

December 22, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state)

Subject or email line: Join ParTNers for Give Your Immune System a Boost webinar, Jan. 11

Join ParTNers for Health and ActiveHealth for the upcoming 4Mind4Body webinar, **Give Your Immune System a Boost**, Jan. 11 starting at 11:30 a.m. CT.

Your immune system helps protect you from outside invaders, like bacteria and disease. Join ActiveHealth to learn the risks you face when your immune system isn't working at its best and how to give it a boost. Keep your immune system strong and ready to fight for your health.

Click here to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=ef41be087b1d1332304ee3892e8697256>

Registration is required. Session will not be recorded.

Find webinar information at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

For Members (local ed, local gov, and higher education)

We don't have any messages for you to share with employees this week.

For ABCs

Edison Cloud Migration (all plans)

For Edison users, on Jan. 9, 2023, the Edison system will be moved to the Cloud. This will require an outage of the entire Edison system from Friday, Jan. 6, 2023, starting at 6 p.m. through Monday, Jan. 9, 2023, at 7 a.m. CT. General users will be locked out of Edison beginning on Friday, Jan. 6, 2023, at 6 p.m. CT.

Impact to me?

After the move to the Cloud has been completed, you should clear the cache on your browser before using Edison. If you need help with how to clear cache, see the "Clearing Cache" document that can be found in Edison Production within the Self Service Training page on the Portal (Navigation = Left Menu>>Training>>Self Service Training). You may need to allow pop ups for the document to appear.

The Edison user experience will not be altered with this move to the Cloud.

Where can I find information about this change?

Alerts will be posted in the 'Edison News Alerts' section of the Edison Portal. These alerts will help to familiarize you with any announcements necessary to notify you of changes. We do not anticipate any changes from a user's perspective. All prior alerts can be viewed by clicking the link 'News and Events' at the bottom of that section.

January 4Mind4Body Webinar (state only)

We've again included the message above you can share with your employees along with the **attached** flyer about the upcoming 4Mind4Body webinar, **Give Your Immune System a Boost**, which will be held Wednesday, Jan. 11 starting at 11:30 a.m. Employees will need to register using the link in the attached flyer.

Here is information about the Jan. 11 webinar:

- Your immune system helps protect you from outside invaders, like bacteria and disease. Join ActiveHealth to learn the risks you face when your immune system isn't working at its best and how to give it a boost. Keep your immune system strong and ready to fight for your health.
- **Click here to register:**
<https://tn.webex.com/tn/onstage/g.php?MTID=ef41be087b1d1332304ee3892e8697256>

BA and Vendor Holiday Hours (all plans)

A reminder that state offices and the BA Service Center will be **closed Friday, Dec. 23, Monday, Dec. 26, Friday, Dec. 30 and Monday, Jan. 2, 2023**, for the holidays.

The holiday hours for our vendors are below. **Unless noted, vendor offices and customer service centers are closed Saturday, Dec. 24 and Sunday, Dec. 25.**

ActiveHealth Clinical and Engagement Specialists	Monday, Dec. 26 - closed Monday, Jan. 2 - closed
BlueCross BlueShield of Tennessee (medical – Network S and P)	Friday, Dec. 23 - closed Monday, Dec. 26 - closed Monday, Jan. 2 - closed
Cigna (medical - LP and OAP) Cigna Offices	Customer Service will be available 24/7/365 Offices Monday, Dec. 26 - closed Monday, Jan. 2 - closed
Cigna DHMO (Prepaid Provider) Cigna Offices	Customer Service will be available 24/7/365 Offices Monday, Dec. 26 - closed Monday, Jan. 2 - closed
CVS Caremark (pharmacy)	Customer Service will be available 24/7/365
Davis Vision	Saturday, Dec. 31 – 9 a.m. to 4 p.m. ET

	Sunday, Jan. 1 – call center and offices closed
Delta Dental (DPPO Provider) Offices	IVR system available 24/7 Friday, Dec. 23 - closed Monday, Dec. 26 - closed Friday, Dec. 30 - closed Monday, Jan. 2 - closed
MetLife Disability (state/higher ed)	Friday, Dec. 23 - open, reduced hours 8 a.m. – 5 p.m. CT Monday, Dec. 26 - closed Monday, Jan. 2 - closed
EyeMed (2023 Provider)	Friday, Dec. 23 – open 8 a.m. – 11 p.m. Saturday, Dec. 24 – open 8 a.m. – 11 p.m. Monday, Dec. 26 – open 8 a.m. – 11 p.m. Sunday, Jan. 1 – open 11 a.m. – 8 p.m. Monday, Jan. 2 – open 8 a.m. – 11 p.m.
Optum Financial (HSA, FSAs) holiday hours for members	Saturday, Dec. 24 - open Monday, Dec. 26 - closed Saturday, Dec. 31 - open Sunday, Jan. 1 - open Monday, Jan. 2 - open
Optum Financial (HSA, FSAs) Account Services Team	Monday, Dec. 26 - closed Saturday, Dec. 31 - closed Sunday, Jan. 1 - closed Monday, Jan. 2 - closed
Optum Health (EAP/behavioral health)	Call Center open 24/7/365
Securian Financial (life insurance - state/higher ed)	Monday, Dec. 26 - closed
UMR	Monday, Dec. 26 – closed Monday, Jan. 2 - closed
UNUM (former life insurance vendor – state/higher ed)	Friday, Dec. 23 - closed Monday, Dec. 26 - closed Monday, Jan. 2 - closed

Unless we have something urgent for ABCs, this is the final ABC email message for 2022. We hope you have a wonderful holiday and happy New Year!

Attachment: 4mind4body Flyer - State

End of Message

4MIND4BODY

LUNCH AND LEARN

All sessions available via webinar. Pre-registration required. [Click here for more information](#)

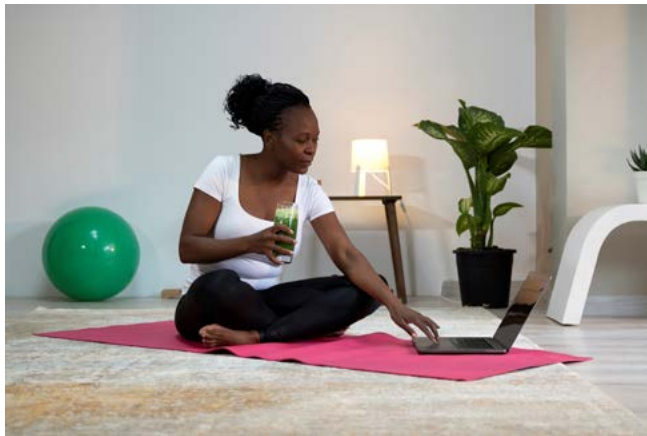
Give Your Immune System a Boost

Presented by ActiveHealth Management

Wednesday, Jan. 11

Your immune system helps protect you from outside invaders, like bacteria and disease. Join ActiveHealth to learn the risks you face when your immune system isn't working at its best and how to give it a boost. Keep your immune system strong and ready to fight for your health.

[CLICK HERE TO REGISTER](#)



Healthy Weight, Why Wait?

Presented by ActiveHealth Management

Wednesday, Feb. 8

What does a healthy weight look like? In this session with ActiveHealth, we'll discuss factors that affect weight management. Discover useful strategies for getting to and keeping a weight that's right for you.

[CLICK HERE TO REGISTER](#)

Practice Relaxation and Sleep Well

Presented by ActiveHealth Management and Optum

Wednesday, March 8

Did you know more than 3 out of 10 adults in the United States don't get the right amount of sleep? Good sleep is not a luxury, it's a necessity. Getting poor sleep or not enough sleep can harm your physical, mental and emotional health. Learn healthy habits to have better sleep patterns.

[CLICK HERE TO REGISTER](#)



December 16, 2022

The following email was sent to agency benefits coordinators today.

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For Members (state)

Subject or email line: Join ParTNers for Give Your Immune System a Boost webinar, Jan. 11

Join ParTNers for Health and ActiveHealth for the upcoming 4Mind4Body webinar, **Give Your Immune System a Boost**, Jan. 11 starting at 11:30 a.m. CT.

Your immune system helps protect you from outside invaders, like bacteria and disease. Join ActiveHealth to learn the risks you face when your immune system isn't working at its best and how to give it a boost. Keep your immune system strong and ready to fight for your health.

Click here to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=ef41be087b1d1332304ee3892e8697256>

Registration is required. Session will not be recorded.

Find webinar information at tn.gov/ParTNersForHealth under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

For Members (local ed, local gov, and higher education)

We don't have any messages for you to share with employees this week.

For ABCs

ABC Conference Call Notes (all plans)

Attached are the Dec. 13 combined conference call notes for your reference.

January 4Mind4Body Webinar (state only)

We've included a message above you can share with your employees along with the **attached** flyer about the upcoming 4Mind4Body webinar, **Give Your Immune System a Boost**, which will be held Wednesday, Jan. 11 starting at 11:30 a.m. Employees will need to register using the link in the attached flyer.

Here is information about the Jan. 11 webinar:

- Your immune system helps protect you from outside invaders, like bacteria and disease. Join ActiveHealth to learn the risks you face when your immune system isn't working at its best and how to give it a boost. Keep your immune system strong and ready to fight for your health.
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Service Center Metrics/Customer Service Rating (all plans)

Below are the service center metrics and customer service ratings comparing November 2022 and November 2021.

- **November 2022:**
 - Tickets via Email: 1,608
 - Tickets via Self-Service: 5,836
 - Tickets via Phone: 5,572
 - Tickets via Chat: 299
 - Total: 13,315
 - Satisfaction Score: 97.4%

- **November 2021:**
 - Tickets via Email: 1,253
 - Tickets via Self-Service: 4,977
 - Tickets via Phone: 5,245
 - Tickets via Chat: 245
 - Total: 11,720
 - Satisfaction Score: 88.5%

BA and Vendor Holiday Hours (all plans)

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The holiday hours for our vendors are below. **Unless noted, vendor offices and customer service centers are closed Saturday, Dec. 24 and Sunday, Dec. 25.**

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Attachment: 4mind4body Flyer - State

End of Message

4MIND4BODY

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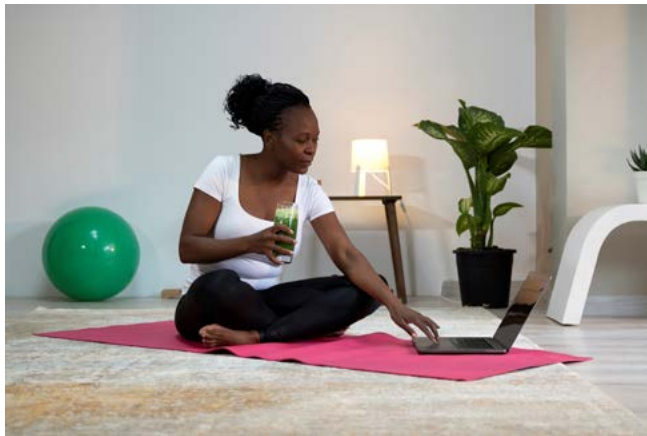
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Presented by ActiveHealth Management and Optum

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Did you know more than 3 out of 10 adults in the United States don't get the right amount of sleep? Good sleep is not a luxury, it's a necessity. Getting poor sleep or not enough sleep can harm your physical, mental and emotional health. Learn healthy habits to have better sleep patterns.

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December 9, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or subject line: 2023 ParTNers for Health Change in Emergency Room Costs

2023 Change in Emergency Room Costs

Starting Jan. 1, 2023, emergency room costs for ParTNers for Health members are changing from a flat copay to deductible + coinsurance for the Premier, Standard and Limited preferred provider organizations, or PPOs. Consumer-driven Health Plan, or CDHP members will not experience a change and will continue paying deductible + coinsurance for services.

What does this mean for you?

For PPO members, your out-of-pocket costs for visiting the ER will likely increase.

Example: A Premier PPO member who has not met their deductible visits the ER. The total cost for the visit is \$1,000.

	Today		Starting Jan. 1, 2023	
Member Pays	Copay ¹	\$150	Deductible first ²	\$750
			Coinsurance for remainder of charges	15% coinsurance (\$1,000-\$750 = \$250) 15% of \$250 = \$37.50
			Total	\$787.50

¹ Copay is waived if admitted. Services subject to deductible and coinsurance, such as advanced imaging, may be extra.

² Cost will vary depending on how much of the deductible has already been met at the time of the ER visit.

What are your other options?

Your plan offers other low-cost alternatives, when appropriate, such as convenience clinics and urgent care facilities.

Convenient care clinics	Urgent care centers
Can help with minor illnesses and injuries like: <ul style="list-style-type: none">• Sinus infections/allergies	Treat more serious injuries or illnesses like: <ul style="list-style-type: none">• Urinary tract infections

<ul style="list-style-type: none"> • Sore throat • Skin rashes • Upset stomachs 	<ul style="list-style-type: none"> • Broken bones that may require X-rays • Deep cuts requiring stitches • More complicated lab tests
Location	
Often located in grocery or drug stores	Often near a hospital but can also be freestanding near retail shopping centers
Cost	
Cost is the same as a primary care visit.	Cost is the same as a specialist visit.
In-network copays: Premier \$25, Standard \$30, Limited \$35	In-network copays: Premier \$45, Standard \$50, Limited \$55

Emergency rooms are still the most appropriate choice for life-threatening conditions and serious illnesses or injuries like chest pain, difficulty breathing, seizures, strokes and severe bleeding or if you have serious underlying health conditions.

For a look at the 2023 out-of-pocket costs, go to:

State/Higher Education members: [Health Plan Comparison](#)

Local Education/Local Government members: [Health Plan Comparison](#)

How do I find in-network convenience clinics and urgent care centers?

BlueCross BlueShield members can search online at the following links:

[Network S](#) – narrow network

[Network P](#) – buy-up broad network

For both options, under *Browse by Category* choose **Medical Care**, then **Urgent and Convenience Care**.

Cigna members can search online at the following links:

[Local Plus Network](#) – narrow network

[Open Access Plus Network](#) – buy-up broad network

For both options, choose *Facility & Ancillary Directory*, then in the drop-down box search for **convenience/convenient care or urgent care**.

For ABCs

ABC Conference Call (all plans)

The next ABC Annual Enrollment conference call is Dec. 13. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Dec. 13 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Dec. 13 at 10 a.m. CT**
- **State – Tuesday, Dec. 13 at 12:30 p.m. CT**
- **Local Government – Tuesday, Dec. 13 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - **click on the link:**

<https://tn.webex.com/meet/joan.williams>

For your reference, the 2023 ABC conference call schedule is posted on the ABC webpage under Conference Call Notes here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2023_ABC_Conf_Call_Schedule.pdf

2023 ParTNers for Health ER Costs (all plans)

This week, an email went out to all 2023 enrolled health plan members for whom we have email addresses in Edison about the upcoming change to emergency room cost sharing. We've included a message above that you're welcome to also share with your health plan members about this upcoming change.

Wrap-Up 2022 Health Savings Account Contributions (local ed and local gov only)

With the end of the year approaching, it's time to wrap up 2022 contributions to your employees' HSAs and prepare for 2023. Below are some helpful instructions on how to submit funding through the end of 2022 and into 2023. We hope you find this information useful in closing out 2022 and beginning 2023 successfully.

Contributions for 2022 tax year submitted in 2022	Contributions for 2022 tax year submitted in 2023	Contributions for 2023 tax year submitted in 2022
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Employer portal contributions and CDEX Automated File Upload — A file must be uploaded and approved prior to Dec. 28, 2022, at 3:30 p.m. ET. Contribution date must indicate 2022 pay date. If using this method, please submit files as early as possible to avoid delays and/or missed deadlines.

Employer portal contributions and CDEX Automated File Upload — A file must be uploaded and approved on or after Jan. 1 but prior to April 18, 2023, at 3:30 p.m. ET. If using a contribution with a 2023 date you must indicate "Prior" in the tax year field. For this method, please submit files as early as possible to avoid delays and/or missed deadlines.

Employer portal and CDEX Automated File Upload — A 2023 contribution can be loaded via a file in 2022 provided the **contribution date reflects a 2023 date**. There is not an option for 2023 contributions to be available prior to Jan. 4, 2023.

Local education or local government ABCs who have any questions about this may contact the ABC Support Center at 1-800-294-6620 or accountservices@optum.com.

End of Message

December 2, 2022

The following email was sent to agency benefits coordinators today.

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For Members (all plans)

We don't have any messages for you to share with employees this week.

For ABCs

Updated 2023 New Hire Guides (all plans)

We have made some minor tweaks to the 2023 new hire guides. You can find the link to the updated versions below:

- [2023 Eligibility and Enrollment Guide](#) — **State and Higher Education**
- [2023 Eligibility and Enrollment Guide](#) — **Local Education**
- [2023 Eligibility and Enrollment Guide](#) — **Local Government**

PPACA Marketplace Notices Updated for 2023 (all plans)

The required federal Marketplace Notices have been revised for 2023 and are posted on the ABC webpage under PPACA Documents by plan type (state, higher education, local education and local government). The previous versions included 2022 and 2023 premium information. The new versions now only include the premium information for 2023. **As noted on the Employee Insurance Checklist, you will need to provide the web address or a printed copy of the appropriate Marketplace Notice to your new hires if requested, so please use these updated versions going forward.**

2023 BlueCross and Cigna Member Handbooks (all plans)

The **2023 BlueCross BlueShield and Cigna Member Handbooks** are now posted on the ParTners for Health website under [Publications](#) and Member Handbooks – Health.

Cigna DHMO (Prepaid Provider) Search Change (all plans)

The password for using the provider search on www.cigna.com/stateoftn has been changed. The instructions located on the ParTners for Health website, under [Dental Insurance](#) titled [View Instructions on locating a Cigna dental provider at the Cigna splash page](#) have

been updated to reflect this change. As a reminder, users should **not** reset the password and should **not** enable two-factor authentication.

- Cigna has also provided a second, different way to search for providers in the network for the state of Tennessee that does not require a user to log in at www.cigna.com. Instructions for performing this type of search are on the ParTNers for Health website under [Dental Insurance](#), titled [View Instructions on locating a Cigna dental provider at Cigna’s website](#).
- Some providers will not show on this search. A list of those providers is also posted on the ParTNers for Health website under [Dental Insurance](#), titled [Cigna DHMO – SOT Specific Provider List](#).

Basic Term Life/Basic AD&D Reduction Due to Reaching Age Milestone (state only)

Effective January 2023, the process for determining when an employee’s basic term life/basic AD&D insurance will be reduced due to reaching certain age milestones is changing. Beginning in January, an employee’s life insurance amount will be based on the employee’s age in each pay period, instead of Sept. 1 of each year. Monthly paid employees whose birthdates are Sept. 2 through Dec. 31, 2022, will first see this reduction due to age on Dec. 31st paychecks. Semi-monthly paid employees whose birthdates are Sept. 2 through Dec. 15 will first see this reduction due to reaching an age milestone on their Dec. 31st paychecks.

The amount of insurance on an employee shall be in accordance with the following table:

<u>Age of Employee</u>	<u>Coverage is % of Total Pre-65 Insurance Provided by the Plan (employer and employee paid)</u>
65 - 69	65%
70 – 74	45%
75 and over	30%

To summarize, for semi-monthly paid employees: age reductions will be based on the employee’s age as of the prior pay period end date and will be effective the first of the next month.

For monthly paid employees: age reductions will be based on the employee’s age at the end of the prior month and will be effective the first of the next month.

A letter will be sent by Benefits Administration to employees advising them of the change in their coverage. Securian (MN Life) will send a letter to employees whose coverage has been reduced monthly offering conversion of lost coverage to an individual life insurance policy.

Wrap-Up 2022 Health Savings Account Contributions (local ed and local gov only)

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Local education or local government ABCs who have any questions about this may contact the ABC Support Center at 1-800-294-6620 or accountservices@optum.com.

End of Message

November 23, 2022

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For Members (all plans)

We don't have any messages for you to share with employees this week.

For ABCs

2023 New Hire Guides (all plans)

Last week, the 2023 new hire guides were posted to the ParTNers for Health website under [Publications](#) and then **Eligibility and Enrollment Guides**. You can find the link to the guide by plan below:

- [2023 Eligibility and Enrollment Guide](#) — **State and Higher Education**
- [2023 Eligibility and Enrollment Guide](#) — **Local Education**
- [2023 Eligibility and Enrollment Guide](#) — **Local Government**

Closed Thursday and Friday for Thanksgiving (all plans)

This week, state offices and the BA Service Center will be closed Thursday, Nov. 24 and Friday, Nov. 25 for the Thanksgiving holiday. The Thanksgiving holiday hours for our vendors are below. We hope you have a very Happy Thanksgiving!

ActiveHealth Clinical and Engagement Specialists	Thursday, 11/24 – Closed Friday, 11/25 – Closed
BlueCross BlueShield of Tennessee (medical – Network S and P)	Thursday, 11/24 – Closed Friday, 11/25 – Closed
Cigna (medical - LP and OAP) Cigna Offices	Customer Service will be available 24/7/365 Offices: Thursday, 11/24 – Closed Offices: Friday, 11/25 – Closed
Cigna DHMO (Prepaid Provider) Cigna Offices	Customer Service will be available 24/7/365 Offices: Thursday, 11/24 – Closed Offices: Friday, 11/25 – Closed
CVS Caremark (pharmacy)	Customer Service will be available 24/7/365
Davis Vision	Thursday, 11/24 – Call center closed Friday, 11/25 – 8 a.m. – 6 p.m. ET
Delta Dental (DPPO)	Wednesday, 11/23 – Closed Thursday, 11/24 – Closed Friday, 11/25 – Closed IVR system available 24/7
EyeMed	Thursday, 11/24 – Closed Friday, 11/25 – 8 a.m. – 11 p.m. ET

MetLife Disability (state/higher ed)	Wednesday, 11/23 – 8 a.m. – 5 p.m. CT (reduced hours) Thursday, 11/24 – Closed Friday, 11/25 – 8 a.m. – 5 p.m. CT (reduced hours)
Optum Financial (HSA, FSAs)	Thursday, 11/24 – Offices and Customer Care closed Friday, 11/25 – Offices and Customer Care closed
Optum Health (EAP/behavioral health)	Call Center open 24/7/365
UMR	Thursday, 11/24 – Closed Friday, 11/25 – Closed
Securian Financial (life insurance - state/higher ed)	Thursday, 11/24 – Closed
Unum (former life insurance vendor – state/higher ed)	Thursday, 11/24 – Closed Friday, 11/25 – Closed

End of message

November 18, 2022

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For Members (all plans)

Subject or title: BlueCross Network News

BlueCross BlueShield Network News

You are receiving this message because you may be impacted by a BlueCross Network S or Network P change effective Jan. 1, 2023. Methodist Le Bonheur Children's is leaving Networks S and P, and Methodist Healthcare Facilities in Memphis are leaving Network P. **Attached** are sample letters being mailed to members about these network changes. You will receive additional notification of any changes that may occur because of the contract negotiations. If you need further assistance, please call BCBST at 800.558.6213, M-F 8 a.m. – 6 p.m. ET.

A list of alternate facilities is included in the attached letters. You can also find a current list of BCBST Network S and Network P facilities on the ParTNers for Health website, under **Carrier Information**, titled All Networks Hospital List found here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/directory_hospitals_2022.pdf

For ABCs

Reminder – BlueCross Network News (all plans)

We relayed back in September that Methodist Le Bonheur Children's is leaving Network S and P, and Methodist Healthcare Facilities in Memphis are leaving Network P effective Jan. 1, 2023. Attached are letters going out to 403 impacted Network S members, and 64 impacted Network P members.

Benefits Administration will keep you updated with information if there is a change in contract negotiations. We've included a message above that you can share with impacted members. If you or a member needs further assistance, please call BCBST at 800.558.6213, M-F 8 a.m. – 6 p.m. ET.

A list of alternate facilities is included in the attached letters. Members can also find a current list of BCBST Network S and Network P facilities on the ParTNers website, under **Carrier Information**, under All Networks Hospital List found here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/directory_hospitals_2022.pdf

Cigna DHMO Provides Contribution for New Members with Ortho in Progress (all plans)

New members in the Cigna Dental Health Maintenance Organization – Prepaid Provider may receive a contribution toward their cost of treatment for orthodontic care in progress on their effective date of coverage. **Attached** is a flyer on the contribution by Cigna and also attached is a contribution schedule based upon the number of months remaining in the treatment plan.

Contact Cigna Customer Service at 800.997.1617 with any questions.

Closed next Thursday and Friday for Thanksgiving (all plans)

Next week, state offices and the BA Service Center will be closed Thursday, Nov. 24 and Friday, Nov. 25 for the Thanksgiving holiday.

We'll send the weekly ABC email next Wednesday, Nov. 23.

Attachments: Methodist Member Letter Network S
Methodist Member Letter Network P
DHMO Orthodontics in Progress for New Members (2023)
DHMO Ortho in Progress for New Members Payment Grid (2023)

End of message

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out today to let you know about a change to your BlueCross provider network.

We prefer not to make changes to our networks, but sometimes it's necessary for keeping health care costs reasonable. When it's time to negotiate a new contract with a network provider, we look to see if rates they charge are comparable to other, similar providers. **Starting Jan. 1, 2023, the following Methodist Le Bonheur Healthcare facilities will no longer be in Blue Network SSM.**

- Methodist Healthcare Minor Medical Centers
- Methodist Surgery Center - Germantown
- Methodist Home Care Services
- Methodist Home Medical Equipment

We're working hard to keep **Le Bonheur Children's Medical Center** and its Germantown location in your network. But they'll also be **out of network Jan. 1, 2023**, if we can't reach an agreement.

Once these Methodist Le Bonheur Healthcare facilities are out of your network, you'll have to pay more if you go there for care. You can avoid paying more if you go to facilities in your network. You can find a list of facilities that offer similar care in the Frequently Asked Questions section of this letter and by going to **bcbstnetworkupdates.com**.

What this means for you

- **If you get non-emergency care at these Methodist Le Bonheur facilities on and after Jan. 1, 2023, you'll have to pay more out of your own pocket.** This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you pay when you visit in-network providers. You'll also pay for any charges above the maximum payment allowed for a covered services if the provider sends you a bill for those charges.
- Before scheduling non-emergency services, please confirm who will provide those services and make sure they're in your network.
- In an emergency, you should go to the closest emergency room. If you receive emergency care from these Methodist Le Bonheur facilities, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. In an emergency, providers can't charge you more than in-network rates.

We're here to help

If you're getting ongoing care at one of these facilities, you can ask us to keep covering it. To do that, or for help finding a new facility in your network, just give us a call at 1-800-558-6213. We're here Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at [bcbst.com/members/TN_state](https://www.bcbst.com/members/TN_state).

Thanks for allowing us to be your health care partner.

Best of Health,

Robin Young
Senior Vice President, Operations and Chief Marketing Officer

SAMPLE

Frequently Asked Questions

What if I am receiving ongoing treatment on Jan. 1, 2023?

You may be eligible for Continuity of Care. See the Continuity of Care section of this mailing for more information.

I've been approved for services that start after Dec. 31, 2022. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to these Methodist Le Bonheur facilities?

You'll need to get care from in-network providers to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit bcbst.com/members/TN_state to find a list of PCPs and specialists in your network.

What if I receive emergency care at these Methodist Le Bonheur facilities?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and BlueCross has approved your stay, medically necessary services for the approved days will be covered at the in-network level.

Where can go I for care if/when these facilities leave Network S?

Alternate facilities for Network S:

Minor Medical Centers

- Baptist Memorial Hospital, Memphis
- Baptist Memorial Hospital Desoto, Southaven (MS)
- Baptist Minor Medical Centers
- St. Francis Hospital, Memphis
- St. Francis Hospital, Bartlett
- Urgent Care of St. Francis

Home Care Services

- NHC HomeCare, Somerville
- Amedisys Home Health Care, Cordova
- Intrepid USA Healthcare Services, Bartlett
- Adoration Home Health Care of West Tennessee, Bartlett
- Functional Independence Home Care, Cordova

Home Medical Equipment

- Baptist Home Medical Equipment, Memphis
- American Medical Equipment, Memphis
- Apria Healthcare, Memphis
- Home Medical Products, Memphis
- Lincare, Inc., Bartlett

Surgery Centers

- Baptist Germantown Surgery Center, Germantown
- Bowden Gastro Associates LLC, Memphis
- East Memphis Surgery Center, Memphis
- Eye Care Surgery Center of Memphis LLC, Memphis
- GI Diagnostic and Therapeutic Center, Germantown

Children's Medical Centers

- Spence and Becky Wilson Baptist Children's Hospital, Memphis
- Baptist Memorial Hospital, Memphis
- Baptist Memorial Hospital Crittenden, Memphis
- Regional One Health, Memphis
- St. Francis Hospital, Memphis
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Baptist Memorial Hospital Desoto, Southaven (MS)
- St. Francis Hospital, Bartlett
- Monroe Carell Jr. Children's Hospital at Vanderbilt

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period of time — even after the provider leaves your plan's network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you're in the middle of treatment. We'll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we'll send you a letter with our decision. If you have any questions, we're happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider's termination date of Jan. 1, 2023. This is the date that your provider is leaving your plan's network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before Jan. 1, 2023, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, they're agreeing to continue coverage of your care at the in-network rate. They must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;
- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by us.

SAMPLE

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out today to let you know about a potential change to your BlueCross provider network.

