.

855-Here4TN (855-437-3486)



Work/Life Services Flyer (Electronic or Hard Copy)



Call for more than 100 ways to help you manage your life!

Work, children, friends, family — it all adds up to lack of time, and sometimes overwhelming stress.

Let us do your legwork.

We can provide the information and referrals for many of your personal needs. Just call 855-Here4TN (855-437-3486). We'll do the research and provide you with a list of options in your area, or wherever you need them.

Look to us for information on a variety of services, including:

- **Household services.** Plumbers who work evenings, housekeepers, carpenters, dry cleaners, auto repair shops, electricians, landscapers
- **Shopping.** Clothing, antiques, sporting goods, specialty stores, shopping services for the elderly or disabled
- **Entertainment.** Theater tickets, golf, travel arrangements, kid friendly restaurants, nightclubs, horseback riding, manners, dance lessons
- **Health and wellness.** Fitness centers, urgent care clinics, all-night pharmacies
- **Personal services.** Apartment brokers, caterers, tutors, translators, dog walkers
- **Education.** College selection, financial aid, adult learning, arts and crafts



WorkLife Services

When times are tough, WorkLife Services can help, with referrals including:

- **Adult/Elder Support Services.** For people who are aging or caring for adult and elder dependents, including caregiving, housing, transportation, meal services, senior activity groups
- **Child/Parenting Support Services.** Answers to parenting questions, resources for daycare, summer camps, adoption, sick child care
- **Chronic Condition Support.** Non-medical support and resources for employees and dependents who have a condition like diabetes, arthritis or asthma

Our referrals are reliable.

Our resource specialists will search using our extensive database. Then, we'll make phone calls to find options that meet your needs. You'll get up-to-date details, including what services are offered, how much they cost, professional credentials and contact information. What might have taken you hours, now takes just one call.

Please note: While WorkLife Services and all referrals are included as part of your benefits, you will have to pay for any WorkLife Services you decide to use. Our specialists cannot book or purchase services on your behalf. This is an educational referral-based service only. Certain services may not be available in some benefit plans. Consult your benefit plan to know what is available.

Save time. Enjoy life. One quick call. Hundreds of real-world solutions.

Simply call:
855-Here4TN
(855-437-3486)

All calls and use of services are confidential in accordance with applicable law. Contact us today.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program does not constitute a doctor's or professional's care. There is potential for a conflict of interest. Legal consultation will not be provided. Services that may involve legal

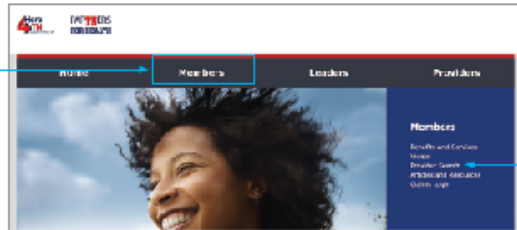
Provider Search Flyer (Electronic Only)



Provider & Facility Search Tool

Learn how to search for a provider on Here4TN.

Go to www.Here4TN.com and click **Members**, then **Provider Search**.



The search screen provides options to search for a provider or facility by location or name.

Telemental health search is available based on location (state).



Result Details

Initial search results can be refined several ways. At the top of the search results page you can:

- Expand or contract the geographic region.
- Narrow the areas of clinical expertise.
- Change the ZIP code.



Refine Results

Provider search results can be refined by changing criteria categories:

- Provider Type
- Treatment Options
- Availability
- Coverage
- Gender
- Ethnicity
- Languages
- Accessibility
- Transportation

Facility search results can be refined by:

- Specialties
- Accessibility

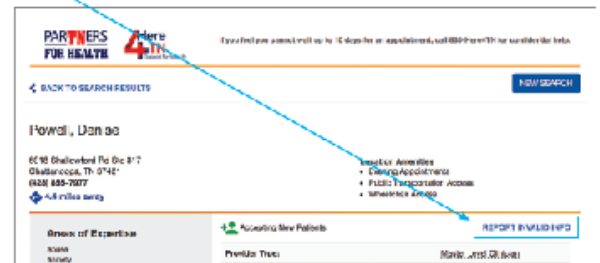


Result Details

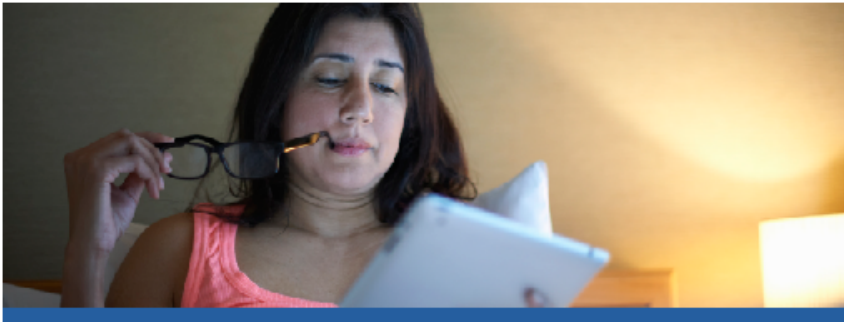
Search results provide contact information and a map for individuals, provider groups and facilities.

"View Details" provides additional information about providers and facilities, such as areas of expertise, specialties and programs.

If you find inaccurate provider data in the results, a short form is available to help us correct the information.



Telemental Health Flyer (Hard or Electronic Copy)



Telemental Health: Convenient online access to providers

You can meet with a psychiatrist or therapist online through private and secure video-conferencing.

Schedule a virtual visit with a psychiatrist or therapist using Telemental Health (TMH). TMH uses secure video-conferencing technology to connect you with behavioral health providers in real-time through the Internet.

Using TMH, clinicians can evaluate and treat general mental health conditions, such as depression and anxiety. They can also provide therapy, and when appropriate prescribe medications.* Treatment is provided by psychiatrists and therapists who are part of the Here4TN behavioral health network.

Telemental health visits are subject to the same copays, coinsurance and deductibles as in-person visits.

Telemental Health offers you:

- ✓ Convenient appointments that work with your lifestyle
- ✓ A robust network of psychiatrists and therapists
- ✓ The care you need sooner, in the privacy of your own home*
- ✓ Secure, HIPAA-compliant technology

Take the first step.



Go to
Here4TN.com.



Scroll down and select
"Provider Search."



Click
"Telemental Health"
to find a provider licensed
in your state.



Telemental Health FAQs

1. What is Telemental Health? Telemental Health is a covered treatment option that uses HIPAA-compliant technology to deliver mental health services at a distance in real time. Scheduled online appointments with a mental health provider take place via a secured Internet-based connection. Telemental Health clinicians evaluate and treat general mental health conditions, such as depression and anxiety. Services include evaluation, therapy and medication management.

2. Who is eligible for Telemental Health services? Members who have behavioral health coverage through Optum have access to our Telemental Health Services.

3. How are Telemental Health appointments different from in-person visits? Clinically speaking, Telemental Health appointments are no different from in-person visits. The same standards of care are followed in Telemental Health visits as they are for in-person visits.

4. Do Telemental Health Services have a higher co-pay or co-insurance rate? Telemental health visits are subject to the same copays, coinsurance and deductibles as in-person visits. Telemental Health Services is not an add-on benefit but rather an optional way to receive treatment.

5. Can I use Telemental Health services for an emergency situation? Telemental Health is not intended for use in emergency situations. Telemental Health visits require advance scheduling notification. In an emergency situation, 911 should be called immediately.

6. Can the Telemental Health provider write a prescription during an online visit? Yes, however when it comes to writing and filling prescriptions for members, the same laws apply as if the scheduled appointment were in-person. The provider must have prescribing licensure in the state where the member wishes to receive services, and must abide by that state's regulatory requirements.

7. What equipment or technology must I have for Telemental Health Services? Members will need a high-speed Internet connection, such as a cable or DSL connection. Depending on the technical requirements of the particular provider you choose, you may also need a desktop or laptop computer with an updated browser and video capability. Some Telemental Health providers also support the use of smart phones or tablets for Telemental Health appointments. Once you've chosen a provider or provider group for your Telemental Health Services, you may need to set up an account with that provider or group prior to beginning your online session.

8. How safe is my information during an online visit? Network providers delivering Telemental Health Services are required to follow best practices consistent with the American Psychological Association (APA), American Telemedicine Association (ATA) and other best practice guidelines. Therefore industry-standard encryption schemes are applied to all data streams that pass between provider and member in order to ensure unauthorized third parties cannot record, listen in on or take part during the online visit, and that all member information remains confidential.

9. How do members schedule a Telemental Health Services appointment? To find a provider offering Telemental Health Services in your state, go to www.Here4TN.com, scroll down and select "Provider Search," then choose the "TELEMENTAL HEALTH" tab. You may need to set up an account with a new provider or provider group prior to your first appointment. You can also call Here4TN.com to receive assistance in finding an appointment.



*As per state telehealth rules and regulations.

Optum and its respective marks are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are constantly improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

Optum does not discriminate on the basis of race, sex, ethnicity, religion, age, national origin, disability, sexual orientation, gender identity, or marital status. The information provided herein is for informational purposes only. For details about specific treatments or medications, please consult your physician and/or mental health care provider. Certain conditions and restrictions may apply. Also, certain services may not be covered in some health plans. Check your health plan regarding your coverage of services. If you are experiencing thoughts of suicide,



Behavioral Health Services Flyer (Electronic Only)



Mental Health and Substance Use Disorder Services

Mental Health and Substance Use Disorder Services include treatment or care received on an inpatient or outpatient basis, either in a hospital, an alternate facility or in a provider's office. All services must be clinically necessary, provided by or under the direction of a qualified behavioral health provider, and meet the definition of a covered health service as defined by the State of Tennessee Medical plan documents.

Benefits include the following levels of care:

- Inpatient treatment
- Residential treatment
- Partial hospitalization/day treatment
- Intensive outpatient treatment
- Outpatient treatment

Services include the following:

- Diagnostic evaluations, assessment and treatment planning
- Treatment and/or procedures
- Medication management and other associated treatments
- Individual, family and group therapy
- Provider-based case management services
- Crisis intervention

Prior authorization is required for the following services:

- Inpatient treatment
- Residential treatment
- Partial hospitalization/day treatment
- Intensive outpatient treatment
- Non routine outpatient services, including:
 - Outpatient electroconvulsive therapy
 - Psychological testing
 - Methadone maintenance

Here4TN Resources for Managers

We help administrators, managers and supervisors improve organizational performance and culture by:

- Anticipating and responding to change
- Providing expert coaching and consultation
- Building employee resiliency
- Improving leadership skills

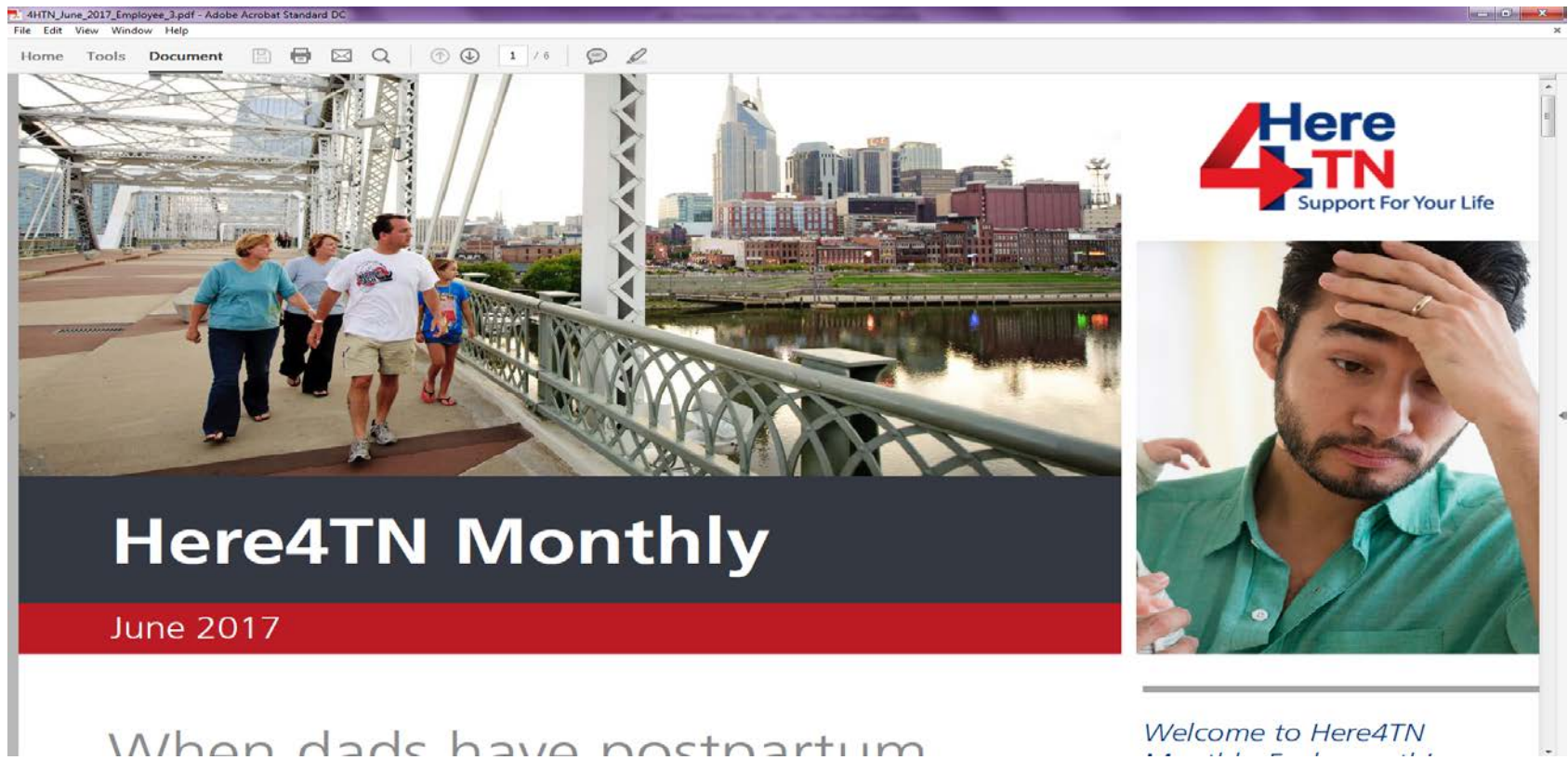
How we do it:

- Management consultations
- Training services
- Critical Incident Response Services (CIRS)



Monthly Newsletters

- Employee and Supervisor Newsletters sent monthly.
- New topic focus each month.
- Sent via email and available at Here4TN.com



If you need to file a Short-Term Disability (STD) or Long-Term Disability (LTD) claim, contact MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Monday – Friday)



Claim Intake and Data Gathering

- Inform your HR coordinator/manager of your absence request.
- Notify MetLife to initiate your STD or LTD claim* — you will be given a claim number at the end of the call. You may also initiate your claim through the MyBenefits Website at <https://metlife.com/MyBenefits>. (Enter "State of Tennessee" as company name.)
- MetLife will contact you for additional details about you, your job, your condition and your treatment plan and provider.
- MetLife will then mail an Acknowledgement Package to you with important information that requires action.

* To consider your claim, MetLife will review medical documentation obtained as part of the Disability claims process.



Initial Review and Decision

- You will be notified of the initial decision via phone and letter to inform you of your claim decision.
- You can check the status of your claim by visiting <https://metlife.com/MyBenefits> or on the MetLife US app. Search "MetLife" on iTunes® App Store or Google Play to download the app.
- MetLife will keep you informed on the status of your claim and will be in touch with any additional information that is needed.
- MetLife will discuss your Return to Work options and help determine an expected return to work date.