We prefer not to make changes to our networks, but sometimes it's necessary for keeping health care costs reasonable. When it's time to negotiate a new contract with a network provider, we look to see if rates they charge are comparable to other, similar providers. If we're not able to reach an agreement with Methodist Le Bonheur Healthcare System, **the following facilities will no longer be in Blue Network PSM starting Jan. 1, 2023.**

- Le Bonheur Children's Medical Center
- Le Bonheur Children's Medical Center – Germantown
- Methodist Healthcare University Hospital
- Methodist Blood and Marrow Transplant Center at Methodist University Hospital
- Methodist Comprehensive Breast Center (Germantown and Midtown locations)
- Methodist Healthcare North Hospital
- Methodist Healthcare South Hospital
- Methodist Healthcare Olive Branch
- Methodist Healthcare Germantown
- Methodist Surgery Center - Germantown

Once these Methodist Le Bonheur Healthcare facilities are out of your network, you'll have to pay more if you go there for care. You can avoid paying more if you go to facilities in your network. You can find a list of facilities that offer similar care in the Frequently Asked Questions section of this letter and by going to bcbstnetworkupdates.com.

What this means for you

- **If you get non-emergency care at these Methodist Le Bonheur facilities on and after Jan. 1, 2023, you'll have to pay more out of your own pocket.** This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you pay when you visit in-network providers. You'll also pay for any charges above the maximum payment allowed for a covered service if the provider sends you a bill for those charges.
- Before scheduling non-emergency services, please confirm who will provide those services and make sure they're in your network.

- In an emergency, you should go to the closest emergency room. If you receive emergency care from these Methodist Le Bonheur facilities, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. In an emergency, providers can't charge you more than in-network rates.

We're here to help

If you're getting ongoing care at one of these facilities, you can ask us to keep covering it. To do that, or for help finding a new facility in your network, just give us a call at 1-800-558-6213. We're here Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at bcbst.com/members/TN_state.

Best of Health,

Robin Young
Senior Vice President, Operations and Chief Marketing Officer

SAMPLE

Frequently Asked Questions

What if I am receiving ongoing treatment on Jan. 1, 2023?

You may be eligible for Continuity of Care. See the Continuity of Care section of this mailing for more information.

I've been approved for services that start after Dec. 31, 2022. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to these Methodist Le Bonheur facilities?

You'll need to get care from in-network providers to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit bcbst.com/members/TN_state to find a list of PCPs and specialists in your network.

What if I receive emergency care at these Methodist Le Bonheur facilities?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and BlueCross has approved your stay, medically necessary services for the approved days will be covered at the in-network level.

Where can I go for care if/when these facilities leave Network P?

Alternate facilities for Network P:

Hospitals

- Baptist Memorial Hospital, Memphis
- Baptist Memorial Hospital, Tipton
- Baptist Memorial Hospital, Collierville
- Regional One Health, Memphis
- St. Francis Hospital, Memphis
- St. Francis Hospital, Bartlett
- Baptist Memorial Hospital Desoto, Southaven (MS)

Blood and Marrow Transplant Center

- Baptist Memorial Hospital, Memphis

Breast Centers

- Baptist Memorial Hospital, Memphis
- St. Francis Hospital, Memphis
- St Francis Hospital, Bartlett
- Regional One Health, Memphis

Surgery Centers

- Baptist Germantown Surgery Center, Germantown
- Bowden Gastro Associates LLC, Memphis
- East Memphis Surgery Center, Memphis
- Eye Care Surgery Center of Memphis LLC, Memphis
- GI Diagnostic and Therapeutic Center, Germantown

Children's Medical Centers

- Spence and Becky Wilson Baptist Children's Hospital, Memphis
- Baptist Memorial Hospital, Memphis

- Baptist Memorial Hospital Crittenden, Memphis
- Regional One Health, Memphis
- St. Francis Hospital, Memphis
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Baptist Memorial Hospital Desoto, Southaven (MS)
- St. Francis Hospital, Bartlett
- Monroe Carell Jr. Children's Hospital at Vanderbilt

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period of time — even after the provider leaves your plan's network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you're in the middle of treatment. We'll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we'll send you a letter with our decision. If you have any questions, we're happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider's termination date of Jan. 1, 2023. This is the date that your provider is leaving your plan's network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before Jan. 1, 2023, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, they're agreeing to continue coverage of your care at the in-network rate. They must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;

- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by us.

SAMPLE

CIGNA DENTAL CARE (DHMO¹)/ ORTHODONTICS IN PROGRESS



Cigna Dental

In the middle of orthodontic treatment? Switching to a Cigna Dental Care[®] plan? Your new Cigna Dental Care coverage may help pay some of your orthodontic costs.

Q: What is “orthodontics in progress”?

A: It’s when you start orthodontic treatment with one carrier. Then you switch to a Cigna Dental Care plan before your orthodontic care is done. Your treatment is still “in progress.” And your Cigna plan may cover it.²

Q: Do I have coverage for orthodontics in progress under my new Cigna plan?

A: You could qualify for coverage if your teeth are being actively moved (by bands or appliances, such as braces) when your Cigna coverage starts. Your coverage depends on your specific plan’s limitations. Take a look at your Patient Charge Schedule (PCS). It will tell you if you have orthodontic coverage under your plan. Your coverage may be different from what you had under your old plan.

Please note: The terms of the contract you signed with your orthodontist don’t change. You’re still responsible for the orthodontist’s total charge.

Q: How do I find out how much coverage I have? How do I get payment?

A: After you enroll, your orthodontist can complete a standard Orthodontia in Progress form or you can get one by calling **Cigna customer service at 800.997.1617**. To complete the form, you must know:

- The phase of treatment (“active treatment” or “retention” – ask your orthodontist)
- The months of treatment you have left when your new Cigna plan starts

Submit the form to Cigna. We’ll let you know how much your plan pays for orthodontics in progress. Your plan can pay your orthodontist quarterly. If you’ve prepaid your bill, we can pay you directly.

Together, all the way.[®]

Orthodontics in progress example³

(Based on Patient Charge Schedule K1-09)

2018			
			8/1

24 months of active treatment started 8/1/18

2019			
1/1			

On 1/1/19, your Cigna Dental Care plan takes effect



20 months of active treatment are left

$$\text{\$24} \times 20 = \text{\$480}$$

Cigna monthly contribution for active treatment

months of remaining active treatment

$$\text{\$480} + \text{\$30} = \text{\$510}$$

Cigna orthodontic retention contribution

Combined Cigna contribution

$$\text{\$510}/20 = \text{\$25.50}$$

In this example, the plan contributes \$25.50 per month toward the monthly orthodontic payments for the 20 months of active treatment remaining.

After the 20 months, plan contributions stop because active treatment has been completed. The patient is responsible for any remaining balance owed to the orthodontist.



Offered by: Cigna Health and Life Insurance Company or its affiliates.

Q: What about non-orthodontic treatment in progress?

A: Your Cigna Dental Care plan doesn't usually cover non-orthodontic treatment in-progress.⁴

This includes:

- Root canal treatment
- Crown and bridge work
- Dentures

You should finish this treatment under the guidelines of your prior dental plan. See your plan documents for more details.

Questions?

For live, 24/7/365, customer service, call us at **800.997.1617**. Or visit us at **Cigna.com**.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.
2. Not all plans include orthodontic coverage. Depending on your plan design, some charges may not qualify for payment. The following services are generally not covered: incremental costs associated with optional/elective materials; orthognathic surgery and associated incremental costs; appliances to guide minor tooth movement; appliances to correct harmful habits; and services which are not typically included in orthodontic treatment. See your plan documents for details.
3. For illustrative purposes only. Your actual plan coverage and out-of-pocket costs will vary.
4. If you reside in California or Texas and are enrolled under a Cigna Dental Care (DHMO) plan, treatment already in progress on the effective date of your coverage is not excluded if otherwise covered under your PCS.



All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, see your enrollment materials.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a **Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company (CHLIC), or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: OK – POL115, OR – HP-POL121 04-10, TN – HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Ortho In Progress/CDC Contribution Grid for Active Custom Patient Charge Schedules
 Represents Dollar Amount Paid Directly from CIGNA Dental to Member

revised 12/13/2021

PCS	Number of Months of Remaining Treatment																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
STATE OF TENNESSEE T2IV9	\$25	\$50	\$80	\$105	\$130	\$155	\$180	\$210	\$235	\$260	\$285	\$310	\$340	\$365	\$390	\$415	\$440	\$470	\$495	\$520	\$545	\$570	\$600	\$625

November 10, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

We don't have any messages for you to share with employees this week.

For ABCs

ABC Conference Call Notes (all plans)

Attached are the Nov. 8 combined conference call notes for your reference.

2023 ABC Call Schedule (all plans)

We have posted the 2023 ABC conference call schedule on the [ABC webpage](#) under Conference Call Notes titled **2023 ABC Call Schedule**.

Service Center Metrics/Customer Service Rating (all plans)

- **October 2022:**
 - Tickets via Email: 2,293
 - Tickets via Self-Service: 7,524
 - Tickets via Phone: 8,398
 - Tickets via Chat: 826
 - Total: 19,041
 - Satisfaction Score: 98.5%

- **October 2021:**
 - Tickets via Email: 1,477
 - Tickets via Self-Service: 6,206
 - Tickets via Phone: 9,154
 - Tickets via Chat: 722
 - Total: 17,559
 - Satisfaction Score: 94.9%

January Preferred Drug List (all plans)

Attached is the January PDL, which will be posted on our [ParTNeRS for Health pharmacy webpage](#) in December. As with each quarterly formulary update, CVS Caremark has mailed notification letters to members who are affected by tier changes or drugs becoming non-covered. The letter was sent to 628 members, and 482 prescribers will receive a letter notifying them about their patients' prescription benefit change.

Shown below are drugs being added to the PDL, changing to tier 3 (nonpreferred) or being removed from the PDL. 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, and to review their prescription drug benefit information, request mail service orders and research drug information.

THE FOLLOWING CHANGES TO THE PDL (OR FORMULARY) AS OF JAN. 1, 2023

Drugs being added to the PDL effective Jan. 1, 2023:	
	<u>Drug name</u>
Generics	mesalamine delayed-release tablet 800 mg
	amphetamine-dextroamphetamine extended release
	methlyphenidate
Tier 2 Brands	Adbry injection
	Aimovig injection
	Aklief cream
	Alprolix injection
	Arazlo lotion
	Cibinqo tablet
	Dayvigo tablet
	Doptelet tablet
	Endari powder
	Fensolvi injection
	Gavreto capsule
	Ilaris injection
	Ilumya solution
	Inlyta tablet
	Lenvima capsule
	Menopur injection
	Nexavar tablet
	Qulipta tablet
	Retevmo tablet
	Rhofade cream
	Rytary capsule
	Siklos tablet
	Tezspire solution
	Twynéo cream
	Winlevi cream
	Xyntha injection
	Xyntha solof. Injection
	Zydelig tablet

Tier 3 Brands	Mulpleta tablet
Drugs moving from Tier 2 (preferred brand) to Tier 3 (non-preferred brand) that will have a higher copay effective Jan. 1, 2023:	
	<u>Drug name</u>
	Narcan spray
	Velcade injection
Drugs not covered effective Jan. 1, 2023, unless prior authorization is approved through the CVS Caremark medical exception process:	
	<u>Drug name</u>
	Asacol HD
	Adderall XR
	Alimta injection
	Araclyst injection
	Arnity Ellipta inhaler
	Benefix injection
	Diclofenac capsule 25 mg
	Diclofenac solution 2% pump
	Edluar sublingual tablet
	Esbriet capsule
	Esbriet tablet
	Firazyr injection
	Flovent diskus
	Ixinity injection
	Concerta
	Multaq tablet
	Nexterone injection
	Nityr tablet
	Nucynta IR/ER tablet
	Nucala injection lyophilized powder
	Qvar Redihaler
	Rixubis injection
	Rubraca tablet
	Subsys spray
	Sutent capsule
	Toviaz tablet
	Votrient tablet

Closed for Veterans Day (all plans)

This Friday, state offices and the BA Service Center will be closed for the Veterans Day holiday. We hope you have a great weekend!

End of message

November 4, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

We don't have any messages for you to share with employees this week.

For ABCs

ABC Conference Call (all plans)

The next ABC Annual Enrollment conference call is Nov. 8. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Nov. 8 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Nov. 8 at 10 a.m. CT**
- **State – Tuesday, Nov. 8 at 12:30 p.m. CT**
- **Local Government – Tuesday, Nov. 8 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - click on the link:

<https://tn.webex.com/meet/joan.williams>

ABC Conference Call Notes (local ed/local gov)

Attached are the Nov. 1 combined conference call notes for your reference. We've also **attached** instructions on scheduling the new dependents query mentioned in the Q&As.

Edison Down for Maintenance (all plans)

Edison will be down **Sunday, Nov. 5, 6 a.m. – 10 p.m. CT** for regular monthly maintenance.

Attachment: LE/LG Scheduling Running TN_BA311_ESS_NEW_DEPENDENTS Query

End of message

Navigation for Scheduling/Running the TN_BA311_ESS_NEW_DEPENDENTS Query

Navigator

Menu

HCM Reporting Tools

Query Viewer

Schedule Query

Add a New Value

Copy the Name of the Query - TN_BA311_ESS_NEW_DEPENDENTS

Click Add

Query Name Field: Copy the Name of the Query - TN_BA311_ESS_NEW_DEPENDENTS

Click Search

Click on the Blue hyper Link showing the Name of the Query

Manually type in the Prompt OE and 01/01/2023 – 01/01/2023

Click Run

Server Name Field = PSUNX

Recurrence Field – (You can continue run it manually each time) or you can schedule it to run by selecting a time and day and it will run it automatically.

Click OK

Click on Report Manager

You will see (4) Tabs across the top of your page = Click on Administration Tab

Click the Refresh button = Until your report says Posted

Click Details

Click on the CSV Link

You should be able to view your report

October 28, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state/higher ed)

We don't have any messages for you to share with employees this week.

For Members (local ed/local gov)

Email or subject line: Annual Enrollment for 2023 benefits ends today!

Annual Enrollment for 2023 benefits ends today, Friday, Oct. 28! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking Annual Enrollment](#) at the top of the homepage.

For ABCs

ABC Conference Call (local ed/local gov)

The next ABC Annual Enrollment conference call for local education and local government is Nov. 1. Benefits Administration staff will join you remotely via WebEx.

- **Local Ed – Tuesday, Nov. 1 at 10 a.m. CT**
- **Local Government – Tuesday, Nov. 1 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - [click on the link:](#)

<https://tn.webex.com/meet/joan.williams>

Annual Enrollment Ends Today, Oct. 28! (local ed/local gov)

Here are the Annual Enrollment dates:

- **Local Ed/Local Gov:** Now – Friday, Oct. 28
- **Retirees:** Now – Friday, Oct. 28

Annual Enrollment Message (local ed/local gov)

We've included an Annual Enrollment message you can share with your benefits-eligible employees.

Reminder - Annual Enrollment Website and Materials (local ed/local gov)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).

- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).
- Employee Self Service instructions have been posted to the About Enrollment webpage under How to Enroll:
 - [Click here for Higher Ed, Local Ed and Local Gov Employee Self Service Instructions](#)

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct links are here:

- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

BlueCross BlueShield Network News (all plans)

As a reminder, **beginning Jan. 1, 2023**, Northcrest Medical Center, located in Springfield, Tenn., will be out of BlueCross Network S but will remain in Network P. **Attached** are copies of letters mailing to impacted members.

For members who need information on available providers, the combined hospital list has been updated and can be found here: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2023_annual_enrollment/Comb_Hospital_List_9622.pdf

The carrier network updates page has also been updated and can be found here: <https://www.tn.gov/partnersforhealth/health-options/carrier-network/network-updates.html>

Attachments: NorthCrest Letter Network S
NorthCrest Letter Network P

End of message



<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're writing to update you about your BlueCross provider network. **NorthCrest Medical Center is staying in Blue Network SSM until Dec. 31, 2022. It will leave Network S Jan. 1, 2023.**

We prefer not to make changes to our networks, but sometimes we must. We don't want you to pay more for your care, so here's a list of facilities in your network that offer the same kind of services as NorthCrest.

Provider	Location	Provider	Location
Ascension St. Thomas	Nashville	Vanderbilt University Medical Center	Nashville
Ascension St. Thomas Midtown	Nashville	Vanderbilt Children's Hospital	Nashville
Tennova Healthcare Clarksville	Clarksville	Vanderbilt Wilson County Hospital	Lebanon
Metropolitan Nashville General Hospital	Nashville	Trousdale Medical Center	Hartsville

What this means for you

- **If you get non-emergency care at NorthCrest on and after Jan. 1, 2023, you'll pay more out of your own pocket.** This is the case even if you have prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts. Those are more than what you pay when you visit in-network providers. You'll also pay for any charges above what we pay for a covered service if an out-of-network provider sends you a bill for those charges.
- Before scheduling non-emergency services, make sure the provider is in your network.
- In an emergency, go to the closest emergency room. If you get emergency care from NorthCrest, we'll cover it at the in-network level under your plan's benefits. In an emergency, providers can't charge you more than in-network rates.

We're here to help

If you're getting ongoing care at NorthCrest, you can ask us to keep covering your treatment. To do that, or for help finding a new provider in your network, give us a call at 1-800-558-6213 Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at bcbst.com/members/TN_state.

Best of Health,

Robin Young

Senior Vice President Commercial Operations & Chief Marketing Officer

SAMPLE

Frequently Asked Questions

What if I am receiving ongoing treatment on Jan 1, 2023?

You may be eligible for Continuity of Care. See the Continuity of Care page included in this mailing for more information.

I've been approved for services that start after Dec. 31, 2022. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to NorthCrest?

You'll need to get care from in-network providers to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit [bcbst.com/members/TN_state](https://www.bcbst.com/members/TN_state) to find a list of PCPs and specialists in your network.

What if I receive emergency care at NorthCrest?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and BlueCross has approved your stay, medically necessary services for the approved days will be covered at the in-network level.

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period — even after the provider leaves your plan's network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you're in the middle of treatment. We'll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we'll send you a letter with our decision. If you have any questions, we're happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider's termination date of Jan. 1, 2023. This is the date that your provider is leaving your plan's network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before Jan. 1, 2023, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;
- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by us.

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 1-800-558-6213 (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 1-800-558-6213 (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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-558-6213 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-558-6213 (رقم هاتف الصم والبكم: 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 1-800-558-6213 (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 1-800-558-6213 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-558-6213 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-558-6213 (ATS : 1-800-848-0298).

បំណង: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាបំណាច់ឥតគិតថ្លៃសម្រាប់អ្នក។ ទូរស័ព្ទលេខ 1-800-558-6213 (TTY: 1-800-848-0298)។

ማስታወሻ: የግንኙነት ቋንቋ አገልግሎት ከሆነ የትርጉም አርዳታ ድርጅቶች: በ18 ሊያገኙዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-800-558-6213 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-558-6213 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-558-6213 (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。1-800-558-6213 (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 1-800-558-6213 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-558-6213 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-558-6213 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-558-6213 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-558-6213 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-558-6213 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-558-6213 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-558-6213 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éi ná hółq, koji' hódíilnih 1-800-558-6213 (TTY: 1-800-848-0298).

SAMPLE



1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're writing to update you about your BlueCross provider network. **NorthCrest Medical Center is staying in Blue Network PSM through Dec. 31, 2022. NorthCrest will also be in Blue Network P for 2023.**

What this means for you

You can keep going to NorthCrest Medical Center and get in-network benefits and pay in-network rates.

We're here to help

Thank you for your patience as we've worked with NorthCrest to help you get the care you need at a price you can afford. If you have any questions about this letter, give us a call at 1-800-558-6213. We're available Monday through Friday, 8 a.m. to 6 p.m. ET.

Thanks for allowing us to be your health care partner.

Best of Health,

Robin Young
Senior Vice President Commercial Operations & Chief Marketing Officer

SAMPLE

October 21, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state/higher ed)

We don't have any messages for you to share with employees this week.

For Members (local ed/local gov)

Email or subject line: Don't forget to enroll for 2023 benefits!

Annual Enrollment for 2023 benefits ends Oct. 28! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking Annual Enrollment](#) at the top of the homepage.

For ABCs

ABC Conference Call Notes (all plans)

The Oct. 18 combined ABC conference call notes are **attached** for your reference.

Annual Enrollment Continues! (local ed/local gov)

Here are the Annual Enrollment dates:

- **Local Ed/Local Gov:** Now – Friday, Oct. 28
- **Retirees:** Now – Friday, Oct. 28

Annual Enrollment Message (local ed/local gov)

We've included an Annual Enrollment message you can share with your benefits-eligible employees.

Reminder - Annual Enrollment Website and Materials (local ed/local gov)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).
- Employee Self Service instructions have been posted to the About Enrollment webpage under How to Enroll:
 - [Click here for Higher Ed, Local Ed and Local Gov Employee Self Service Instructions](#)

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct links are here:

- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

Updated COVID-19 Document (all plans)

The [COVID-19 benefits and vaccine information PDF](#) found on the ParTNers for Health website has been updated. The National Public Health Emergency has been extended to Jan. 11, 2023. Please refer to this version going forward.

ParTNers Twitter Account No Longer Active Oct. 31 (all plans)

After Oct. 31, the ParTNers for Health Twitter account will no longer be active. You can still find us on [Facebook](#), [LinkedIn](#) and [YouTube](#).

End of message

October 14, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state/higher ed)

Email or subject line: Annual Enrollment ends today, Oct. 14!

Last chance to enroll in 2023 benefits! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking Annual Enrollment](#) at the top of the homepage.

For Members (local ed/local gov)

Email or subject line: Don't forget to enroll for 2023 benefits!

Annual Enrollment for 2023 benefits ends Oct. 28! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking Annual Enrollment](#) at the top of the homepage.

For ABCs

Oct. 18 ABC Conference Call Agenda (all plans)

The next ABC Annual Enrollment conference call is Oct. 18. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Oct. 18 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Oct. 18 at 10 a.m. CT**
- **State – Tuesday, Oct. 18 at 12:30 p.m. CT**
- **Local Government – Tuesday, Oct. 18 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - [click on the link:](#)

<https://tn.webex.com/meet/joan.williams>

Annual Enrollment Continues! (local ed/local gov)

Here are the Annual Enrollment dates:

- **Local Ed/Local Gov:** Now – Friday, Oct. 28
- **Retirees:** Now – Friday, Oct. 28

Annual Enrollment Message (all plans)

We've included an Annual Enrollment message you can share with your benefits-eligible employees.

Reminder - Annual Enrollment Website and Materials (all plans)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).
- Employee Self Service instructions have been posted to the About Enrollment webpage under How to Enroll:
 - [Click here for State Employee Self Service Instructions](#)
 - [Click here for Higher Ed, Local Ed and Local Gov Employee Self Service Instructions](#)

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct links are here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

End of message

October 7, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or subject line: Enroll now in your 2023 benefits!

Enroll now for 2023 benefits! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking the Annual Enrollment tab](#) at the top of the homepage. Employee benefits webinars continue. [Click here](#) for webinar information.

For ABCs

ABC Conference Call Notes (all plans)

The Oct. 4 combined ABC conference call notes are **attached** for your reference.

As referenced in the notes, we've attached a spreadsheet with the Cigna group numbers for 2022. The group number is labeled as Client/Account number on the spreadsheet.

- BlueCross BlueShield's group number is 80860 for all plans.
- Cigna Prepaid Dental's group number is 10195384.
- CVS Caremark's group number is RX7529.
- Davis Vision's Group number for Basic is 8155 and Expanded 8156.
- Delta Dental's group number is 8060.

As a reminder, we will **not** have ABC calls next week. The next ABC calls will be Oct. 18.

Annual Enrollment Continues! (all plans)

Here are the Annual Enrollment dates:

- **State/Higher Ed:** Now – Friday, Oct. 14
- **Local Ed/Local Gov:** Now – Friday, Oct. 28
- **Retirees:** Now – Friday, Oct. 28

Annual Enrollment Webinar Message (all plans)

We've included an Annual Enrollment message you can share with your benefits-eligible employees.

Reminder - Annual Enrollment Website and Materials (all plans)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).

- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
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- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

Service Center Metrics/Customer Service Rating (all plans)

Below are the service center metrics and customer service ratings comparing September 2022 and September 2021.

- **September 2022:**
 - Tickets via Email: 1,229
 - Tickets via Self-Service: 4,375
 - Tickets via Phone: 5,140
 - Tickets via Chat: 198
 - Total: 10,942
 - Satisfaction Score: 98.1%
- **September 2021:**
 - Tickets via Email: 1,204
 - Tickets via Self-Service: 4,669
 - Tickets via Phone: 6,037
 - Tickets via Chat: 247
 - Total: 12,157
 - Satisfaction Score: 97.4%

Attachment: 2022 Account #s - SOTN

End of message

Client / Account #	Client / Account Name	Client ID	Cancel Date
2501364	SOT - LOCAL ED CDHP LP	64866	
2501359	SOT - LOCAL ED LIMITED LP	64866	
2501346	SOT - LOCAL ED PREMIER LP	64866	
2501352	SOT - LOCAL ED STANDARD LP	64866	
2501365	SOT - LOCAL GOVT CDHP LP	64866	
2501357	SOT - LOCAL GOVT LIMITED LP	64866	
2501347	SOT - LOCAL GOVT PREMIER LP	64866	
2501353	SOT - LOCAL GOVT STANDARD LP	64866	
2501505	SOT - OAP LOCAL ED CDHP	65264	
2501501	SOT - OAP LOCAL ED LIMITED	65264	
2501487	SOT - OAP LOCAL ED PREMIER	65264	
2501494	SOT - OAP LOCAL ED STANDARD	65264	
2501506	SOT - OAP LOCAL GOVT CDHP	65264	
2501499	SOT - OAP LOCAL GOVT LIMITED	65264	
2501488	SOT - OAP LOCAL GOVT PREMIER	65264	
2501495	SOT - OAP LOCAL GOVT STANDARD	65264	
2501508	SOT - OAP RETIREE LOCAL ED CDHP	65264	
2501502	SOT - OAP RETIREE LOCAL ED LIMITED	65264	
2501490	SOT - OAP RETIREE LOCAL ED PREMIER	65264	
2501497	SOT - OAP RETIREE LOCAL ED STANDARD	65264	
2501509	SOT - OAP RETIREE LOCAL GOVT CDHP	65264	
2501500	SOT - OAP RETIREE LOCAL GOVT LIMITED	65264	
2501491	SOT - OAP RETIREE LOCAL GOVT PREMIER	65264	
2501498	SOT - OAP RETIREE LOCAL GOVT STANDARD	65264	
2501504	SOT - OAP RETIREE STATE CDHP	65264	
2501489	SOT - OAP RETIREE STATE PREMIER	65264	
2501496	SOT - OAP RETIREE STATE STANDARD	65264	
2501503	SOT - OAP STATE CDHP	65264	
2501493	SOT - OAP STATE STANDARD	65264	
2501366	SOT - RETIREE LOCAL ED CDHP LP	64866	
2501360	SOT - RETIREE LOCAL ED LIMITED LP	64866	
2501349	SOT - RETIREE LOCAL ED PREMIER LP	64866	
2501355	SOT - RETIREE LOCAL ED STANDARD LP	64866	
2501356	SOT - RETIREE LOCAL ED STANDARD LP	64866	

2501367	SOT - RETIREE LOCAL GOVT CDHP LP	64866
2501358	SOT - RETIREE LOCAL GOVT LIMITED LP	64866
2501350	SOT - RETIREE LOCAL GOVT PREMIER LP	64866
2501363	SOT - RETIREE STATE CDHP LP	64866
2501348	SOT - RETIREE STATE PREMIER LP	64866
2501354	SOT - RETIREE STATE STANDARD LP	64866
2501362	SOT - STATE CDHP LP	64866
2501351	SOT - STATE STANDARD LP	64866
3344352	STATE OF TENNESSEE - STATE PREMIER LP	64866
3344816	STATE OF TENNESSEE - STATEWIDE OAP	65264

September 30, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or subject line: Enroll now in your 2023 benefits!

Annual Enrollment for 2023 benefits has started! You can find all Annual Enrollment details, including the newsletter, enrollment process, helpful videos and more by going to tn.gov/ParTNersForHealth and [clicking the Annual Enrollment tab](#) at the top of the homepage. Employee benefits webinars continue. [Click here](#) for webinar information.

For ABCs

Oct. 4 ABC Conference Call Agenda (all plans)

The next weekly ABC Annual Enrollment conference call is Oct. 4. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Oct. 4 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Oct. 4 at 10 a.m. CT**
- **State – Tuesday, Oct. 4 at 12:30 p.m. CT**
- **Local Government – Tuesday, Oct. 4 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - [click on the link:](#)

<https://tn.webex.com/meet/joan.williams>

ABC Conference Call Notes (all plans)

The Sept. 27 combined ABC conference call notes are **attached** for your reference.

Annual Enrollment Starts Tomorrow! (all plans)

Annual Enrollment starts Saturday, Oct. 1! Here are the Annual Enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

BlueCross BlueShield Network News (all plans)

We previously shared news that NorthCrest Medical Center, located in Springfield, Tenn., would be leaving BlueCross BlueShield Network S and Network P effective Oct. 1, 2022. Letters were mailed to 355 heads of contract. Today, we are pleased to share an update. **NorthCrest will remain in both BlueCross networks through December 31, 2022. For 2023, NorthCrest will be out of Network S but will remain in Network P.**

The combined hospital list has been updated and can be found here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2023_annual_enrollment/Comb_Hospital_List_9622.pdf

The carrier network updates page has also been updated and can be found here:

<https://www.tn.gov/partnersforhealth/health-options/carrier-network/network-updates.html>

Employee Benefits Webinar Issue (state/higher education only)

Due to technical issues, Benefits Administration could not admit everyone who wanted in to this week's Annual Enrollment employee webinar for state and higher education. We believe we may have reached a capacity limit and are researching this with IT experts.

ABCs, please share with your employees that there are alternatives for those who do not get to take part in a webinar:

- The PowerPoint presentations for both state/higher education and local education/local government are posted here: <https://www.tn.gov/partnersforhealth/ae/materials.html>
- Next week, the video from yesterday's presentation will be uploaded to our YouTube channel here: <https://www.youtube.com/user/partnersforhealthtn>

The following week, the video from the first local education/local government webinar will also be posted on our YouTube channel.

As a reminder, Annual Enrollment materials and resources for your employees are available online at <https://www.tn.gov/partnersforhealth/ae/materials.html>.

Updated Vendor Contact List (all plans)

We've made some updates to the Vendor Contact List you can use for benefits fairs and materials. Find the updated version on the ABC webpage under Conference Call Notes here: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/vendor_list.pdf

Annual Enrollment Webinar Message (all plans)

We've included an Annual Enrollment message you can share with your benefits-eligible employees **next week**.

Reminder - Annual Enrollment Website and Materials (all plans)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).

- Employee Self Service instructions have been posted to the About Enrollment webpage under How to Enroll:
 - [Click here for State Employee Self Service Instructions](#)
 - [Click here for Higher Ed, Local Ed and Local Gov Employee Self Service Instructions](#)

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct link is here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

End of message

September 23, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or subject line: Join an Annual Enrollment webinar to learn about your 2023 benefits!

Annual enrollment insurance carrier webinars continue and employee benefits webinars will start soon. Click the links to flyers below to learn more information, and to save the dates on your calendar.

Insurance Carrier Webinars: [Click here](#) for webinar information.

Employee Benefits Webinars: [Click here](#) for webinar information.

For ABCs

Sept. 27 ABC Conference Call Agenda (all plans)

The next weekly ABC Annual Enrollment conference call is Sept. 27. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Sept. 27 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Sept. 27 at 10 a.m. CT**
- **State – Tuesday, Sept. 27 at 12:30 p.m. CT**
- **Local Government – Tuesday, Sept. 27 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - **click on the link:**

<https://tn.webex.com/meet/joan.williams>

ABC Conference Call Notes (all plans)

The Sept. 20 combined ABC conference call notes are **attached** for your reference.

2023 Forms Update (state/higher ed)

We've had two life insurance forms with minor edits. Please note these forms below and use the versions found on the website under Forms:

- [Basic Term Life/AD&D Insurance Enrollment/Change Application 2023 – 1005 2022](#)
- [Voluntary Accidental Death and Dismemberment Enrollment 2023 – 0831 2022](#)

Annual Enrollment Starts Soon! (all plans)

Annual Enrollment starts Saturday, Oct. 1! Here are the Annual Enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Annual Enrollment Webinar Message (all plans)

We've included a reminder Annual Enrollment webinar message above you can share with your employees.

Reminder - Annual Enrollment Website and Materials (all plans)

You can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct link is here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)
- [2023 Dental Plan Comparison Chart](#)
- [2023 Vision Plan Comparison Chart](#)

October Preferred Drug List (all plans)

Attached is the October PDL, which has been posted on our [ParTners for Health pharmacy webpage](#). As with each quarterly formulary update, CVS Caremark mailed notification letters to members who are affected by tier changes or drugs becoming non-covered. The letter was received by 179 members, and 152 prescribers received a letter notifying them about the ir patients' prescription benefit change.

Shown below are drugs being added to the PDL, changing to tier 3 (nonpreferred) or being removed from the PDL. 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, and to review their prescription drug benefit information, request mail service orders and research drug information.

THE FOLLOWING CHANGES TO THE PDL (OR FORMULARY) AS OF OCT. 1, 2022

Drugs being added to the PDL effective Oct. 1, 2022:	
	<u>Drug name</u>
Tier 3 medications:	AstagrafXL capsule
	Cellcept capsule
	Cellcept IV injection
	Cellcept suspension

	Cellcept tablet
	Envarsus XR tablet
	Myfortic table
	Prograf capsule
	Prograf granule
	Rapamune solution
	Rapamune tablet
	Zortress tablet
Drugs moving from Tier 2 (preferred brand) to Tier 3 (non-preferred brand) that will have a higher copay effective Oct. 1, 2022:	
	<u>Drug name</u>
	Lanoxin tablet 0.0625 mg
	Tridesilon cream 0.05%
Drugs not covered effective Oct. 1, 2022, unless prior authorization is approved through the CVS Caremark medical exception process:	
	<u>Drug name</u>
	Betameth dip ointment 0.05%
	Clobetasol emulsion foam 0.05%
	Lansoprazole orally disintegrating tablet
	Tovet aerosol 0.05%

Attachment: Cigna LocalPlus Flyer

End of message

HELPING YOU GET MORE VALUE FOR YOUR HEALTH CARE DOLLAR

The right mix of health benefits at the right price.

At Cigna, we care about your health and your budget. The Cigna LocalPlus® network gives you access to cost-efficient high quality doctors, specialists and hospitals right where you live.

How the network works.

At the heart of the LocalPlus network¹ are doctors, specialists and hospitals who understand you.

How you can save:²

- You must receive care from a health care professional or facility in the LocalPlus network to receive in-network coverage.
- If you're away from home and need care, just look for a participating LocalPlus doctor in the area. If one isn't available, you can use doctors or hospitals in our Away From Home Care³ network.
- If you choose to receive care from a provider outside the LocalPlus network for non-emergent care, you will *have to pay the out-of-network member cost-share.*

Get healthy. Stay healthy.

You'll also have access to services and programs to help you stay on the path to good health, including:⁴

- Well visits, preventive care screenings and immunizations.
- Sick visits, specialist, in-hospital and outpatient care.
- 24-hour emergency care.

What is the difference between in-network and out-of-network coverage?

Each time you seek medical care, you can choose your doctor – either a doctor who is in the Cigna network or someone who is not. When you visit an in-network doctor, you receive “in-network coverage” with lower out-of-pocket costs. That's because our in-network

health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you visit a doctor outside of the network, your out-of-pocket costs will be higher.

We make it easy.

- ▶ **Primary Care Physician** – You can decide to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It's recommended, but not required.
- ▶ **In-network** – Choose to see doctors or other health professionals who are in the Cigna LocalPlus Network to keep your costs lower and eliminate paperwork.
- ▶ **No-referral specialist care** – If you need to see a specialist, you don't need a referral.

You need precertification for hospital stays and some types of outpatient care. Use in-network health care professionals, and precertification will be handled for you.

- ▶ **Out-of-network** – You have the freedom to see doctors or use facilities that are not part of the Cigna LocalPlus Network, but your costs will be higher and you file claims and confirm precertification yourself.
- ▶ **Emergency and urgent care** – When you need care, you have coverage.

24/7 service

Whenever you need us, customer service representatives are available to take your call at 800.997.1617.

Together, all the way.®



Offered by: Cigna Health Insurance Company.

Is your doctor in the LocalPlus Network?

If you're already a Cigna LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and passcode. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up.)
2. Click on the "Find a Doctor" tab
3. Enter the requested details for your search
4. Click on "Search" to see all the doctors and hospitals in the LocalPlus Network. (If there is no LocalPlus Network in your search area, you'll see a link to our Away From Home Care Network.*)

If you're not yet a Cigna LocalPlus customer

Go to **Cigna.com/sites/stateoftn** to see a full list of providers in the LocalPlus Network or

Call **800.997.1617** and select the option for enrollment to speak to customer service. Be sure to ask about providers in the LocalPlus Network.

Cigna LocalPlus is available in these areas:⁵

Arizona Phoenix, Tucson	Illinois Chicago/ NW Indiana	Rhode Island Statewide
California Northern Southern	Kansas Wichita	South Carolina Greenville/ Spartanburg
Colorado Front Range, Mountain & West	Massachusetts Statewide (<i>Excl. Dukes and Nantucket counties</i>)	Tennessee Statewide
Florida Orlando, South FL & Tampa	Nevada Las Vegas	Texas Austin, Dallas/ Ft. Worth, Houston, San Antonio
Georgia Athens, Atlanta, Augusta, Columbus, Macon, NW & NE GA, Savannah	New Jersey Northern Southern	Utah Salt Lake City
	Oregon Statewide (<i>Excl. Malheur county</i>)	Washington Seattle/Tacoma

Away from Home Care Network

When accessing care outside of a LocalPlus service area you will have access to the National Cigna Open Access Plus Network.

1. The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) feature. In this plan, you have access to in-network benefits only from the health care professionals and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care professionals and facilities, visit **Cigna.com/stateoftn**.
2. You will be responsible to pay a deductible, any applicable copays, and/or a percentage of your covered in-network or out-of-network costs until you reach the out-of-pocket maximum.
3. Away from Home care will be noted on myCigna.com when you are searching for a provider not in a local plus service area.
4. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your employer's insurance certificate, group service agreement or summary plan description.
5. This listing is not all inclusive. For a listing of doctors and facilities that participate in the LocalPlus Network, visit **Cigna.com/stateoftn**.

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-244-6224 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-244-6224 (TTY: 711).

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1-800-244-6224 (TTY：711)



All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents. The health care professionals and facilities that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. In Texas, LocalPlus plans are considered Preferred Provider plans with certain managed care features. TN Policy Forms: TN - HP-POL43/HC-CER1V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

September 16, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or subject line: Annual Enrollment webinars to learn about 2023 benefits continue!

Annual enrollment insurance carrier webinars continue and employee benefits webinars will start soon. Click the links to flyers below to learn more information, and to save the dates on your calendar.

Insurance Carrier Webinars: [Click here](#) for webinar information.

Employee Benefits Webinars: [Click here](#) for webinar information.

For ABCs

Sept. 20 ABC Conference Call Agenda (all plans)

The next weekly ABC Annual Enrollment conference call is Sept. 20. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Sept. 20 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Sept. 20 at 10 a.m. CT**
- **State – Tuesday, Sept. 20 at 12:30 p.m. CT**
- **Local Government – Tuesday, Sept. 20 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - [click on the link:](#)

<https://tn.webex.com/meet/joan.williams>

ABC Conference Call Notes (all plans)

The Sept. 13 combined ABC conference call notes are **attached** for your reference.

2023 Forms Update (all plans)

The Enrollment Change Application has been updated for 2023 and is posted under Forms and Health, Dental, Vision, Disability here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2022_forms/1043_2022.pdf

This form was not initially posted and this has been corrected. Please use this form as needed for your 2023 enrollments.

Annual Enrollment Starts in a Few Weeks! (all plans)

Annual Enrollment starts Saturday, Oct. 1! Here are the Annual Enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Annual Enrollment Webinar Message (all plans)

We've included a reminder Annual Enrollment webinar message above you can share with your employees.

Annual Enrollment Website and Materials (all plans)

As a reminder, you can find 2023 Annual Enrollment benefits information and materials under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct link is here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)

End of message

September 9, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state/higher ed)

Copy or subject line: Join an Annual Enrollment webinar to learn about your 2023 benefits options!

Annual Enrollment for 2023 benefits starts Saturday, Oct. 1! There are webinars to help you learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

State and higher education employees

- Wednesday, Sept. 28, 1-2 p.m. CT
- Wednesday, Oct. 5, 2-3 p.m. CT
- Thursday, Oct. 13, 10-11 a.m. CT

[Click here](#) for webinar information.

[Click here](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision, disability, and life insurance, and your health savings account/flexible savings account options.

Each webinar is at 3:30 p.m. CT

- Thursday, Sept. 15 – Disability
- Friday, Sept. 16 – Medical Networks
- Thursday, Sept. 22 – Life Insurance
- Friday, Sept. 23 - Vision
- Thursday, Sept. 29 – Health Savings Account/Flexible Spending Account Options
- Friday, Sept. 30 – Dental

[Click here](#) for webinar information.

[Click here](#) for instructions on how to join.

For Members (state only)

Copy or subject line: Join ParTNers for Health for How to Slow Down webinar, Sept. 15, 11:30 a.m. CT

Join Optum as they present the next 4Mind4Body webinar, **How to Slow Down, Thursday, Sept. 15 starting at 11:30 a.m. CT.**

Slow down and gain control of stress

Learn the benefits of slowing down and pacing strategies associated with stress. This program takes a serious look at the factors contributing to the frenetic pace of today's world and identifies why we feel so rushed. You'll get practical suggestions for gaining control of the stress created by our environment. Participants will:

- Examine belief systems
- Create an action plan to identify ways to slow down and strategies to enjoy life more
- Learn how slowing down will help us work more productively

Click the link below or in the attached flyer to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=e9305a41c01ab8b0fe4a5f82e6856c954>

Registration is required. Session will not be recorded.

Find webinar information at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

For Members (local ed/local gov)

Copy or subject line: Join an Annual Enrollment webinar to learn about your 2023 benefits options!

Annual Enrollment for 2023 benefits starts Saturday, Oct. 1! There are webinars to help you learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

Local education and local government employees

- Wednesday, Oct. 5, 10-11 a.m. CT
- Thursday, Oct. 13, 2-3 p.m. CT
- Wednesday, Oct. 19, 3-4 p.m. CT

[Click here](#) for webinar information.

[Click here](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision and your health savings account option.

Each webinar is at 3:30 p.m. CT

- Friday, Sept. 16 – Medical Networks
- Friday, Sept. 23 - Vision
- Thursday, Sept. 29 – Health Savings Account
- Friday, Sept. 30 – Dental

[Click here](#) for webinar information.

[Click here](#) for instructions on how to join.

For ABCs

Sept. 13 ABC Conference Call Agenda (all plans)

The weekly ABC conference calls start Tuesday, Sept. 13. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, Sept. 13 at 8:30 a.m. CT**
- **Local Ed – Tuesday, Sept. 13 at 10 a.m. CT**
- **State – Tuesday, Sept. 13 at 12:30 p.m. CT**
- **Local Government – Tuesday, Sept. 13 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - [click on the link:](#)

<https://tn.webex.com/meet/joan.williams>

Annual Enrollment Dates (all plans)

Annual Enrollment starts Saturday, Oct. 1! Here are the Annual Enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Annual Enrollment Employee Message (all plans)

We've included an **Annual Enrollment message** above and the **attached webinar flyers** you're welcome to share with your employees. Next week, we'll send an email to those employees for whom we have accurate email addresses in Edison about these upcoming employee webinars available prior to and during Annual Enrollment.

4Mind4Body Webinar Employee Message (state only)

We've included a message above and **attached flyer** about the next 4Mind4Body webinar, How to Slow Down, you can share with your employees. This week, we sent an email to all state employees about this webinar.

Annual Enrollment Website and Materials (all plans)

Note the following attached documents for your use and reference:

- **Attached** is a **PDF of the 2023 Annual Enrollment newsletter**. You are welcome to share this directly with your employees. Please note the PDF and digital newsletters are found at tn.gov/PartNersForHealth under [Enrollment Materials](#)
- **Attached** is a **copy of the retiree newsletter** that was mailed to retirees last week for your reference.
- **Attached** is a **copy of the postcard mailed** to employees for whom we do not have accurate email addresses in Edison for your reference.

2023 Annual Enrollment benefits information and materials are available under the [Annual Enrollment tab](#). Here are links to specific information:

- Find [10 Things You Need to Know video](#), dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the 2023 digital and PDF Annual Enrollment newsletters under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct link is here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)

Edison Upgrade (all plans)

There will be an upgrade to the Edison application. Because of this upgrade, some functions such as password resets, email address updates, new user creation, First Time Login, Retrieve Access ID, role/entitlement changes, mass update and acceptance of Terms and eTerms will be unavailable from Friday, Sept. 9 beginning at 6 p.m. until Monday, Sept. 12 at 5 a.m. CT. Users **will** be able to log in to the system during this time, and all other functionalities will remain available.

Attachments: AE Employee Webinar Flyer
4Mind4Body Webinar Flyer ST
2023 LE Newsletter
2023 RET Newsletter
AE Postcard
AE Vendor Webinar Flyer
2023 LG Newsletter
2023 ST/HE Newsletter

End of message

PARTNERS **FOR HEALTH**

Join us for an *Annual Enrollment Webinar* *for 2023 Benefits*

Don't miss the opportunity to learn about your 2023 benefits options. Get information about health, pharmacy, dental, vision and more. Our team of experts will be available to answer your questions.



State & Higher Education

Add to calendar

Wednesday,
Sept. 28
1-2 p.m. CT

Add to calendar

Wednesday,
Oct. 5
2-3 p.m. CT

Add to calendar

Thursday,
Oct. 13
10-11 a.m. CT

Local Education & Local Government

Add to calendar

Wednesday,
Oct. 5
10-11 a.m. CT

Add to calendar

Thursday,
Oct. 13
2-3 p.m. CT

Add to calendar

Wednesday,
Oct. 19
3-4 p.m. CT

Each presentation is the same, so find a date and time above that work for you.
On the day of the webinar, you'll need to join the WebEx meeting [at this link](#).
You can click a link above to add the meeting to your calendar.
You can find detailed instructions to join the webinar [here](#).

4MIND4BODY LUNCH AND LEARN

**PARTNERS
FOR HEALTH**



[CLICK HERE TO REGISTER](#)

How to Slow Down

Presented by Optum | Thursday, Sept. 15

Slow down and gain control of stress

Learn the benefits of slowing down and pacing strategies associated with stress. This program takes a serious look at the factors contributing to the frenetic pace of today's world and identifies why we feel so rushed. You'll get practical suggestions for gaining control of the stress created by our environment.

Participants will:

- Examine belief systems
- Create an action plan to identify ways to slow down and strategies to enjoy life more
- Learn how slowing down will help us work more productively

Using Mindfulness to Make the Holidays Happier

Presented by AHM/Optum | Wednesday, Nov. 16

Reduce holiday stress with mindfulness

Learn how to practice mindfulness and self-care during this busy time. "Make the Holidays Happier" webinar helps identify factors that contribute to holiday stress. It also explores ways to create the kind of holiday celebration that meets your needs. You'll be able to make better choices for the holidays while lowering stress levels, improve family relationships and have more fun.

Participants will:

- Practice techniques for keeping expectations realistic
- Plan for approaching the holidays differently this year
- Determine coping strategies that promote well-being throughout the season



[CLICK HERE TO REGISTER](#)

All sessions available **via webinar**. Pre-registration required.

[Click here for more information](#)



Annual Enrollment For 2023 Benefits October 1-28, 2022

PARTNERS
FOR HEALTH



BE READY

Local Education Employees & COBRA Participants

Here's the Buzz ... It's Time to Get Covered!

Annual Enrollment For 2023 Benefits, October 1-28, 2022



Each year, Annual Enrollment is your chance to choose your ParTNers for Health plan benefits or make changes that will be effective the following Jan. 1 through Dec. 31. Your Annual Enrollment period for 2023 benefits is Oct. 1-28, 2022.

This newsletter gives you important information about your 2023 benefits choices. These include your health, dental and vision insurance and other benefits.

- Find full Annual Enrollment details by [going to the About Enrollment webpage](#).
- **Premium charts** are found by [going to the Premiums webpage](#).
- Find **Insurance comparison charts** for health, dental and vision by [going to the Publications webpage](#) under **Insurance Comparison Charts**.

It's important to note that if you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment. If you don't make changes, you

will be enrolled in the same plan options for medical, dental and vision products you are enrolled in now.

You are not required to enroll in health insurance. If you do not enroll, no premium dollars for health insurance will be deducted from your paycheck. [Go to How to Enroll in Your Benefits](#) to add, remove or make changes to your insurance coverage.

Important 2023 Benefits Updates

Benefits Administration works to provide comprehensive, affordable, dependable and sustainable benefits. Some changes to your ParTNers for Health benefits for 2023 are due to the challenges the state plan and all health plans across the country are facing. This is because of many factors, including COVID-19 and inflation. Benefits and premiums for 2023 balance price and value and encourage the right site for care and lower cost medications.

Here's what's changing for your 2023 health benefits.

Health insurance premiums are changing. [Click on Premiums](#) to find all premiums. For active local education employees, monthly premiums will increase \$26 to \$155 from 2022 rates, depending on the plan and tier you choose. Your premium increase depends on how much of the premium your employer pays. Your premium is automatically deducted from your paycheck each month.

There are **additional health benefit changes.** [Click on Publications](#) to find the Insurance Comparison Chart for details. Health benefit changes for 2023 include:

- Deductibles for Premier and Standard Preferred Provider Organization plans will increase.
- Co-insurance for Premier PPO will increase.
- Out-of-pocket maximums for Standard PPO will increase.
- Emergency room costs for all PPOs will change from copay to deductible and coinsurance.
- Allergy serum for all PPOs will change to deductible and coinsurance.
- For all PPOs, specialty drug cost sharing will change to cost tiers and increase.
- The Local CDHP maintenance medication list is changing to comply with IRS rules. Medications on this list are available at a lower cost when filling a 90-day supply.

Enhancements

- Applied Behavior Analysis for all PPOs will change from copay to deductible and coinsurance. The PPO deductible will be waived for in-network ABA.
- The Local CDHP deductible will be waived for in-network blood sugar, cholesterol and blood clotting testing, when the tests meet certain criteria.

LET'S KEEP IN TOUCH!

Benefits Administration uses email to send you important insurance information throughout the year. **You can unsubscribe at any time, but if you do unsubscribe, you will no longer receive any insurance-related updates.** Please [log in to Edison](#) and make sure your

email address is correct. It's easy! After clicking the home icon in the top right corner, just go to "Self Service," "My System Profile" and "Change or Set Up Email Address".



Other Insurance Updates for 2023

- **Vision vendor will change to EyeMed for benefits starting Jan. 1, 2023.**
 - The Basic and Expanded vision plans will be offered. There are benefit changes and enhancements to each plan. Premiums will increase in 2023.
 - If you are currently enrolled in vision coverage, you will automatically transfer to EyeMed for 2023 unless you cancel coverage during Annual Enrollment.
 - Go to the Vision newsletter section or [click on Vision](#) for details.
- **All health plan members** will get new medical insurance ID cards for 2023.

How to Enroll in Your Benefits

You will use **Employee Self Service in Edison** at www.edison.tn.gov to add, remove or make changes to your insurance coverage.

- Look for the green "Benefits Annual Enrollment" button.
- **Log in to Edison using your Access ID.** This is not your eight-digit Edison employee ID. To get your Access ID, go to www.edison.tn.gov, click the green "Benefits Annual Enrollment" button and then click "Retrieve Access ID" button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.

Adding new dependents or your spouse? We need documents to prove their relationship to you. This includes a spouse who has not been on coverage for six months or more.

- Dependent verification documents **MUST** be submitted by **the Annual Enrollment deadline of Oct. 28, 2022.**
- Find a list of required documents online by [going to Forms](#) and then go to Health, Dental, Vision, Disability. [Click on Dependent Eligibility Verification Documents.](#)

Enroll online: www.edison.tn.gov

Get Help with Your Enrollment

Find step-by-step enrollment login instructions by going to **Annual Enrollment** and [clicking on Enrollment Materials](#).

For password reset help, call Edison at 866.376.0104.

Watch videos on how to enroll by [clicking on About Enrollment](#).

If you want to revise your enrollment or you don't want to enroll:

Employees have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted on the ParTNers website under [Publications at tn.gov/PartnersForHealth](#).

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2023 MONTHLY HEALTH PREMIUMS		
	BCBST NETWORK S & CIGNA LOCAL PLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO		
Employee Only	\$683.00	\$748.00
Employee + Child(ren)	\$1,126.00	\$1,191.00
Employee + Spouse	\$1,469.00	\$1,599.00
Employee + Spouse + Child(ren)	\$1,775.00	\$1,905.00
STANDARD PPO		
Employee Only	\$635.00	\$700.00
Employee + Child(ren)	\$1,046.00	\$1,111.00
Employee + Spouse	\$1,364.00	\$1,494.00
Employee + Spouse + Child(ren)	\$1,649.00	\$1,779.00
LIMITED PPO		
Employee Only	\$600.00	\$665.00
Employee + Child(ren)	\$990.00	\$1,055.00
Employee + Spouse	\$1,291.00	\$1,421.00
Employee + Spouse + Child(ren)	\$1,561.00	\$1,691.00
LOCAL CDHP/HSA		
Employee Only	\$523.00	\$588.00
Employee + Child(ren)	\$863.00	\$928.00
Employee + Spouse	\$1,125.00	\$1,255.00
Employee + Spouse + Child(ren)	\$1,360.00	\$1,490.00

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. Premium charts, including COBRA, are found at tn.gov/PartnersForHealth. Click on Premiums in the top navigation

Learn more: tn.gov/PartnersForHealth

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact your agency benefits coordinator or Benefits Administration.

Webinars to Learn about Your Benefits Options

Benefits Administration offers many opportunities to learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

Dates and times (all CT):

- Wednesday, Oct. 5, 10-11 a.m.
- Thursday Oct. 13, 2-3 p.m.
- Wednesday Oct. 19, 3-4 p.m.

One session will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

[Click on About Enrollment](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision insurance and the health savings account.

Sessions will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

Each webinar is at 3:30 p.m. CT:

- Friday, Sept. 16 – Medical Networks
- Friday, Sept. 23 – Vision
- Thursday, Sept. 29 – Health Savings Account
- Friday, Sept. 30 – Dental

[Click on About Enrollment](#) for instructions on how to join.

Here's Help

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

You'll find:

- Videos about your benefits – click the [Videos link](#) at top of the homepage.
- A blue Questions button to contact our help desk: <https://benefitssupport.tn.gov>
- A green Help button to chat during business hours.

Call Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

Health Plan Options

You have a choice of four health plans from ParTNers for Health. Eligible preventive care is **free** with all plans if you use an in-network provider. [Click on Health](#) for plan option details.

Member copays are staying the same in 2023, but there are out-of-pocket cost changes for deductibles, coinsurance, emergency room visits, cost-sharing for specialty drugs and other costs. **See details in the comparison chart by clicking on Enrollment Materials.**

Here is a comparison of the four plans:

- Premier Preferred Provider Organization: Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).
- Standard Preferred Provider Organization: Lower monthly premium than Premier PPO, higher out-of-pocket costs.
- Limited Preferred Provider Organization: Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs.
- Local Consumer-driven Health Plan/Health Savings Account: Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.

IN-NETWORK 2023 HEALTH PLAN COMPARISON

Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO LE/LG	Local CDHP/HSA LE/LG
Annual Deductible				
Emp only	\$750	\$1,300	\$1,800	\$2,000
Emp + Child(ren)	\$1,125	\$1,950	\$2,500	\$4,000
Emp + Spouse	\$1,500	\$2,600	\$2,800	\$4,000
Emp + Spouse + Child(ren)	\$1,875	\$3,250	\$3,600	\$4,000
Maximum Out-of-Pocket				
Emp only	\$3,600	\$4,400	\$6,800	\$5,000
Emp + Child(ren)	\$5,400	\$6,600	\$13,600	\$10,000
Emp + Spouse	\$7,200	\$8,800	\$13,600	\$10,000
Emp + Spouse + Child(ren)	\$9,000	\$11,000	\$13,600	\$10,000
Preventive Care	No charge	No charge	No charge	No charge
Primary Care/ Convenience Care	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	\$55 copay	30% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	\$15 copay	30% coinsurance after deductible
Behavioral Health and Substance Use (and virtual visits)	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Routine X-Rays, Labs and Diagnostics	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
Pharmacy (30-day supply)				
generic	\$7 copay	\$14 copay	\$14 copay	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay	
non-preferred brand	\$90 copay	\$100 copay	\$110 copay	
specialty tier 1 (generics)	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	
specialty tier 2 (all brands)	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	
Hospital/Facility Services	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Maternity	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient Physical, Speech and Occupational Therapy	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
Emergency Room Visit	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

How to Enroll

If you want to enroll in health insurance, you can choose or change your health insurance option, carrier and network by enrolling in Edison at www.edison.tn.gov.

Learn More about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2023.

There are limits on how much money you can put in your HSA each year. These amounts include any contributions your employer may make to your HSA:

- \$3,850 for employee-only coverage in 2023;
- \$7,750 for all other family tiers in 2023; and
- Members 55+ can add \$1,000 more each year.

HSA contributions in excess of the IRS 2023 maximums listed above are not tax deductible and are subject to a 6% excise tax, so please monitor your HSA contributions carefully.

Local education employees who enroll in the Local CDHP will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

With the HSA, your total contribution is not available upfront. Your pledged amount is taken out of each paycheck, if your employer offers payroll deduction. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds. Newly enrolled members get a **debit card** from Optum Financial to use for qualified expenses. Current enrolled members who stay in the Local CDHP/HSA will use their same debit card.

Local HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the Local CDHP/HSA, you **cannot** enroll in another medical plan, including any government plan, and **cannot** have a medical flexible spending account or health reimbursement account, among other restrictions. If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if



enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice. [Go to CDHP/HSA Insurance Options for Certain Restrictions, 2023 maximum contribution amounts, debit card details and more information.](#)

Find premium charts, including COBRA by [clicking on Premiums.](#)

Health Plan Carrier Networks

Here's a look at your ParTners for Health carrier networks.

You can choose from the following carrier networks for your medical care:

Narrow Networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the narrow networks, which helps keep premiums and claims costs low. No premium surcharge is applied to the narrow networks. Your ParTners for Health narrow network options are:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus**

Broad Networks cost an additional \$65 per month for the employee only and employee + child(ren) tiers and an additional \$130 per month for the employee + spouse and employee + spouse + child(ren) tiers. These costs are added to your monthly premium. In a broad network you may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks. Your ParTners for Health broad network options are:

- **BlueCross BlueShield Network P**
- **Cigna Open Access Plus**

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2023 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is on page three of the [Enrollment Change Application](#).