Ongoing Evaluation

- MetLife will periodically contact you and your health care provider(s) to evaluate your status, treatment plan and functional abilities.
- MetLife will contact you by phone and send a letter to inform you of changes in claim status, such as an extension or closure.
- If you are receiving STD benefits and continue to remain disabled after 182 days, you may be eligible for Long-Term Disability (LTD) benefits if enrolled in the state plan. Should this occur, MetLife will automatically refer your STD claim for an LTD internal claim review.
- You will be contacted to discuss your claim and if you are expected to remain disabled, the appropriate information and forms will be mailed to you to initiate your LTD claim**; if applicable, LTD forms will be mailed after approximately 13 weeks of STD.
- You can track status of your claim online or on the MetLife US App. Search "MetLife" on iTunes® App Store or Google Play to download the app.

**If you have an existing LTD claim, you will be asked to provide Annual Proof of Disability (POD). Ongoing claim management may be completed more frequently should claim circumstances change. This means that MetLife will periodically request that you provide updated medical information from your health care provider(s) and other information for ongoing medical management and vocational assessment.



Return to Work

- You may be required to participate in a rehabilitation/ Return to Work Program. You may be contacted by your claims specialist, a nurse clinician and/or a vocational rehab consultant to discuss your return to work options, where appropriate.
- Before you return to work, please contact your HR coordinator/manager to review the Return to Work procedures and ensure you comply with the requirements.
- Contact MetLife to advise of your Return to Work date.
 - If there are no restrictions on your return to work, contact your HR coordinator/manager and confirm the date you will return.
 - If there are restrictions on your return to work form, MetLife will confirm whether the State of TN can accommodate those restrictions. Your HR coordinator/manager will contact you regarding return to work status.



If Your Claim is Denied

- MetLife will contact you by phone and send a letter to explain why your claim was denied and provide information about how you may file an appeal.
- Your appeal must be received by MetLife within 180 days from the date of your decision letter and sent to:

MetLife Disability
P.O. Box 14592
Lexington, KY 40511-4592
Fax: 1-844-380-0569 or Email: DisabilityAppeals@metlife.com

- MetLife will send you a letter to let you know when your appeal has been received and when to expect an appeal decision.

For more information on this process, contact MetLife's State of Tennessee service line at 1-855-700-8001.



DISABILITY BENEFITS - Frequently Asked Questions

1. When do Short Term Disability benefits begin and how long do they continue?

- ❑ Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The Elimination Period means “the period of your disability during which MetLife does not pay benefits.” It’s your waiting period. The Elimination Period starts on the day you become disabled and runs concurrently with any pay received for Accrued Leave, Sick Leave and Compensatory Leave or pay withdrawn from the Sick Leave Bank. For Short Term Disability, there are two Elimination Period options available to employees:
 - Option A has an Elimination Period of 14 days for both accident and sickness.
 - Option B has an Elimination Period of 30 days for both accident and sickness.

The length of the Elimination Period affects the premium rate. A shorter Elimination Period means your monthly premium will be higher. A longer Elimination Period means you pay a lower monthly premium because you wait longer to receive a benefit.

The maximum benefit period is 26 weeks and begins on the benefit start date, which is the day after you satisfy the Elimination Period. Please note – because every disability is different, not every disability may last for the maximum period.

2. When do Long Term Disability benefits begin and how long do they continue?

- ❑ Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The Elimination Period means “the period of your disability during which MetLife does not pay benefits.” It’s your waiting period. The Elimination Period starts on the day you become disabled and runs concurrently with any pay received for Accrued Leave, Sick Leave and Compensatory Leave or pay withdrawn from the Sick Leave Bank. For Long Term Disability, there are two Elimination Period options available to employees:
 - Option 1 and 3 have an Elimination Period of 90 calendar days.
 - Option 2 and 4 have an Elimination Period of 180 calendar days.

The length of the Elimination Period affects the premium rate. A shorter Elimination Period means your monthly premium will be higher. A longer Elimination Period means you pay a lower monthly premium because you wait longer to receive a benefit.

Your plan’s maximum benefit period is dependent on your age on your date of disability. Disabled prior to age 65, then to Social Security Normal Retirement Age (SSNRA); Age 65, 24 months; Age 66, 21 months; Age 67, 18 months, Age 68, 15 months; age 69+, 12 months. Please note – because every disability is different, not every disability may last for the maximum period.

3. What is my Pre-Disability Salary, and when is it determined?

- ❑ Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.
 - For new hires, Pre-Disability Salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.
 - Annually, there will be a benefit and premium level adjustment. If your salary has changed from the prior year, your benefit and premium will change accordingly using the gross base annual salary you make on September 1. This adjustment will become effective on October 1.

4. I have “Leave” time accrued. Does this affect my Short Term and Long Term Disability benefit?

- ❑ Yes. You ARE required to use all of your accrued leave before your disability payments begin. This includes Sick Leave, Accrued Leave, and Compensatory Leave. Any accrued leave that extends beyond the STD or LTD benefit start date will be an offset to the STD or LTD benefit. You will not be paid from two different sources for your disability. Your disability benefit payment from MetLife will begin after your pay from any accrued leave ends.

Every Employee’s situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term and/or Long Term Disability Insurance.

5. Will using days from the “Sick Leave Bank” impact my STD and LTD benefit payments?

- ❑ You are NOT required to use days from the Sick Leave Bank. However, if you withdraw days from your Sick Leave Bank, any Sick Leave Bank days that extend beyond the STD or LTD benefit start date will be an offset to the STD or LTD benefit. You will not be paid from two different sources for your disability. Your disability benefit payment from MetLife will begin after your pay from the Sick Leave Bank ends.

6. Can I receive benefits if I return to work part-time?

- ❑ Yes. MetLife will work with you to determine if you qualify to receive any benefits and what those benefits are.

7. How does Short Term and Long Term Disability work with FMLA?

- ❑ If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Medical and Dental.

You can take FMLA leave when your child is born, and therefore, you can use disability benefits due to the birth of a child. If you use FMLA for any reason other than a disability related to you, let’s say you need to care for a family member, then you may continue your STD coverage while you are on leave. You will be billed for Disability premiums just as you are with other benefits offered such as Dental or Life.

February 23, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

1095-Cs for State Employees (State only)

The 1095-C's for state employees have generated. The employees who elected to receive their statement electronically can now view them in Edison here: HCM > Self Service > Benefits > View Form 1095-C. An email was sent to them last night to let them know. The statements for those who didn't elect to receive it electronically will start mailing early next week.

No Updates This Week (Local Ed, Local Gov and Higher Ed)

We don't have any updates to share with you this week. We hope you have a great weekend!

March 2, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

No Well-Being Assessment (WBA) March Deadline in 2018

Some Premier PPO plan members are asking about the Partnership Promise deadlines. As a reminder, the Partnership PPO went away in 2017 and was replaced with the Premier PPO. There is no Partnership Promise in 2018. **So there is no March 15 deadline for the WBA and no July 15 deadline for the biometric screening.** Members who were enrolled in the Partnership PPO in 2017 and made no changes during annual enrollment were moved to the Premier PPO.

Cigna DHMO Prepaid Dental Plan Announces New Cookeville Area Provider

Effective March 1, 2018, there is a new Cigna DHMO dental prepaid plan provider in Cookeville, TN. The provider information is below. As this is an underserved area for prepaid dental plan providers, we wanted to let you know so you can inform your Cookeville area dental plan members.

Hintz Oakley Family Dentistry
120 W Jackson Street
Cookeville, TN 38501
Phone: 931-526-5460
Jason Hintz, DDS and Troy Ben Oakley, DDS

1095-Cs for State Employees (State only)

The 1095-Cs for state employees who didn't elect to receive it electronically started mailing yesterday, March 1. Employees should start to receive them on Saturday, March 3. As a reminder, employees who elected to receive their statement electronically can now view them in Edison here: HCM > Self Service > Benefits > View Form 1095-C. An email was sent to these employees letting them know it was available.

March 9, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Week

ABC monthly conference calls will be next Tuesday, March 13.

The **attached** agenda includes the webinar login instructions.

Higher Ed – Tuesday, March 13 at 8:30 a.m. Central time

Local Ed – Tuesday, March 13 at 10 a.m. Central time

Central State – Tuesday, March 13 at 12:30 p.m. Central time

Local Government – Tuesday, March 13 at 2 p.m. Central time

We have **attached** a Cigna flier and Sharon Tansil with Cigna will talk about it during the call. As a reminder, we have moved to a WebEx platform for ABC conference calls.

Login instructions are **attached**.

Attachments: Cigna Vet Support Line
WebEx Login Instructions

CIGNA INTRODUCES NATIONAL SUPPORT LINE AND MINDFULNESS SESSIONS FOR VETERANS AND THEIR FAMILIES/CAREGIVERS

As a leader in the U.S. health care system, and a proud employer of veterans, Cigna is committed to helping veterans. To show our appreciation for veterans' sacrifices, Cigna established the Veteran Support Line and Mindfulness Program.



About Cigna's Veteran Support Line

The Veteran Support Line provides a wide range of assistance for veterans, as well as their caregivers and families, whether they are Cigna customers or not. **The Support Line is free and available 24/7/365 at 855.244.6211.**

- It is completely anonymous. Cigna does not ask for verification of military status or relationship to a veteran and does not ask for any personal identification.
- It's staffed by licensed Cigna behavioral health specialists, some of whom are veterans themselves and understand the unique and often difficult experiences both veterans and their caregivers often face.
- There is a dedicated triage team that will help veterans find the right resources and services including pain management, substance use counseling and treatment, financial issues, food, clothing, housing, safety, transportation, parenting and child care, aging services, health insurance, legal assistance and more.
- If someone who is in a crisis calls, they will be immediately routed to a member of our crisis team trained to handle these specific situations.

About Cigna's Mindfulness Programs

Cigna launched its Mindfulness for Vets program, specifically designed for all veterans, whether they are customers or not, to provide training in mindful stress management, acceptance and compassion. **The telephonic program will be available every Tuesday at 5 PM ET at 888.244.6260 (passcode 536435).**

- Many veterans suffer from chronic pain due to injuries, post-traumatic stress disorder, opioid dependency and other causes of stress at a higher rate than the general population. Mindfulness is an evidence-based therapy proven to have a positive impact on depression, stress, anxiety, performance, sleep, addiction and post-traumatic stress disorder.¹
- The program is facilitated by a Cigna specialist and typically lasts for 45-60 minutes with time at the end for veteran participants to ask questions and share experiences.
- All veterans, their caregivers and families, whether they are customers or not, are invited to participate in Cigna's other Mindfulness sessions currently open to all Cigna customers. **These take place every Monday and Thursday at 6 PM ET and every Wednesday at 8:30 PM ET at 888.244.6260 (passcode 388032).**

¹ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1809754>

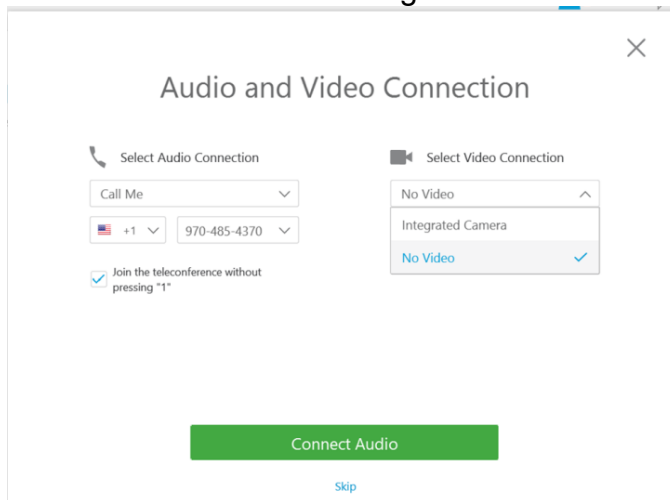
All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Behavioral Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 906010 11/17 © 2017 Cigna.



WebEx Login Instructions

To join the ABC Conference Call:

- Click on the following link:
<https://tngov.webex.com/meet/HPease>
- If you don't have WebEx installed on your computer, you can run a temporary application. The system will prompt you to run the temporary application.
- You will see **Heather Pease's Personal Room**
- You will be asked to enter your name and email. Then click join meeting
- You will see two options. "Select Audio Connection" on the left and "Select Video Connection" on the right



For "Video Connection": Please click on the drop down box and click on "no video." **See example in screen shot above.**

For "Audio Connection", you will have a few choices:

- Call me (**recommended**)
- I will call in
- Call using computer

If you are only calling in to listen and not using a computer, please use the following phone number and access code:

+1-415-655-0003 US TOLL
Access code: 647 036 393

Tips:

- If you choose "call me" you can put any number into the box and click the green box that says connect audio. The system will call you.
- If you choose "I will call in" the phone number you need to dial will "pop up" on the screen and you will need to use the access code given to you in the pop up box. This phone number and access code is also listed above.
- We do not recommend using the "call using computer" option unless you are using a headset connected to your computer.

- If you call in using the 415-655-0003 telephone number, you will not need an attendee id number. You can just push the pound key.
- If you do not click on “no video” you can turn off your video once you are logged in. Look for your name in the participant list on the right side of the screen, the video symbol is blue when active. You have to click that symbol to turn video on and off. This symbol is next to the mute/unmute microphone symbol.
- Unfortunately the “call me” option is not available for numbers with extensions. If you are calling from an extension, you have to “Call In” or “Call Using Computer.”

Instructions for the chat function:

Once you have entered the webinar room, at the top right of the screen you will see a **chat** button. Push that button. Anytime you want to ask a question or make a comment, you will enter your chat message in the box at the bottom right of the screen. Before you hit send, please note that you have the options on who sees your chat. For example, you could send your chat to “everyone” or you could send a chat to just the host. We will continue to read questions out loud, so we recommend that you send your chat to everyone.

FAQS

Do I have to be sitting at my computer to participate, or can I just call in?

No, you do not have to be sitting at your computer. You can call in using the following information:

+1-415-655-0003 US TOLL

Access code: 647 036 393

Will the login information always be the same for each call/webinar?

Yes, unless otherwise noted prior to the meeting.

Are there reasons why the state would not pay any applicable long-distance charges?

The state will not pay any applicable long-distance charges if you call into the meeting using your phone. There is no charge for connecting with your computer, and the state will pay charges if you have the meeting call you.

March 16, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the March 13 ABC conference calls are **attached**.

BlueCross BlueShield - Fitness Your Way Discounted Gym Promotion

Members who have BlueCross BlueShield as their carrier and choose to sign up for Fitness Your Way in the month of March will have the \$29 enrollment fee waived **if they use the promotional code Fit4Spring**. You can share the **attached** flier with your members so they have all of the details.

If members have signed up to receive them, they may also receive an email reminder from Blue 365. Additional information from BCBS is below.

Our March promotion encourages eligible members to join our discount fitness program, Fitness Your Way™ by Tivity Health. If members sign up in March, we'll waive their \$29 enrollment fee.

About Fitness Your Way

- Fitness Your Way is our member-pay fitness discount program that connects members with more than 10,000 fitness locations across the country.
- There's no long-term contract - just an initial three-month commitment.
- We'll waive the enrollment fee at checkout for the month of March when members sign up. They pay only \$29 per month (plus tax) thereafter.
- Members can find participating fitness locations online when they sign up for Fitness Your Way through our Blue365® discount program.
- Signing up also gives members access to discounts on wellness services like acupuncture, chiropractic visits and more.

Attachments: Fitness Your Way Flier



fitness your way
by Tivity Health

MAKING BETTER FITNESS EASIER — AND MORE AFFORDABLE

During March, we'll waive your enrollment fee when you sign up for Fitness Your Way, our flexible fitness program. Signing up not only lets you save on gym memberships, it also gives you access to discounts on wellness services like acupuncture, chiropractic visits and more.

Designed with You in Mind

Staying fit doesn't have to hurt your budget, thanks to Fitness Your Way.