Network providers and facilities can and do change. Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.**

Covered services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna Member Handbook and your Plan Document by [going to the Publications webpage](#). If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.



Learn More about Your Health Plan Options

[Click on Carrier Information](#) for network hospital lists and directories.

Find a complete health plan comparison chart, as well as dental and vision comparisons, by [clicking on Publications](#). On this page, go to **Insurance Comparison Charts**.

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: **pharmacy, behavioral health and Employee Assistance Program services** and a **wellness program**. Learn about benefits such as **telehealth**, the **Diabetes Prevention Program** and more by [going to Included Benefits Extras](#):

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

- Your health plan (Premier Preferred Provider Organization, Standard PPO, Limited PPO or Local Consumer-driven Health Plan/Health Savings Account) determines your out-of-pocket prescription costs.
- How much you pay depends on three things:
 - the drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug (two different cost tiers);
 - the day supply you receive – 30-day (or <30) or a 90-day (>31) supply; and
 - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Learn more about prescription drug benefits, vaccines and how to save money by [clicking on Pharmacy](#).

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

Behavioral Health

Managed by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum can help you find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits also include **Talkspace online therapy, preferred no-cost substance use treatment facilities** (for PPO plans; no coinsurance after deductible for Local CDHP) and **virtual visits**.

Learn more about your behavioral health benefits by [clicking on Behavioral Health](#).

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

CONTACT OUR CARRIERS

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

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

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

Employee Assistance Program

Managed by Optum

EAP services are available to enrolled health plan members and eligible dependents, even if your dependents are not enrolled in a health plan. Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

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

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

Learn more about your EAP benefits by [clicking on EAP](#).

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

Wellness Program

Managed by ActiveHealth

To help you achieve your health goals, two wellness programs are available in 2023 to enrolled health plan members and adult dependents. Members must qualify for these programs.

Disease management is offered to those with chronic diseases like asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease to better manage these conditions.

Diabetes Prevention Program is available to eligible adult plan members to help prevent or delay Type 2 diabetes. Offered through [health insurance carriers BlueCross or Cigna](#).

All members have access to ActiveHealth's online resources including health assessment, health education and digital coaching.

Find information about programs and activities by [clicking on Wellness](#).

Contact: **ActiveHealth**, 888.741.3390, M-F, 8 a.m. - 8 p.m. CT, go.activehealth.com/wellnesstn

Additional Benefits

Along with health insurance, you may be offered dental and vision insurance benefits through ParTners for Health. These benefits provide additional coverage for you and your eligible dependents. Typically, employees pay 100% of the dental and vision premiums. The employer may contribute to the premium in some instances.

Dental Insurance

Offered through Cigna and Delta Dental

ParTners for Health offers two different dental plans.

Find 2023 dental premiums by [clicking on Premiums](#) and going to **Other Insurance Coverages – Dental**.

- **Cigna: Dental Health Maintenance Organization – Prepaid Provider**

- Premiums will stay the same in 2023.
- You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at cigna.com/stateoftn.





Vision Insurance

Offered through EyeMed - NEW vendor for 2023

Premiums will increase in 2023, and there are benefit changes and enhancements. You'll save money when using in-network providers.

Find 2023 vision premiums by [clicking on Premiums](#), go to **Other Insurance Coverages – Vision**. Find the EyeMed handbook by [clicking on Publications](#) and **Vision Insurance**.

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

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

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

- **NEW!** In-network retail frame allowance will increase.

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

- **NEW!** Frames now available once every calendar year.

In both plans, you pay copays, or when the cost exceeds the allowed dollar amount, you pay the cost of materials and services. **Some allowances and copays are changing in both plans.** Discounts may be available for select materials.

Find information including a comparison of both plans by [clicking on Vision](#).

Contact: **EyeMed**, 855.779.5046, Mon.-Sat., 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

- Members pay copays. Review the Patient Charge Schedule by [clicking on Publications](#) and Dental HMO – Prepaid Provider before having procedures performed. Lab fees may apply for some procedures.
- Completion of crowns, bridges, dentures, implants, root canals or orthodontic treatment already in progress on a new member's effective date will not be covered.
- To learn about all DHMO benefits, find the Cigna DHMO handbook by [clicking on Publications](#) and **Dental HMO – Prepaid Provider**.

• Delta Dental: Dental Preferred Provider Organization

- Premiums will stay the same in 2023.
- Use any dentist but save money staying in network. Review Delta Dental's DPPO network by [clicking on Dental](#).
- Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
- Waiting periods apply to select procedures.
- To learn about all DPPO benefits, find the Delta Dental DPPO handbook under [Publications](#) and **Dental PPO**.

Find more information, including a comparison of the two plans, by [clicking on Dental](#).

Contact: **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

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

2023 MONTHLY VISION PREMIUMS FOR ALL PLANS

	BASIC PLAN	EXPANDED PLAN
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54

2023 MONTHLY DENTAL PREMIUMS FOR ALL PLANS

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72

Enroll online: www.edison.tn.gov

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615- 532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697 **OR** U.S. Office for Civil Rights, Office of Justice

Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 **OR** Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you speak a language other than English, help in your language is available for free.

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800- 848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हद्दि बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

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

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Benefits Administration website at www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP) you have options for your drug

coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2023 health coverage options. The SBC is found at www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage on or after Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. Local education, local government and retirees enrolled in health coverage have access to certain programs like disease management and the web portal.

The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You are not required to complete the assessment or other medical examinations.

The information from your health questionnaire will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program such as Diabetes Prevention Program and other programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTNers for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified promptly.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTNers for Health at partners.wellness@tn.gov. Here is the link to the wellness page:

www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html



Tennessee Department of Finance and Administration.
Authorization Number 317593, August 2022. This public document was promulgated at a cost of \$0.00 per copy.

Learn about Your Benefits Options

Benefits Administration offers webinars to help you learn about your benefits options.

Join an insurance carrier webinar.

The insurance carriers will discuss their products, and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental and vision insurance and your health savings account option.

Sessions will be recorded and posted on the ParTNers for Health YouTube page found here: www.youtube.com/user/partnersforhealthtn

Each webinar is at 3:30 p.m. CT

- Friday, Sept. 16 – Medical Networks
- Friday, Sept. 23 – Vision
- Thursday, Sept. 29 – Health Savings Account
- Friday, Sept. 30 - Dental

Go to **Annual Enrollment** at tn.gov/ParTNersForHealth and click on **About Enrollment** for instructions on how to join.

Here's Help

Find resources on the ParTNers for Health website at

tn.gov/ParTNersForHealth

You'll find:

- Videos about your benefits and to help you enroll – **click the Videos link** at top.
- A blue Questions button to contact our help desk: benefitssupport.tn.gov/hc/en-us
- **Call Benefits Administration** at 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

BEE READY... if You Want to Make Changes!

Each year, Annual Enrollment is your chance to make changes to your ParTNers for Health plan benefits that will be effective the following Jan. 1 through Dec. 31. **Your annual enrollment period for 2023 benefits is Oct. 1-28, 2022.** If you are still eligible and choose to remain enrolled as of Jan. 1, 2023, you can also enroll your eligible dependents.



This newsletter gives you important information about your 2023 benefits choices. These include your health, dental and vision insurance.

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

If you are a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for dental and vision insurance. To enroll in vision, you must be enrolled in group health coverage (see page 9).

It's important to note, if you don't want to make changes in your benefit selections, NO ACTION is needed on your part during Annual Enrollment. If you don't make changes, you will be enrolled in the same plan options for medical, dental and vision insurance you are enrolled in now, subject to eligibility. Please note ParTNers for Health has a new vision insurance vendor for 2023. Find details on page 9.

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

Let's Keep in Touch!

Benefits Administration uses email to send you important insurance information throughout the year. **You can unsubscribe at any time, but if you do unsubscribe, you will no longer receive any insurance-related updates.** Please **log in to Edison** and make sure your email address is correct. It's easy! After clicking the home icon in the top right corner, go to "Self Service", "System Profile" and "Change or Set Up Email Address."

Important 2023 Benefits Updates

Benefits Administration works to provide comprehensive, affordable, dependable and sustainable benefits. Some changes to your ParTNers for Health benefits for 2023 are due to the challenges the state plan and all health plans across the country are facing. This is because of many factors, including COVID-19 and inflation. Benefits and premiums for 2023 balance price and value and encourage the right site for care and lower cost medications.

Here's what's changing for your 2023 benefits

Health insurance premiums are changing. Find premiums on pages 4-9.

- The 2023 monthly premium amounts depend on the plan, benefit option and tier you choose.

There are additional health benefit changes. Go to tn.gov/ParTNersForHealth and **click on Publications** to find the insurance comparison chart for details. Health benefit changes for 2023 include:

- Deductibles for Premier and Standard Preferred Provider Organization plans and the Consumer-driven Health Plan for state and higher education retirees will increase.
- Co-insurance for Premier PPO will increase.
- Out-of-pocket maximums for Standard PPO and CDHP for state and higher education retirees will increase.
- Emergency room costs for all PPOs will change from copay to deductible and coinsurance.
- Allergy serum for all PPOs will change to deductible and coinsurance.
- For all PPOs, specialty drug cost sharing will change to two cost tiers and increase.
- The CDHP maintenance medication list is changing to comply with IRS rules. Medications on this list are available at a lower cost when filling a 90-day supply.

Enhancements

- Applied Behavior Analysis for all PPOs will change from copay to deductible and coinsurance. The PPO deductible will be waived for in-network ABA.
- The CDHP deductible will be waived for in-network blood sugar, cholesterol and blood clotting testing, when the tests meet certain criteria.

Other Insurance Updates for 2023

- Vision vendor will change to EyeMed for benefits starting Jan. 1, 2023.
 - The Basic and Expanded vision plans will be offered. There are benefit changes and enhancements to each plan. Premiums will increase in 2023.
 - If you are currently enrolled in vision coverage, you will automatically transfer to EyeMed for 2023 unless you cancel coverage during Annual Enrollment.
 - Go to the Vision newsletter section on page 9 or go to tn.gov/ParTNersForHealth under **Other Benefits** and click on **Vision** for details.
- All health plan members will get new medical insurance ID cards for 2023.

How to Enroll in Your Benefits

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

- Mailed applications must be postmarked no later than Oct. 28, 2022.
- Submit by fax at 615.741.8196 by Oct. 28, 2022, at 11:59 p.m. CT.

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

- Look for the green "Benefits Annual Enrollment" button.
- Log in to Edison using your Access ID. This is not your eight-digit Edison employee ID. To get your Access ID, go to www.edison.tn.gov, click the green "Benefits Annual Enrollment" button, and then click "Retrieve Access ID" button.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.
- In Edison, set up an account with a password, if you haven't done so. Find step-by-step login instructions at tn.gov/ParTNersForHealth under **Annual Enrollment** and then **About Enrollment**.

Important! You may have an old employee email address in Edison. If you try to reset your password to enroll, the password reset email may go to this old email account. If you do not receive an email after trying to set up your account, you can enroll by mailing or faxing the application found at the back of this newsletter or call Edison at 866.376.0104 for help with your password reset.

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

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

- You can add them to medical coverage if you (the retiree) will be covered on the medical plan as of Jan. 1, 2023.
- You may be eligible to add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.
- If the dependent is not currently covered on the medical plan, we need documents to prove their relationship to you. Find a list of required documents online at tn.gov/ParTNersforHealth under Forms and then Health, Dental, Vision, Disability. **Click on Dependent Eligibility Verification Documents.**
- Upload documents in Edison if enrolling through ESS or mail copies along with your annual enrollment application or fax to 615.741.8196. You must include your Edison employee ID or Social Security number on each document.
- Dependent verification documents **MUST** be submitted by the Annual Enrollment deadline of Oct. 28, 2022.

IN-NETWORK 2023 HEALTH PLAN COMPARISON

Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO LE/LG	CDHP/HSA ST/HE	Local CDHP/HSA LE/LG
Annual Deductible					
Ret only	\$750	\$1,300	\$1,800	\$1,700	\$2,000
Ret + Child(ren)	\$1,125	\$1,950	\$2,500	\$3,400	\$4,000
Ret + Spouse	\$1,500	\$2,600	\$2,800	\$3,400	\$4,000
Ret + Spouse + Child(ren)	\$1,875	\$3,250	\$3,600	\$3,400	\$4,000
Maximum Out-of-Pocket					
Ret only	\$3,600	\$4,400	\$6,800	\$2,800	\$5,000
Ret + Child(ren)	\$5,400	\$6,600	\$13,600	\$5,600	\$10,000
Ret + Spouse	\$7,200	\$8,800	\$13,600	\$5,600	\$10,000
Ret + Spouse + Child(ren)	\$9,000	\$11,000	\$13,600	\$5,600	\$10,000
Preventive Care	No charge	No charge	No charge	No charge	No charge
Primary Care/ Convenience Care	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	\$55 copay	20% coinsurance after deductible	30% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	\$15 copay	20% coinsurance after deductible	30% coinsurance after deductible
Behavioral Health and Substance Use (and virtual visits)	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
Routine X-Rays, Labs and Diagnostics	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Pharmacy (30-day supply)					
generic	\$7 copay	\$14 copay	\$14 copay	20% coinsurance after deductible	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay		
non-preferred brand	\$90 copay	\$100 copay	\$110 copay		
specialty tier 1 (generics)	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200		
specialty tier 2 (all brands)	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400		
Hospital/Facility Services	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Maternity	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient Physical, Speech and Occupational Therapy	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Emergency Room Visit	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

Covered services: Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBS or Cigna Member Handbook and your Plan Document, available at tn.gov/PartnersForHealth on the **Publications** page. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

Learn More about Your Health Plan Carrier Networks at
tn.gov/PartnersForHealth

Go to **Health Options** and **click on Carrier Information** for network hospital lists and directories.

Find a complete health plan comparison chart, as well as dental and vision comparisons, by **clicking on Publications**. On this page, go to **Insurance Comparison Charts**.

Get Help with Your Enrollment

Find step-by-step enrollment login instructions at tn.gov/ParTNersForHealth under **Annual Enrollment** and **click on Enrollment Materials**.

For password reset help, call Edison at 866.376.0104.

Watch videos on how to log in, set up your Edison password and more! Go to tn.gov/ParTNersForHealth under **Annual Enrollment** and **click on About Enrollment**.

If you revise or cancel enrollment:

If you decline enrollment on the retiree group health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, subject to retiree group health eligibility criteria, you may be able to enroll in this plan if eligibility for that other coverage is lost (or if employer contribution toward the other coverage ends). However, you must request enrollment within 60 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

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

Health Plan Options

You have a choice of health plans from ParTNers for Health. Eligible preventive care is free with all plans if you use an in-network provider. Go to **Health Options** and **click on Health** for plan option details at www.tn.gov/PartnersForHealth.

Member copays are staying the same in 2023, but there are out-of-pocket cost changes for deductibles, coinsurance, emergency room visits, cost-sharing for specialty drugs and other costs. See details in the comparison chart at tn.gov/ParTNersForHealth, and **click on the Enrollment Materials webpage**.

STATE AND HIGHER EDUCATION 2023 RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$173.60	\$238.60	\$260.40	\$325.40	\$347.20	\$412.20
Retiree + Child(ren)	\$260.20	\$325.20	\$390.30	\$455.30	\$520.40	\$585.40
Retiree + Spouse	\$381.80	\$511.80	\$572.70	\$702.70	\$763.60	\$893.60
Retiree + Spouse + Child(ren)	\$451.00	\$581.00	\$676.50	\$806.50	\$902.00	\$1,032.00
Spouse Only	\$208.20	\$273.20	\$312.30	\$377.30	\$416.40	\$481.40
Child(ren) Only	\$86.80	\$151.80	\$130.20	\$195.20	\$173.60	\$238.60
Spouse + Child(ren)	\$277.40	\$342.40	\$416.10	\$481.10	\$554.80	\$619.80
STANDARD PPO						
Retiree Only	\$161.20	\$226.20	\$241.80	\$306.80	\$322.40	\$387.40
Retiree + Child(ren)	\$241.80	\$306.80	\$362.70	\$427.70	\$483.60	\$548.60
Retiree + Spouse	\$354.60	\$484.60	\$531.90	\$661.90	\$709.20	\$839.20
Retiree + Spouse + Child(ren)	\$419.00	\$549.00	\$628.50	\$758.50	\$838.00	\$968.00
Spouse Only	\$193.40	\$258.40	\$290.10	\$355.10	\$386.80	\$451.80
Child(ren) Only	\$80.60	\$145.60	\$120.90	\$185.90	\$161.20	\$226.20
Spouse + Child(ren)	\$257.80	\$322.80	\$386.70	\$451.70	\$515.60	\$580.60
CDHP/HSA						
Retiree Only	\$153.00	\$218.00	\$229.50	\$294.50	\$306.00	\$371.00
Retiree + Child(ren)	\$229.40	\$294.40	\$344.10	\$409.10	\$458.80	\$523.80
Retiree + Spouse	\$336.40	\$466.40	\$504.60	\$634.60	\$672.80	\$802.80
Retiree + Spouse + Child(ren)	\$397.60	\$527.60	\$596.40	\$726.40	\$795.20	\$925.20
Spouse Only	\$183.60	\$248.60	\$275.40	\$340.40	\$367.20	\$432.20
Child(ren) Only	\$76.40	\$141.40	\$114.60	\$179.60	\$152.80	\$217.80
Spouse + Child(ren)	\$244.60	\$309.60	\$366.90	\$431.90	\$489.20	\$554.20

Here is a comparison of the plans:

- **Premier Preferred Provider Organization:** Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).
- **Standard Preferred Provider Organization:** Lower monthly premium than Premier PPO, higher out-of-pocket costs.
- **Limited Preferred Provider Organization** (local education/local government retirees only): Lower monthly premiums than the other PPOs, higher out-of-pocket costs compared to the other PPOs.
- **CDHP/HSA (state/higher education retirees only) and Local CDHP/HSA (local education/local government retirees only):** Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.

How to Enroll

If you want to change your health insurance option, carrier and network, submit the paper form found at the end of this newsletter or enroll in Edison at www.edison.tn.gov

Learn More about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2023

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

- \$3,850 for retiree-only coverage in 2023;
- \$7,750 for all other family tiers in 2023; and
- Members 55+ can add \$1,000 more each year.

Important! With the HSA, your total contribution is not available up-front. If you enroll in a CDHP/HSA, you can contribute after-tax funds to your HSA by check or by linking your bank account to your HSA. You may only spend the money that is available in your HSA at the time of service or care.

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

HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you CANNOT enroll in another medical plan, including any government plan, among other restrictions. If you enroll in the CDHP/HSA, you and your spouse CANNOT have a medical flexible spending account or health reimbursement account. Instead you can enroll in a limited purpose FSA for dental and vision costs.

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

Go to tn.gov/ParTNersForHealth, under Health Options and click on CDHP/HSA Insurance Options for Certain Restrictions, 2023 maximum contribution amounts, debit card details and more.

LOCAL EDUCATION 2023 SUPPORT STAFF RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS

	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO		
Retiree Only	\$683.00	\$748.00
Retiree + Child(ren)	\$1,126.00	\$1,191.00
Retiree + Spouse	\$1,469.00	\$1,599.00
Retiree + Spouse + Child(ren)	\$1,775.00	\$1,905.00
Spouse Only	\$786.00	\$851.00
Child(ren) Only	\$443.00	\$508.00
Spouse + Child(ren)	\$1,092.00	\$1,157.00
STANDARD PPO		
Retiree Only	\$635.00	\$700.00
Retiree + Child(ren)	\$1,046.00	\$1,111.00
Retiree + Spouse	\$1,364.00	\$1,494.00
Retiree + Spouse + Child(ren)	\$1,649.00	\$1,779.00
Spouse Only	\$730.00	\$795.00
Child(ren) Only	\$411.00	\$476.00
Spouse + Child(ren)	\$1,015.00	\$1,080.00
LOCAL CDHP/HSA		
Retiree Only	\$523.00	\$588.00
Retiree + Child(ren)	\$863.00	\$928.00
Retiree + Spouse	\$1,125.00	\$1,255.00
Retiree + Spouse + Child(ren)	\$1,360.00	\$1,490.00
Spouse Only	\$602.00	\$667.00
Child(ren) Only	\$339.00	\$404.00
Spouse + Child(ren)	\$837.00	\$902.00
LIMITED PPO		
Retiree Only	\$600.00	\$665.00
Retiree + Child(ren)	\$990.00	\$1,055.00
Retiree + Spouse	\$1,291.00	\$1,421.00
Retiree + Spouse + Child(ren)	\$1,561.00	\$1,691.00
Spouse Only	\$691.00	\$756.00
Child(ren) Only	\$389.00	\$454.00
Spouse + Child(ren)	\$960.00	\$1,025.00

CONTACT OUR CARRIERS

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

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

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

Health Plan Carrier Networks

You can choose from the following four carrier networks for your medical care:

Narrow Networks (same as 2022) include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in narrow networks which helps keep premiums and claims costs low.

No premium surcharge is applied to the narrow networks. Here are the narrow networks:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus**

Broad Networks (same as 2022) cost an additional \$65 per month for the retiree only and retiree + child(ren) tiers and an additional \$130 per month for the retiree + spouse and retiree + spouse +

LOCAL EDUCATION 2023 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 NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$375.65	\$440.65	\$443.95	\$508.95	\$512.25	\$577.25
Retiree + Child(ren)	\$619.30	\$684.30	\$731.90	\$796.90	\$844.50	\$909.50
Retiree + Spouse	\$807.95	\$937.95	\$954.85	\$1,084.85	\$1,101.75	\$1,231.75
Retiree + Spouse + Child(ren)	\$976.25	\$1,106.25	\$1,153.75	\$1,283.75	\$1,331.25	\$1,461.25
Spouse Only	\$432.30	\$497.30	\$510.90	\$575.90	\$589.50	\$654.50
Child(ren) Only	\$243.65	\$308.65	\$287.95	\$352.95	\$332.25	\$397.25
Spouse + Child(ren)	\$600.60	\$665.60	\$709.80	\$774.80	\$819.00	\$884.00
STANDARD PPO						
Retiree Only	\$349.25	\$414.25	\$412.75	\$477.75	\$476.25	\$541.25
Retiree + Child(ren)	\$575.30	\$640.30	\$679.90	\$744.90	\$784.50	\$849.50
Retiree + Spouse	\$750.20	\$880.20	\$886.60	\$1,016.60	\$1,023.00	\$1,153.00
Retiree + Spouse + Child(ren)	\$906.95	\$1,036.95	\$1,071.85	\$1,201.85	\$1,236.75	\$1,366.75
Spouse Only	\$401.50	\$466.50	\$474.50	\$539.50	\$547.50	\$612.50
Child(ren) Only	\$226.05	\$291.05	\$267.15	\$332.15	\$308.25	\$373.25
Spouse + Child(ren)	\$558.25	\$623.25	\$659.75	\$724.75	\$761.25	\$826.25
LOCAL CDHP/HSA						
Retiree Only	\$287.65	\$352.65	\$339.95	\$404.95	\$392.25	\$457.25
Retiree + Child(ren)	\$474.65	\$539.65	\$560.95	\$625.95	\$647.25	\$712.25
Retiree + Spouse	\$618.75	\$748.75	\$731.25	\$861.25	\$843.75	\$973.75
Retiree + Spouse + Child(ren)	\$748.00	\$878.00	\$884.00	\$1,014.00	\$1,020.00	\$1,150.00
Spouse Only	\$331.10	\$396.10	\$391.30	\$456.30	\$451.50	\$516.50
Child(ren) Only	\$186.45	\$251.45	\$220.35	\$285.35	\$254.25	\$319.25
Spouse + Child(ren)	\$460.35	\$525.35	\$544.05	\$609.05	\$627.75	\$692.75
LIMITED PPO						
Retiree Only	\$330.00	\$395.00	\$390.00	\$455.00	\$450.00	\$515.00
Retiree + Child(ren)	\$544.50	\$609.50	\$643.50	\$708.50	\$742.50	\$807.50
Retiree + Spouse	\$710.05	\$840.05	\$839.15	\$969.15	\$968.25	\$1,098.25
Retiree + Spouse + Child(ren)	\$858.55	\$988.55	\$1,014.65	\$1,144.65	\$1,170.75	\$1,300.75
Spouse Only	\$380.05	\$445.05	\$449.15	\$514.15	\$518.25	\$583.25
Child(ren) Only	\$213.95	\$278.95	\$252.85	\$317.85	\$291.75	\$356.75
Spouse + Child(ren)	\$528.00	\$593.00	\$624.00	\$689.00	\$720.00	\$785.00

child(ren) tiers. This cost is added to your monthly premium. In a broad network, you may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks. Here are the broad networks:

- **BlueCross BlueShield Network P**
- **Cigna Open Access Plus**

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2023 calendar

year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event.

Network providers and facilities can and do change. Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.**

LOCAL GOVERNMENT 2023 RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS

	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$787.00	\$852.00	\$827.00	\$892.00	\$866.00	\$931.00
Retiree + Child(ren)	\$1,221.00	\$1,286.00	\$1,282.00	\$1,347.00	\$1,344.00	\$1,409.00
Retiree + Spouse	\$1,771.00	\$1,901.00	\$1,860.00	\$1,990.00	\$1,948.00	\$2,078.00
Retiree + Spouse + Child(ren)	\$2,127.00	\$2,257.00	\$2,233.00	\$2,363.00	\$2,339.00	\$2,469.00
Spouse Only	\$984.00	\$1,049.00	\$1,033.00	\$1,098.00	\$1,082.00	\$1,147.00
Child(ren) Only	\$434.00	\$499.00	\$456.00	\$521.00	\$478.00	\$543.00
Spouse + Child(ren)	\$1,339.00	\$1,404.00	\$1,406.00	\$1,471.00	\$1,473.00	\$1,538.00
STANDARD PPO						
Retiree Only	\$724.00	\$789.00	\$760.00	\$825.00	\$796.00	\$861.00
Retiree + Child(ren)	\$1,123.00	\$1,188.00	\$1,179.00	\$1,244.00	\$1,235.00	\$1,300.00
Retiree + Spouse	\$1,628.00	\$1,758.00	\$1,710.00	\$1,840.00	\$1,791.00	\$1,921.00
Retiree + Spouse + Child(ren)	\$1,955.00	\$2,085.00	\$2,053.00	\$2,183.00	\$2,150.00	\$2,280.00
Spouse Only	\$905.00	\$970.00	\$950.00	\$1,015.00	\$995.00	\$1,060.00
Child(ren) Only	\$399.00	\$464.00	\$419.00	\$484.00	\$439.00	\$504.00
Spouse + Child(ren)	\$1,231.00	\$1,296.00	\$1,293.00	\$1,358.00	\$1,354.00	\$1,419.00
LOCAL CDHP/HSA						
Retiree Only	\$543.00	\$608.00	\$570.00	\$635.00	\$597.00	\$662.00
Retiree + Child(ren)	\$842.00	\$907.00	\$884.00	\$949.00	\$926.00	\$991.00
Retiree + Spouse	\$1,221.00	\$1,351.00	\$1,282.00	\$1,412.00	\$1,343.00	\$1,473.00
Retiree + Spouse + Child(ren)	\$1,466.00	\$1,596.00	\$1,539.00	\$1,669.00	\$1,612.00	\$1,742.00
Spouse Only	\$678.00	\$743.00	\$712.00	\$777.00	\$746.00	\$811.00
Child(ren) Only	\$299.00	\$364.00	\$314.00	\$379.00	\$329.00	\$394.00
Spouse + Child(ren)	\$923.00	\$988.00	\$969.00	\$1,034.00	\$1,015.00	\$1,080.00
LIMITED PPO						
Retiree Only	\$588.00	\$653.00	\$617.00	\$682.00	\$647.00	\$712.00
Retiree + Child(ren)	\$912.00	\$977.00	\$958.00	\$1,023.00	\$1,003.00	\$1,068.00
Retiree + Spouse	\$1,323.00	\$1,453.00	\$1,389.00	\$1,519.00	\$1,455.00	\$1,585.00
Retiree + Spouse + Child(ren)	\$1,588.00	\$1,718.00	\$1,668.00	\$1,798.00	\$1,747.00	\$1,877.00
Spouse Only	\$735.00	\$800.00	\$772.00	\$837.00	\$808.00	\$873.00
Child(ren) Only	\$324.00	\$389.00	\$340.00	\$405.00	\$357.00	\$422.00
Spouse + Child(ren)	\$1,000.00	\$1,065.00	\$1,050.00	\$1,115.00	\$1,100.00	\$1,165.00

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: **pharmacy, behavioral health and Employee Assistance Program services** and a **wellness program**. Learn about benefits such as **telehealth**, the **Diabetes Prevention Program** and more by going to the **Included Benefits Extras** webpage: www.tn.gov/partnersforhealth/health-options/included-benefits-extras.html

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

- Your health plan determines your out-of-pocket prescription costs.
- How much you pay depends on three things:
 - the drug tier – if you choose a generic, preferred brand, nonpreferred brand or specialty drug (two different cost tiers);
 - the day supply you receive – 30-day (or <30) or a 90-day (>31) supply; and
 - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Learn more about prescription drug benefits, vaccines and how to save money at tn.gov/ParTNersForHealth under **Health Options** and **click on Pharmacy**.

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

Behavioral Health

Managed by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Options **include in-person** and **virtual visits**, **Talkspace** online therapy and lower-cost substance use services (for PPO plans, no coinsurance after deductible for CDHP plans). Learn more at tn.gov/ParTNersForHealth under **Health Options, Behavioral Health**.

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

Employee Assistance Program

Managed by Optum

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

Specialists with Optum are available 24/7 through in-person and virtual visits to help with stress, legal, financial, mediation and work/life issues. Get up to five counseling visits, per problem, per year, per individual at no cost to you. Your benefits also include **Sanvello**, an on-demand mobile app to help with stress, anxiety and depression, and for those EAP-eligible and working, the **Take Charge at Work** coaching program.

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

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

Wellness Program

Managed by ActiveHealth

All health plan members have access to the ActiveHealth online resources including a health assessment, health education and digital coaching. The Disease Management program is also available to enrolled health plan members and their adult dependents who qualify.

Learn more at tn.gov/ParTNersForHealth under **Other Benefits** and **click on Wellness**.

Contact: **ActiveHealth**, 888.741.3390, M-F, 8 a.m. - 8 p.m. CT, go.activehealth.com/wellnesstn

Dental and Vision

Along with health insurance, ParTNers for Health offers dental and vision benefits, subject to eligibility. These benefits provide additional coverage for you and your eligible dependents.

Dental Insurance

Offered through Cigna and Delta Dental

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

Find 2023 dental premiums at tn.gov/ParTNersForHealth, click on **Premiums** and go to **Other Insurance Coverages – Dental**.

Cigna: Dental Health Maintenance Organization – Prepaid Provider

- Premiums will stay the same in 2023.
- You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. See the list of dentists at cigna.com/stateoftn.
- Members pay copays. Review the Patient Charge Schedule at tn.gov/ParTNersForHealth under Publications and Dental HMO – Prepaid Provider before having procedures performed. Lab fees may apply for some procedures.
- Completion of crowns, bridges, dentures, implants, root canals or orthodontic treatment already in progress on a new member's effective date will not be covered.
- To learn about all DHMO benefits, find the Cigna DHMO handbook at tn.gov/ParTNersForHealth under Publications and Dental HMO – Prepaid Provider.

2023 MONTHLY DENTAL PREMIUMS FOR ALL PLANS

	CIGNA PREPAID PLAN	DELTA DENTAL DPPO PLAN
Retiree Only	\$15.23	\$26.60
Retiree + Child(ren)	\$31.63	\$60.09
Retiree + Spouse	\$27.01	\$52.44
Retiree + Spouse + Child(ren)	\$37.10	\$94.95

Delta Dental: Dental Preferred Provider Organization

- Premiums will stay the same in 2023.
- Use any dentist but save money staying in network. Review Delta Dental's DPPO network by going to tennessee.deltadental.com/stateoftn/
- Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
- Waiting periods apply to select procedures.
- To learn about all DPPO benefits, find the Delta Dental DPPO handbook at tn.gov/ParTNersForHealth under Publications and Dental PPO.

Find a comparison of the two plans at tn.gov/ParTNersForHealth, under **Other Benefits** and **click on Dental**.

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

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

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

Vision Insurance

Offered through EyeMed - NEW vendor for 2023

Vision benefits are offered through EyeMed to eligible retirees.** You pay the full monthly premium. Subject to eligibility, if you are currently enrolled in a vision plan, you'll remain enrolled in your current plan unless you cancel coverage during Annual Enrollment. The vendor will automatically change to EyeMed effective Jan. 1, 2023.

Premiums will increase in 2023, and there are benefit changes and enhancements. You'll save money when using in-network providers.

Find 2023 vision premiums at tn.gov/ParTNersForHealth under **Premiums** and go to **Other Insurance Coverages – Vision**. Find the EyeMed handbook under **Publications** and **Vision Insurance**.

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

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

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

- NEW! In-network retail frames allowance will increase.

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

- NEW! Frames now available once every calendar year.

In both plans, you pay copays or when the cost exceeds the allowed dollar amount, you pay the cost of materials. **Some allowances and copays are changing in both plans.** Discounts may be available for select materials.

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

Contact: **EyeMed**, 855.779.5046, Mon-Sat., 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

*** If you are a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for vision insurance. To enroll in vision, you must be enrolled in group health coverage. Dependents enrolled in spouse only, spouse + child(ren) or child(ren) only group health coverage are eligible to enroll in dependent only vision coverage if the retiree is no longer enrolled in the group health plan.*

2023 MONTHLY VISION PREMIUMS FOR ALL PLANS

	BASIC PLAN	EXPANDED PLAN
Retiree Only	\$3.18	\$6.30
Retiree + Child(ren)	\$6.35	\$12.60
Retiree + Spouse	\$6.03	\$11.98
Retiree + Spouse + Child(ren)	\$9.33	\$18.54
Spouse Only	\$3.18	\$6.30
One Child Only	\$3.18	\$6.30
Two or More Children Only	\$6.35	\$12.60
Spouse + Children Only	\$6.35	\$12.60

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615-532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697 **OR** U. S. Office for Civil Rights, Office of Justice

Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC

20531 **OR** Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you speak a language other than English, help in your language is available for free.

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848- 0298).

ማስታወሻ: የጥናትና ቋንቋ አጠቃላይ ስህተት ለማስወገድ እርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሳሎታቲያ ደይድሉ 1-866-576-0029 (ማስማት ለተሰናኙው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

සුභ: ඔබට තම ඉගැන්වීම් බොහෝම, ඔබේ නිවැරදි භාෂා සහ ජාතික සේවාවන්ට තමාට මාදි ඉඩක් ඇත. දුරකථන අංක 1-866-576-0029 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कल करें।
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

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

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Benefits Administration website at www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP) you have options for your drug coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2023 health coverage options. The SBC is found at www.tn.gov/PartNersForHealth/summary-of-benefits-and-coverage on or after Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTners for Health Wellness Program is a voluntary wellness program. Local education, local government and retirees enrolled in health coverage have access to certain programs like disease management and the web portal. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You are not required to complete the assessment or other medical examinations.

The information from your health questionnaire will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program such as Diabetes Prevention Program and other programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTners for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified promptly.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTners for Health at partners.wellness@tn.gov. Here is the link to the wellness page:

www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html



ANNUAL ENROLLMENT APPLICATION FOR RETIREE PARTICIPANT



Completed form (blue or black ink) must be postmarked or faxed to Benefits Administration by 10/28/22 — Attention: Retirement

Form with sections: PART 1: RETIREE INFORMATION, PART 2: HEALTH COVERAGE SELECTION, PART 3: DENTAL COVERAGE SELECTION, PART 4: VISION COVERAGE SELECTION, PART 5: DEPENDENT INFORMATION, PART 6: RETIREE AUTHORIZATION. Includes fields for personal info, benefit options, dependent details, and a signature line.



STATE OF TENNESSEE
 BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 WILLIAM R. SNODGRASS TN TOWER
 312 ROSA L. PARKS AVENUE, 19TH FLOOR
 NASHVILLE, TN 37243-1102

PRSR STD
 US POSTAGE
 PAID
 NASHVILLE, TN
 PERMIT NO. 983

PARTNERS FOR HEALTH

Tennessee Department of Finance and Administration. Authorization Number 317593, 12,000 copies, August 2022. This public document was promulgated at a cost of \$0.41 per copy.



Questions? Go to tn.gov/PartnersForHealth

Retiree Participants



BEE READY

SATURDAY, OCT. 1 -
 SATURDAY, OCT. 28

IT'S ANNUAL ENROLLMENT TIME!

PARTNERS FOR HEALTH

STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE, 19TH FLOOR
NASHVILLE, TENNESSEE 37243-1102



BEE READY

Annual Enrollment for 2023 benefits starts Oct. 1

Annual Enrollment dates:

- State and higher education employees:
Saturday, Oct. 1 – Friday, Oct. 14
- Local education and local government employees:
Saturday, Oct. 1 – Friday, Oct. 28
- Retirees: **Saturday, Oct. 1 – Friday, Oct. 28**

PARTNERS
FOR HEALTH



ANNUAL ENROLLMENT INSURANCE CARRIER WEBINARS

Join these webinars where our insurance carriers will discuss their products and you can ask questions. A recording of each session will be posted on the [ParTNeRS for Health YouTube page](#).



ADD TO
CALENDAR

Disability Insurance Options

Thursday, Sept. 15 - 3:30 p.m. CT
(state /higher ed only)

ADD TO
CALENDAR

Medical Insurance Options

Friday, Sept. 16 - 3:30 p.m. CT

ADD TO
CALENDAR

Life Insurance Options

Thursday, Sept. 22 - 3:30 p.m. CT
(state/higher ed only)

ADD TO
CALENDAR

Vision Insurance Options

Friday, Sept. 23 - 3:30 p.m. CT

ADD TO
CALENDAR

HSA/FSA Options

Thursday, Sept. 29 - 3:30 p.m. CT
(HSA all members | FSA
state/higher ed only)

ADD TO
CALENDAR

Dental Insurance Options

Friday, Sept. 30 - 3:30 p.m. CT

ON THE DAY OF THE WEBINAR, YOU'LL NEED TO JOIN THE WEBEX MEETING AT [THIS LINK](#). YOU CAN CLICK A LINK ABOVE TO ADD THE MEETING TO YOUR CALENDAR. YOU CAN FIND DETAILED INSTRUCTIONS TO JOIN THE WEBINAR [HERE](#).

DISABILITY, FSA (EXCLUDES OFFLINE AGENCIES) AND LIFE INSURANCE BENEFITS OFFERED TO ALL BENEFITS-ELIGIBLE STATE AND HIGHER EDUCATION EMPLOYEES ONLY.

Annual Enrollment For 2023 Benefits October 1-28, 2022

**PARTNERS
FOR HEALTH**



BE READY

Local Government Employees & COBRA Participants

Here's the Buzz ... It's Time to Get Covered!

Annual Enrollment For 2023 Benefits, October 1-28, 2022



Each year, Annual Enrollment is your chance to choose your ParTNers for Health plan benefits or make changes that will be effective the following Jan. 1 through Dec. 31. Your annual enrollment period for 2023 benefits is Oct. 1-28, 2022.

This newsletter gives you important information about your 2023 benefits choices. These include your health, dental and vision insurance and other benefits.

- Find full Annual Enrollment details by [going to the About Enrollment webpage](#).
- **Premium charts** are found by [going to the Premiums webpage](#).
- Find **Insurance comparison charts** for health, dental and vision by [going to the Publications webpage](#) under **Insurance Comparison Charts**.

It's important to note if you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment. If you don't make changes, you will be enrolled in

the same plan options for medical, dental and vision products you are enrolled in now.

You are not required to enroll in health insurance. If you do not enroll, no premium dollars for health insurance will be deducted from your paycheck. Go to [How to Enroll in Your Benefits](#) to add, remove or make changes to your insurance coverage.

Important 2023 Benefits Updates

Benefits Administration works to provide comprehensive, affordable, dependable and sustainable benefits. Some changes to your ParTNers for Health benefits for 2023 are due to the challenges the state plan and all health plans across the country are facing. This is because of many factors, including COVID-19 and inflation. Benefits and premiums for 2023 balance price and value and encourage the right site for care and lower cost medications.

Here's what's changing for your 2023 health benefits.

Health insurance premiums are changing. [Click on Premiums](#) to find all premiums. For active local government employees, the 2023 monthly premium amounts depend on your agency's premium level, and the benefit option and tier you choose. Your monthly premium depends on how much of the premium your employer pays. Your premium is automatically deducted from your paycheck each month.

There are **additional health benefit changes.** [Click on Publications](#) to find the Insurance Comparison Chart for details. Health benefit changes for 2023 include:

- Deductibles for Premier and Standard Preferred Provider Organization plans will increase.
- Co-insurance for Premier PPO will increase.
- Out-of-pocket maximums for Standard PPO will increase.
- Emergency room costs for all PPOs will change from copay to deductible and coinsurance.
- Allergy serum for all PPOs will change to deductible and coinsurance.
- For all PPOs, specialty drug cost sharing will change to cost tiers and increase.
- The Local CDHP maintenance medication list is changing to comply with IRS rules. Medications on this list are available at a lower cost when filling a 90-day supply.

Enhancements:

- Applied Behavior Analysis for all PPOs will change from copay to deductible and coinsurance. The PPO deductible will be waived for **in-network** ABA.
- The Local CDHP deductible will be waived for in-network blood sugar, cholesterol and blood clotting testing, when the tests meet certain criteria.

LET'S KEEP IN TOUCH!

Benefits Administration uses email to send you important insurance information throughout the year. **You can unsubscribe at any time, but if you do unsubscribe, you will no longer receive any insurance-related updates.** Please [log in to Edison](#) and make sure your

email address is correct. It's easy! After clicking the home icon in the top right corner, just go to "Self Service", "My System Profile" and "Change or Set Up Email Address".



Other Insurance Updates for 2023

- **Vision vendor will change to EyeMed for benefits starting Jan. 1, 2023.**
 - The Basic and Expanded vision plans will be offered. There are benefit changes and enhancements to each plan. Premiums will increase in 2023.
 - If you are currently enrolled in vision coverage, you will automatically transfer to EyeMed for 2023 unless you cancel coverage during Annual Enrollment.
 - Go to the Vision newsletter section or [click on Vision](#) for details.
- **All health plan members** will get new medical insurance ID cards for 2023.

How to Enroll in Your Benefits

You will use **Employee Self Service in Edison** at www.edison.tn.gov to add, remove or make changes to your insurance coverage.

- Look for the green "Benefits Annual Enrollment" button.
- **Log in to Edison using your Access ID.** This is not your eight-digit Edison employee ID. To get your Access ID, go to www.edison.tn.gov, click the green "Benefits Annual Enrollment" button and then click "Retrieve Access ID" button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.

Adding new dependents or your spouse? We need documents to prove their relationship to you. This includes a spouse who has not been on coverage for six months or more.

- Dependent verification documents **MUST** be submitted by **the Annual Enrollment deadline of Oct. 28, 2022.**
- Find a list of required documents online by [going to Forms](#) and then go to Health, Dental, Vision, Disability. [Click on Dependent Eligibility Verification Documents.](#)

Get Help with Your Enrollment

Find step-by-step enrollment login instructions by going to **Annual Enrollment** and [clicking on Enrollment Materials](#).

For password reset help, call Edison at 866.376.0104.

Watch videos on how to enroll by [clicking on About Enrollment](#).

If you want to revise your enrollment or you don't want to enroll:

Employees have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted on the ParTNers website under [Publications at tn.gov/PartnersForHealth](#).

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact your agency benefits coordinator or Benefits Administration.

Webinars to Learn about Your Benefits Options

Benefits Administration offers many opportunities to learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

Dates and times (all CT):

- Wednesday, Oct. 5, 10-11 a.m.
- Thursday, Oct. 13, 2-3 p.m.
- Wednesday, Oct. 19, 3-4 p.m.

One session will be recorded and posted on the ParTNers for Health YouTube page found here:

<https://www.youtube.com/user/partnersforhealthtn>.

[Click on About Enrollment](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision insurance and the health savings account.

Learn more: tn.gov/PartnersForHealth

Sessions will be recorded and posted on the ParTNers for Health YouTube page found here:

<https://www.youtube.com/user/partnersforhealthtn>.

Each webinar is at 3:30 p.m. CT:

- Friday, Sept. 16 – Medical Networks
- Friday, Sept. 23 – Vision
- Thursday, Sept. 29 – Health Savings Account
- Friday, Sept. 30 – Dental

[Click on About Enrollment](#) for instructions on how to join.

Here's Help

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

You'll find:

- Videos about your benefits – [click the Videos link](#) at top of the homepage.
- A blue **Questions** button to contact our help desk: <https://benefitssupport.tn.gov/hc/en-us>
- A green **Help** button to chat during business hours.

Call Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

Health Plan Options

You have a choice of four health plans from ParTNers for Health. Eligible preventive care is **free** with all plans if you use an in-network provider. [Click on Health](#) for plan option details.

Member copays are staying the same in 2023, but there are out-of-pocket cost changes for deductibles, coinsurance, emergency room visits, cost-sharing for specialty drugs and other costs. **See details in the comparison chart by [clicking on Enrollment Materials](#).**

Here is a comparison of the four plans:

- Premier Preferred Provider Organization: Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).
- Standard Preferred Provider Organization: Lower monthly premium than Premier PPO, higher out-of-pocket costs.
- Limited Preferred Provider Organization: Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs.
- Local Consumer-driven Health Plan/Health Savings Account: Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.

How to Enroll

If you want to enroll in health insurance, you can choose or change your health insurance option, carrier and network by enrolling in Edison [at www.edison.tn.gov](https://www.edison.tn.gov).

Learn More about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2023.

There are limits on how much money you can put in your HSA each year. These amounts include any contributions your employer may make to your HSA:

- \$3,850 for employee-only coverage in 2023;
- \$7,750 for all other family tiers in 2023; and
- Members 55+ can add \$1,000 more each year.

HSA contributions in excess of the IRS 2023 maximums listed above are not tax deductible and are subject to a 6% excise tax, so please monitor your HSA contributions carefully.

Local government employees who enroll in the Local CDHP

will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

With the HSA, your total contribution is not available upfront. Your pledged amount is taken out of each paycheck, if your employer offers payroll deduction. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds. Newly enrolled members get a **debit card** from Optum Financial to use for qualified expenses. Current enrolled members who stay in the Local CDHP/HSA will use their same debit card.

Local HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the

IN-NETWORK 2023 HEALTH PLAN COMPARISON

Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO LE/LG	Local CDHP/HSA LE/LG
Annual Deductible				
Emp only	\$750	\$1,300	\$1,800	\$2,000
Emp + Child(ren)	\$1,125	\$1,950	\$2,500	\$4,000
Emp + Spouse	\$1,500	\$2,600	\$2,800	\$4,000
Emp + Spouse + Child(ren)	\$1,875	\$3,250	\$3,600	\$4,000
Maximum Out-of-Pocket				
Emp only	\$3,600	\$4,400	\$6,800	\$5,000
Emp + Child(ren)	\$5,400	\$6,600	\$13,600	\$10,000
Emp + Spouse	\$7,200	\$8,800	\$13,600	\$10,000
Emp + Spouse + Child(ren)	\$9,000	\$11,000	\$13,600	\$10,000
Preventive Care	No charge	No charge	No charge	No charge
Primary Care/ Convenience Care	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	\$55 copay	30% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	\$15 copay	30% coinsurance after deductible
Behavioral Health and Substance Use (and virtual visits)	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Routine X-Rays, Labs and Diagnostics	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
Pharmacy (30-day supply)				
generic	\$7 copay	\$14 copay	\$14 copay	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay	
non-preferred brand	\$90 copay	\$100 copay	\$110 copay	
specialty tier 1 (generics)	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	
specialty tier 2 (all brands)	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	
Hospital/Facility Services	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Maternity	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient Physical, Speech and Occupational Therapy	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
Emergency Room Visit	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible



Health Plan Carrier Networks

Here's a look at your ParTners for Health carrier networks.

You can choose from the following carrier networks for your medical care:

Narrow Networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the narrow networks, which helps keep premiums and claims costs low. No premium surcharge is applied to the narrow networks. Your ParTners for Health narrow network options are:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus**

Broad Networks cost an additional \$65 per month for the employee only and employee + child(ren) tiers and an additional \$130 per month for the employee + spouse and employee + spouse + child(ren) tiers. These costs are added to your monthly premium. In a broad network you may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks. Your ParTners for Health broad network options are:

- **BlueCross BlueShield Network P**
- **Cigna Open Access Plus**

Local CDHP/HSA, you **cannot** enroll in another medical plan, including any government plan, and **cannot** have a medical flexible spending account or health reimbursement account, among other restrictions. If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice. [Go to CDHP/HSA Insurance Options for Certain Restrictions, 2023 maximum contribution amounts, debit card details and more information.](#)

Find premium charts, including COBRA by [clicking on Premiums.](#)

2023 MONTHLY HEALTH PREMIUMS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO						
Employee Only	\$787.00	\$852.00	\$827.00	\$892.00	\$866.00	\$931.00
Employee + Child(ren)	\$1,221.00	\$1,286.00	\$1,282.00	\$1,347.00	\$1,344.00	\$1,409.00
Employee + Spouse	\$1,771.00	\$1,901.00	\$1,860.00	\$1,990.00	\$1,948.00	\$2,078.00
Employee + Spouse + Child(ren)	\$2,127.00	\$2,257.00	\$2,233.00	\$2,363.00	\$2,339.00	\$2,469.00
STANDARD PPO						
Employee Only	\$724.00	\$789.00	\$760.00	\$825.00	\$796.00	\$861.00
Employee + Child(ren)	\$1,123.00	\$1,188.00	\$1,179.00	\$1,244.00	\$1,235.00	\$1,300.00
Employee + Spouse	\$1,628.00	\$1,758.00	\$1,710.00	\$1,840.00	\$1,791.00	\$1,921.00
Employee + Spouse + Child(ren)	\$1,955.00	\$2,085.00	\$2,053.00	\$2,183.00	\$2,150.00	\$2,280.00
LIMITED PPO						
Employee Only	\$588.00	\$653.00	\$617.00	\$682.00	\$647.00	\$712.00
Employee + Child(ren)	\$912.00	\$977.00	\$958.00	\$1,023.00	\$1,003.00	\$1,068.00
Employee + Spouse	\$1,323.00	\$1,453.00	\$1,389.00	\$1,519.00	\$1,455.00	\$1,585.00
Employee + Spouse + Child(ren)	\$1,588.00	\$1,718.00	\$1,668.00	\$1,798.00	\$1,747.00	\$1,877.00
LOCAL CDHP/HSA						
Employee Only	\$543.00	\$608.00	\$570.00	\$635.00	\$597.00	\$662.00
Employee + Child(ren)	\$842.00	\$907.00	\$884.00	\$949.00	\$926.00	\$991.00
Employee + Spouse	\$1,221.00	\$1,351.00	\$1,282.00	\$1,412.00	\$1,343.00	\$1,473.00
Employee + Spouse + Child(ren)	\$1,466.00	\$1,596.00	\$1,539.00	\$1,669.00	\$1,612.00	\$1,742.00

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. Premiums charts, including COBRA, are found at tn.gov/PartnersForHealth on the Premiums page. Click on Premiums in the top navigation.

Learn more: tn.gov/PartnersForHealth

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2023 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is on page three of the [Enrollment Change Application](#).

Network providers and facilities can and do change.

Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.**

Covered services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna Member Handbook and your Plan Document by [going to the Publications webpage](#). If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.



Learn More about Your Health Plan Options

[Click on Carrier Information](#) for network hospital lists and directories.

Find a complete health plan comparison chart, as well as dental and vision comparisons, by [clicking on Publications](#).

On this page, go to [Insurance Comparison Charts](#).

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: **pharmacy, behavioral health and Employee Assistance Program services** and a **wellness program**. Learn about benefits such as **telehealth**, the **Diabetes Prevention Program** and more by [going to Included Benefits Extras](#):

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

- Your health plan (Premier Preferred Provider Organization, Standard PPO, Limited PPO or Consumer-driven Health Plan/Health Savings Account) determines your out-of-pocket prescription costs.
- How much you pay depends on three things:
 - the drug tier – if you choose a generic, preferred brand, nonpreferred brand or specialty drug (two different cost tiers);
 - the day supply you receive – 30-day (or <30) or a 90-day (>31) supply; and
 - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Learn more about prescription drug benefits, vaccines and how to save money by [clicking on Pharmacy](#).

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

Behavioral Health

Managed by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum can help you find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

CONTACT OUR CARRIERS

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

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

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



Your benefits also include **Talkspace online therapy**, **preferred no-cost substance use treatment facilities** (for PPO plans; no coinsurance after deductible for Local CDHP) and **virtual visits**.

Learn more about your behavioral health benefits by [clicking on Behavioral Health](#).

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

Employee Assistance Program

Managed by Optum

EAP services are available to enrolled health plan members and eligible dependents, even if your dependents are not enrolled in a health plan.

Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

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

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

Learn more about your EAP benefits by [clicking on EAP](#).

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

Wellness Program

Managed by ActiveHealth

To help you achieve your health goals, two wellness programs are available in 2023 to enrolled health plan members and adult dependents. Members must qualify for these programs.

Disease management is offered to those with chronic diseases like asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease to better manage these conditions.

Diabetes Prevention Program is available to eligible adult plan members to help prevent or delay Type 2 diabetes. Offered through [health insurance carriers BlueCross or Cigna](#).

All members have access to ActiveHealth's online resources including health assessment, health education and digital coaching.

Find information about programs and activities by [clicking on Wellness](#).

Contact: **ActiveHealth**, 888.741.3390, M-F, 8 a.m. - 8 p.m. CT, [go.activehealth.com/wellnesstn](#)

Additional Benefits

Along with health insurance, you may be offered dental and vision insurance benefits through ParTNers for Health. These benefits provide additional coverage for you and your eligible dependents. Typically, employees pay 100% of the dental and vision premiums. The employer may contribute to the premium in some instances.

Dental Insurance

Offered through Cigna and Delta Dental

ParTNers for Health offers two different dental plans.

Find 2023 dental premiums by [clicking on Premiums](#) and going to **Other Insurance Coverages – Dental**.

- **Cigna: Dental Health Maintenance Organization – Prepaid Provider**
 - Premiums will stay the same in 2023.
 - You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at [cigna.com/stateoftn](#).
 - Members pay copays. Review the Patient Charge Schedule by [clicking on Publications](#) and **Dental HMO – Prepaid Provider** before having procedures performed. Lab fees may apply for some procedures.
 - Completion of crowns, bridges, dentures, implants, root canals or orthodontic treatment already in progress on a new member's effective date will not be covered.

To learn about all DHMO benefits, find the Cigna DHMO handbook by [clicking on Publications](#) and **Dental HMO – Prepaid Provider**.

• **Delta Dental: Dental Preferred Provider Organization**

- Premiums will stay the same in 2023.
- Use any dentist but save money staying in network. Review Delta Dental’s DPPO network by [clicking on Dental](#).
- Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
- Waiting periods apply to select procedures.

To learn about all DPPO benefits, find the Delta Dental DPPO handbook under [Publications](#) and [Dental PPO](#).

Find more information, including a comparison of the two plans, by [clicking on Dental](#).

Contact: **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

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

2023 MONTHLY DENTAL PREMIUMS FOR ALL PLANS		
	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72



Vision Insurance

Offered through EyeMed - NEW vendor for 2023

Premiums will increase in 2023, and there are benefit changes and enhancements. You’ll save money when using in-network providers.

Find 2023 vision premiums by [clicking on Premiums](#), go to **Other Insurance Coverages – Vision**. Find the EyeMed handbook by [clicking on Publications](#) and [Vision Insurance](#).

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

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

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

- **NEW!** In-network retail frame allowance will increase.

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

- **NEW!** Frames now available once every calendar year.

In both plans, you pay copays or when the cost exceeds the allowed dollar amount, you pay the cost of materials and services. **Some allowances and copays are changing in both plans.** Discounts may be available for select materials.

Find information including a comparison of both plans by [clicking on Vision](#).

Contact: **EyeMed**, 855.779.5046, Mon.-Sat., 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

2023 MONTHLY VISION PREMIUMS FOR ALL PLANS		
	BASIC PLAN	EXPANDED PLAN
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54

Enroll online: www.edison.tn.gov

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615- 532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697 **OR** U. S. Office for Civil Rights, Office of Justice

Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 **OR** Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you speak a language other than English, help in your language is available for free.

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800- 848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हद्दि बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

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

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Benefits Administration website at www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP) you have options for your drug

coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2023 health coverage options. The SBC is found at [www.tn.gov/ ParTNersForHealth/summary-of-benefits-and-coverage](http://www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage) on or after Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. Local education, local government and retirees enrolled in health coverage have access to certain programs like disease management and the web portal. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You are not required to complete the assessment or other medical examinations.

The information from your health questionnaire will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program such as Diabetes Prevention Program and other programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTNers for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified promptly.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTNers for Health at partners.wellness@tn.gov. Here is the link to the wellness page:

www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html



Tennessee Department of Finance and Administration.
Authorization Number 317593, August 2022. This public document was promulgated at a cost of \$0.00 per copy.

Annual Enrollment For 2023 Benefits October 1-14, 2022

PARTNERS
FOR HEALTH



BE READY

State and Higher Education Employees

Here's the Buzz ... It's Time to Get Covered!

Annual Enrollment For 2023 Benefits, October 1-14, 2022



Each year, Annual Enrollment is your chance to choose your ParTNers for Health plan benefits or make changes that will be effective the following Jan. 1 through Dec. 31. Your annual enrollment period for 2023 benefits is Oct. 1-14, 2022.

This newsletter gives you important information about your 2023 benefits choices. These include your health, dental, life and vision insurance and other benefits.

- Find full Annual Enrollment details by [going to the About Enrollment webpage](#).
- **Premium charts** are found by [going to the Premiums webpage](#).
- **Insurance comparison charts** for health, dental and vision are found by [going to the Publications webpage](#) under **Insurance Comparison Charts**.

It's important to note that for MOST plan options*, if you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment. If you don't make changes, you will be enrolled in the same plan options for medical, dental, vision and disability products you are enrolled in now.

*Most **flexible spending accounts** require you to enroll each year. ***Life and accidental death and dismemberment insurance benefits** will change and **may require** you to take action, including enrolling or removing your dependents. See the life insurance section of this newsletter or [go to Life Insurance](#) for details.

You are not required to enroll in health insurance. If you do not enroll, no premium dollars for health insurance will be deducted from your paycheck. Go to [How to Enroll in Your Benefits](#) to add, remove or make changes to your insurance coverage.

Important 2023 Benefits Updates

Benefits Administration works to provide comprehensive, affordable, dependable and sustainable benefits. Some changes to your ParTNers for Health benefits for 2023 are due to the challenges the state plan and all health plans across the country are facing. This is because of many factors, including COVID-19 and inflation. Benefits and premiums for 2023 balance price and value and encourage the right site for care and lower cost medications.