- **No long-term contracts** – Just a three-month commitment.
- **Low monthly payments** – Only \$29 per month.*
- **A nationwide network** – Unlimited access to more than 10,000 fitness locations across the nation.**
- **No waiting** – You can start working out the day you join.
- **No enrollment fee** – If you enroll before March 31, 2018, we'll waive your \$29 enrollment fee at checkout.
- **Eligibility** – You must be 18 years or older to participate.

Join Fitness Your Way™ Today

Take the first step.

- Visit bcbst.com/member and register or log in to BlueAccessSM.
- Click **My Health & Wellness**.
- Select **Member Discounts & Fitness Your Way** to visit our Blue365[®] member discounts page.
- Click **Fitness Your Way**.
- Select **View Details** then **Redeem Now**.
- From there you can find fitness locations, enroll and create a Fitness Your Way account.
- You can also enroll over the phone by calling 1-888-242-2060, Monday through Friday, 8 a.m. – 8 p.m., ET.
- Use the promotional code **Fit4Spring** to waive the enrollment fee at checkout. Be sure to have your BlueCross BlueShield of Tennessee Member ID card handy.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

Tivity Health, Inc. is an independent vendor that provides solutions to improve health and well-being. Tivity Health and Fitness Your Way are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018 Tivity Health, Inc. All rights reserved.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-565-9140 (TTY:1-800-848-0298).

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 1-800-565-9140 (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 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າ ກ່າວ ການຊ່ວຍ ການສາລາດ ການຮຽນ ວິຊາ ການຮຽນ ວິຊາ ອື່ນ ການສາລາດ, ໂດຍ ບໍ່ ຈ່າ ຈ່າ, ແມ່ນ ມາ ພ້ອມ ທີ່ ທ່ານ. ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናገው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (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。1-800-565-9140 (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 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hó'ó, kojí' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).

March 23, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

PayFlex HSA Webinar Series

PayFlex is hosting a two-part webinar series on ways to help increase health savings account (HSA) adoption and education based on recent studies and consumer research. All ABCs are welcome to register for the series. Information and registration links are below.

PART 1: Looking for ways to increase HSA adoption?

During this webinar, PayFlex will share more around the HSA story and their value proposition. They'll also provide data and analytics that support ways to help increase adoption in the HSA.

Thursday, April 19 at 12 p.m. – 12:30 p.m. ET

[Click here to register](#)

PART 2: Help increase HSA employee education and engagement

During this webinar, PayFlex will provide results from recent consumer research focused on how employees feel/think about the HSA and how it's packaged during annual enrollment. They'll also make you aware of the available PayFlex educational tools/resources to use during enrollment.

Wednesday, May 23 at 12 p.m. – 12:30 p.m. ET

[Click here to register](#)

State Offices and BA Service Center Closed Friday, March 30

State offices and the Benefits Administration service center will be closed Friday, March 30.

April 30, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

State Offices and BA Service Center Closed Friday, March 30

State offices and the Benefits Administration service center will be closed Friday, March 30. However, our medical insurance carriers, BlueCross BlueShield and Cigna, will be open this Friday.

We hope you have a great weekend!

April 6, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Week

ABC monthly conference calls will be next Tuesday, April 10.

The **attached** agenda includes the webinar login instructions.

Higher Ed – Tuesday, April 10 at 8:30 a.m. Central time

Local Ed – Tuesday, April 10 at 10 a.m. Central time

Central State – Tuesday, April 10 at 12:30 p.m. Central time

Local Government – Tuesday, April 10 at 2 p.m. Central time

ParTNers for Health Wellness Program (State/Higher Ed)

If you get a question about the wellness program and/or incentives, please provide the answer below. You can find this information on the ParTNers for Health website [here](#).

Following the award of the wellness program contract back in July, one of the proposers filed a protest, which was ruled on but the ruling was appealed. The court process is still on-going. We are waiting on the final outcome to determine next steps. What this means for members is that we will not have a wellness program in place (and cash incentives for state plan members) until resolution of the litigation. Please check back here for updates related to the protest process. As soon as the protest is resolved, we will communicate the anticipated start date of the voluntary wellness program.

HIPAA Training (Local Ed only)

Benefits Administration sent an email to local education ABCs on April 2 about HIPAA training. The information sent is in the **attached** memo.

The 2018 HIPAA annual training is now open in Edison. ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU). **You have until April 30th to complete the class.**

Please review the attached memo for additional information and instructions on how to complete the HIPAA training requirement.

Benefits Administration (BA) Webpage URL Redirects

Back in December, we informed you that the state moved to a new website content management system (CMS). Specific webpage URLs within the BA website changed.

If you have bookmarked or use **the following pages** in any member materials, be sure you are using the corresponding URL. Soon, the old webpage URLs will not redirect. If you use the old URL, you will get an error 404 message.

BA Insurance and Benefits home page: <https://www.tn.gov/finance/fa-benefits.html>

Publications: <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html>

Forms: <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-forms.html>

Summary of Benefits and Coverage (SBC): <https://www.tn.gov/finance/fa-benefits/sbc.html>

ABC webpage: <https://www.tn.gov/finance/fa-benefits/abc.html>

April Preferred Drug List (PDL)

Attached is the [April 2018 State of Tennessee Preferred Drug List](#) (PDL). Also shown below are the additions and the drugs being removed from the PDL.

In the past four months, there were 547 members who filled a drug being removed from the PDL. Of these, 506 were for Tamiflu. CVS/caremark mailed a letter to these members letting them know about this change.

For drugs being removed or deleted from the list, plan members will need to be in compliance by April 1, 2018, or they face higher copayments or coinsurance from drugs moving to a non-preferred status.

Drugs being added to the PDL April 1, 2018, are as follows:

| Drug name | Indication | Options/Comments |
|-------------------------------|----------------------------------|---|
| Atrovent HFA | COPD | To provide an additional option for the treatment of COPD |
| Estring | Vulvar and vaginal atrophy | To provide an additional option for treatment of vulvar atrophy |
| Fiasp | Diabetes | To provide an additional insulin option |
| Fiasp FlexTouch | Diabetes | To provide an additional insulin option |
| OmniPod Insulin Infusion Pump | Diabetes | To provide an additional continuous insulin therapy option |
| Tolak | Actinic keratosis lesions | To provide an additional treatment option for actinic keratosis lesions |
| Trelegy Ellipta | COPD | To provide an additional option for the treatment of COPD |
| lanthanum carbonate | End stage renal disease | To provide an additional generic option |
| oseltamivir | Influenza Type A and B | To provide a generic option for treatment of Influenza A and B |
| paroxetine mesylate | Menopause | To provide a non-hormonal generic option |
| sevelamer carbonate | Control of serum | To provide an additional generic option |
| Austedo | Chorea (Huntington's Disease) | To provide an additional treatment option |
| Kyleena | Contraceptive | To provide an additional treatment option |
| Mirena | Contraceptive | To provide an additional treatment option |
| Skylla | Contraceptive | To provide an additional treatment option |
| Odomzo | Adults with Basal Cell Carcinoma | To provide an additional treatment option |
| Cystagon | Nephropathic cystinosis | To provide an additional treatment option |
| | | |

Drugs being deleted from the PDL April , 2018, are as follows:

| Drug name | Indication | Options/comments |
|------------------|-------------------|-------------------------|
|------------------|-------------------|-------------------------|

| | | |
|-----------------|---|--|
| Brisdelle | Menopause | Availability of a non-hormonal generic option (paroxetine mesylate) |
| Revela | Chronic kidney disease | Availability of generic options on the PDL (calcium acetate, sevelamer carbonate, and lanthanum carbonate) |
| Tamiflu capsule | Influenza Type A and B | Availability of the generic product, oseltamivir and the brand Relenza |
| Tamiflu powder | Influenza Type A and B | Availability of the generic product, oseltamivir |
| Juxtapid | Very high cholesterol in adults with HoFH | Availability of the preferred brand drug, Repatha |
| Liletta | Contraceptive | Availability of similar preferred brand drugs Kyleena, Mirena, and Skyla |
| Buphenyl | Urea cycle disorders | Availability of the generic sodium phenylbutyrate |
| Ravicti | Urea cycle disorders | Availability of the generic sodium phenylbutyrate |
| Procysbi | Nephropathic cystinosis | Availability of other preferred brand, Cystagon |

Attachments: HIPAA Memo

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until April 30th to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions but if you have any concerns, please email me at Chanda.Rainey@tn.gov. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by April 30th. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training; please click on link below to watch the video or follow instructions below. If you are having difficulty accessing the training in Edison; please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Education

April 13, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the April 10 ABC conference calls are **attached**.

Reminder - HIPAA Training (Local Ed only)

Benefits Administration sent an email to local education ABCs on April 2 about HIPAA training. The information sent is in the **attached** memo.

The 2018 HIPAA annual training is now open in Edison. ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU). **If you have not already completed the training for 2018, you have until April 30 to complete the class.**

Please review the attached memo for additional information and instructions on how to complete the HIPAA training requirement.

Edison System Upgrade

The Edison system will be down from Friday, May 4 at 4 p.m. CST through Monday, May 7 at 7 a.m. CST. There should not be any major changes that our benefits users will see.

Reminder - Benefits Administration (BA) Webpage URL Redirects

Back in December, we informed you that the state moved to a new website content management system (CMS). Specific webpage URLs within the BA website changed.

If you have bookmarked or use **the following pages** in any member materials, be sure you are using the corresponding URL. Soon, the old webpage URLs will not redirect. If you use the old URL, you will get an error 404 message.

BA Insurance and Benefits home page: <https://www.tn.gov/finance/fa-benefits.html>

Publications: <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html>

Forms: <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-forms.html>

Summary of Benefits and Coverage (SBC): <https://www.tn.gov/finance/fa-benefits/sbc.html>

ABC webpage: <https://www.tn.gov/finance/fa-benefits/abc.html>

Attachments: HIPAA Memo LEA
 PayFlex Coach ST HE
 PayFlex Coach
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The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until April 30th to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions but if you have any concerns, please email me at Chanda.Rainey@tn.gov. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

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https://www.youtube.com/watch?v=_ocOyZoEbCM

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Education

Connect with your HSA PayFlex Coach today!

Check this out! PayFlex Coach can help you get more out of your Health Savings Account (HSA).

What's PayFlex Coach?

It's a free* 4-week texting program that shares quick tips about your HSA. And you'll get helpful links to tools and resources -- like short videos, educational tidbits, and ways to help maximize your account.

How do you sign up?

Before May 11, 2018, use your mobile phone to text **PAYFLEXHSA** to 57320. Then, reply **YES** to participate. To learn more, [click here to watch this short video](#).

We're here to help

If you have questions, log in to your PayFlex member website and click **Help & Support**.

Sincerely,
PayFlex

*Standard text messaging and other rates from your wireless carrier still apply.

Note: This program doesn't involve a "live" person as your coach and isn't an on-going text conversation. The text messages are in a question and answer format. You'll receive helpful feedback based on your responses.

Terms & Conditions: By texting "PAYFLEXHSA" to 57320 and replying YES, you agree to enter the PayFlex Coach program to receive weekly text tips up to 10 times per week for 4 weeks. Text STOP for stop and HELP for help to 57320 or email coach@payflex.com. Message and data rates may apply. View Mobile Terms & Conditions [here](#). Participating carriers are: AT&T, T-Mobile, Verizon Wireless, Sprint, Boost, Virgin Mobile, MetroPCS, U.S. Cellular, Alltel AWCC, Cincinnati Bell, Google Voice and Cricket.

Note: There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information. This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

© 2018 PayFlex Systems USA, Inc.

Connect with your FSA PayFlex Coach today!

Check this out! PayFlex Coach can help you get more out of your Health Care Flexible Spending Account (FSA).

What's PayFlex Coach?

It's a free* 4-week texting program that shares quick tips about your health care FSA. And you'll get helpful links to tools and resources -- like short videos, educational tidbits, and ways to help maximize your account.

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Terms & Conditions: By texting "PAYFLEXFSA" to 57320 and replying YES, you agree to enter the PayFlex Coach program to receive weekly text tips up to 10 times per week for 4 weeks. Text STOP for stop and HELP for help to 57320 or email coach@payflex.com. Message and data rates may apply. View Mobile Terms & Conditions [here](#). Participating carriers are: AT&T, T-Mobile, Verizon Wireless, Sprint, Boost, Virgin Mobile, MetroPCS, U.S. Cellular, Alltel AWCC, Cincinnati Bell, Google Voice and Cricket.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to payflex.com.

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PAYFLEX[®]

Saving money now and in the future

PayFlex[®] Health Savings Account (HSA)

By joining one of the consumer-directed health plan (CDHP)/HSA options, you can enroll in a PayFlex HSA. Enroll in an HSA and start saving money for eligible health care expenses.

What do people love about the HSA?

- Contribute pretax and post-tax dollars.
- Contribute up to **\$3,450***/individual and **\$6,850***/family pretax dollars annually.
- Annual contribution limits include contributions made by both you and your employer (if applicable).
- Unused funds roll over from year to year.
- Your HSA stays with you, even if you switch employers, change health plans or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Your money can earn interest — plus, you can enjoy investment options.

Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Pay the PayFlex way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses.

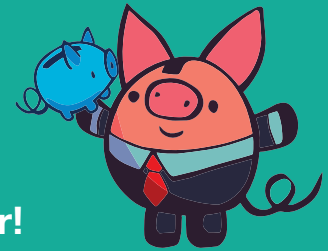
- **Use the PayFlex Card[®], your account debit card:** When you use the PayFlex debit card, your expense is automatically paid from your account.
- **Pay yourself back:** Pay for eligible expenses with cash, check or your personal credit card. Then withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.

Take care of your HSA and it may grow

There aren't many accounts where you can make tax-free contributions and tax-free withdrawals, and enjoy tax-free growth.** So why not use your HSA to help maximize your potential to save for your future?

Once you have a minimum balance (\$1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. There are also no transfer or trading fees and no minimum investment amount for a trade request.

Meet Pete, our interactive PayFlex adviser!



Are you considering a PayFlex account? Not sure how much to contribute? Or how much you'll save? Pete, our interactive adviser, is here to help. He's friendly and ready to help you understand the benefits of enrolling in a pretax account and how much to contribute.

Visit payflex.jellyvision-conversation.com to meet Pete and get started today.

*The maximum contribution limits are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs.

Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in one of the CDHP/HSA options. In addition:

- You can't have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible.
- You or your spouse can't have a general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year.
- You can't have Medicare or TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months. Unless the care received was for a service-related disability.
- You can't be claimed as a dependent by someone else.

Things to keep in mind

- If you're enrolling in a CDHP and currently have an Flexible Spending Account (FSA), you must spend all your FSA funds by December 31, 2017. This way, your HSA will open on January 1, 2018.
- If you don't use your FSA funds by December 31, your HSA won't open until April 1, 2018.

It's a simple tap with the **PayFlex Mobile® app**

Managing your account has never been easier. Simply tap to:

- ✓ Check your balance and view alerts
- ✓ Make payments, withdrawals and deposits
- ✓ View PayFlex debit card transactions
- ✓ View common eligible expense items, and more

- **View the Internal Revenue Service (IRS) contribution limits and a list of common eligible expense items on the PayFlex member website.**
- Annual contribution limits include contributions made by both you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an individual retirement account (IRA). This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional \$1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits (EOB) statements for your expense records.

Questions?

Visit **stateoftn.payflexdirect.com** or call us directly at **1-855-288-7936**. We're here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

Note: There may be fees associated with a Health Savings Account ("HSA"). The State of Tennessee will cover the ongoing monthly fees however members will be responsible for any investment fees. These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

PayFlex Systems USA, Inc.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. Eligible expenses may vary from employer to employer. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to **stateoftn.payflexdirect.com**.

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account, you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principle amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decisions. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance and other factors.

PayFlex Mobile® is a registered trademark of PayFlex Systems USA, Inc.