Here's what's changing for your 2023 health benefits.

Health insurance premiums are changing for most plan options. [Click on Premiums](#) to find all premiums. For active employees, monthly premiums will increase \$0 to \$26 from 2022 rates, depending on the plan and tier you choose. Your premium is automatically deducted from your paycheck each month.

There are **additional health benefit changes.** [Click on Publications](#) to find the Insurance Comparison Chart for details. Health benefit changes for 2023 include:

- Deductibles for Premier and Standard Preferred Provider Organization plans and the Consumer-driven Health Plan will increase.
- Co-insurance for Premier PPO will increase.
- Out-of-pocket maximums for Standard PPO and CDHP will increase.
- Emergency room costs for Premier and Standard PPOs will change from copay to deductible and coinsurance.
- Allergy serum for Premier and Standard PPOs will change to deductible and coinsurance.
- For all PPOs, specialty drug cost sharing will change to two cost tiers and increase.
- The CDHP maintenance medication list is changing to comply with IRS rules. Medications on this list are available at a lower cost when filling a 90-day supply.

Enhancements

- Applied Behavior Analysis for Premier and Standard PPOs will change from copay to deductible and coinsurance. The PPO deductible will be waived for **in-network** ABA.
- The CDHP deductible will be waived for in-network blood sugar, cholesterol and blood clotting testing, when the tests meet certain criteria.

The **state will increase its funding of the health savings account for enrolled CDHP members** to \$500 (employee tier) and \$1,000 (all other family tiers).

LET'S KEEP IN TOUCH!

Benefits Administration uses email to send you important insurance information throughout the year. **You can unsubscribe at any time, but if you do unsubscribe, you will no longer receive any insurance-related updates.**



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

Other Insurance Updates for 2023

- Vision vendor will change to EyeMed for benefits starting Jan. 1, 2023.
 - The Basic and Expanded vision plans will be offered. There are benefit changes and enhancements to each plan. Premiums will increase in 2023.
 - If you are currently enrolled in vision coverage, you will automatically transfer to EyeMed for 2023 unless you cancel coverage during Annual Enrollment.
 - Go to the Vision newsletter section or click on [Vision for details](#).
- **Life Insurance benefits are changing.**
 - **Important!** For 2023, there are changes to basic term life insurance coverage and the options you have for the employee-paid portion of this coverage. **All eligible employees** can also enroll eligible dependents in basic term life/basic accidental death and dismemberment. Go to the Life Insurance section of this newsletter for more information. You may also go to Edison at www.edison.tn.gov, look for the green "Benefits Annual Enrollment" button and once logged in, choose the Annual Enrollment tile to find life insurance details.
 - There are different coverage options for voluntary accidental death and dismemberment insurance and premiums will increase.
 - Voluntary term life insurance premiums will be lower for active employees.
 - Go to the Life Insurance newsletter section or [click on Life](#) for details.
- Medical flexible spending account and limited purpose FSA contribution amounts and carryover amounts are changing for 2023. The transportation/parking FSA amounts are also changing. Go to the FSA newsletter section or [click on Flexible Benefits](#) for details.
- In 2023, Optum Financial will conduct non-discrimination testing on state employees' dependent care FSAs to ensure the plan treats everyone fairly and does not discriminate in favor of employees who are highly compensated. The IRS defines a highly compensated employee as someone with an annual salary of \$135,000 or more in 2022. If the test finds this benefit does not meet the federal requirements, contributions for highly compensated employees may be changed to comply with the law. If you plan to enroll in the dependent care FSA during Annual Enrollment for plan year 2023, please be aware this may impact you next year if you are a highly compensated employee.
- All health plan members will get new medical insurance ID cards for 2023.

How to Enroll in Your Benefits

You will use **Employee Self Service in Edison** at www.edison.tn.gov to add, remove or make changes to your insurance coverage, unless otherwise noted.

- Look for the green “Benefits Annual Enrollment” button.
- **Log in to Edison using your Access ID.** This is not your eight-digit Edison employee ID. To get your Access ID, go to www.edison.tn.gov, click the green “Benefits Annual Enrollment” button and then click “Retrieve Access ID” button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison, except voluntary term life insurance, if eligible.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.

Adding new dependents or your spouse? We need documents to prove their relationship to you. This includes a spouse who has not been on coverage for six months or more.

- Dependent verification documents **MUST** be submitted by the **Annual Enrollment deadline of Oct. 14, 2022.**
- Find a list of required documents online by [going to Forms](#) and then go to Health, Dental, Vision, Disability. [Click on Dependent Eligibility Verification Documents.](#)

All **state and higher education employees MUST choose flexible spending account election amounts** if they want to put money in them for 2023. Medical FSA and L-FSA contribution and carryover amounts are changing. [Click on Flexible Benefits](#) for details.

Get Help with Your Enrollment

Find step-by-step enrollment login instructions by going to **Annual Enrollment** and [clicking on Enrollment Materials.](#)

For password reset help, call Edison at 866.376.0104.

Watch videos on how to enroll by [clicking on About Enrollment.](#)

If you want to revise your enrollment or you don't want to enroll:

Employees have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted on the ParTNers website under [Publications at tn.gov/PartnersForHealth.](#)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact your agency benefits coordinator or Benefits Administration.

Webinars to Learn about Your Benefits Options

Benefits Administration offers many opportunities to learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

Dates and times (all CT):

- Wednesday, Sept. 28, 1-2 p.m.
- Wednesday, Oct. 5, 2-3 p.m.
- Thursday, Oct. 13, 10-11 a.m..

One session will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

[Click on About Enrollment](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision, disability and life insurance, and your health savings account/flexible spending account options.





Sessions will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

Each webinar is at 3:30 p.m. CT:

- Thursday, Sept. 15 - Disability
- Friday, Sept. 16 – Medical Networks
- Thursday, Sept. 22 – Life Insurance
- Friday, Sept. 23 - Vision
- Thursday, Sept. 29 – Health Savings Account/Flexible Spending Account Options
- Friday, Sept. 30 – Dental

[Click on About Enrollment](#) for instructions on how to join.

Here's Help

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

You'll find:

- Videos about your benefits – [click the Videos link](#) at top of the homepage.
- A blue **Questions** button to contact our help desk: <https://benefitssupport.tn.gov/hc/en-us>
- A green **Help** button to chat during business hours.

Call Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

Health Plan Options

You have a choice of three health plans from ParTNers for Health. Eligible preventive care is **free** with all plans if you use an in-network provider. [Click on Health](#) for plan option details.

Member copays are staying the same in 2023, but there are out-of-pocket cost changes for deductibles, coinsurance, emergency room visits, cost-sharing for specialty drugs and other costs. [See details in the comparison chart by clicking on Enrollment Materials.](#)

Here is a comparison of the three plans:

- **Premier Preferred Provider Organization:** Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).
- **Standard Preferred Provider Organization:** Lower monthly premium than Premier PPO, higher out-of-pocket costs.
- **Consumer-driven Health Plan/Health Savings Account:** Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays. **The state will put \$500 (employee only) or \$1,000 (all other tiers) into your health savings account.** Note: This money applies to your yearly HSA IRS maximum contribution amount. The state will not put money into your HSA if your coverage starts Sept. 2, 2023, through Dec. 31, 2023.

Enroll online: www.edison.tn.gov

How to Enroll

If you want to enroll in health insurance, you can choose or change your health insurance option, carrier and network by enrolling in Edison at www.edison.tn.gov.

Learn More about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2023.

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

- \$3,850 for employee-only coverage in 2023;
- \$7,750 for all other family tiers in 2023; and
- Members 55+ can add \$1,000 more each year.

These limits include the \$500 or \$1,000 you receive from your employer and any wellness incentive funds you may earn and add to your account. **HSA contributions in excess of the IRS 2023 maximums listed above are not tax deductible and are subject to a 6% excise tax, so please monitor your HSA contributions carefully.**

NEW for state employees only: If you entered an HSA contribution amount into Edison in 2022, that amount will roll over into 2023 unless you change the amount.

Higher education employees enrolled in the Consumer-driven Health Plan can update their HSA contribution amounts by contacting their agency benefits coordinators.

With the HSA, your total contribution is not available upfront. Your pledged amount is taken out of each paycheck. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds. Newly enrolled members get a **debit card** from Optum Financial to use for qualified expenses. Current enrolled members who stay in the CDHP/HSA will use their same debit card.

HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you **cannot** enroll in another medical plan, including any government plan, and **cannot** have a medical flexible spending account or health reimbursement account, among other restrictions. If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA

IN-NETWORK 2023 HEALTH PLAN COMPARISON

Your Costs for Covered Services	Premier PPO	Standard PPO	CDHP/HSA
Annual Deductible			
Emp only	\$750	\$1,300	\$1,700
Emp + Child(ren)	\$1,125	\$1,950	\$3,400
Emp + Spouse	\$1,500	\$2,600	\$3,400
Emp + Spouse + Child(ren)	\$1,875	\$3,250	\$3,400
Maximum Out-of-Pocket			
Emp only	\$3,600	\$4,400	\$2,800
Emp + Child(ren)	\$5,400	\$6,600	\$5,600
Emp + Spouse	\$7,200	\$8,800	\$5,600
Emp + Spouse + Child(ren)	\$9,000	\$11,000	\$5,600
Preventive Care	No charge	No charge	No charge
Primary Care/ Convenience Care	\$25 copay	\$30 copay	20% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	20% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	20% coinsurance after deductible
Behavioral Health and Substance Use (and virtual visits)	\$25 copay	\$30 copay	20% coinsurance after deductible
Routine X-Rays, Labs and Diagnostics	15% coinsurance	20% coinsurance	20% coinsurance after deductible
Pharmacy (30-day supply)			
generic	\$7 copay	\$14 copay	20% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	
non-preferred brand	\$90 copay	\$100 copay	
specialty tier 1 (generics)	20% coinsurance min \$100; max \$200	20% coinsurance min \$100; max \$200	
specialty tier 2 (all brands)	30% coinsurance min \$200; max \$400	30% coinsurance min \$200; max \$400	
Hospital/Facility Services	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Maternity	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Physical, Speech and Occupational Therapy	15% coinsurance	20% coinsurance	20% coinsurance after deductible
Emergency Room Visit	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

Learn more: tn.gov/PartnersForHealth

contribution. Consult your tax advisor for advice. [Go to CDHP/HSA Insurance Options for Certain Restrictions, 2023 maximum contribution amounts, debit card details and more information.](#)

Find premium charts, including COBRA by [clicking on Premiums.](#)

Health Plan Carrier Networks

Here's a look at your ParTners for Health carrier networks.

You can choose from the following carrier networks for your medical care:

Narrow Networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the narrow networks, which helps keep premiums and claims costs low. No premium surcharge is applied to the narrow networks. Your ParTners for Health narrow network options are:

- BlueCross BlueShield Network S
- Cigna LocalPlus

Broad Networks cost an additional \$65 per month for the employee only and employee + child(ren) tiers and an additional \$130 per month for the employee + spouse and employee + spouse + child(ren) tiers. These costs are added to your monthly premium. In a broad network you may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks. Your ParTners for Health broad network options are:

- BlueCross BlueShield Network P
- Cigna Open Access Plus

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2023 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is on page three of the [Enrollment Change Application](#).

Network providers and facilities can and do change. Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.**

Covered services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna Member Handbook and your Plan Document by [going to the Publications webpage](#). If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

2023 MONTHLY HEALTH PREMIUMS			
	BCBST NETWORK S & CIGNA LOCAL PLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO			
Employee Only	\$152.00	\$217.00	\$607.00
Employee + Child(ren)	\$228.00	\$293.00	\$910.00
Employee + Spouse	\$334.00	\$464.00	\$1,335.00
Employee + Spouse + Child(ren)	\$394.00	\$524.00	\$1,578.00
STANDARD PPO			
Employee Only	\$98.00	\$163.00	\$607.00
Employee + Child(ren)	\$147.00	\$212.00	\$910.00
Employee + Spouse	\$216.00	\$346.00	\$1,335.00
Employee + Spouse + Child(ren)	\$254.00	\$384.00	\$1,578.00
CDHP/HSA			
Employee Only	\$68.00	\$133.00	\$607.00
Employee + Child(ren)	\$102.00	\$167.00	\$910.00
Employee + Spouse	\$150.00	\$280.00	\$1,335.00
Employee + Spouse + Child(ren)	\$176.00	\$306.00	\$1,578.00

Contact Our Carriers

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

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



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



Learn More about Your Health Plan Options

[Click on Carrier Information](#) for network hospital lists and directories.

Find a complete health plan comparison chart, as well as dental and vision comparisons, by [clicking on Publications](#). On this page, go to [Insurance Comparison Charts](#).

Enroll online: www.edison.tn.gov

Additional Benefits

Along with your medical coverage, your health plan provides the following benefits: **pharmacy, behavioral health and Employee Assistance Program services** and a **wellness program**. Learn about benefits such as **telehealth**, the **Diabetes Prevention Program** and more by [going to Included Benefits Extras](#):

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

- Your health plan (Premier Preferred Provider Organization, Standard PPO or Consumer-driven Health Plan/Health Savings Account) determines your out-of-pocket prescription costs.
- How much you pay depends on three things:
 - the drug tier – if you choose a generic, preferred brand, nonpreferred brand or specialty drug (two different cost tiers);
 - the day supply you receive – 30-day (or <30) or a 90-day (>31) supply; and
 - where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Learn more about prescription drug benefits, vaccines and how to save money by [clicking on Pharmacy](#).

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



Learn more: tn.gov/PartnersForHealth

Behavioral Health

Managed by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum can help you find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits also include **Talkspace online therapy, preferred no-cost substance use treatment facilities** (for PPO plans, no coinsurance after deductible for CDHP) and **virtual visits**.

Learn more about your behavioral health benefits by [clicking on Behavioral Health](#).

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

Employee Assistance Program

Managed by Optum

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

Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

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

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

Learn more about your EAP benefits by [clicking on EAP](#).

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

Wellness Program

Managed by ActiveHealth

To help you achieve your health goals, the 2023 wellness program is available for active state and higher education employees and spouses enrolled in the health plan.

Your wellness program includes **cash incentives of up to \$250 each** for enrolled employees and spouses, plus a **weight management program** and **Diabetes Prevention Program** for those who qualify. The Diabetes Prevention Program is offered through health insurance carriers BlueCross or Cigna.



Enrolled state employees can choose to put wellness program cash incentives into their health savings accounts during Annual Enrollment. Note: any wellness incentives deposited into the HSA count toward the overall HSA IRS annual maximum.

Find information about programs, activities and a printable Incentive Table by [clicking on Wellness](#).

Contact: **ActiveHealth**, 888.741.3390, M-F, 8 a.m. - 8 p.m. CT, go.activehealth.com/wellnesstn

Included Health Benefits

Along with health insurance, ParTNers for Health offers dental, vision, life insurance and accidental death and dismemberment options, flexible spending accounts and disability benefits. These benefits provide additional coverage for you and your eligible dependents. With the exception of some state-funded life insurance, employees pay 100% of the premiums or contributions as noted.

Dental Insurance

Offered through Cigna and Delta Dental

ParTNers for Health offers two different dental plans.

Find 2023 dental premiums by [clicking on Premiums](#) and going to **Other Insurance Coverages – Dental**.

- **Cigna: Dental Health Maintenance Organization – Prepaid Provider**

- Premiums will stay the same in 2023.
- You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at cigna.com/stateoftn.
- Members pay copays. Review the Patient Charge Schedule by [clicking on Publications](#) and **Dental HMO – Prepaid Provider** before having procedures performed. Lab fees may apply for some procedures.
- Completion of crowns, bridges, dentures, implants, root canals or orthodontic treatment already in progress on a new member’s effective date will not be covered.
- To learn about all DHMO benefits, find the Cigna DHMO handbook by [clicking on Publications](#) and Dental HMO – Prepaid Provider.

- **Delta Dental: Dental Preferred Provider Organization**

- Premiums will stay the same in 2023.
- Use any dentist but save money staying in network. Review Delta Dental’s DPPO network by [clicking on Dental](#).
- Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
- Waiting periods apply to select procedures.
- To learn about all DPPO benefits, find the Delta Dental DPPO handbook under [Publications](#) and Dental PPO.

Find more information, including a comparison of the two plans, by [clicking on Dental](#).

Contact: **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

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

2023 MONTHLY DENTAL PREMIUMS FOR ALL PLANS		
	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72

2023 MONTHLY VISION PREMIUMS FOR ALL PLANS		
	BASIC PLAN	EXPANDED PLAN
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54

Enroll online: www.edison.tn.gov



Vision Insurance

Offered through EyeMed - NEW vendor for 2023

You pay the monthly premium. **Premiums will increase in 2023**, and there are benefit changes and enhancements. You'll save money when using in-network providers.

Find 2023 vision premiums by [clicking on Premiums](#), go to **Other Insurance Coverages – Vision**. Find the EyeMed handbook by [clicking on Publications](#) and **Vision Insurance**.

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

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

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

- **NEW!** In-network retail frame allowance will increase.

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

- **NEW!** Frames now available once every calendar year.

In both plans, you pay copays or when the cost exceeds the allowed dollar amount, you pay the cost of materials and services. **Some allowances and copays are changing in both plans.** Discounts may be available for select materials.

Find information including a comparison of both plans by [clicking on Vision](#).

Contact: **EyeMed**, 855.779.5046, Mon.-Sat., 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

Flexible Spending Accounts

Contribute to flexible spending accounts to pay for health care and dependent care while saving money on your taxes. For medical and limited purpose FSAs, known as L-FSAs, all of your contribution is available up-front.

FSA Enrollment Information

You must re-enroll in your medical FSA or L-FSA and DC-FSA each year and choose how much money you'll put in your account during Annual Enrollment unless you have a special qualifying event.

- **State employees enroll in Edison.** For transportation/parking, [click on Flexible Benefits](#) for details.
- **Higher education employees enroll** in flexible benefits by going to optumbank.com/Tennessee.

Insurance-eligible state and higher education employees (excludes offline agencies) can enroll in these **flexible spending accounts**:

- **Medical FSA:** For medical, dental and vision expenses
 - Annual limit – \$2,850
 - You can carry over a maximum of \$570 at the end of 2023.
- **Limited-purpose FSA:** For dental and/or vision expenses only and members enrolled in a Consumer-driven Health Plan.
 - Annual limit - \$2,850
 - You can carry over a maximum of \$570 at the end of 2023.

Important: You cannot enroll in both a medical FSA and an L-FSA in the same year.

Medical FSA and L-FSA members get a debit card to use for expenses. Per IRS rules, Optum may need you to verify FSA or L-FSA debit card purchases. You must respond to Optum to verify certain expenses, if requested. Failure to respond will result in the debit card being suspended, and you will have to file claims directly with Optum online or via the app.



- **Dependent Care FSA: For eligible child and adult care expenses**

- Annual limit – \$5,000 (up to \$2,500 per spouse for married couples filing separately)
- No carryover amount allowed
- Debit card not available
- Contributions to flexible benefits plan accounts may be modified, reduced or recharacterized at any time to comply with applicable Internal Revenue Code provisions.

- **State employees only: Transportation/parking FSA** is also available and **managed by Benefits Administration.**

- The maximum amount you may contribute to the transportation FSA and/or the parking FSA is \$280 per month.
- Debit card not provided
- File claims with Benefits Administration

Find an FSA/HSA grid showing contribution amounts, tax benefits and how to use your funds under **Publications** and then **go to HSA/FSA.**

Find more FSA information by **clicking on Flexible Benefits.**

Contact: **Optum Financial** (medical FSA, L-FSA, DC-FSA), 866.600.4984, 24/7, optumbank.com/Tennessee

Disability Insurance

Offered through MetLife

Disability insurance is offered to full-time state and higher education employees. You pay the full monthly premium. **All sick leave, annual leave and comp time must be used before benefits are payable.**

- **Short-term Disability:** Replaces a percentage of your income for up to 26 weeks during a disability. Two coverage options are available.
 - Find answers to frequently asked questions, including about pregnancy, by **clicking on Disability.**
- **Long-term Disability (state employees only):** Replaces a percentage of your income during a disability that is expected to last longer than 90-180 days. Four options are available.
- **Higher education employees:** contact your agency benefits coordinator/HR office about available LTD options.

In 2023, disability premium rates will stay the same. Long-term disability age-brackets will stay the same. Disability insurance premiums adjust as of October 2022 if your salary is different on Sept. 1, 2022, compared to Sept. 1, 2021, or you move into a higher age bracket for LTD.

Apply for coverage or increase your coverage, if already enrolled. Pick the benefit in Edison you want under STD and/or LTD (state only).

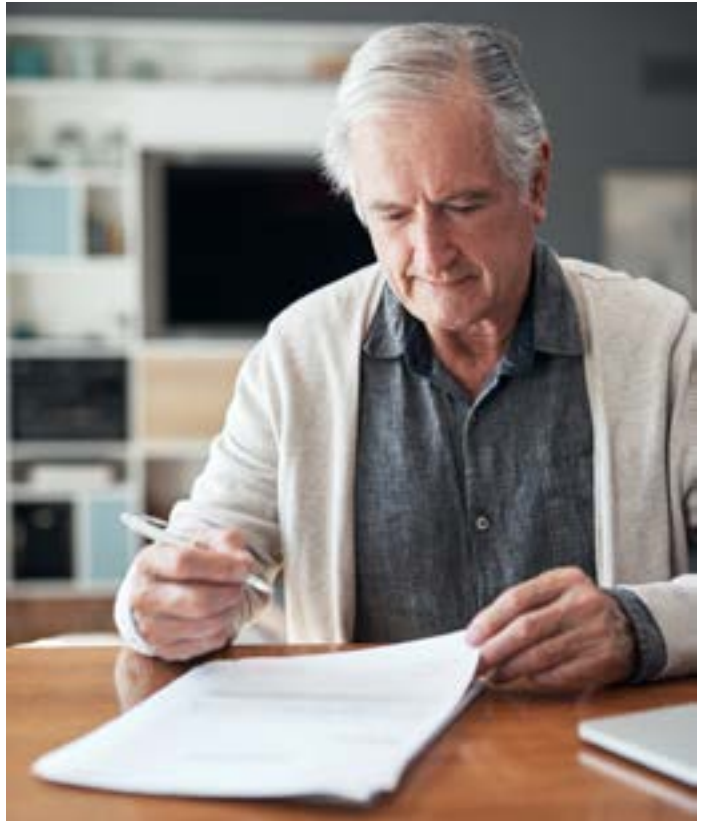
Action Required: MetLife will mail you the **Statement of Health** form with medical questions. It will also be posted online at metlife.com/StateOfTN. Complete the form and submit it via email or mail.

Your application is subject to review and approval by MetLife based on underwriting rules. After receiving your form, MetLife may need more information from you.

Find the MetLife disability handbook by **going to Publications**, under **Disability Insurance.**

Find information, including how to calculate your rates, by **clicking on Disability.** **Monthly premium rates are also in Edison.**

Contact: **MetLife**, 855.700.8001, M-F 7 a.m. - 10 p.m. CT, metlife.com/stateoftn



Life Insurance

Offered through Securian Financial (Minnesota Life Insurance Company)

Basic term life/basic accidental death & dismemberment insurance

All benefits-eligible employees receive \$20,000 in basic term life insurance and \$40,000 in basic accidental death and dismemberment coverage paid by the state **at no cost to you.** You will need to make important selections and keep your beneficiary information current in Edison.

IMPORTANT! NEW for 2023: For all eligible employees, **basic term life insurance** coverage will be 1.5 times your base annual salary as of Sept. 1 of each year, **even if you are not enrolled in health insurance**, to a maximum of \$50,000.

The calculation to determine your level of basic term life insurance coverage will be rounded up to the next \$1,000 level. For example, if the result of calculating 1.5 times your

Enroll online: www.edison.tn.gov

annual salary is \$40,125, your result will be rounded up to \$41,000 of basic term life coverage. Your **basic accidental death and dismemberment coverage** will continue to be two times your basic term life coverage up to \$100,000.

- Employees pay the monthly premium on any additional coverage above the state paid amounts of \$20,000 for basic term life and \$40,000 for basic AD&D and for all dependent coverage.
- **New for 2023:** You can opt out of the employee-paid basic term life insurance coverage over \$20,000 and basic AD&D coverage over \$40,000, but to do this you **MUST** make this selection in Edison during Annual Enrollment.
- **Important! This is a permanent choice.** Employees who opt out of this additional coverage may not re-enroll in the employee-paid coverage (the amount above what the state pays) unless they later have a qualifying event.
- **New for 2023:** You will be able to add and drop eligible dependents for enrollment in the basic **dependent** term life/basic AD&D insurance. Dependents do not have to be enrolled in health insurance to qualify for this coverage. **If you want to add or remove dependents from this coverage, you must make the change in Edison during Annual Enrollment.**
- Premium rates for employee basic term life will decrease and premiums for employee basic AD&D will stay the same for 2023. The premium rates for dependents in 2023 will be based upon total volume of coverage, instead of per family unit. Your actual premiums will increase or decrease if your volume of coverage changes.

Find the full list of 2023 life insurance premiums by clicking on Premiums and going to Life Insurance Premiums – State Plan Only.

- If your salary goes up as of Sept. 1, 2022, compared to Sept. 1, 2021, your basic term life/basic AD&D coverage and monthly premium may increase as of October 2022.
- Your basic term life/basic AD&D coverage amounts decrease at ages 65 and over.

For more details, and a video on the 2023 basic term life and basic AD&D coverage changes [click on Life](#).

Voluntary accidental death and dismemberment insurance

You can buy voluntary AD&D insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident. Enroll and/or keep your beneficiary information current in Edison.

- **NEW!** Employee coverage will change from a coverage level based on salary to a choice of these five amounts: \$50,000, \$60,000, \$100,000, \$250,000 or \$500,000.
- **NEW!** Dependent enrollment will be on a coverage tier basis [spouse only, spouse + child(ren), or child(ren) only] instead of generic family coverage. Dependents may be dropped or added for this coverage via Edison ESS.

- Employee **premium rates will increase for 2023**. Dependent premium rates will be per \$1,000 of total dependent coverage, instead of per family unit.

For 2023 voluntary accidental death and dismemberment insurance details [click on Life](#).

Voluntary term life insurance

You can buy voluntary term life insurance for yourself, your spouse and your children. This insurance is in addition to the basic term life insurance provided to you. You must apply for voluntary term life insurance if you wish to have this additional coverage.

- Voluntary term life employee and spouse **premium rates will be lower** for active employees in 2023.
- **NEW!** Newly **eligible** spouses can enroll within 30 days of first becoming eligible in \$5,000 of coverage without answering medical questions. **This does not apply to current spouses.**
- Voluntary term life child rider **premium rates will be lower.**
- Employees will no longer pay a monthly administrative fee.
- Enrolled employees will have an opportunity during Annual Enrollment to increase coverage by \$5,000 without answering medical questions as long as the total coverage will not exceed the employee's maximum allowed guaranteed coverage. Eligible employees will receive a notice in the mail or they can log in at [lifebenefits.com/stateoftn](#).
- Your monthly premium could go up if you increase your life insurance amount or you move into a higher age bracket as of Jan. 1.

Determine Your Life Insurance Needs

Securian Financial has an online tool, Benefit Scout, that can help you estimate the amount of life insurance you may need. Log in and find it at [lifebenefits.com/stateoftn](#).

To apply for voluntary term life coverage or an increase in coverage and update your beneficiaries, **go to** [lifebenefits.com/stateoftn](#).

Find life insurance information by [clicking on Life](#) or [securian.com/tn-insurance](#).

Contact: **Securian Financial**, 866.881.0631, M-F 7 a.m. - 6 p.m. CT, email LifeBenefits@securian.com

Don't Forget to Update Your Beneficiaries

It's important to keep your **life insurance beneficiaries** up to date. For basic term life/basic AD&D and voluntary AD&D insurance, make changes online in Edison. Review and keep your voluntary term life insurance beneficiaries current at [lifebenefits.com/stateoftn](#).

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615- 532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697
OR U. S. Office for Civil Rights, Office of Justice Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531
OR Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you speak a language other than English, help in your language is available for free.

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kaweh-we mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚስተለውቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800- 848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます 866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

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

The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), including Privacy and Security Rules. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practice is located on the Benefits Administration website at www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP) you have options for your drug coverage. For information about your current prescription drug coverage

with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2023 health coverage options. The SBC is found at www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage on or after Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. State and higher education employees enrolled in health coverage have access to certain programs like disease management and the web portal.

The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You are not required to complete the assessment or other medical examinations.

The information from your health questionnaire will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program such as Diabetes Prevention Program and other programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTNers for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified promptly.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTNers for Health at partners.wellness@tn.gov. Here is the link to the wellness page: www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html



Tennessee Department of Finance and Administration.
Authorization Number 317593, August 2022. This public
document was promulgated at a cost of \$0.00 per copy.

September 2, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state/higher ed)

Email or copy subject line: Annual Enrollment for 2023 benefits starts Saturday, Oct. 1!

Annual Enrollment is Saturday, Oct. 1 to Friday, Oct. 14. This is your chance to choose your ParTNers for Health insurance benefits or make changes to your benefit selections for plan year 2023. [Click here](#) to add the date to your calendar. *For MOST plan options, if you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment.

* Most flexible spending accounts require you to enroll each year. * Life and accidental death and dismemberment insurance benefits will change and may require you to take action, including enrolling or removing your dependents. Go to tn.gov/ParTNersForHealth and [click on Life](#) for details.

2023 digital and PDF versions of the Annual Enrollment newsletter are now posted on the ParTNers for Health website at tn.gov/ParTNersForHealth under [Enrollment Materials](#). Annual Enrollment newsletters will **not** be mailed this year.

[Click here](#) for the digital newsletter.

[Click here](#) for the PDF newsletter.

You can also find Annual Enrollment details, the enrollment process, employee webinars and what to expect for 2023 on the website under the [Annual Enrollment tab](#):

> **About Enrollment go here:**

<https://www.tn.gov/partnersforhealth/ae/about-enrollment.html>

> **Enrollment Materials go here:**

<https://www.tn.gov/partnersforhealth/ae/materials.html>

Questions?

Email: benefits.info@tn.gov

Call: Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

For Members (local ed)

Email or copy subject line: Annual Enrollment for 2023 benefits starts Saturday, Oct. 1!

Annual Enrollment is Saturday, Oct. 1 to Friday, Oct. 28. This is your chance to choose your ParTNers for Health insurance benefits or make changes to your benefit selections for plan year 2023. [Click here](#) to add the date to your calendar. If you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment.

2023 digital and PDF versions of the Annual Enrollment newsletter are now posted on the ParTNers for Health website at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under [Enrollment Materials](#). Annual Enrollment newsletters will **not** be mailed this year.

[Click here](#) for the digital newsletter.

[Click here](#) for the PDF newsletter.

You can also find Annual Enrollment details, the enrollment process, employee webinars and what to expect for 2023 on the website under the [Annual Enrollment tab](#):

> **About Enrollment go here:**

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<https://www.tn.gov/partnersforhealth/ae/materials.html>

Questions?

Email: benefits.info@tn.gov

Call: Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

For Members (local gov)

Email or copy subject line: Annual Enrollment for 2023 benefits starts Saturday, Oct. 1!

Annual Enrollment is Saturday, Oct. 1 to Friday, Oct. 28. This is your chance to choose your ParTNers for Health insurance benefits or make changes to your benefit selections for plan year 2023. [Click here](#) to add the date to your calendar. If you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment.

2023 digital and PDF versions of the Annual Enrollment newsletter are now posted on the ParTNers for Health website at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under [Enrollment Materials](#). Annual Enrollment newsletters will **not** be mailed this year.

[Click here](#) for the digital newsletter.

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You can also find Annual Enrollment details, the enrollment process, employee webinars and what to expect for 2023 on the website under the [Annual Enrollment tab](#):

> **About Enrollment go here:**

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<https://www.tn.gov/partnersforhealth/ae/materials.html>

Questions?

Email: benefits.info@tn.gov

Call: Benefits Administration at 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

For ABCs

Methodist Le Bonheur Children's Leaving Network S and P and Methodist Healthcare Facilities in Memphis Leaving Network P (all plans)

BlueCross BlueShield of Tennessee and Methodist Le Bonheur Healthcare are actively negotiating new contracts. If a new agreement with Methodist Le Bonheur Healthcare can't be reached, the following Methodist Le Bonheur Healthcare facilities in the Memphis and surrounding area will be leaving the following networks effective **Jan. 1, 2023**.

Network S

- Methodist Le Bonheur Children's Medical Center
- Methodist Le Bonheur Children's Medical Center – Germantown

Network P

- Methodist Le Bonheur Children's Medical Center
- Methodist Le Bonheur Children's Medical Center – Germantown
- Methodist Healthcare – University Hospital
- Methodist Healthcare – North Hospital
- Methodist Healthcare – South Hospital
- Methodist Healthcare – Germantown Hospital
- Methodist Healthcare – Olive Branch Hospital

Methodist Medical Center of Oak Ridge is not impacted by this change.

BlueCross and Methodist are engaged in ongoing negotiations and may come to a new contract agreement. We understand Annual Enrollment is only a month away and this situation may impact member enrollment decisions. Benefits Administration will keep you and our members updated with information as we learn more. We will also be sharing FAQs regarding this situation in next week's ABC email.

If an agreement can't be reached, BlueCross will mail a letter to impacted members closer to the termination date. This letter will explain the situation, in-network options and will include FAQs about eligibility for continued medical treatment at the in-network benefit level for up to 90 days by applying for a Continuity of Care exception.

If you or a member needs further assistance, please call BCBST at 800.558.6213, M-F 8 a.m. – 6 p.m. ET.

Members can find a current list of BCBST Network S and Network P facilities on the ParTners website, under **Carrier Information**, under **All Networks Hospital List** found here:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/directory_hospitals_2022.pdf (updated version coming soon)
We've also posted this information on the [Carrier Network Updates](#) webpage.

Annual Enrollment Dates (all plans)

Annual Enrollment starts Saturday, Oct. 1! As a reminder, here are the Annual Enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Annual Enrollment Website and Materials (all plans)

The ParTNers for Health website has been updated for Annual Enrollment. 2023 benefits information and materials are available under the [Annual Enrollment tab](#) and the webpages under this tab:

- Find “10 Things You Need to Know” video, dates and webpage links under [Annual Enrollment](#).
- Find enrollment details and webinar information under [About Enrollment](#).
- Find the **2023 digital and PDF Annual Enrollment newsletters** under [Enrollment Materials](#).
- Find all premium charts under [Premiums](#) (and Enrollment Materials).
- Find updated forms under Publications, then [Forms](#).
- Retirees have their own page under [For Retirement](#).

Find **Insurance Comparison Charts** under [Publications](#) (also under Enrollment Materials). Direct link is here:

- [State and higher education Insurance Comparison Chart](#)
- [Local education and local government Insurance Comparison Chart](#)

Annual Enrollment Employee Message (all plans)

We've included an **Annual Enrollment message** above you're welcome to share with your employees. This week, Save the Date - Annual Enrollment emails went out to all employees for whom we have accurate email addresses in Edison. These emails included links to the 2023 digital and PDF versions of the Annual Enrollment Newsletter (above).

Next week, postcards will mail to those employees who don't have accurate email addresses in Edison.

Annual Enrollment Newsletters for Your Use (all plans)

This year, BA will not create Annual Enrollment PowerPoints; however, you can use the digital newsletters to walk employees through their benefits. **We'll walk through how to use the digital newsletters during the Sept. 13 ABC calls.** 2023 Annual Enrollment newsletters are on the [Enrollment Materials webpage](#).

Links to the ABC Roadshow and virtual training presentations are posted on the [ABC webpage](#), under **Summer Training**. This includes the presentation on benefits changes. You're welcome to reference these presentations for Annual Enrollment.

Updated COVID-19 Document (all plans)

The [COVID-19 benefits and vaccine information PDF](#) found on the ParTNers for Health website has been updated. The federal government program providing free COVID-19 tests ends today, Sept. 2. Please refer to this version going forward.

Service Center Metrics/Customer Service Rating (all plans)

Below are the service center metrics and customer service ratings comparing August 2021 and August 2022.

August 2022:

- Tickets via Email: 1,504
- Tickets via Self-Service: 4,437
- Tickets via Phone: 4,703
- Tickets via Chat: 204
- Total: 10,848
- Satisfaction Score: 96.9%

August 2021:

- Tickets via Email: 1,378
- Tickets via Self-Service: 4,600
- Tickets via Phone: 4,731
- Tickets via Chat: 228
- Total: 10,937
- Satisfaction Score: 95.8%

End of message

August 26, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (all plans)

Email or copy subject line: Annual Enrollment webinars to help you learn about your 2023 benefits options!

Annual Enrollment for 2023 benefits starts soon! Beginning in September, Benefits Administration will email information to eligible employees. Annual Enrollment information will be posted on the [ParTNers for Health website](#) by Sept. 1, 2022, under the **Annual Enrollment tab**.

There are two different types of Annual Enrollment webinars offered to help you learn about your 2023 benefits options:

- **Attached** is a flyer about the **employee benefits webinars** where employees can learn about the 2023 benefits options, and BA staff members will be available to answer questions. Information will be the same each session, so employees only need to attend one.
- **Attached** is a flyer about the **employee insurance carrier webinars** where our carriers will discuss their products and employees can ask questions. As noted on the flyer, some of these webinars are only for state and higher education employees.

For ABCs

BlueCross BlueShield Network Provider Termination (all plans)

Attached are two letters mailing to BlueCross BlueShield impacted members about the termination of NorthCrest Medical Center, located in Springfield, Tenn., from Network S and Network P effective Oct. 1, 2022. The attached letters will be mailed to 355 heads of contract, Aug. 30, 2022.

Materials Update (all plans)

Cigna DHMO Teledentistry flyer

The Cigna Dental Health Maintenance Organization Teledentistry flyer has been updated on the ParTNers for Health website. The updated version is found under Publications, Dental HMO-Prepaid provider. Here is a direct link: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/dental_pre_teledentistry.pdf

Annual Enrollment (all plans)

Annual Enrollment is around the corner! Here are the enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28

- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Reminders for Annual Enrollment (all plans)

As we prepare for Annual Enrollment, please remind your employees that if they are planning to add new dependents to coverage, they will need to submit dependent verification by the last day of AE. Encourage employees to start getting their documents together now. A list of required documentation can be found here: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/deva_eligible_docs.pdf.

Also, employees can enroll or make coverage changes through Employee Self Service in Edison **OR** you can make changes for your employees by having them complete an Enrollment Change Application and keying it for them in Edison through a Benefit eForm.

Annual Enrollment Materials (all plans)

There will be two different kinds of Annual Enrollment webinars available for employees. We've included general AE information above, along with the **attached webinar flyers** you can share with your employees. Here is information about the AE webinars:

- **Attached** is a flyer about the **employee benefits webinars** where employees can learn about the 2023 benefits options, and BA staff members will be available to answer questions. Information will be the same each session, so employees only need to attend one.
- **Attached** is a flyer about the **employee insurance carrier webinars** where our carriers will discuss their products and employees can ask questions. As noted on the flyer, some of these webinars are only for state and higher education employees.

The 2023 Annual Enrollment newsletter will be available as a digital version and also a PDF. The 2023 newsletters, premium charts and insurance comparison charts will be available on the [ParTNers for Health website](#) **Sept. 1, 2022**.

Attachments: AE Employee Webinar Flyer
AE Vendor Webinar Flyer
NorthCrest Member Letter State Network P
NorthCrest Member Letter State Network S

End of message

PARTNERS **FOR HEALTH**

Join us for an *Annual Enrollment Webinar* *for 2023 Benefits*

Don't miss the opportunity to learn about your 2023 benefits options. Get information about health, pharmacy, dental, vision and more. Our team of experts will be available to answer your questions.



State & Higher Education

Add to calendar

Wednesday,
Sept. 28
1-2 p.m. CT

Add to calendar

Wednesday,
Oct. 5
2-3 p.m. CT

Add to calendar

Thursday,
Oct. 13
10-11 a.m. CT

Local Education & Local Government

Add to calendar

Wednesday,
Oct. 5
10-11 a.m. CT

Add to calendar

Thursday,
Oct. 13
2-3 p.m. CT

Add to calendar

Wednesday,
Oct. 19
3-4 p.m. CT

Each presentation is the same, so find a date and time above that work for you.
On the day of the webinar, you'll need to join the WebEx meeting [at this link](#).
You can click a link above to add the meeting to your calendar.
You can find detailed instructions to join the webinar [here](#).

ANNUAL ENROLLMENT INSURANCE CARRIER WEBINARS

Join these webinars where our insurance carriers will discuss their products and you can ask questions. A recording of each session will be posted on the [ParTNers for Health YouTube page](#).



ADD TO
CALENDAR

Disability Insurance Options

Thursday, Sept. 15 - 3:30 p.m. CT
(state /higher ed only)

ADD TO
CALENDAR

Medical Insurance Options

Friday, Sept. 16 - 3:30 p.m. CT

ADD TO
CALENDAR

Life Insurance Options

Thursday, Sept. 22 - 3:30 p.m. CT
(state/higher ed only)

ADD TO
CALENDAR

Vision Insurance Options

Friday, Sept. 23 - 3:30 p.m. CT

ADD TO
CALENDAR

HSA/FSA Options

Thursday, Sept. 29 - 3:30 p.m. CT
(HSA all members | FSA
state/higher ed only)

ADD TO
CALENDAR

Dental Insurance Options

Friday, Sept. 30 - 3:30 p.m. CT

ON THE DAY OF THE WEBINAR, YOU'LL NEED TO JOIN THE WEBEX MEETING AT [THIS LINK](#). YOU CAN CLICK A LINK ABOVE TO ADD THE MEETING TO YOUR CALENDAR. YOU CAN FIND DETAILED INSTRUCTIONS TO JOIN THE WEBINAR [HERE](#).

DISABILITY, FSA (EXCLUDES OFFLINE AGENCIES) AND LIFE INSURANCE BENEFITS OFFERED TO ALL BENEFITS-ELIGIBLE STATE AND HIGHER EDUCATION EMPLOYEES ONLY.



1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out to let you know about an upcoming change to your BlueCross provider network. **Beginning October 1, 2022, NorthCrest Medical Center will no longer be in Blue Network PSM.**

While we prefer not to make changes to our networks, sometimes it becomes necessary. Our records say that you or a member of your family got care at NorthCrest Medical Center recently. We don't want you to pay more for your care, so we've included a list of other facilities in your network who offer the same kind of services.

Provider

Ascension St. Thomas
Ascension St. Thomas Midtown
Tennova Healthcare Clarksville
Metropolitan Nashville General Hospital
Sumner Regional Medical Center
Vanderbilt University Medical Center
Vanderbilt Children's Hospital
Vanderbilt Wilson County Hospital
Trousdale Medical Center

Location

Nashville
Nashville
Clarksville
Nashville
Gallatin
Nashville
Nashville
Lebanon
Hartsville

What this means for you.

- **If you get non-emergency care at NorthCrest on and after October 1, 2022, you'll have to pay more out of your own pocket.** This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you pay when you visit in-network providers. You'll also pay for any charges above the allowed amount (the most the plan will pay for a covered service) if the provider sends you a bill for those charges.
- Before scheduling non-emergency services, please confirm who will provide those services and make sure they're in your network.
- In an emergency, you should go to the closest emergency room. If you receive emergency care from NorthCrest, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. In an emergency, providers can't charge you more than in-network rates.

We're here to help

If you're getting ongoing care at NorthCrest, you can ask us to keep covering this treatment. To do that, or for help finding a new provider in your network, just give us a call at 1-800-558-6213. We're available Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at bcbst.com/members/TN_state.

Thanks for allowing us to be your health care partner.

Best of Health,



Robin Young
Senior Vice President, Operations and Chief Marketing Officer

SAMPLE

Frequently Asked Questions

What if I am receiving ongoing treatment on October 1, 2022?

You may be eligible for Continuity of Care. See the Continuity of Care page included in this mailing for more information.

I've been approved for services that start after September 30, 2022. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to NorthCrest?

You'll need to get care from in-network providers to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit bcbst.com/members/TN_state to find a list of PCPs and specialists in your network.

What if I receive emergency care at NorthCrest?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and BlueCross has approved your stay, medically necessary services for the approved days will be covered at the in-network level.

SAMPLE

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period of time — even after the provider leaves your plan’s network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you’re in the middle of treatment. We’ll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we’ll send you a letter with our decision. If you have any questions, we’re happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider’s termination date of October 1, 2022. This is the date that your provider is leaving your plan’s network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before October 1, 2022, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network. If you’re pregnant and in your second trimester on the date of your provider’s network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;
- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by us.

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out to let you know about an upcoming change to your BlueCross provider network. **Beginning October 1, 2022, NorthCrest Medical Center will no longer be in Blue Network SSM.**

While we prefer not to make changes to our networks, sometimes it becomes necessary. Our records say that you or a member of your family got care at NorthCrest Medical Center recently. We don't want you to pay more for your care, so we've included a list of other facilities in your network who offer the same kind of services.

Provider

Ascension St. Thomas
Ascension St. Thomas Midtown
Tennova Healthcare Clarksville
Metropolitan Nashville General Hospital
Sumner Regional Medical Center
Vanderbilt University Medical Center
Vanderbilt Children's Hospital
Vanderbilt Wilson County Hospital
Trousdale Medical Center

Location

Nashville
Nashville
Clarksville
Nashville
Gallatin
Nashville
Nashville
Lebanon
Hartsville

What this means for you.

- **If you get non-emergency care at NorthCrest on and after October 1, 2022, you'll have to pay more out of your own pocket.** This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you pay when you visit in-network providers. You'll also pay for any charges above the allowed amount (the most the plan will pay for a covered service) if the provider sends you a bill for those charges.
- Before scheduling non-emergency services, please confirm who will provide those services and make sure they're in your network.
- In an emergency, you should go to the closest emergency room. If you receive emergency care from NorthCrest, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. In an emergency, providers can't charge you more than in-network rates.

We're here to help

If you're getting ongoing care at NorthCrest, you can ask us to keep covering this treatment. To do that, or for help finding a new provider in your network, just give us a call at 1-800-558-6213. We're available Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at bcbst.com/members/TN_state.

Thanks for allowing us to be your health care partner.

Best of Health,



Robin Young
Senior Vice President, Operations and Chief Marketing Officer

SAMPLE

Frequently Asked Questions

What if I am receiving ongoing treatment on October 1, 2022?

You may be eligible for Continuity of Care. See the Continuity of Care page included in this mailing for more information.

I've been approved for services that start after September 30, 2022. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to NorthCrest?

You'll need to get care from in-network providers to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit bcbst.com/members/TN_state to find a list of PCPs and specialists in your network.

What if I receive emergency care at NorthCrest?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, and BlueCross has approved your stay, medically necessary services for the approved days will be covered at the in-network level.

SAMPLE

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period of time — even after the provider leaves your plan’s network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you’re in the middle of treatment. We’ll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we’ll send you a letter with our decision. If you have any questions, we’re happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider’s termination date of October 1, 2022. This is the date that your provider is leaving your plan’s network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before October 1, 2022, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network. If you’re pregnant and in your second trimester on the date of your provider’s network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;
- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by us.

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 1-800-558-6213 (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 1-800-558-6213 (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@bcbstcom (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.

ATENCION: si habla espanol, tiene a su disposici6n servicios gratuitos de asistencia lingüística. Llame al 1-800-558-6213 (TTY: 1-800-848-0298).

800-558-6213-1 (TTY: 1-800-848-0298)

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ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-558-6213 (ATS: 1-800-848-0298).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-558-6213 (TTY: 1-800-848-0298).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-558-6213 (TTY:1-800-848-0298).

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ATANSYON: Si wpale Kreyol Ayisyen, gen sevis ed poulang ki disponibgratis pou OU. Rele 1-800-558-6213 (TTY: 1-800-848-0298).

UWAGA: Jezelim6wisz po polsku, mozesz skorzystac z bezplatnej pomocy j zykowej. Zadzwon podnumer 1-800-558-6213 (TTY: 1-800-848-0298).

ATENQAO: Se fala portugues, encontram-se disponfveisservi s lingufsticos, gratis. Ligue para 1-800-558-6213 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguisticagrattuiti. Chiamare il numero 1-800-558-6213 (TTY: 1-800-848-0298).

Dii baa ak6 ninizin: Dif saad bee yanfti'CJODine Bizaad, saad bee aka'anida'awo'd ', t'aa jiiik'eh, e1 na h6TQ, koj]' h6diilnih 1-800-558-6213 (TTY: 1-800-848-0298).

August 16, 2022

The following email was sent to agency benefits coordinators today.

Today's ABC email replaces the regular Friday ABC email. BA will not send a regular ABC email this Friday, Aug. 19.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (state only)

Email or subject line: Join RetireReadyTN for State Retirement Plans and Resources webinar, Wednesday, Aug. 17

Join **RetireReadyTN** as they present the next 4Mind4Body webinar, **State Retirement Plans and Resources, Wednesday, Aug. 17, starting at 11:30 a.m. CT.**

Learn more about your retirement benefits and resources

Take a look inside the retirement benefits and resources available to you through RetireReadyTN, the state's retirement program. Topics will include the Tennessee Consolidated Retirement System defined benefit plan, the State of Tennessee 401(k) and 457 Plans, and how these benefits come together in the Hybrid and Legacy Plans. We'll also provide detailed information about how to maximize the benefits of each plan, and take full advantage of the many financial education resources available through RetireReadyTN.

Click the link below to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=e44a59989044c7978f26a2e49ef540f4f>

Registration is required. **Session will be recorded** and posted at a later date on the [ParTNers for Health YouTube page](#).

Find webinar information at tn.gov/ParTNersForHealth under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

Members (local ed/local gov/higher ed)

We do not have any messages for you to share with members this week.

For ABCs

Reminder - 4Mind4Body RetireReadyTN Webinar (state only)

We've included information above about the next 4Mind4Body webinar presented by RetireReadyTN, State Retirement Plans and Resources, Wednesday, Aug. 17, starting at 11:30 a.m. CT. **BA will record this session** and post the recording by the end of August on the [ParTNers YouTube webpage](#). BA sent an email to state employees last week and you're welcome to share this information.

Annual Enrollment (all plans)

Here is a reminder about the enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

We will hold Annual Enrollment **employee informational webinars** where BA staff will present, and **insurance carrier webinars** in which our vendor partners will present to employees. We'll have more information and flyers you can share soon.

Edison Upgrade (all plans)

Edison will be unavailable for users from 6 p.m. CT this Friday, Aug. 19 until 5 a.m. CT Monday, Aug. 22 due to an Edison upgrade. Users will not be able to log into the system during this time.

End of message

August 12, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (state only)

Email or subject line: Join RetireReadyTN for State Retirement Plans and Resources webinar, Wednesday, Aug. 17

Join **RetireReadyTN** as they present the next 4Mind4Body webinar, **State Retirement Plans and Resources, Wednesday, Aug. 17, starting at 11:30 a.m. CT.**

Learn more about your retirement benefits and resources

Take a look inside the retirement benefits and resources available to you through RetireReadyTN, the state's retirement program. Topics will include the Tennessee Consolidated Retirement System defined benefit plan, the State of Tennessee 401(k) and 457 Plans, and how these benefits come together in the Hybrid and Legacy Plans. We'll also provide detailed information about how to maximize the benefits of each plan, and take full advantage of the many financial education resources available through RetireReadyTN.

Click the link below to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=e44a59989044c7978f26a2e49ef540f4f>

Registration is required. **Session will be recorded** and posted at a later date on the [ParTNers for Health YouTube page](#).

Find webinar information at tn.gov/ParTNersForHealth under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

Members (all plans)

Email or subject line: Tobacco quit aids available to all health plan members

The state's prescription drug coverage provides free tobacco quit aids to members who want to stop using tobacco products. **Attached** is a flyer with more information or you can [go to the ParTNers for Health pharmacy webpage](#) for details.

For ABCs

4Mind4Body Webinar – RetireReadyTN Presentation (state only)

We've included information above about the next 4Mind4Body webinar presented by RetireReadyTN, State Retirement Plans and Resources, Wednesday, Aug. 17, starting at 11:30 a.m. CT. **BA will record this session** and post the recording by the end of August on the

[ParTNers YouTube webpage](#). We sent an email to all state employees this week and you're welcome to share this information.

Tobacco Cessation Flyer (all plans)

As a reminder for health plan members, we've included information above and an **attached flyer** about the tobacco quit aids available. Please feel free to share and you can also direct members to the [pharmacy webpage](#) for information about all pharmacy benefits.

Annual Enrollment (all plans)

Here is a reminder about the enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

We look forward to sharing the **NEW 2023 digital AE newsletters** with you, which will be available along with all premium charts and insurance comparison charts on the ParTNers for Health website by Sept. 1, 2022.

End of message

Tobacco Quit Aids

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

The following quit aids are **FREE** under the pharmacy benefit:

- Chantix and its generic, Varenicline
- Bupropion (generic Zyban)
- Over-the-counter **generic** nicotine replacement products, including gum, patches and lozenges
- Nicotrol oral and nasal inhalers

Members may receive up to two, 12-week courses of treatment per calendar year (up to 168 days of treatment) with no lifetime maximum.

For members to obtain over-the-counter products at no cost, a prescription from their doctor is required. Quit aid prescriptions for 30-day supplies can be filled at participating network pharmacies, while 90-day supplies can be obtained at participating 90-day retail pharmacies or through Caremark mail order. To find a pharmacy near you, call Caremark at 877.522.8679 or log on to info.caremark.com/stateoftn.

August 5, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (all plans)

We don't have any member messages for you to share this week.

For ABCs

Reminder - No ABC Calls Next Week (all plans)

As a reminder, we will **not** hold our regular ABC August 9 conference calls. **Our next ABC conference call will be Sept. 13 (see the [2022 ABC Call Schedule](#)).**

Here is a list of the scheduled vendor partner presentations for all calls in September:

Sept. 13

BlueCross BlueShield Medical Networks
ActiveHealth – Wellness Program
Optum Health – Behavioral Health and EAP
MetLife - Disability (**state/higher ed only**)

Sept. 20

Cigna Medical Networks
Cigna Dental DHMO – Prepaid Provider
EyeMed – Vision Plan Options

Sept. 27

Delta Dental DPPO
CVS Caremark - Pharmacy
Optum Finance - Health Savings Account (**all plans**)/Flexible Savings Accounts (**state/higher ed only**)
Securian – Life Insurance (**state/higher ed only**)

Annual Enrollment (all plans)

Here is a reminder about the enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

We look forward to sharing the **NEW 2023 digital AE newsletters** with you, which will be available along with all premium charts and insurance comparison charts on the ParTNers for Health website by Sept. 1, 2022.

End of message

July 29, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (all plans)

We don't have any member messages for you to share this week.

For ABCs

Materials and Communications

Annual Enrollment Reminder (all plans)

Annual Enrollment will be here before you know it! Here is a reminder about the enrollment dates:

- **State/Higher Ed:** Saturday, Oct. 1 – Friday, Oct. 14
- **Local Ed/Local Gov:** Saturday, Oct. 1 – Friday, Oct. 28
- **Retirees:** Saturday, Oct. 1 – Friday, Oct. 28

Annual Enrollment information, including the 2023 digital AE newsletters, premium charts and insurance comparison charts will be posted on the ParTners for Health website by Sept. 1, 2022.

No ABC Calls in August (all plans)

As a reminder, we will **not** hold our regular ABC August conference calls due to the upcoming August ABC in-person and virtual trainings. **Our next ABC conference call will be Sept. 13 (see the [2022 ABC Call Schedule](#)).**

Note: During all weekly calls in September, our vendor partners will present information on their products and services, and they'll be available to answer your questions. We'll include a presentation schedule in an upcoming ABC email.

2023 Life Insurance and Disability Premium Charts (state/higher ed only)

Attached are the 2023 life insurance and disability premium charts for you to reference during the upcoming ABC August trainings. We'll post these charts on the ParTners for Health website by Sept. 1, 2022.

Revised Securian Dismemberment Form (state/higher ed only)

The Notice of Accidental Dismemberment and Loss of Sight Claim form has been updated and a revised version is posted on the ABC webpage under Forms, titled [Securian \(Minnesota Life\) Dismemberment Form](#). Please use this version going forward.

Deadline - ABC 2022 Annual HIPAA Training (state only)

All ABCs and directors who have access to Edison are required to take annual HIPAA 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's HIPAA compliance officer.

- **State ABCs and directors have the month of July to complete the training.**
- **You will take the ABC_HIPAA_2022 class.**

INSTRUCTIONS FOR HIPAA TRAINING

Here is the navigation after you log in to Edison at www.edison.tn.gov:

NAV BAR > MENU > ELM > Learning Home > Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000) > ABC_HIPAA_2022

- Must allow pop-ups and current browser version or the training will NOT run.
- Edison will record every year you have completed the course.
- Course takes approximately 30 minutes to complete; 10-question quiz at the end of the course.
- Must make at least an 80% correct otherwise you will be required to take the quiz again.

Edison Down for Maintenance (all plans)

Edison will be down for system maintenance Sunday, July 31 from 6 a.m. to 10 p.m. CT. During this time, Edison will be unavailable for all users and users will not be able to log in.