April 20, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Reminder - HIPAA Training (Local Ed only)

The HIPAA training deadline is approaching! **If you have not already completed the training for 2018, you have until April 30 to complete the class.**

The 2018 HIPAA annual training is now open in Edison. ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).

Benefits Administration sent an email to local education ABCs about this training on April 2. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Edison Down For Maintenance

Edison will be down for maintenance this Sunday, April 22, from 6 a.m. until 10 p.m. Central time.

Edison System Upgrade

The Edison system will be down from Friday, May 4 at 4 p.m. through Monday, May 7 at 7 a.m. Central time for a system upgrade. There should not be any major changes that our benefits users will see.

Why do we need to upgrade?

Similar to how Microsoft periodically upgrades Word and Excel, the Edison software needs to be upgraded as well. Upgrades of this nature are critical to keeping the state current with advancing technology. In addition, to maintain our support with our vendor we must stay current or risk losing support. This support is critical as issues arise that require us to reach out to our vendor for help.

Where can I find information about the upgrade?

Upgrade alerts will be posted in the 'Edison News Alerts' section of the Edison Portal. These alerts will help to familiarize you with more specific changes once the upgrade occurs. All prior alerts can be viewed by clicking the link 'News and Events' at the bottom of that section.

Collections Applied Reports for May Coverage (Local Ed, Local Gov, Higher Ed)

If you automatically receive your Collections Applied Report in Edison on the 5th of the month, there will be a delay due to Edison being down. The reports will generate as soon as the system comes back up May 7th. If you need your report sooner, you can manually run it in Edison on May 3rd or 4th by following the instructions located here: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_run_past_collection_applied.pdf.

Attachment: HIPAA Memo LEA

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until April 30th to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions but if you have any concerns, please email me at Chanda.Rainey@tn.gov. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by April 30th. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training; please click on link below to watch the video or follow instructions below. If you are having difficulty accessing the training in Edison; please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Education

April 27, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Reminder – Required HIPAA Training (Local Ed only)

HIPAA training deadline is next Monday, April 30! If you have not already completed the training for 2018, please do so right away.

The 2018 HIPAA annual training is now open in Edison. ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).

Benefits Administration sent an email to local education ABCs about this training on April 2. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Required HIPAA Training (Local Gov only)

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31 to complete the class.**

Please watch for a HIPAA training memo on Monday morning. It will have all the additional information and instructions on how to complete the HIPAA training requirement.

Reminder - Edison System Upgrade

The Edison system will be down from Friday, May 4 at 4 p.m. through Monday, May 7 at 7 a.m. Central time for a system upgrade.

One major result of this upgrade that may affect some users is a removal of existing links that are saved in the My Links section under the NavBar. This is covered below in more detail:

- My Links and My Favorites - Navigations in the My Links section of the NavBar will be removed due to this upgrade. This removal will affect all employees using this functionality. This removal will require users to recreate their former My Links and/or My Favorites under the NavBar. Prior to close of business on May 4, 2018, please remember to research and document your links and favorites via the NavBar>Navigator, so they can be easily recreated after the upgrade.

Please use the link below to access a document that will walk you through the process of creating a new Favorite within Edison.

<https://upk.edison.tn.gov/EHD/MyFavoritesMyLinks.pdf>

Please use the link below to access a YouTube video that will walk you through the process of creating a new Favorite within Edison.

<https://www.youtube.com/embed/TdjFn1Dq1wk?rel=0&modestbranding=1;controls=0%22frameborder=%220%22allowfullscreen>

Collections Applied Reports for May Coverage (Local Ed, Local Gov, Higher Ed)

If you automatically receive your Collections Applied Report in Edison on the 5th of the month, there will be a delay due to Edison being down. The reports will generate as soon as the system comes back up May 7th. If you need your report sooner, you can manually run it in Edison on May 3rd or 4th by following the instructions located here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_run_past_collection_applied.pdf.

Attachment: HIPAA Memo LEA

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Following is additional background information that will answer most of your questions but if you have any concerns, please email me at Chanda.Rainey@tn.gov. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by April 30th. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training; please click on link below to watch the video or follow instructions below. If you are having difficulty accessing the training in Edison; please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Education

May 4, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Week

ABC monthly conference calls will be next Tuesday, May 8.

The **attached** agenda includes the webinar login instructions.

Higher Ed – Tuesday, May 8 at 8:30 a.m. Central time

Local Ed – Tuesday, May 8 at 10 a.m. Central time

Central State – Tuesday, May 8 at 12:30 p.m. Central time

Local Government – Tuesday, May 8 at 2 p.m. Central time

Premium Holiday (State and Higher Ed only)

Premium Holiday Info for STATE, HIGHER ED employees and pre-65 retirees only!

What?

- On April 27th, Benefits Administration (BA) recommended and the State Group Insurance Committee voted to give all active state and higher education employees and state and higher education pre-65 retirees a **premium holiday for December 2018 coverage**.
- This means there will be no deduction for your health insurance premium this November.
- The premium holiday is for the health insurance (BCBST & Cigna) premiums only and will not include voluntary benefits.

Why?

- For the past several years, insurance claims in the state plan have been lower than expected.
- A premium holiday allows us to give back to our employees some of the surplus money on a one-time basis while maintaining sufficient reserves needed to operate the plan.

When?

No premiums for health insurance will be deducted from:

- 11/30 paycheck for state employees;
- a November paycheck for higher education employees (depending on payroll);
- 11/30 pension check for state and higher education pre-65 retirees;
- November direct bill invoices for state and higher ed employees and pre-65 retirees; and
- 12/15 bill sent by BA to higher education administration.

Required HIPAA Training (Local Gov only)

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31 to complete the class.**

Benefits Administration sent an email to local education ABCs about this training on April 30. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Form 5498-SA for CDHP/HSA Members (all plans)

We want to remind your CDHP members who have an HSA with PayFlex of the following additional information:

The Form 5498-SA generation process started on May 1, 2018. The Internal Revenue Service (IRS) requires that HSA administrators (such as PayFlex) have this form available by May 31, 2018. This means the form will be available on the member portal by Thursday, May 31. If members elected to receive a paper copy, PayFlex will mail it to them. Form 5498-SA includes pretax contributions from their paychecks, any contributions they made on their own (post-tax), and any employer contributions. These are contributions posted to their HSA for 2017. PayFlex will also send a copy of the form to the IRS.

As a reminder, **members don't need this form to file their taxes.** Even so, they should keep it with their tax records.

HSA Family Contribution Change

The IRS has changed the HSA family contribution amount (again) and the maximum contribution is back up to \$6,900. Letters were emailed to the small number of impacted members letting them know what to do if they want to increase their contribution from \$6,850 back up to \$6,900.

Reminder - Edison System Upgrade

The Edison system will be down **today from Friday, May 4 at 4 p.m. through Monday, May 7 at 7 a.m. Central time** for a system upgrade.

Collections Applied Reports for May Coverage (Local Ed, Local Gov, Higher Ed)

If you automatically receive your Collections Applied Report in Edison on the 5th of the month, there will be a delay due to Edison being down. The reports will generate as soon as the system comes back up May 7th.

Attachment: HIPAA Training Memo – Local Gov

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by May 31st. You have 31 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM&t=1s

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Government

May 11, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the May 8 ABC conference calls are **attached**. We've also **attached** the Optum and POMCO presentations from this month's call for your reference.

Reminder - Required HIPAA Training (Local Gov only)

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31 to complete the class.**

Benefits Administration sent an email to local education ABCs about this training on April 30. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Need to Manually Run Collections Applied Reports for May Coverage (Local Ed, Local Gov, Higher Ed)

There has been an issue with the Collections Applied Reports following the Edison upgrade. We recommend that agencies run their own reports manually this month. The link to instructions to run it is included below. You can also find the information under the Training section on the [ABC webpage](#).

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_run_past_collection_applied.pdf

If you need assistance, you can call our service center at 800.253.9981 and we can walk you through the process.

Attachments: Optum CIRS and SUDs
POMCO
HIPAA Training Memo Local Gov



Critical Incident Response Services



Critical Incident Response Services (CIRS)

The professional onsite crisis services of a Critical Incident Response Service (CIRS) help employees manage their feelings and can have a very positive impact on morale and productivity.

These services are available to all agencies.

Here are just a few of the situations in which CIRSs can help:

- Grief debriefing
- Employee with terminal illness
- Employee death
- National disaster
- Serious injury at the workplace
- Workplace violence

Critical Incident Response Services (CIRS)

- A specialized critical incident intake team is available by phone 24/7.
- An Optum EAP specialist trained in CIRS protocols manages the immediate response by phone.
- Interventions can include on-site support for employees, generally within 24-72 hours of the event.
- Managers receive on-site counseling and continuing education in how to support employees in the following days, weeks and months.
- Can also assist in disaster-preparedness planning.
- Follow up 24 hours after CIRS is performed.

Preparing for CIRS

Before the Services

- **You can access CIRS services by calling 855-here4tn 24 hours a day.**
- You will reach a CIRS coordinator, who will ask very specific questions about the incident and schedule services, which will be within 24-72 hours.
- The coordinator will provide guidance, communicate the services to your site, and will provide handouts. It will be suggested that a conference room be reserved so there is a confidential space for the counselor to meet with individuals.

Day of Services

- Meet with the counselor and provide any updates or logistics.
- The counselor will provide group support as well as individual sessions with employees. Managers should meet with the counselor in separate sessions.
- The counselor will provide general feedback from the group sessions (without violating any confidentiality), and talk about what to expect from employees in the coming weeks, and how to manage their reactions.

After CIRS Services

Within 24 hours of services, the CIRS coordinator will follow up to confirm if anything additional is needed, and to schedule any future sessions.

This information can be found on Here4TN.com under the “leaders” tab, as well as on page 24 of the Supervisor Manual.

Contact Melissa Ward at melissa.ward@optum.com with any questions.

Substance Use Disorders

- **Information available on Here4TN.com**
 - **Definition of Substance Use Disorders**
 - **What to look for in a SUD treatment program**
 - **How to connect with services**
- **Information in June newsletters**
- **Additional Materials Coming Soon**



POMCO and State of Tennessee Historical Overview



- POMCO has been the administrator since January 1, 2007.
- POMCO was selected by the State competitive bidding process on three separate occasions.
- The current contract runs until 2021.
- March 2017 POMCO Group was acquired by UMR, a division of United Healthcare.
- All POMCO services and functions have continued during the past year without change.
- Services will continue as outlined in the contract.
- There will be a few changes that may be noticed by retirees after July 1, 2018.
- As required by the contract by the State, ID cards will be produced that reflect the head of contract's Edison personal identification number preceding by prefix 3340. ***This change is required by a provision in the contract by the State. This would occur regardless of the POMCO UMR acquisition.***



What Remains The Same- No Change

Tennessee Plan - Supplementary Insurance Plan for Retirees



- ✓ State of Tennessee plan benefits and premiums remain the same
- ✓ POMCO Plan Administration Services – Enrollment remains the same
- ✓ POMCO Plan Administration Services- Claims processing remains the same
- ✓ POMCO Plan Administration Services- Provider payment remains the same
- ✓ Same member website: www.TheTennesseePlan.com
- ✓ Same Customer Service Number: 1-888-477-9307
- ✓ As it is with the POMCO contract, the POMCO name and branding will remain the same for member materials



What is Changing

Tennessee Plan - Supplementary Insurance Plan for Retirees



- ✓ Moving from the POMCO platform to UMR platform
- ✓ New ID Cards (including Edison ID number) as referenced in slide one (1)
- ✓ New Plan Number (displayed on new ID cards)
- ✓ Improved format for the Explanation of Benefits (EOB)
- ✓ Updated web portal



Member Communication Plan

Tennessee Plan - Supplementary Insurance Plan for Retirees



- Initial Letter/FAQ : May/June 2018
- Second Letter/FAQ : May/June 2018
- Id Cards Mailed/Custom Insert: June 2018
- Letter on member portal: July 2018



Thank you!

We are happy for the opportunity to serve you.

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

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For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM&t=1s

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
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- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Government

May 18, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Updated Continuing Insurance at Retirement Form

We have made a minor update to the Application to Continue Insurance at Retirement form. In Part 1, in the second box under Reason for Action, "Surviving Spouse" has been changed to "Surviving Dependent." The updated form is [found on the BA website, under Forms on the left hand side, Retirement.](#)

Reminder - Required HIPAA Training (Local Gov only)

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **If you have not completed the 2018 training, you have from now until May 31 to complete the class.**

Benefits Administration sent an email to local government ABCs about this training on April 30. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Flexible Spending Accounts (Higher Ed)

In the past few weeks, we have received a few Zendesk tickets from ABCs requesting assistance or information on employee flexible benefits. As a reminder, the state does not manage flexible benefits for higher education employees. ABCs can go to PayFlex directly for assistance by emailing stateoftennessee@payflex.com. Please note that this email address is **only** for ABCs and should not be given out to employees. The PayFlex personnel who receive inquiries through this box are not staffed to assist plan members.

Members can call PayFlex at 855.288.7936, or go to <http://stateoftn.payflexdirect.com/> for more information.

Benefits Administration is ready to assist with any and all **HSA-related** inquiries from ABCs and members.

Attachment: LG HIPAA Training Memo

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

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For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM&t=1s

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Government

May 25, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

2019 Plan and Premium Update (State/Higher Ed)

The Insurance Committees met on Thursday, May 24 to set premiums and approve changes and improvements to our State Group Health Insurance Program for calendar year 2019.

Attached you will find a summary of their actions. Compared to years' past there are very few changes. We will discuss all of the changes on upcoming ABC calls prior to annual enrollment.

If you have any immediate questions, you can send an email to benefits.info@tn.gov

2019 Plan and Premium Update (Local Ed)

The Insurance Committees met on Thursday, May 24 to set premiums and approve changes and improvements to our State Group Health Insurance Program for calendar year 2019.

Attached you will find a memo from Executive Director, Laurie Lee about the approved changes as well as an attached summary of their actions. Compared to years' past there are very few changes. We will discuss all of the changes on upcoming ABC calls prior to annual enrollment.

If you have any immediate questions, you can send an email to benefits.info@tn.gov

2019 Plan and Premium Update (Local Gov)

The Insurance Committees met on Thursday, May 24 to set premiums and approve changes and improvements to our State Group Health Insurance Program for calendar year 2019.

Attached you will find a memo from Executive Director, Laurie Lee about the approved changes as well as an attached summary of their actions. Compared to years' past there are very few changes. We will discuss all of the changes on upcoming ABC calls prior to annual enrollment.

If you have any immediate questions, you can send an email to benefits.info@tn.gov

Reminder - Required HIPAA Training (Local Gov only)

The 2018 HIPAA annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **If you have not completed the 2018 training, you have from now until May 31 to complete the class.**

Benefits Administration sent an email to local government ABCs about this training on April 30. Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

State Offices and BA Service Center Closed Monday, May 28

State offices and the Benefits Administration service center will be closed Monday, May 28 for the Memorial Day holiday.

Some of our vendor service centers will be closed and some may be open. Here is information from BlueCross BlueShield (BCBS), Cigna and Optum.

- Both BCBS and Cigna's business offices will be closed Monday.
- Cigna's toll-free 24/7 customer service will be available at 800.997.1617.
- Optum's business office will be closed including their claims department, but participants can call 855-HERE.4.TN (855.437.3486), 24/7 for EAP and behavioral health assistance.

We hope you have a great holiday weekend!

Attachments: 2019 Plan and Premium Summary ST
Premium Increase and 2019 Benefits LEA
2019 Plan and Premium Summary LE
Premium Increase and Benefits Memo LG
2019 Plan and Premium Summary LG
HIPAA Training Memo

2019 Premium and Plan Changes Summary (State and Higher Ed)

A summary of the 2019 premium and plan changes is below:

- **State/higher education active premiums:** For state and higher education active employees, **2019 premiums will decrease by 9.4%**.
- **Retiree premiums:** Will be separate from active premiums going forward and will increase by 3.5%, **which is less than this year's increase**.
- **Dental premiums, pending final approval in June:**
MetLife DPPO dental plan premiums will increase by 2%;
Cigna prepaid dental plan premiums will stay the same.
- **Vision premiums:** Will stay the same.

Improvements

- Enhanced coverage for opioid alternatives (medical and pharmacy):
 - **In-network outpatient physical therapy** placed outside of the deductible—removes up-front cost barriers for members who want to avoid surgery and pain medications. Plan members are still required to pay coinsurance but don't have to meet the deductible first.
 - **Waive copays on specific medications to treat opioid dependency.**
Limited to medications used in Medication Assisted Treatment (MAT) which combines behavioral therapy and medications to treat substance use disorders. The goal is to improve member compliance to treatment programs and taking medications as prescribed.
- **Pharmacy benefit changes:**
 - **Medication synchronization**— allow members to coordinate their maintenance medication refills so that all are filled on the same day to improve medication compliance rates. Copays for maintenance medications being synced would be pro-rated. This applies to statins for high cholesterol, high blood pressure, coronary artery disease, congestive heart failure, diabetes, and asthma/COPD medications.
- **Medical benefit changes:**
 - **Bone Anchored Hearing Device**—adding this coverage when deemed medically necessary. This coverage is common in plans like ours that also cover cochlear implants.
 - **Cardiac Rehab:** Waive in-network outpatient cardiac rehab cost-sharing. Less than one-third of eligible members participate in cardiac rehab, and those who do typically do not do so as recommended. Cost shown to be a common barrier.
- **2019 Voluntary Wellness Program:**
 - Implement voluntary wellness program for the state plan and provide an incentive up to \$250 for both active state and higher education employees and covered spouses. This increase is due in part to re-engage members in the program since we were not able to have one in 2018.
 - Implement voluntary disease management (DM) program (both active employees and retirees are eligible for DM).

Carrier Networks: Networks are staying the same; BCBS Network S, Cigna Local Plus and Cigna OAP. Cigna OAP will have the same surcharge as last year and cost more than the other two networks.

2018 Wellness Program Update: The prolonged litigation affecting the wellness program has ended. However, because of the time it takes to complete the contract award process and implement the contract, we will be unable to operate a wellness program in 2018. The Insurance Committees approved canceling the wellness program for 2018 at their May 24th meeting.

What that means for members is that we will **not** have any wellness services in 2018. This includes the cash incentive that state and higher education members could earn for completing wellness activities. As soon as we have a target start date for the 2019 program, we will share that information with you.



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone 800-253-9981
FAX (615) 253-8556


Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

May 25, 2018

MEMORANDUM

TO: Agency Benefit Coordinators/Fiscal Directors – Local Education Plan

FROM: Laurie Lee, Executive Director 

SUBJECT: Benefits and Premiums for 2019

The Local Education Insurance Committee met yesterday morning and approved benefits and rates for 2019. More specific information is attached but here are a few key points:

- The premium increase for all **health insurance plans is 2.5 percent** for 2019.
- For those of you who offer the state's dental insurance, here are the premium estimates, pending final approval in June:
 - Cigna prepaid dental plan – no **premium increase**.
 - MetLife DPPO plan – recommend **2 percent premium increase**.
- For those of you who offer the state's Davis Vision plan – **no premium increase**.
- We have enhanced coverage for medical and pharmacy opioid alternatives.
- There is not a Wellness program this year. In 2019, there will be a voluntary disease management program that is not tied to any health plan.
- In the Limited PPO plan, the separate pharmacy deductible is eliminated. The medical and pharmacy deductible is combined and deductibles and out-of-pocket maximums will increase slightly (see attached chart).
- Our carrier networks remain the same: BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP. Cigna OAP is a very large statewide network that has a \$40 to \$80 surcharge again in 2019.

We will discuss these benefits improvements on the June 12 Agency Benefits Coordinator call. If you have any questions before then, please contact me at benefits.info@tn.gov.

Thank you.

2019 Plan and Premium Update (Local Ed)

A summary of the 2019 premium and plan changes is below. Please share this with anyone (Fiscal Officers, Superintendents, others) who might need it.

- **Local Education Plan premiums:** a 2.5% premium increase to the local education plan premium rates for all products and all tiers.
- **Dental premiums, pending final approval in June:** MetLife DPPO dental plan premiums will increase by 2%; Cigna prepaid dental plan premiums will stay the same.
- **Vision premiums:** Will stay the same.
- **Limited PPO plan benefits: Separate pharmacy deductible is eliminated;** deductibles and out-of-pocket maximums will increase:

| | Tier | Limited PPO 2018 Benefits | | Limited PPO 2019 Benefits | |
|---|---------------------------|---------------------------|----------------|---------------------------|----------------|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | Emp. only | \$1,600 | \$3,000 | \$1,800 | \$3,600 |
| | Emp.+ Children | \$2,200 | \$4,000 | \$2,500 | \$4,800 |
| | Emp.+ Spouse | \$2,500 | \$4,600 | \$2,800 | \$5,500 |
| | Emp.+ Spouse + Child(ren) | \$3,200 | \$6,000 | \$3,600 | \$7,200 |
| MOOP (Medical & Rx Combined) | Emp only | \$6,600 | \$10,000 | \$6,800 | \$10,400 |
| | Emp. + Children | \$13,200 | \$20,000 | \$13,600 | \$20,800 |
| | Emp.+ Spouse | \$13,200 | \$20,000 | \$13,600 | \$20,800 |
| | Emp.+ Spouse + Child(ren) | \$13,200 | \$20,000 | \$13,600 | \$20,800 |

Improvements

- Enhanced coverage for opioid alternatives (medical and pharmacy):
 - **In-network outpatient physical therapy** placed outside of the deductible—removes up-front cost barriers for members who want to avoid surgery and pain medications. Plan members are still required to pay coinsurance but don't have to meet the deductible first.
 - **Waive copays on specific medications to treat opioid dependency.** Limited to medications used in Medication Assisted Treatment (MAT) which combines behavioral therapy and medications to treat substance use disorders. The goal is to improve member compliance to treatment programs and taking medications as prescribed.
- **Pharmacy benefit changes:**
 - **Medication synchronization**— allow members to coordinate their maintenance medication refills so that all are filled on the same day to improve medication compliance rates. Copays for maintenance medications

being synced would be pro-rated. This applies to statins for high cholesterol, high blood pressure, coronary artery disease, congestive heart failure, diabetes, and asthma/COPD medications.

- **Medical benefit changes:**
 - **Bone Anchored Hearing Device**—adding this coverage when deemed medically necessary. This coverage is common in plans like ours that also cover cochlear implants.
 - **Cardiac Rehab:** Waive in-network outpatient cardiac rehab cost-sharing. Less than one-third of eligible members participate in cardiac rehab, and those who do typically do not do so as recommended. Cost shown to be a common barrier.
- **2019 Voluntary Wellness Program:**
 - Implement voluntary disease management (DM) program (both active employees and retirees are eligible for DM).

Carrier Networks: Networks are staying the same; BCBS Network S, Cigna Local Plus and Cigna OAP. Cigna OAP will have the same surcharge as last year and will cost more than the other two networks.



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone 800-253-9981
FAX (615) 253-8556


Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

May 25, 2018

MEMORANDUM

TO: Agency Benefit Coordinators/Agency Directors – Local Government Plan

FROM: Laurie Lee, Executive Director 

SUBJECT: Benefits and Premiums for 2019

The Local Government Insurance Committee met yesterday and approved benefits and rates for 2019. More specific information is attached but here are a few key points:

- The premium increase for all **health insurance plans and levels is 2.0 percent** for 2019.
- For those of you who offer the state's dental insurance, here are the premium estimates, pending final approval in June:
 - Cigna prepaid dental plan – no **premium increase**.
 - MetLife DPPO plan – recommend **2 percent premium increase**.
- For those of you who offer the state's Davis Vision plan – **no premium increase**.
- We have enhanced coverage for medical and pharmacy opioid alternatives.
- There is not a Wellness program this year. In 2019, there will be a voluntary disease management program that is not tied to any health plan.
- In the Limited PPO plan, the separate pharmacy deductible is eliminated. The medical and pharmacy deductible is combined and deductibles and out-of-pocket maximums will increase slightly (see attached chart).
- Our carrier networks remain the same: BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP. Cigna OAP is a very large statewide network that has a \$40 to \$80 surcharge again in 2019.

We will discuss these benefits improvements on the June 12 Agency Benefits Coordinator call. If you have any questions before then, please contact me at benefits.info@tn.gov.

Thank you.

2019 Plan and Premium Update (Local Gov)

A summary of the 2019 premium and plan changes is below. Please share this with anyone (Fiscal Officers, agency heads, others) who might need it.

- **Local Government Plan premiums:** a 2% premium increase to the local government plan premium rates for all products and all tiers.
- **Dental premiums, pending final approval in June:** MetLife DPPO dental plan premiums will increase by 2%; Cigna prepaid dental plan premiums will stay the same.
- **Vision premiums:** Will stay the same.
- **Limited PPO plan benefits: Separate pharmacy deductible is eliminated;** deductibles and out-of-pocket maximums will increase:

| | Tier | Limited PPO 2018 Benefits | | Limited PPO 2019 Benefits | |
|---|---------------------------|---------------------------|----------------|---------------------------|----------------|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | Emp. only | \$1,600 | \$3,000 | \$1,800 | \$3,600 |
| | Emp.+ Children | \$2,200 | \$4,000 | \$2,500 | \$4,800 |
| | Emp.+ Spouse | \$2,500 | \$4,600 | \$2,800 | \$5,500 |
| | Emp.+ Spouse + Child(ren) | \$3,200 | \$6,000 | \$3,600 | \$7,200 |
| MOOP (Medical & Rx Combined) | Emp only | \$6,600 | \$10,000 | \$6,800 | \$10,400 |
| | Emp. + Children | \$13,200 | \$20,000 | \$13,600 | \$20,800 |
| | Emp.+ Spouse | \$13,200 | \$20,000 | \$13,600 | \$20,800 |
| | Emp.+ Spouse + Child(ren) | \$13,200 | \$20,000 | \$13,600 | \$20,800 |

Improvements

- Enhanced coverage for opioid alternatives (medical and pharmacy)
 - **In-network outpatient physical therapy** placed outside of the deductible—removes up-front cost barriers for members who want to avoid surgery and pain medications. Plan members are still required to pay coinsurance but don't have to meet the deductible first.
 - **Waive copays on specific medications to treat opioid dependency.** Limited to medications used in Medication Assisted Treatment (MAT) which combines behavioral therapy and medications to treat substance use disorders. The goal is to improve member compliance to treatment programs and taking medications as prescribed.
- **Pharmacy benefit changes:**
 - **Medication synchronization**— allow members to coordinate their maintenance medication refills so that all are filled on the same day to improve medication compliance rates. Copays for maintenance medications

being synced would be pro-rated. This applies to statins for high cholesterol, high blood pressure, coronary artery disease, congestive heart failure, diabetes, and asthma/COPD medications.

- **Medical benefit changes:**
 - **Bone Anchored Hearing Device**—adding this coverage when deemed medically necessary. This coverage is common in plans like ours that also cover cochlear implants.
 - **Cardiac Rehab:** Waive in-network outpatient cardiac rehab cost-sharing. Less than one-third of eligible members participate in cardiac rehab, and those who do typically do not do so as recommended. Cost shown to be a common barrier.
- **2019 Voluntary Wellness Program:**
 - Implement voluntary disease management (DM) program (both active employees and retirees are eligible for DM).

Carrier Networks: Networks are staying the same; BCBS Network S, Cigna Local Plus and Cigna OAP. Cigna OAP will have the same surcharge as last year and will cost more than the other two networks.

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by May 31st. You have 31 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

https://www.youtube.com/watch?v=_ocOyZoEbCM&t=1s

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Government

The following email was sent to agency benefits coordinators (ABCs) today.

PayFlex Recorded Webinar

PayFlex is hosting a series of webinars for employers to increase knowledge of HSAs. The first recording of the session hosted on April 19 is now available via the link below. Please share this link with other ABCs or interested staff.

[PayFlex Webinar Playback: Increase HSA Adoption](#)

As more webinars are held, we will share the links to the recordings with you.

News from Davis Vision (information is also attached)

In December 2017, Davis Vision was acquired by Centerbridge Partners. At that time, they informed the State that there would be a new name for the company and its two products: Davis Vision and Superior Vision. The new company name is **Versant Health**.

Will there be changes to Davis Vision member benefits or coverage?

No. No changes will be made to our benefits and there will be no disruption in coverage or service.

Will there be any changes to our provider network?

No, there will be no change to our provider network.

Will our client codes stay the same?

Yes, there will be no changes and they will remain:

Basic Client Code: 8155

Expanded Client Code: 8156

Will Davis send out new ID cards with the new logo?

No. Member ID cards with the “old” Davis Vision logo are still valid.

Will there be changes to the website for Davis Vision?

The web address remains www.davisvision.com/stateofTN where members can still access their accounts in the portal using the same login credentials.

Will Davis’ telephone or address be changing?

All telephone and fax numbers will remain the same along with all mailing and physical addresses.

The Customer Service number remains the same: 800.208.6404. The phone will be answered as Davis Vision.

Will Davis be communicating this change to our members?

No. The member materials Davis provides will be updated with the new logo over time.

Will our contacts at Davis Vision remain the same?

Yes. They remain the same.

Larry Sheehan (benefits fairs and materials) (508) 813-4211 lsheehan@davisvision.com

Jay Storey (benefits fairs and materials) (315) 884-0479 jstorey@davisvision.com

Is there anything ABCs need to do?

No, if your employees ask about the new look for Davis Vision, just remind them it's the same company with no changes in benefits.

Then what does this mean for our members?

Our contract with Davis Vision remains intact, certificates of coverage and member ID cards remain unchanged. Only the appearance of Davis Vision logo will change.

When will we see the new logo for Davis Vision?

The rollout of the new Davis Vision visual identity and materials will begin this summer and will phase in over the remainder of the year.

Will we see Versant Health on our materials?

You might but if you do, you will also see the Davis Vision with logo.

What does the new logo look like?

Old logo and new logos below:



ABC Required HIPAA Training (Higher Ed)

The 2018 HIPAA annual training for higher education ABCs is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have **changed our process** to ensure that everyone gets the required training in a timely manner. **You have from now until July 1 to complete the class.**

Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Attachments: News from Davis Vision
Higher Ed HIPAA Training Memo

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- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Higher Education

June 8, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Week

ABC monthly conference calls will be next Tuesday, June 12.

The **attached** agenda includes the webinar login instructions.

Higher Ed – Tuesday, June 12 at 8:30 a.m. Central time

Local Ed – Tuesday, June 12 at 10 a.m. Central time

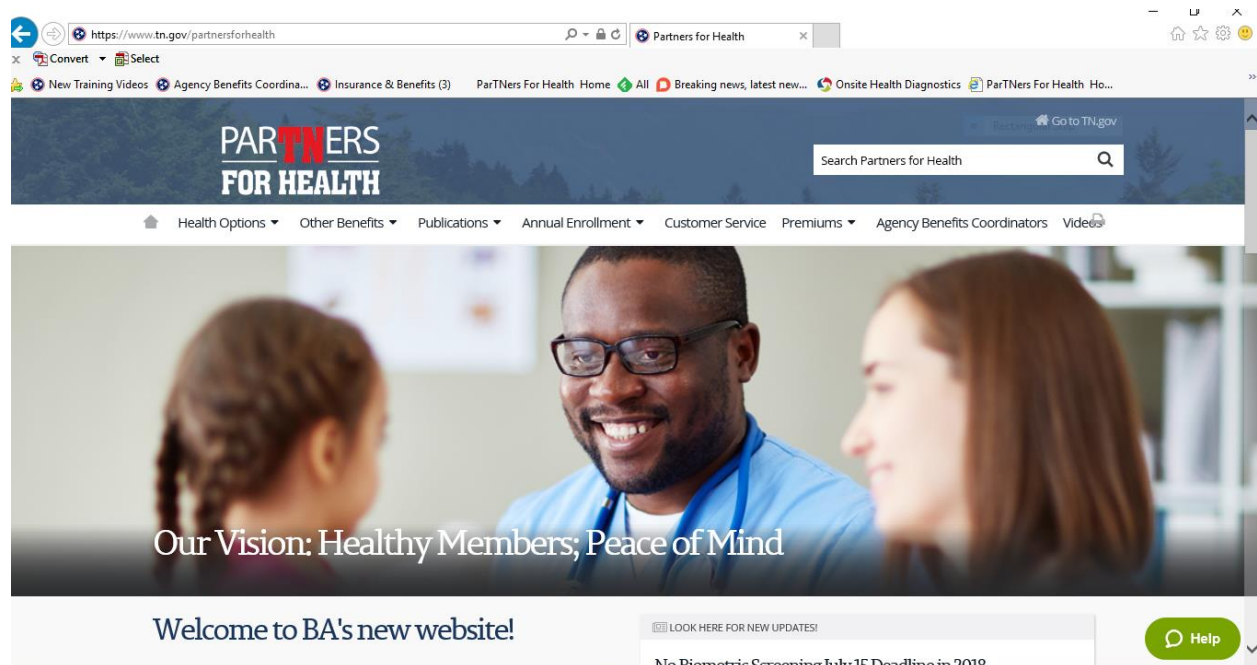
Central State – Tuesday, June 12 at 12:30 p.m. Central time

Local Government – Tuesday, June 12 at 2 p.m. Central time

New ParTNers for Health Combined Website

You may have noticed if you visited the ParTNers for Health or Benefits Administration websites today, that it looked different. **We are very pleased to announce that our two separate websites have been combined into one [ParTNers for Health website!](#)**

We'll go into all of the details, including navigating the new site during next week's ABC call, but we wanted to let you know that if you see this new look on ParTNers for Health (below) – you are in the right place!



2019 Health Insurance and Vision Premiums

The 2019 premium charts for health insurance and vision coverage are **attached**. Dental insurance premiums are pending final approval and will be sent as soon as finalized.

Adding or Dropping Dental and Vision Plans ([Local Ed/Local Gov](#))

As a reminder, the deadline for agencies wishing to add (not already enrolled in the plan) or drop dental and vision coverage is **August 1**.

You must notify us in writing that you wish to **add vision and dental** coverage. Your notification letter to BA must:

- Be on agency letterhead.
- State your agency's intent to join the vision or dental plan.
- Be approved by your governing body, if appropriate, and signed by your agency director.
- Indicate your willingness to allow payroll deduction.

Please send your letter to Nakeisha Myles at nakeisha.n.myles@tn.gov. Your employees will be eligible to enroll during the annual enrollment period in October for coverage that will begin on January 1, 2019.

Dropping Dental or Vision: If your agency would like to **drop dental or vision** coverage for the 2019 calendar year, BA needs a written notice sent to Nakeisha Myles by the **August 1 deadline**.

Reminder - ABC Required HIPAA Training (Higher Ed)

The 2018 HIPAA annual training for higher education ABCs is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have **changed our process** to ensure that everyone gets the required training in a timely manner. **You have from now until July 1 to complete the class.**

Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Attachments: 2019 Premiums State Active
2019 Premiums State Retiree
2019 Premiums State COBRA
2019 Premiums Local Ed Active
2019 Premiums Local Ed Support Retiree
2019 Premiums Local Ed Teacher Retiree
2019 Premiums Local Ed COBRA
2019 Premiums Local Gov Active
2019 Premiums Local Gov Retiree
2019 Premiums Local Gov COBRA
2019 Premiums Vision
Higher Ed HIPAA Training Memo

2019 Active Employees Monthly Health Premiums

| ALL REGIONS | | | | |
|--------------------------------|--------------|------------------------|--------------------------|-----------------------|
| | BCBST | CIGNA LOCALPLUS | CIGNA OPEN ACCESS | EMPLOYER SHARE |
| PREMIER PPO | | | | |
| Employee Only | \$136 | \$136 | \$176 | \$543 |
| Employee + Child(ren) | \$204 | \$204 | \$244 | \$814 |
| Employee + Spouse | \$284 | \$284 | \$364 | \$1,140 |
| Employee + Spouse + Child(ren) | \$352 | \$352 | \$432 | \$1,411 |
| STANDARD PPO | | | | |
| Employee Only | \$92 | \$92 | \$132 | \$543 |
| Employee + Child(ren) | \$139 | \$139 | \$179 | \$814 |
| Employee + Spouse | \$195 | \$195 | \$275 | \$1,140 |
| Employee + Spouse + Child(ren) | \$241 | \$241 | \$321 | \$1,411 |
| CDHP/HSA | | | | |
| Employee Only | \$60 | \$60 | \$100 | \$543 |
| Employee + Child(ren) | \$89 | \$89 | \$129 | \$814 |
| Employee + Spouse | \$125 | \$125 | \$205 | \$1,140 |
| Employee + Spouse + Child(ren) | \$154 | \$154 | \$234 | \$1,411 |

2019 Retirees Monthly Health Premiums

| ALL REGIONS | | | | | | |
|-------------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | AT LEAST 30 YEARS OF SERVICE | | 20-29 YEARS OF SERVICE | | LESS THAN 20 YEARS OF SERVICE | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Retiree Only | \$155.00 | \$195.00 | \$232.60 | \$272.60 | \$310.10 | \$350.10 |
| Retiree + Child(ren) | \$232.50 | \$272.50 | \$348.70 | \$388.70 | \$464.90 | \$504.90 |
| Retiree + Spouse | \$325.40 | \$405.40 | \$488.10 | \$568.10 | \$650.80 | \$730.80 |
| Retiree + Spouse + Child(ren) | \$402.80 | \$482.80 | \$604.20 | \$684.20 | \$805.60 | \$885.60 |
| Spouse Only | \$170.40 | \$210.40 | \$255.50 | \$295.50 | \$340.70 | \$380.70 |
| Child(ren) Only | \$77.40 | \$117.40 | \$116.10 | \$156.10 | \$154.80 | \$194.80 |
| Spouse + Child(ren) | \$247.80 | \$287.80 | \$371.70 | \$411.70 | \$495.60 | \$535.60 |
| STANDARD PPO | | | | | | |
| Retiree Only | \$145.10 | \$185.10 | \$217.70 | \$257.70 | \$290.20 | \$330.20 |
| Retiree + Child(ren) | \$217.60 | \$257.60 | \$326.30 | \$366.30 | \$435.10 | \$475.10 |
| Retiree + Spouse | \$304.90 | \$384.90 | \$457.40 | \$537.40 | \$609.80 | \$689.80 |
| Retiree + Spouse + Child(ren) | \$377.40 | \$457.40 | \$566.00 | \$646.00 | \$754.70 | \$834.70 |
| Spouse Only | \$159.80 | \$199.80 | \$239.70 | \$279.70 | \$319.60 | \$359.60 |
| Child(ren) Only | \$72.50 | \$112.50 | \$108.70 | \$148.70 | \$144.90 | \$184.90 |
| Spouse + Child(ren) | \$232.30 | \$272.30 | \$348.40 | \$388.40 | \$464.50 | \$504.50 |
| CDHP/HSA | | | | | | |
| Retiree Only | \$137.70 | \$177.70 | \$206.50 | \$246.50 | \$275.30 | \$315.30 |
| Retiree + Child(ren) | \$206.20 | \$246.20 | \$309.30 | \$349.30 | \$412.30 | \$452.30 |
| Retiree + Spouse | \$289.00 | \$369.00 | \$433.50 | \$513.50 | \$577.90 | \$657.90 |
| Retiree + Spouse + Child(ren) | \$357.50 | \$437.50 | \$536.20 | \$616.20 | \$715.00 | \$795.00 |
| Spouse Only | \$151.30 | \$191.30 | \$227.00 | \$267.00 | \$302.60 | \$342.60 |
| Child(ren) Only | \$68.50 | \$108.50 | \$102.80 | \$142.80 | \$137.00 | \$177.00 |
| Spouse + Child(ren) | \$219.80 | \$259.80 | \$329.80 | \$369.80 | \$439.70 | \$479.70 |

2019 COBRA Participants Monthly Health Premiums

| ALL REGIONS | | | |
|--------------------------------|--------------|------------------------|--------------------------|
| | BCBST | CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | |
| Employee Only/Single | \$692.58 | \$692.58 | \$733.38 |
| Employee + Child(ren) | \$1,038.36 | \$1,038.36 | \$1,079.16 |
| Employee + Spouse | \$1,452.48 | \$1,452.48 | \$1,534.08 |
| Employee + Spouse + Child(ren) | \$1,798.26 | \$1,798.26 | \$1,879.86 |
| STANDARD PPO | | | |
| Employee Only/Single | \$647.70 | \$647.70 | \$688.50 |
| Employee + Child(ren) | \$972.06 | \$972.06 | \$1,012.86 |
| Employee + Spouse | \$1,361.70 | \$1,361.70 | \$1,443.30 |
| Employee + Spouse + Child(ren) | \$1,685.04 | \$1,685.04 | \$1,766.64 |
| CDHP/HSA | | | |
| Employee Only/Single | \$615.06 | \$615.06 | \$655.86 |
| Employee + Child(ren) | \$921.06 | \$921.06 | \$961.86 |
| Employee + Spouse | \$1,290.30 | \$1,290.30 | \$1,371.90 |
| Employee + Spouse + Child(ren) | \$1,596.30 | \$1,596.30 | \$1,677.90 |

*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA

2019 Active Employees Monthly Health Premiums

| ALL REGIONS | | | |
|--------------------------------|--------------|------------------------|--------------------------|
| | BCBST | CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | |
| Employee Only | \$627 | \$627 | \$667 |
| Employee + Child(ren) | \$1,034 | \$1,034 | \$1,074 |
| Employee + Spouse | \$1,223 | \$1,223 | \$1,303 |
| Employee + Spouse + Child(ren) | \$1,630 | \$1,630 | \$1,710 |
| STANDARD PPO | | | |
| Employee Only | \$587 | \$587 | \$627 |
| Employee + Child(ren) | \$969 | \$969 | \$1,009 |
| Employee + Spouse | \$1,146 | \$1,146 | \$1,226 |
| Employee + Spouse + Child(ren) | \$1,526 | \$1,526 | \$1,606 |
| LIMITED PPO | | | |
| Employee Only | \$537 | \$537 | \$577 |
| Employee + Child(ren) | \$885 | \$885 | \$925 |
| Employee + Spouse | \$1,047 | \$1,047 | \$1,127 |
| Employee + Spouse + Child(ren) | \$1,395 | \$1,395 | \$1,475 |
| LOCAL CDHP/HSA | | | |
| Employee Only | \$456 | \$456 | \$496 |
| Employee + Child(ren) | \$751 | \$751 | \$791 |
| Employee + Spouse | \$889 | \$889 | \$969 |
| Employee + Spouse + Child(ren) | \$1,184 | \$1,184 | \$1,264 |

The premium amounts shown reflect the total monthly premium. Please see your agency benefits coordinator for your monthly deduction, the state's contribution and your employer's contribution, if applicable.

2019 Support Staff Retirees Monthly Health Premiums

| ALL REGIONS | | |
|-------------------------------|--|------------------------------|
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | |
| Retiree Only | \$627 | \$667 |
| Retiree + Child(ren) | \$1,034 | \$1,074 |
| Retiree + Spouse | \$1,223 | \$1,303 |
| Retiree + Spouse + Child(ren) | \$1,630 | \$1,710 |
| Spouse Only | \$596 | \$636 |
| Child(ren) Only | \$407 | \$447 |
| Spouse + Child(ren) | \$1,002 | \$1,042 |
| STANDARD PPO | | |
| Retiree Only | \$587 | \$627 |
| Retiree + Child(ren) | \$969 | \$1,009 |
| Retiree + Spouse | \$1,146 | \$1,226 |
| Retiree + Spouse + Child(ren) | \$1,526 | \$1,606 |
| Spouse Only | \$559 | \$599 |
| Child(ren) Only | \$381 | \$421 |
| Spouse + Child(ren) | \$939 | \$979 |
| LOCAL CDHP/HSA | | |
| Retiree Only | \$456 | \$496 |
| Retiree + Child(ren) | \$751 | \$791 |
| Retiree + Spouse | \$889 | \$969 |
| Retiree + Spouse + Child(ren) | \$1,184 | \$1,264 |
| Spouse Only | \$433 | \$473 |
| Child(ren) Only | \$295 | \$335 |
| Spouse + Child(ren) | \$728 | \$768 |
| LIMITED PPO | | |
| Retiree Only | \$537 | \$577 |
| Retiree + Child(ren) | \$885 | \$925 |
| Retiree + Spouse | \$1,047 | \$1,127 |
| Retiree + Spouse + Child(ren) | \$1,395 | \$1,475 |
| Spouse Only | \$509 | \$549 |
| Child(ren) Only | \$347 | \$387 |
| Spouse + Child(ren) | \$858 | \$898 |

2019 Teacher Retirees Monthly Health Premiums

| ALL REGIONS | | | | | | |
|-------------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | AT LEAST 30 YEARS OF SERVICE | | 20-29 YEARS OF SERVICE | | LESS THAN 20 YEARS OF SERVICE | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Retiree Only | \$344.85 | \$384.85 | \$407.55 | \$447.55 | \$470.25 | \$510.25 |
| Retiree + Child(ren) | \$568.70 | \$608.70 | \$672.10 | \$712.10 | \$775.50 | \$815.50 |
| Retiree + Spouse | \$672.65 | \$752.65 | \$794.95 | \$874.95 | \$917.25 | \$997.25 |
| Retiree + Spouse + Child(ren) | \$895.95 | \$975.95 | \$1,058.85 | \$1,138.85 | \$1,221.75 | \$1,301.75 |
| Spouse Only | \$327.80 | \$367.80 | \$387.40 | \$427.40 | \$447.00 | \$487.00 |
| Child(ren) Only | \$223.85 | \$263.85 | \$264.55 | \$304.55 | \$305.25 | \$345.25 |
| Spouse + Child(ren) | \$551.10 | \$591.10 | \$651.30 | \$691.30 | \$751.50 | \$791.50 |
| STANDARD PPO | | | | | | |
| Retiree Only | \$323.40 | \$363.40 | \$382.20 | \$422.20 | \$441.00 | \$481.00 |
| Retiree + Child(ren) | \$532.40 | \$572.40 | \$629.20 | \$669.20 | \$726.00 | \$766.00 |
| Retiree + Spouse | \$630.30 | \$710.30 | \$744.90 | \$824.90 | \$859.50 | \$939.50 |
| Retiree + Spouse + Child(ren) | \$839.30 | \$919.30 | \$991.90 | \$1,071.90 | \$1,144.50 | \$1,224.50 |
| Spouse Only | \$306.90 | \$346.90 | \$362.70 | \$402.70 | \$418.50 | \$458.50 |
| Child(ren) Only | \$209.00 | \$249.00 | \$247.00 | \$287.00 | \$285.00 | \$325.00 |
| Spouse + Child(ren) | \$515.90 | \$555.90 | \$609.70 | \$649.70 | \$703.50 | \$743.50 |
| LOCAL CDHP/HSA | | | | | | |
| Retiree Only | \$250.80 | \$290.80 | \$296.40 | \$336.40 | \$342.00 | \$382.00 |
| Retiree + Child(ren) | \$413.05 | \$453.05 | \$488.15 | \$528.15 | \$563.25 | \$603.25 |
| Retiree + Spouse | \$488.40 | \$568.40 | \$577.20 | \$657.20 | \$666.00 | \$746.00 |
| Retiree + Spouse + Child(ren) | \$651.20 | \$731.20 | \$769.60 | \$849.60 | \$888.00 | \$968.00 |
| Spouse Only | \$237.60 | \$277.60 | \$280.80 | \$320.80 | \$324.00 | \$364.00 |
| Child(ren) Only | \$162.25 | \$202.25 | \$191.75 | \$231.75 | \$221.25 | \$261.25 |
| Spouse + Child(ren) | \$400.40 | \$440.40 | \$473.20 | \$513.20 | \$546.00 | \$586.00 |
| LIMITED PPO | | | | | | |
| Retiree Only | \$295.35 | \$335.35 | \$349.05 | \$389.05 | \$402.75 | \$442.75 |
| Retiree + Child(ren) | \$486.75 | \$526.75 | \$575.25 | \$615.25 | \$663.75 | \$703.75 |
| Retiree + Spouse | \$575.85 | \$655.85 | \$680.55 | \$760.55 | \$785.25 | \$865.25 |
| Retiree + Spouse + Child(ren) | \$767.25 | \$847.25 | \$906.75 | \$986.75 | \$1,046.25 | \$1,126.25 |
| Spouse Only | \$280.50 | \$320.50 | \$331.50 | \$371.50 | \$382.50 | \$422.50 |
| Child(ren) Only | \$191.40 | \$231.40 | \$226.20 | \$266.20 | \$261.00 | \$301.00 |
| Spouse + Child(ren) | \$471.90 | \$511.90 | \$557.70 | \$597.70 | \$643.50 | \$683.50 |

2019 COBRA Participants Monthly Health Premiums

| ALL REGIONS | | | |
|--------------------------------|--------------|------------------------|--------------------------|
| | BCBST | CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | |
| Employee Only/Single | \$639.54 | \$639.54 | \$680.34 |
| Employee + Child(ren) | \$1,054.68 | \$1,054.68 | \$1,095.48 |
| Employee + Spouse | \$1,247.46 | \$1,247.46 | \$1,329.06 |
| Employee + Spouse + Child(ren) | \$1,662.60 | \$1,662.60 | \$1,744.20 |
| STANDARD PPO | | | |
| Employee Only/Single | \$598.74 | \$598.74 | \$639.54 |
| Employee + Child(ren) | \$988.38 | \$988.38 | \$1,029.18 |
| Employee + Spouse | \$1,168.92 | \$1,168.92 | \$1,250.52 |
| Employee + Spouse + Child(ren) | \$1,556.52 | \$1,556.52 | \$1,638.12 |
| LIMITED PPO | | | |
| Employee Only/Single | \$547.74 | \$547.74 | \$588.54 |
| Employee + Child(ren) | \$902.70 | \$902.70 | \$943.50 |
| Employee + Spouse | \$1,067.94 | \$1,067.94 | \$1,149.54 |
| Employee + Spouse + Child(ren) | \$1,422.90 | \$1,422.90 | \$1,504.50 |
| LOCAL CDHP/HSA | | | |
| Employee Only/Single | \$465.12 | \$465.12 | \$505.92 |
| Employee + Child(ren) | \$766.02 | \$766.02 | \$806.82 |
| Employee + Spouse | \$906.78 | \$906.78 | \$988.38 |
| Employee + Spouse + Child(ren) | \$1,207.68 | \$1,207.68 | \$1,289.28 |

2019 Active Employees Monthly Health Premiums

| ALL REGIONS | | | | | | |
|--------------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|
| | LEVEL 1 | | LEVEL 2 | | LEVEL 3 | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Employee Only | \$662 | \$702 | \$740 | \$780 | \$804 | \$844 |
| Employee + Child(ren) | \$1,027 | \$1,067 | \$1,146 | \$1,186 | \$1,246 | \$1,286 |
| Employee + Spouse | \$1,424 | \$1,504 | \$1,590 | \$1,670 | \$1,729 | \$1,809 |
| Employee + Spouse + Child(ren) | \$1,789 | \$1,869 | \$1,997 | \$2,077 | \$2,172 | \$2,252 |
| STANDARD PPO | | | | | | |
| Employee Only | \$620 | \$660 | \$693 | \$733 | \$753 | \$793 |
| Employee + Child(ren) | \$962 | \$1,002 | \$1,074 | \$1,114 | \$1,168 | \$1,208 |
| Employee + Spouse | \$1,334 | \$1,414 | \$1,489 | \$1,569 | \$1,620 | \$1,700 |
| Employee + Spouse + Child(ren) | \$1,676 | \$1,756 | \$1,871 | \$1,951 | \$2,034 | \$2,114 |
| LIMITED PPO | | | | | | |
| Employee Only | \$481 | \$521 | \$538 | \$578 | \$585 | \$625 |
| Employee + Child(ren) | \$747 | \$787 | \$834 | \$874 | \$907 | \$947 |
| Employee + Spouse | \$1,036 | \$1,116 | \$1,157 | \$1,237 | \$1,258 | \$1,338 |
| Employee + Spouse + Child(ren) | \$1,302 | \$1,382 | \$1,452 | \$1,532 | \$1,580 | \$1,660 |
| LOCAL CDHP/HSA | | | | | | |
| Employee Only | \$434 | \$474 | \$483 | \$523 | \$525 | \$565 |
| Employee + Child(ren) | \$671 | \$711 | \$750 | \$790 | \$815 | \$855 |
| Employee + Spouse | \$931 | \$1,011 | \$1,039 | \$1,119 | \$1,130 | \$1,210 |
| Employee + Spouse + Child(ren) | \$1,170 | \$1,250 | \$1,306 | \$1,386 | \$1,420 | \$1,500 |

The premium amounts shown reflect the total monthly premium. The different premium levels are based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

2019 Retiree Monthly Health Premiums

| ALL REGIONS | | | | | | |
|-------------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|
| | LEVEL 1 | | LEVEL 2 | | LEVEL 3 | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Retiree Only | \$662 | \$702 | \$740 | \$780 | \$804 | \$844 |
| Retiree + Child(ren) | \$1,027 | \$1,067 | \$1,146 | \$1,186 | \$1,246 | \$1,286 |
| Retiree + Spouse | \$1,424 | \$1,504 | \$1,590 | \$1,670 | \$1,729 | \$1,809 |
| Retiree + Spouse + Child(ren) | \$1,789 | \$1,869 | \$1,997 | \$2,077 | \$2,172 | \$2,252 |
| Spouse Only | \$762 | \$802 | \$851 | \$891 | \$925 | \$965 |
| Child(ren) Only | \$365 | \$405 | \$407 | \$447 | \$443 | \$483 |
| Spouse + Child(ren) | \$1,127 | \$1,167 | \$1,258 | \$1,298 | \$1,368 | \$1,408 |
| STANDARD PPO | | | | | | |
| Retiree Only | \$620 | \$660 | \$693 | \$733 | \$753 | \$793 |
| Retiree + Child(ren) | \$962 | \$1,002 | \$1,074 | \$1,114 | \$1,168 | \$1,208 |
| Retiree + Spouse | \$1,334 | \$1,414 | \$1,489 | \$1,569 | \$1,620 | \$1,700 |
| Retiree + Spouse + Child(ren) | \$1,676 | \$1,756 | \$1,871 | \$1,951 | \$2,034 | \$2,114 |
| Spouse Only | \$714 | \$754 | \$797 | \$837 | \$867 | \$907 |
| Child(ren) Only | \$342 | \$382 | \$381 | \$421 | \$415 | \$455 |
| Spouse + Child(ren) | \$1,056 | \$1,096 | \$1,178 | \$1,218 | \$1,281 | \$1,321 |
| LOCAL CDHP/HSA | | | | | | |
| Retiree Only | \$434 | \$474 | \$483 | \$523 | \$525 | \$565 |
| Retiree + Child(ren) | \$671 | \$711 | \$750 | \$790 | \$815 | \$855 |
| Retiree + Spouse | \$931 | \$1,011 | \$1,039 | \$1,119 | \$1,130 | \$1,210 |
| Retiree + Spouse + Child(ren) | \$1,170 | \$1,250 | \$1,306 | \$1,386 | \$1,420 | \$1,500 |
| Spouse Only | \$498 | \$538 | \$556 | \$596 | \$605 | \$645 |
| Child(ren) Only | \$238 | \$278 | \$266 | \$306 | \$290 | \$330 |
| Spouse + Child(ren) | \$736 | \$776 | \$822 | \$862 | \$895 | \$935 |
| LIMITED PPO | | | | | | |
| Retiree Only | \$481 | \$521 | \$538 | \$578 | \$585 | \$625 |
| Retiree + Child(ren) | \$747 | \$787 | \$834 | \$874 | \$907 | \$947 |
| Retiree + Spouse | \$1,036 | \$1,116 | \$1,157 | \$1,237 | \$1,258 | \$1,338 |
| Retiree + Spouse + Child(ren) | \$1,302 | \$1,382 | \$1,452 | \$1,532 | \$1,580 | \$1,660 |
| Spouse Only | \$555 | \$595 | \$619 | \$659 | \$672 | \$712 |
| Child(ren) Only | \$265 | \$305 | \$297 | \$337 | \$321 | \$361 |
| Spouse + Child(ren) | \$820 | \$860 | \$915 | \$955 | \$995 | \$1,035 |

2019 COBRA Participants Monthly Health Premiums

| ALL REGIONS | | | | | | |
|--------------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|
| | LEVEL 1 | | LEVEL 2 | | LEVEL 3 | |
| | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS | BCBST & CIGNA LOCALPLUS | CIGNA OPEN ACCESS |
| PREMIER PPO | | | | | | |
| Employee Only/Single | \$675.24 | \$716.04 | \$754.80 | \$795.60 | \$820.08 | \$860.88 |
| Employee + Child(ren) | \$1,047.54 | \$1,088.34 | \$1,168.92 | \$1,209.72 | \$1,270.92 | \$1,311.72 |
| Employee + Spouse | \$1,452.48 | \$1,534.08 | \$1,621.80 | \$1,703.40 | \$1,763.58 | \$1,845.18 |
| Employee + Spouse + Child(ren) | \$1,824.78 | \$1,906.38 | \$2,036.94 | \$2,118.54 | \$2,215.44 | \$2,297.04 |
| STANDARD PPO | | | | | | |
| Employee Only/Single | \$632.40 | \$673.20 | \$706.86 | \$747.66 | \$768.06 | \$808.86 |
| Employee + Child(ren) | \$981.24 | \$1,022.04 | \$1,095.48 | \$1,136.28 | \$1,191.36 | \$1,232.16 |
| Employee + Spouse | \$1,360.68 | \$1,442.28 | \$1,518.78 | \$1,600.38 | \$1,652.40 | \$1,734.00 |
| Employee + Spouse + Child(ren) | \$1,709.52 | \$1,791.12 | \$1,908.42 | \$1,990.02 | \$2,074.68 | \$2,156.28 |
| LIMITED PPO | | | | | | |
| Employee Only/Single | \$490.62 | \$531.42 | \$548.76 | \$589.56 | \$596.70 | \$637.50 |
| Employee + Child(ren) | \$761.94 | \$802.74 | \$850.68 | \$891.48 | \$925.14 | \$965.94 |
| Employee + Spouse | \$1,056.72 | \$1,138.32 | \$1,180.14 | \$1,261.74 | \$1,283.16 | \$1,364.76 |
| Employee + Spouse + Child(ren) | \$1,328.04 | \$1,409.64 | \$1,481.04 | \$1,562.64 | \$1,611.60 | \$1,693.20 |
| LOCAL CDHP/HSA | | | | | | |
| Employee Only/Single | \$442.68 | \$483.48 | \$492.66 | \$533.46 | \$535.50 | \$576.30 |
| Employee + Child(ren) | \$684.42 | \$725.22 | \$765.00 | \$805.80 | \$831.30 | \$872.10 |
| Employee + Spouse | \$949.62 | \$1,031.22 | \$1,059.78 | \$1,141.38 | \$1,152.60 | \$1,234.20 |
| Employee + Spouse + Child(ren) | \$1,193.40 | \$1,275.00 | \$1,332.12 | \$1,413.72 | \$1,448.40 | \$1,530.00 |

The premium amounts shown reflect the total monthly premium. The different premium levels are based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

2019 Monthly Vision Premiums

| | BASIC PLAN | EXPANDED PLAN |
|--------------------------------------|------------|---------------|
| ACTIVE MEMBERS | | |
| 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 |
| COBRA PARTICIPANTS | | |
| Employee Only/Single | \$3.13 | \$5.67 |
| Employee + Child(ren) | \$6.25 | \$11.34 |
| Employee + Spouse | \$5.94 | \$10.78 |
| Employee + Spouse + Child(ren) | \$9.19 | \$16.68 |
| COBRA DISABILITY PARTICIPANTS | | |
| Employee Only/Single | \$4.61 | \$8.34 |
| Employee + Child(ren) | \$9.20 | \$16.68 |
| Employee + Spouse | \$8.73 | \$15.86 |
| Employee + Spouse + Child(ren) | \$13.52 | \$24.53 |
| RETIREE PARTICIPANTS | | |
| Retiree Only | \$3.07 | \$5.56 |
| Retiree + Child(ren) | \$6.13 | \$11.12 |
| Retiree + Spouse | \$5.82 | \$10.57 |
| Retiree + Spouse + Child(ren) | \$9.01 | \$16.35 |
| Spouse Only | \$3.07 | \$5.56 |
| One Child Only | \$3.07 | \$5.56 |
| Two or More Children Only | \$6.13 | \$11.12 |
| Spouse + Children Only | \$6.13 | \$11.12 |

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until July 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by July 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

<https://www.youtube.com/watch?v= ocOyZoEbCM&t=1s>

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Higher Education

Friday, June 15, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the June 12 ABC conference calls are **attached**. We have **attached** the 2019 Plan and Benefits presentation slides from the ABC call.

Weekly New Hire Orientation WebEx Begins June 25! (State only)

The weekly new hire orientation will launch Monday, June 25 from 1-3 p.m. Central time. This orientation, which is a WebEx webinar, will provide new state employees with a breakdown of their benefit options. **Starting June 25, the orientation will be held every Monday at 1 p.m. Central time, unless it is a holiday.**

The orientation details the different medical options and explains insurance terms, networks, the behavioral health/employee assistance program (EAP) and flexible spending accounts (FSA). It also covers dental, vision, life, short term disability and long term disability insurance. Participants will learn how to enroll, about deadlines and where they can go for additional assistance.

New hires can go to the ParTNers for Health [For New Employees](#) webpage for the **link to the WebEx presentation**. New state employees will go to this same link each week to log in to the WebEx.

Adding or Dropping Dental and Vision Plans (Local Ed/Local Gov)

As a reminder, the deadline for agencies wishing to add (not already enrolled in the plan) or drop dental and vision coverage is **August 1**.

You must notify us in writing that you wish to **add vision and dental** coverage. Your notification letter to BA must:

- Be on agency letterhead.
- State your agency's intent to join the vision or dental plan.
- Be approved by your governing body, if appropriate, and signed by your agency director.
- Indicate your willingness to allow payroll deduction.

Please send your letter to Nakeisha Myles at nakeisha.n.myles@tn.gov. Your employees will be eligible to enroll during the annual enrollment period in October for coverage that will begin January 1, 2019.

Dropping Dental or Vision: If your agency would like to **drop dental or vision** coverage for the 2019 calendar year, BA needs a written notice sent to Nakeisha Myles by the **August 1 deadline**.

Reminder - ABC Required HIPAA Training (Higher Ed)

If you have already completed the 2018 training, you can disregard this message.

The 2018 HIPAA annual training for higher education ABCs is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have **changed our process** to ensure that everyone gets the required training in a timely manner. **You have from now until July 1 to complete the class.**

Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Edison Down for Maintenance

Edison will be down for maintenance Sunday, June 24 from 6 a.m. to 10 p.m. Central time.

Attachments: State and Higher Ed Plan and Benefits Presentation
Local Ed Plan and Benefits Presentation
Local Gov Plan and Benefits Presentation
HE HIPAA Training Memo



State Plan and Benefits Presentation

06/12/2018

2019 Vision and Dental Premiums (pending final approval)

- No changes to vision premiums for 2019
- MetLife DPPO: 2% premium rate increase for 2019

| Tier | Current Active Rates | 2019 Active Rates | Current Retiree Rates | 2019 Retiree Rates |
|---------------|----------------------|-------------------|-----------------------|--------------------|
| EE Only | \$23.18 | \$23.64 | \$29.92 | \$30.52 |
| EE+Spouse | \$43.84 | \$44.72 | \$56.61 | \$57.74 |
| EE+Child(ren) | \$53.29 | \$54.36 | \$68.80 | \$70.18 |
| Family | \$85.78 | \$87.50 | \$110.76 | \$112.98 |

- Cigna DHMO: No rate increase for 2019

| Tier | Current Active Rates | Current Retiree Rates |
|---------------|----------------------|-----------------------|
| EE Only | \$13.44 | \$14.79 |
| EE+Spouse | \$23.83 | \$30.71 |
| EE+Child(ren) | \$27.91 | \$26.22 |
| Family | \$32.76 | \$36.02 |

Benefit Enhancements

1. Waive copays on Medication Assisted Treatment (MAT) medications to treat opioid dependency
 - Applies to PPOs & CDHP
 - MAT combines behavioral therapy and medications to treat substance use disorders
2. Pro-rate copays for maintenance medications being synchronized
 - Applies only to PPOs; CDHP pays actual drug cost, not copay
 - Improve adherence by allowing members to coordinate medication refills so that all are filled on the same day
 - Comply with SB2025 - pro-rated copays for controlled substances

Benefit Enhancements

3. Waive in-network outpatient cardiac rehab cost sharing
 - Waiver applies only after deductible has been met
 - Applies to PPOs and CDHP
 - Less than 1/3 of our eligible members engage in outpatient cardiac rehabilitation and those who engage typically do not do so as recommended
4. Add coverage for bone anchored hearing devices deemed medically necessary by the claims administrators
 - Majority of plans covering cochlear implants (as we do) also cover bone anchored hearing devices

Benefit Enhancements

5. Place in-network outpatient physical therapy outside of the deductible
 - Applies to PPOs only. Cannot remove deductible for CDHP
 - Removes up-front cost barriers for members who want to avoid surgery and pain medications
 - Outpatient occupational and speech therapy will be treated similarly since the benefits typically mirror one another
 - Members must still pay coinsurance

No Change to Premium Surcharges – All Plans

- Statewide Network Surcharge
 - Currently, there are 3 networks offered:
 - BCBST Network S
 - Cigna Local Plus
 - Cigna Open Access Plus (OAP)
 - Cigna OAP is a broader network
 - If a member elects Cigna OAP network, the surcharge will be \$40/\$80

Premiums

- State Plan:
 - Active employee premium goes down by 9.4%
 - The Administration established and funded a retiree Trust to provide a secure and stable source of funding for retiree health care costs in the future
 - The Trust Fund is managed by F&A commissioner, State Treasurer and State Senate and House Finance chairmen
 - Create separate active and retiree rates
 - Increase retiree premium 3.5%



Local Education Plan and Benefits Presentation

06/12/2018

2019 Vision and Dental Premiums (pending final approval)

- No changes to vision premiums for 2019
- MetLife DPPO: 2% premium rate increase for 2019

| Tier | Current Active Rates | 2019 Active Rates | Current Retiree Rates | 2019 Retiree Rates |
|---------------|----------------------|-------------------|-----------------------|--------------------|
| EE Only | \$23.18 | \$23.64 | \$29.92 | \$30.52 |
| EE+Spouse | \$43.84 | \$44.72 | \$56.61 | \$57.74 |
| EE+Child(ren) | \$53.29 | \$54.36 | \$68.80 | \$70.18 |
| Family | \$85.78 | \$87.50 | \$110.76 | \$112.98 |

- Cigna DHMO: No rate increase for 2019

| Tier | Current Active Rates | Current Retiree Rates |
|---------------|----------------------|-----------------------|
| EE Only | \$13.44 | \$14.79 |
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| EE+Child(ren) | \$27.91 | \$26.22 |
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Benefit Enhancements

5. Place in-network outpatient physical therapy outside of the deductible
 - Applies to PPOs only. Cannot remove deductible for CDHP
 - Removes up-front cost barriers for members who want to avoid surgery and pain medications
 - Outpatient occupational and speech therapy will be treated similarly since the benefits typically mirror one another
 - Members must still pay coinsurance

Limited PPO Pharmacy Deductible – Local Education and Local Government Plans

- Remove Limited PPO separate \$100 pharmacy deductible
- Requires adjustment to deductible and MOOP to keep value of the plan the same

| LIMITED PPO | 2018 BENEFITS | | 2019 BENEFITS | |
|---|------------------|-------------------|-------------------------|--------------------------|
| Deductible (Individual/Family) | \$1,600/\$3,200 | \$3,000/\$6,000 | \$1,800/\$3,600 | \$3,600/\$7,200 |
| MOOP (Ind/Fam) Medical & Rx Combined | \$6,600/\$13,200 | \$10,000/\$20,000 | \$6,800/\$13,600 | \$10,400/\$20,800 |

- No other increases in member cost-sharing such as deductibles, copays, coinsurance, etc.

No Change to Premium Surcharges – All Plans

- Statewide Network Surcharge
 - Currently, there are 3 networks offered:
 - BCBST Network S
 - Cigna Local Plus
 - Cigna Open Access Plus (OAP)
 - Cigna OAP is a broader network
 - If a member elects Cigna OAP network, the surcharge will be \$40/\$80

Premiums

- Local Education: increase 2.5%
- Local Government: increase 2%



Local Government Plan and Benefits Presentation

06/12/2018

2019 Vision and Dental Premiums (pending final approval)

- No changes to vision premiums for 2019
- MetLife DPPO: 2% premium rate increase for 2019

| Tier | Current Active Rates | 2019 Active Rates | Current Retiree Rates | 2019 Retiree Rates |
|---------------|----------------------|-------------------|-----------------------|--------------------|
| EE Only | \$23.18 | \$23.64 | \$29.92 | \$30.52 |
| EE+Spouse | \$43.84 | \$44.72 | \$56.61 | \$57.74 |
| EE+Child(ren) | \$53.29 | \$54.36 | \$68.80 | \$70.18 |
| Family | \$85.78 | \$87.50 | \$110.76 | \$112.98 |

- Cigna DHMO: No rate increase for 2019

| Tier | Current Active Rates | Current Retiree Rates |
|---------------|----------------------|-----------------------|
| EE Only | \$13.44 | \$14.79 |
| EE+Spouse | \$23.83 | \$30.71 |
| EE+Child(ren) | \$27.91 | \$26.22 |
| Family | \$32.76 | \$36.02 |

Benefit Enhancements

1. Waive copays on Medication Assisted Treatment (MAT) medications to treat opioid dependency
 - Applies to PPOs & CDHP
 - MAT combines behavioral therapy and medications to treat substance use disorders
2. Pro-rate copays for maintenance medications being synchronized
 - Applies only to PPOs; CDHP pays actual drug cost, not copay
 - Improve adherence by allowing members to coordinate medication refills so that all are filled on the same day
 - Comply with SB2025 - pro-rated copays for controlled substances

Benefit Enhancements

3. Waive in-network outpatient cardiac rehab cost sharing
 - Waiver applies only after deductible has been met
 - Applies to PPOs and CDHP
 - Less than 1/3 of our eligible members engage in outpatient cardiac rehabilitation and those who engage typically do not do so as recommended
4. Add coverage for bone anchored hearing devices deemed medically necessary by the claims administrators
 - Majority of plans covering cochlear implants (as we do) also cover bone anchored hearing devices

Benefit Enhancements

5. Place in-network outpatient physical therapy outside of the deductible
 - Applies to PPOs only. Cannot remove deductible for CDHP
 - Removes up-front cost barriers for members who want to avoid surgery and pain medications
 - Outpatient occupational and speech therapy will be treated similarly since the benefits typically mirror one another
 - Members must still pay coinsurance

Limited PPO Pharmacy Deductible – Local Education and Local Government Plans

- Remove Limited PPO separate \$100 pharmacy deductible
- Requires adjustment to deductible and MOOP to keep value of the plan the same

| LIMITED PPO | 2018 BENEFITS | | 2019 BENEFITS | |
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Premiums

- Local Education: increase 2.5%
- Local Government: increase 2%

June 22, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

Important Zendesk Browser/Security Message

In order to protect the privacy and security of our data, Zendesk has eliminated support for browsers and devices using older Internet security protocols.

To ensure your ability to use the Zendesk system, please make sure you are using one of the following browsers:

- Internet Explorer version 11 (latest version is 11)
- Microsoft Edge versions 12+ (latest version is 17 for Windows/15 for Windows Mobile)
- Mozilla Firefox versions 27+ (latest version is 60)
- Google Chrome versions 30+ (latest version is 67)
- Apple Safari versions 7+ (latest version is 11)

For mobile devices, you must also be on Android 5.0 (“Lollipop”) or higher, or iOS 5.1 or higher.

If you are using an older device or browser, you will be unable to log in to your Zendesk account, create tickets, or use our Live Chat feature.

For more information, or if you have technical questions, you can read more here:

<https://support.zendesk.com/hc/en-us/articles/360000710347>

Weekly New Employee Orientation WebEx Starts Monday! (State only)

The weekly new employee orientation will launch Monday, June 25 from 1-3 p.m. Central time. The orientation, which is a WebEx webinar, will provide new state employees with a breakdown of their benefit options. **Starting June 25, the orientation will be held every Monday at 1 p.m. Central time, unless it is a holiday.**

You can share the information below with your new hires:

What: New Employee Benefits Orientation

When: Monday, 1-3 p.m. Central time

How: WebEx webinar – [click this link to join the presentation at 1 p.m.](#) Must have both audio and visual computer access.

Why: Staff will go over all plan options and how to enroll in your benefits.

You’ll learn about:

- Health plans, dental, vision, disability and life insurance and flexible spending accounts (FSA).
- Behavioral health, employee assistance program (EAP) and wellness program.
- Insurance terms.

The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until July 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by July 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

<https://www.youtube.com/watch?v= ocOyZoEbCM&t=1s>

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Higher Education

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***The deadline to register is July 27.**

ABC Annual Trainings - Local Education

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

We surveyed all ABCs in March during our strategic planning process to get an idea of how to serve you best at these meetings. This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

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July Preferred Drug List (PDL) Changes

Attached is the July 2018 State of Tennessee Preferred Drug List (PDL). Also shown below are drugs being added, removed or moved from the preferred to non-preferred tier.

In the past three months, there were 55 members who filled a drug being removed from the PDL. Notification letters will be sent to members who are negatively affected by tier changes* or drug exclusions.

Please encourage employees to use the state's specific webpage at info.caremark.com/stateoftn to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

*Except in the case of products that have generic equivalents available or are acute therapies.

CVS/CAREMARK HAS MADE THE FOLLOWING CHANGES TO THE PREFERRED DRUG LIST ("PDL" OR FORMULARY) AS OF JULY 1, 2018:

1. Added products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms-

- FETZIMA CAPSULE
- MYDAYIS CAPSULE
- OZEMPIC
- FETZIMA CAPSULE TITRATION PACK
- ORFADIN CAPSULE, SUSPENSION (ACSF)

2. Removed products that may have less convenient dosage forms, may have more side effects or may cost more when compared to available options on the CVS Caremark® Drug List-

a. Formulary exclusions

- PRALUENT (ACSF)

b. Drugs moving from Tier 2 (preferred) to Tier 3 (non-preferred):

- AZILECT TABLET
- FLUOXETINE 60MG TABLET
- NAMENDA XR CAPSULE
- SIVEXTRO TABLET
- BEYAZ TABLET
- LOTRONEX TABLET
- NAMENDA XR CAPSULE TITRATION PACK
- VOLTAREN GEL

Adding or Dropping Dental and Vision Plans (Local Ed/Local Gov)

As a reminder, the deadline for agencies wishing to add (not already enrolled in the plan) or drop dental and vision coverage is **August 1**.

You must notify us in writing that you wish to **add vision and dental** coverage. Your notification letter to BA must:

- Be on agency letterhead.
- State your agency's intent to join the vision or dental plan.
- Be approved by your governing body, if appropriate, and signed by your agency director.
- Indicate your willingness to allow payroll deduction.

Please send your letter to Nakeisha Myles at nakeisha.n.myles@tn.gov. Your employees will be eligible to enroll during the annual enrollment period in October for coverage that will begin January 1, 2019.

Dropping Dental or Vision: If your agency would like to **drop dental or vision** coverage for the 2019 calendar year, BA needs a written notice sent to Nakeisha Myles by the **August 1 deadline**.

ABC Required HIPAA Training (State only)

The 2018 HIPAA annual training for state ABCs is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.

Our 2018 training is now online. We have **changed our process** to ensure that everyone gets the required training in a timely manner. **You have from now until August 1 to complete the class.**

Please review the **attached** memo for additional information and instructions on how to complete the HIPAA training requirement.

Holiday Hours

State offices and the Benefits Administration service center will be closed Wednesday, July 4 for the Independence Day holiday.

Some of our vendor service centers will be closed and some may be open. Here is information from BlueCross BlueShield (BCBS), Cigna, CVS/caremark, Optum and PayFlex:

- Both BCBS and Cigna's business offices will be closed July 4.
- Cigna's toll-free 24/7 customer service will be available at 800.997.1617.
- Optum's business office will be closed including their claims department, but participants can call 855-HERE.4.TN (855.437.3486), 24/7 for EAP and behavioral health assistance
- CVS/caremark customer care will be open and available at 877.522.8679.
- PayFlex will be closed July 4.

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- BA_ABC_HIPAA_State

June 29, 2018

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Annual Trainings - Higher Ed

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Thursday, August 9, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

We surveyed all ABCs in March during our strategic planning process to get an idea of how to serve you best at these meetings. This year, many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day, but they will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

**The deadline to register is July 27.*

ABC Annual Trainings - State

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Friday, August 10, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

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- CVS/caremark customer care will be open and available at 877.522.8679.
- PayFlex will be closed July 4.

We hope you have a great holiday week!

Attachments: Higher Ed Training Schedule
Local Ed Training Schedule
Local Gov Training Schedule
State Training Schedule
State HIPAA Training Memo

2018 In-Person ABC Meeting Schedule

Higher Education

| Location | Date of Meeting/Registration |
|---|--|
| Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087 | Wednesday, August 1, 2018 8:00 to 4:00 Central Register |
| Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243 | Thursday, August 9, 2018 8:00 to 4:00 Central Register |
| UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC) | Monday, August 13, 2018 8:00 to 4:00 Central Register |
| UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305 | Tuesday, August 21, 2018 8:00 to 4:00 Central Register |

2018 In-Person ABC Meeting Schedule

Local Education

| Location | Date of Meeting/Registration |
|---|---|
| Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087 | Thursday, August 2, 2018 8:00 to 4:00 Central Register |
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2018 In-Person ABC Meeting Schedule

Local Government

| Location | Date of Meeting/Registration |
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2018 In-Person ABC Meeting Schedule

State

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| Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087 | Wednesday, August 1, 2018 8:00 to 4:00 Central Register |
| Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243 | Friday, August 10, 2018 8:00 to 4:00 Central Register |
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- BA_ABC_HIPAA_State