Attachments: Premium ST Life Basic Dep 23
Premium ST Life Basic Emp 23
Premium ST Life Opt ADD 23
Premium ST Life Opt Term 23
Premium LTD 23
Premium STD 23

End of message

2023 Dependent Basic Term Life: \$3,000 per enrolled dependent

BENEFIT COVERAGE LEVEL	AMOUNT OF COVERAGE	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT	MONTHLY COST
Spouse Only	\$3,000	\$0.195	\$0.585

BENEFIT COVERAGE LEVEL	AMOUNT OF COVERAGE	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT	MONTHLY COST
Spouse & 1 Child	\$6,000	\$0.101	\$0.606
Spouse & 2 Children	\$9,000	\$0.101	\$0.909
Spouse & 3 Children	\$12,000	\$0.101	\$1.212
Spouse & 4 Children	\$15,000	\$0.101	\$1.515

*amount of coverage increases with each additional dependent added

BENEFIT COVERAGE LEVEL	AMOUNT OF COVERAGE	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT	MONTHLY COST
1 Child Only	\$3,000	\$0.062	\$0.186
2 Children Only	\$6,000	\$0.062	\$0.372
3 Children Only	\$9,000	\$0.062	\$0.558
4 Children Only	\$12,000	\$0.062	\$0.744

*amount of coverage increases with each additional dependent added

Dependent Basic AD&D: Percentage of Employee's AD&D Coverage

See next page

DEPENDENT BASIC AD&D: PERCENTAGE OF EMPLOYEE'S AD&D COVERAGE

Monthly Premium Rate Per \$1,000 of Benefit: \$0.013	Dependent Level of Coverage							
	Spouse Only: 60% of EE's AD&D	Monthly Cost Spouse Only	Spouse and Child(ren):		Monthly Cost		Child(ren) Only: 10% of EE's AD&D	Monthly Cost Child(ren) Only
			Spouse = 40% of EE's AD&D	Child(ren) = 10% of EE's AD&D (One Child)	Spouse	Per Enrolled Child		
Employee Level of AD&D Coverage								
\$10,000	\$6,000	\$0.0780	\$4,000	\$1,000	\$0.0520	\$0.0130	\$1,000	\$0.0130
\$12,000	\$7,200	\$0.0936	\$4,800	\$1,200	\$0.0624	\$0.0156	\$1,200	\$0.0156
\$14,000	\$8,400	\$0.1092	\$5,600	\$1,400	\$0.0728	\$0.0182	\$1,400	\$0.0182
\$16,000	\$9,600	\$0.1248	\$6,400	\$1,600	\$0.0832	\$0.0208	\$1,600	\$0.0208
\$18,000	\$10,800	\$0.1404	\$7,200	\$1,800	\$0.0936	\$0.0234	\$1,800	\$0.0234
\$20,000	\$12,000	\$0.1560	\$8,000	\$2,000	\$0.1040	\$0.0260	\$2,000	\$0.0260
\$22,000	\$13,200	\$0.1716	\$8,800	\$2,200	\$0.1144	\$0.0286	\$2,200	\$0.0286
\$24,000	\$14,400	\$0.1872	\$9,600	\$2,400	\$0.1248	\$0.0312	\$2,400	\$0.0312
\$26,000	\$15,600	\$0.2028	\$10,400	\$2,600	\$0.1352	\$0.0338	\$2,600	\$0.0338
\$28,000	\$16,800	\$0.2184	\$11,200	\$2,800	\$0.1456	\$0.0364	\$2,800	\$0.0364
\$30,000	\$18,000	\$0.2340	\$12,000	\$3,000	\$0.1560	\$0.0390	\$3,000	\$0.0390
\$32,000	\$19,200	\$0.2496	\$12,800	\$3,200	\$0.1664	\$0.0416	\$3,200	\$0.0416
\$34,000	\$20,400	\$0.2652	\$13,600	\$3,400	\$0.1768	\$0.0442	\$3,400	\$0.0442
\$36,000	\$21,600	\$0.2808	\$14,400	\$3,600	\$0.1872	\$0.0468	\$3,600	\$0.0468
\$38,000	\$22,800	\$0.2964	\$15,200	\$3,800	\$0.1976	\$0.0494	\$3,800	\$0.0494
\$40,000	\$24,000	\$0.3120	\$16,000	\$4,000	\$0.2080	\$0.0520	\$4,000	\$0.0520
\$42,000	\$25,200	\$0.3276	\$16,800	\$4,200	\$0.2184	\$0.0546	\$4,200	\$0.0546
\$44,000	\$26,400	\$0.3432	\$17,600	\$4,400	\$0.2288	\$0.0572	\$4,400	\$0.0572
\$46,000	\$27,600	\$0.3588	\$18,400	\$4,600	\$0.2392	\$0.0598	\$4,600	\$0.0598
\$48,000	\$28,800	\$0.3744	\$19,200	\$4,800	\$0.2496	\$0.0624	\$4,800	\$0.0624
\$50,000	\$30,000	\$0.3900	\$20,000	\$5,000	\$0.2600	\$0.0650	\$5,000	\$0.0650
\$52,000	\$31,200	\$0.4056	\$20,800	\$5,200	\$0.2704	\$0.0676	\$5,200	\$0.0676
\$54,000	\$32,400	\$0.4212	\$21,600	\$5,400	\$0.2808	\$0.0702	\$5,400	\$0.0702
\$56,000	\$33,600	\$0.4368	\$22,400	\$5,600	\$0.2912	\$0.0728	\$5,600	\$0.0728
\$58,000	\$34,800	\$0.4524	\$23,200	\$5,800	\$0.3016	\$0.0754	\$5,800	\$0.0754
\$60,000	\$36,000	\$0.4680	\$24,000	\$6,000	\$0.3120	\$0.0780	\$6,000	\$0.0780
\$62,000	\$37,200	\$0.4836	\$24,800	\$6,200	\$0.3224	\$0.0806	\$6,200	\$0.0806
\$64,000	\$38,400	\$0.4992	\$25,600	\$6,400	\$0.3328	\$0.0832	\$6,400	\$0.0832
\$66,000	\$39,600	\$0.5148	\$26,400	\$6,600	\$0.3432	\$0.0858	\$6,600	\$0.0858
\$68,000	\$40,800	\$0.5304	\$27,200	\$6,800	\$0.3536	\$0.0884	\$6,800	\$0.0884
\$70,000	\$42,000	\$0.5460	\$28,000	\$7,000	\$0.3640	\$0.0910	\$7,000	\$0.0910
\$72,000	\$43,200	\$0.5616	\$28,800	\$7,200	\$0.3744	\$0.0936	\$7,200	\$0.0936
\$74,000	\$44,400	\$0.5772	\$29,600	\$7,400	\$0.3848	\$0.0962	\$7,400	\$0.0962
\$76,000	\$45,600	\$0.5928	\$30,400	\$7,600	\$0.3952	\$0.0988	\$7,600	\$0.0988
\$78,000	\$46,800	\$0.6084	\$31,200	\$7,800	\$0.4056	\$0.1014	\$7,800	\$0.1014
\$80,000	\$48,000	\$0.6240	\$32,000	\$8,000	\$0.4160	\$0.1040	\$8,000	\$0.1040
\$82,000	\$49,200	\$0.6396	\$32,800	\$8,200	\$0.4264	\$0.1066	\$8,200	\$0.1066
\$84,000	\$50,400	\$0.6552	\$33,600	\$8,400	\$0.4368	\$0.1092	\$8,400	\$0.1092
\$86,000	\$51,600	\$0.6708	\$34,400	\$8,600	\$0.4472	\$0.1118	\$8,600	\$0.1118
\$88,000	\$52,800	\$0.6864	\$35,200	\$8,800	\$0.4576	\$0.1144	\$8,800	\$0.1144
\$90,000	\$54,000	\$0.7020	\$36,000	\$9,000	\$0.4680	\$0.1170	\$9,000	\$0.1170
\$92,000	\$55,200	\$0.7176	\$36,800	\$9,200	\$0.4784	\$0.1196	\$9,200	\$0.1196
\$94,000	\$56,400	\$0.7332	\$37,600	\$9,400	\$0.4888	\$0.1222	\$9,400	\$0.1222
\$96,000	\$57,600	\$0.7488	\$38,400	\$9,600	\$0.4992	\$0.1248	\$9,600	\$0.1248
\$98,000	\$58,800	\$0.7644	\$39,200	\$9,800	\$0.5096	\$0.1274	\$9,800	\$0.1274
\$100,000	\$60,000	\$0.7800	\$40,000	\$10,000	\$0.5200	\$0.1300	\$10,000	\$0.1300

2023 Employee Basic Term Life/AD&D Coverage Calculation Examples

SALARY	MULTIPLIER	EQUALS	LEVELS OF COVERAGE	
			Basic Term Life	Basic AD&D
\$12,000.00	1.5	\$18,000.00	\$20,000	\$40,000
\$15,200.00	1.5	\$22,800.00	\$23,000	\$46,000
\$24,152.00	1.5	\$36,228.00	\$37,000	\$74,000
\$30,057.00	1.5	\$45,085.50	\$46,000	\$92,000
\$71,000.00	1.5	\$106,500.00	\$50,000	\$100,000

See next four pages for examples of monthly premium calculations.

BASIC TERM LIFE EMPLOYEE UNDER AGE 65			
Monthly Premium Rate Per \$1000 of Benefit:			\$0.152
Level of Coverage	Total Premium	State Pays	Employee Pays
\$5,000	\$0.760	\$0.760	-
\$6,000	\$0.912	\$0.912	-
\$7,000	\$1.064	\$1.064	-
\$8,000	\$1.216	\$1.216	-
\$9,000	\$1.368	\$1.368	-
\$10,000	\$1.520	\$1.520	-
\$11,000	\$1.672	\$1.672	-
\$12,000	\$1.824	\$1.824	-
\$13,000	\$1.976	\$1.976	-
\$14,000	\$2.128	\$2.128	-
\$15,000	\$2.280	\$2.280	-
\$16,000	\$2.432	\$2.432	-
\$17,000	\$2.584	\$2.584	-
\$18,000	\$2.736	\$2.736	-
\$19,000	\$2.888	\$2.888	-
\$20,000	\$3.040	\$3.040	-
\$21,000	\$3.192	\$3.040	\$0.152
\$22,000	\$3.344	\$3.040	\$0.304
\$23,000	\$3.496	\$3.040	\$0.456
\$24,000	\$3.648	\$3.040	\$0.608
\$25,000	\$3.800	\$3.040	\$0.760
\$26,000	\$3.952	\$3.040	\$0.912
\$27,000	\$4.104	\$3.040	\$1.064
\$28,000	\$4.256	\$3.040	\$1.216
\$29,000	\$4.408	\$3.040	\$1.368
\$30,000	\$4.560	\$3.040	\$1.520
\$31,000	\$4.712	\$3.040	\$1.672
\$32,000	\$4.864	\$3.040	\$1.824
\$33,000	\$5.016	\$3.040	\$1.976
\$34,000	\$5.168	\$3.040	\$2.128
\$35,000	\$5.320	\$3.040	\$2.280
\$36,000	\$5.472	\$3.040	\$2.432
\$37,000	\$5.624	\$3.040	\$2.584
\$38,000	\$5.776	\$3.040	\$2.736
\$39,000	\$5.928	\$3.040	\$2.888
\$40,000	\$6.080	\$3.040	\$3.040
\$41,000	\$6.232	\$3.040	\$3.192
\$42,000	\$6.384	\$3.040	\$3.344
\$43,000	\$6.536	\$3.040	\$3.496
\$44,000	\$6.688	\$3.040	\$3.648
\$45,000	\$6.840	\$3.040	\$3.800
\$46,000	\$6.992	\$3.040	\$3.952
\$47,000	\$7.144	\$3.040	\$4.104
\$48,000	\$7.296	\$3.040	\$4.256
\$49,000	\$7.448	\$3.040	\$4.408
\$50,000	\$7.600	\$3.040	\$4.560

BASIC AD&D EMPLOYEE UNDER AGE 65			
Monthly Premium Rate Per \$1000 of Benefit:			\$0.019
Level of Coverage	Total Premium	State Pays	Employee Pays
\$10,000	\$0.190	\$0.190	-
\$12,000	\$0.228	\$0.228	-
\$14,000	\$0.266	\$0.266	-
\$16,000	\$0.304	\$0.304	-
\$18,000	\$0.342	\$0.342	-
\$20,000	\$0.380	\$0.380	-
\$22,000	\$0.418	\$0.418	-
\$24,000	\$0.456	\$0.456	-
\$26,000	\$0.494	\$0.494	-
\$28,000	\$0.532	\$0.532	-
\$30,000	\$0.570	\$0.570	-
\$32,000	\$0.608	\$0.608	-
\$34,000	\$0.646	\$0.646	-
\$36,000	\$0.684	\$0.684	-
\$38,000	\$0.722	\$0.722	-
\$40,000	\$0.760	\$0.760	-
\$42,000	\$0.798	\$0.760	\$0.038
\$44,000	\$0.836	\$0.760	\$0.076
\$46,000	\$0.874	\$0.760	\$0.114
\$48,000	\$0.912	\$0.760	\$0.152
\$50,000	\$0.950	\$0.760	\$0.190
\$52,000	\$0.988	\$0.760	\$0.228
\$54,000	\$1.026	\$0.760	\$0.266
\$56,000	\$1.064	\$0.760	\$0.304
\$58,000	\$1.102	\$0.760	\$0.342
\$60,000	\$1.140	\$0.760	\$0.380
\$62,000	\$1.178	\$0.760	\$0.418
\$64,000	\$1.216	\$0.760	\$0.456
\$66,000	\$1.254	\$0.760	\$0.494
\$68,000	\$1.292	\$0.760	\$0.532
\$70,000	\$1.330	\$0.760	\$0.570
\$72,000	\$1.368	\$0.760	\$0.608
\$74,000	\$1.406	\$0.760	\$0.646
\$76,000	\$1.444	\$0.760	\$0.684
\$78,000	\$1.482	\$0.760	\$0.722
\$80,000	\$1.520	\$0.760	\$0.760
\$82,000	\$1.558	\$0.760	\$0.798
\$84,000	\$1.596	\$0.760	\$0.836
\$86,000	\$1.634	\$0.760	\$0.874
\$88,000	\$1.672	\$0.760	\$0.912
\$90,000	\$1.710	\$0.760	\$0.950
\$92,000	\$1.748	\$0.760	\$0.988
\$94,000	\$1.786	\$0.760	\$1.026
\$96,000	\$1.824	\$0.760	\$1.064
\$98,000	\$1.862	\$0.760	\$1.102
\$100,000	\$1.900	\$0.760	\$1.140

BASIC TERM LIFE BASIC AD&D EMPLOYEE UNDER AGE 65			
Monthly Premium Rate Per \$1000 of Benefit:			
Level of Coverage	Total Premium	State Pays	Employee Pays
\$5000 / \$10000	\$0.950	\$0.950	-
\$6000 / \$12000	\$1.140	\$1.140	-
\$7000 / \$14000	\$1.330	\$1.330	-
\$8000 / \$16000	\$1.520	\$1.520	-
\$9000 / \$18000	\$1.710	\$1.710	-
\$10000 / \$20000	\$1.900	\$1.900	-
\$11000 / \$22000	\$2.090	\$2.090	-
\$12000 / \$24000	\$2.280	\$2.280	-
\$13000 / \$26000	\$2.470	\$2.470	-
\$14000 / \$28000	\$2.660	\$2.660	-
\$15000 / \$30000	\$2.850	\$2.850	-
\$16000 / \$32000	\$3.040	\$3.040	-
\$17000 / \$34000	\$3.230	\$3.230	-
\$18000 / \$36000	\$3.420	\$3.420	-
\$19000 / \$38000	\$3.610	\$3.610	-
\$20000 / \$40000	\$3.800	\$3.800	-
\$21000 / \$42000	\$3.990	\$3.800	\$0.190
\$22000 / \$44000	\$4.180	\$3.800	\$0.380
\$23000 / \$46000	\$4.370	\$3.800	\$0.570
\$24000 / \$48000	\$4.560	\$3.800	\$0.760
\$25000 / \$50000	\$4.750	\$3.800	\$0.950
\$26000 / \$52000	\$4.940	\$3.800	\$1.140
\$27000 / \$54000	\$5.130	\$3.800	\$1.330
\$28000 / \$56000	\$5.320	\$3.800	\$1.520
\$29000 / \$58000	\$5.510	\$3.800	\$1.710
\$30000 / \$60000	\$5.700	\$3.800	\$1.900
\$31000 / \$62000	\$5.890	\$3.800	\$2.090
\$32000 / \$64000	\$6.080	\$3.800	\$2.280
\$33000 / \$66000	\$6.270	\$3.800	\$2.470
\$34000 / \$68000	\$6.460	\$3.800	\$2.660
\$35000 / \$70000	\$6.650	\$3.800	\$2.850
\$36000 / \$72000	\$6.840	\$3.800	\$3.040
\$37000 / \$74000	\$7.030	\$3.800	\$3.230
\$38000 / \$76000	\$7.220	\$3.800	\$3.420
\$39000 / \$78000	\$7.410	\$3.800	\$3.610
\$40000 / \$80000	\$7.600	\$3.800	\$3.800
\$41000 / \$82000	\$7.790	\$3.800	\$3.990
\$42000 / \$84000	\$7.980	\$3.800	\$4.180
\$43000 / \$86000	\$8.170	\$3.800	\$4.370
\$44000 / \$88000	\$8.360	\$3.800	\$4.560
\$45000 / \$90000	\$8.550	\$3.800	\$4.750
\$46000 / \$92000	\$8.740	\$3.800	\$4.940
\$47000 / \$94000	\$8.930	\$3.800	\$5.130
\$48000 / \$96000	\$9.120	\$3.800	\$5.320
\$49000 / \$98000	\$9.310	\$3.800	\$5.510
\$50000 / \$100000	\$9.500	\$3.800	\$5.700

**BASIC TERM LIFE
EMPLOYEE AGES 65-69 WITHOUT PERMAPLAN
EMPLOYEE AGES 65-69 WITH PERMAPLAN
65% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.152
Level of Coverage	Total Premium	State Pays	Employee Pays
\$3,250	\$0.494	\$0.494	-
\$3,900	\$0.593	\$0.593	-
\$4,550	\$0.692	\$0.692	-
\$5,200	\$0.790	\$0.790	-
\$5,850	\$0.889	\$0.889	-
\$6,500	\$0.988	\$0.988	-
\$7,150	\$1.087	\$1.087	-
\$7,800	\$1.186	\$1.186	-
\$8,450	\$1.284	\$1.284	-
\$9,100	\$1.383	\$1.383	-
\$9,750	\$1.482	\$1.482	-
\$10,400	\$1.581	\$1.581	-
\$11,050	\$1.680	\$1.680	-
\$11,700	\$1.778	\$1.778	-
\$12,350	\$1.877	\$1.877	-
\$13,000	\$1.976	\$1.976	-
\$13,650	\$2.075	\$1.976	\$0.099
\$14,300	\$2.174	\$1.976	\$0.198
\$14,950	\$2.272	\$1.976	\$0.296
\$15,600	\$2.371	\$1.976	\$0.395
\$16,250	\$2.470	\$1.976	\$0.494
\$16,900	\$2.569	\$1.976	\$0.593
\$17,550	\$2.668	\$1.976	\$0.692
\$18,200	\$2.766	\$1.976	\$0.790
\$18,850	\$2.865	\$1.976	\$0.889
\$19,500	\$2.964	\$1.976	\$0.988
\$20,150	\$3.063	\$1.976	\$1.087
\$20,800	\$3.162	\$1.976	\$1.186
\$21,450	\$3.260	\$1.976	\$1.284
\$22,100	\$3.359	\$1.976	\$1.383
\$22,750	\$3.458	\$1.976	\$1.482
\$23,400	\$3.557	\$1.976	\$1.581
\$24,050	\$3.656	\$1.976	\$1.680
\$24,700	\$3.754	\$1.976	\$1.778
\$25,350	\$3.853	\$1.976	\$1.877
\$26,000	\$3.952	\$1.976	\$1.976
\$26,650	\$4.051	\$1.976	\$2.075
\$27,300	\$4.150	\$1.976	\$2.174
\$27,950	\$4.248	\$1.976	\$2.272
\$28,600	\$4.347	\$1.976	\$2.371
\$29,250	\$4.446	\$1.976	\$2.470
\$29,900	\$4.545	\$1.976	\$2.569
\$30,550	\$4.644	\$1.976	\$2.668
\$31,200	\$4.742	\$1.976	\$2.766
\$31,850	\$4.841	\$1.976	\$2.865
\$32,500	\$4.940	\$1.976	\$2.964

**BASIC AD&D
EMPLOYEE AGES 65-69 WITHOUT PERMAPLAN
EMPLOYEE AGES 65-69 WITH PERMAPLAN
65% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.019
Level of Coverage	Total Premium	State Pays	Employee Pays
\$6,500	\$0.124	\$0.124	-
\$7,800	\$0.148	\$0.148	-
\$9,100	\$0.173	\$0.173	-
\$10,400	\$0.198	\$0.198	-
\$11,700	\$0.222	\$0.222	-
\$13,000	\$0.247	\$0.247	-
\$14,300	\$0.272	\$0.272	-
\$15,600	\$0.296	\$0.296	-
\$16,900	\$0.321	\$0.321	-
\$18,200	\$0.346	\$0.346	-
\$19,500	\$0.371	\$0.371	-
\$20,800	\$0.395	\$0.395	-
\$22,100	\$0.420	\$0.420	-
\$23,400	\$0.445	\$0.445	-
\$24,700	\$0.469	\$0.469	-
\$26,000	\$0.494	\$0.494	-
\$27,300	\$0.519	\$0.494	\$0.025
\$28,600	\$0.543	\$0.494	\$0.049
\$29,900	\$0.568	\$0.494	\$0.074
\$31,200	\$0.593	\$0.494	\$0.099
\$32,500	\$0.618	\$0.494	\$0.124
\$33,800	\$0.642	\$0.494	\$0.148
\$35,100	\$0.667	\$0.494	\$0.173
\$36,400	\$0.692	\$0.494	\$0.198
\$37,700	\$0.716	\$0.494	\$0.222
\$39,000	\$0.741	\$0.494	\$0.247
\$40,300	\$0.766	\$0.494	\$0.272
\$41,600	\$0.790	\$0.494	\$0.296
\$42,900	\$0.815	\$0.494	\$0.321
\$44,200	\$0.840	\$0.494	\$0.346
\$45,500	\$0.865	\$0.494	\$0.371
\$46,800	\$0.889	\$0.494	\$0.395
\$48,100	\$0.914	\$0.494	\$0.420
\$49,400	\$0.939	\$0.494	\$0.445
\$50,700	\$0.963	\$0.494	\$0.469
\$52,000	\$0.988	\$0.494	\$0.494
\$53,300	\$1.013	\$0.494	\$0.519
\$54,600	\$1.037	\$0.494	\$0.543
\$55,900	\$1.062	\$0.494	\$0.568
\$57,200	\$1.087	\$0.494	\$0.593
\$58,500	\$1.112	\$0.494	\$0.618
\$59,800	\$1.136	\$0.494	\$0.642
\$61,100	\$1.161	\$0.494	\$0.667
\$62,400	\$1.186	\$0.494	\$0.692
\$63,700	\$1.210	\$0.494	\$0.716
\$65,000	\$1.235	\$0.494	\$0.741

**BASIC TERM LIFE
EMPLOYEE AGES 70-74 WITHOUT PERMAPLAN
45% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.152
Level of Coverage	Total Premium	State Pays	Employee Pays
\$2,250	\$0.342	\$0.342	-
\$2,700	\$0.410	\$0.410	-
\$3,150	\$0.479	\$0.479	-
\$3,600	\$0.547	\$0.547	-
\$4,050	\$0.616	\$0.616	-
\$4,500	\$0.684	\$0.684	-
\$4,950	\$0.752	\$0.752	-
\$5,400	\$0.821	\$0.821	-
\$5,850	\$0.889	\$0.889	-
\$6,300	\$0.958	\$0.958	-
\$6,750	\$1.026	\$1.026	-
\$7,200	\$1.094	\$1.094	-
\$7,650	\$1.163	\$1.163	-
\$8,100	\$1.231	\$1.231	-
\$8,550	\$1.300	\$1.300	-
\$9,000	\$1.368	\$1.368	-
\$9,450	\$1.436	\$1.368	\$0.068
\$9,900	\$1.505	\$1.368	\$0.137
\$10,350	\$1.573	\$1.368	\$0.205
\$10,800	\$1.642	\$1.368	\$0.274
\$11,250	\$1.710	\$1.368	\$0.342
\$11,700	\$1.778	\$1.368	\$0.410
\$12,150	\$1.847	\$1.368	\$0.479
\$12,600	\$1.915	\$1.368	\$0.547
\$13,050	\$1.984	\$1.368	\$0.616
\$13,500	\$2.052	\$1.368	\$0.684
\$13,950	\$2.120	\$1.368	\$0.752
\$14,400	\$2.189	\$1.368	\$0.821
\$14,850	\$2.257	\$1.368	\$0.889
\$15,300	\$2.326	\$1.368	\$0.958
\$15,750	\$2.394	\$1.368	\$1.026
\$16,200	\$2.462	\$1.368	\$1.094
\$16,650	\$2.531	\$1.368	\$1.163
\$17,100	\$2.599	\$1.368	\$1.231
\$17,550	\$2.668	\$1.368	\$1.300
\$18,000	\$2.736	\$1.368	\$1.368
\$18,450	\$2.804	\$1.368	\$1.436
\$18,900	\$2.873	\$1.368	\$1.505
\$19,350	\$2.941	\$1.368	\$1.573
\$19,800	\$3.010	\$1.368	\$1.642
\$20,250	\$3.078	\$1.368	\$1.710
\$20,700	\$3.146	\$1.368	\$1.778
\$21,150	\$3.215	\$1.368	\$1.847
\$21,600	\$3.283	\$1.368	\$1.915
\$22,050	\$3.352	\$1.368	\$1.984
\$22,500	\$3.420	\$1.368	\$2.052

**BASIC AD&D
EMPLOYEE AGES 70-74 WITHOUT PERMAPLAN
45% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.019
Level of Coverage	Total Premium	State Pays	Employee Pays
\$4,500	\$0.086	\$0.086	-
\$5,400	\$0.103	\$0.103	-
\$6,300	\$0.120	\$0.120	-
\$7,200	\$0.137	\$0.137	-
\$8,100	\$0.154	\$0.154	-
\$9,000	\$0.171	\$0.171	-
\$9,900	\$0.188	\$0.188	-
\$10,800	\$0.205	\$0.205	-
\$11,700	\$0.222	\$0.222	-
\$12,600	\$0.239	\$0.239	-
\$13,500	\$0.257	\$0.257	-
\$14,400	\$0.274	\$0.274	-
\$15,300	\$0.291	\$0.291	-
\$16,200	\$0.308	\$0.308	-
\$17,100	\$0.325	\$0.325	-
\$18,000	\$0.342	\$0.342	-
\$18,900	\$0.359	\$0.342	\$0.017
\$19,800	\$0.376	\$0.342	\$0.034
\$20,700	\$0.393	\$0.342	\$0.051
\$21,600	\$0.410	\$0.342	\$0.068
\$22,500	\$0.428	\$0.342	\$0.086
\$23,400	\$0.445	\$0.342	\$0.103
\$24,300	\$0.462	\$0.342	\$0.120
\$25,200	\$0.479	\$0.342	\$0.137
\$26,100	\$0.496	\$0.342	\$0.154
\$27,000	\$0.513	\$0.342	\$0.171
\$27,900	\$0.530	\$0.342	\$0.188
\$28,800	\$0.547	\$0.342	\$0.205
\$29,700	\$0.564	\$0.342	\$0.222
\$30,600	\$0.581	\$0.342	\$0.239
\$31,500	\$0.599	\$0.342	\$0.257
\$32,400	\$0.616	\$0.342	\$0.274
\$33,300	\$0.633	\$0.342	\$0.291
\$34,200	\$0.650	\$0.342	\$0.308
\$35,100	\$0.667	\$0.342	\$0.325
\$36,000	\$0.684	\$0.342	\$0.342
\$36,900	\$0.701	\$0.342	\$0.359
\$37,800	\$0.718	\$0.342	\$0.376
\$38,700	\$0.735	\$0.342	\$0.393
\$39,600	\$0.752	\$0.342	\$0.410
\$40,500	\$0.770	\$0.342	\$0.428
\$41,400	\$0.787	\$0.342	\$0.445
\$42,300	\$0.804	\$0.342	\$0.462
\$43,200	\$0.821	\$0.342	\$0.479
\$44,100	\$0.838	\$0.342	\$0.496
\$45,000	\$0.855	\$0.342	\$0.513

**BASIC TERM LIFE
EMPLOYEE AGES 75+ WITHOUT PERMAPLAN
30% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.152
Level of Coverage	Total Premium	State Pays	Employee Pays
\$1,500	\$0.228	\$0.228	-
\$1,800	\$0.274	\$0.274	-
\$2,100	\$0.319	\$0.319	-
\$2,400	\$0.365	\$0.365	-
\$2,700	\$0.410	\$0.410	-
\$3,000	\$0.456	\$0.456	-
\$3,300	\$0.502	\$0.502	-
\$3,600	\$0.547	\$0.547	-
\$3,900	\$0.593	\$0.593	-
\$4,200	\$0.638	\$0.638	-
\$4,500	\$0.684	\$0.684	-
\$4,800	\$0.730	\$0.730	-
\$5,100	\$0.775	\$0.775	-
\$5,400	\$0.821	\$0.821	-
\$5,700	\$0.866	\$0.866	-
\$6,000	\$0.912	\$0.912	-
\$6,300	\$0.958	\$0.912	\$0.046
\$6,600	\$1.003	\$0.912	\$0.091
\$6,900	\$1.049	\$0.912	\$0.137
\$7,200	\$1.094	\$0.912	\$0.182
\$7,500	\$1.140	\$0.912	\$0.228
\$7,800	\$1.186	\$0.912	\$0.274
\$8,100	\$1.231	\$0.912	\$0.319
\$8,400	\$1.277	\$0.912	\$0.365
\$8,700	\$1.322	\$0.912	\$0.410
\$9,000	\$1.368	\$0.912	\$0.456
\$9,300	\$1.414	\$0.912	\$0.502
\$9,600	\$1.459	\$0.912	\$0.547
\$9,900	\$1.505	\$0.912	\$0.593
\$10,200	\$1.550	\$0.912	\$0.638
\$10,500	\$1.596	\$0.912	\$0.684
\$10,800	\$1.642	\$0.912	\$0.730
\$11,100	\$1.687	\$0.912	\$0.775
\$11,400	\$1.733	\$0.912	\$0.821
\$11,700	\$1.778	\$0.912	\$0.866
\$12,000	\$1.824	\$0.912	\$0.912
\$12,300	\$1.870	\$0.912	\$0.958
\$12,600	\$1.915	\$0.912	\$1.003
\$12,900	\$1.961	\$0.912	\$1.049
\$13,200	\$2.006	\$0.912	\$1.094
\$13,500	\$2.052	\$0.912	\$1.140
\$13,800	\$2.098	\$0.912	\$1.186
\$14,100	\$2.143	\$0.912	\$1.231
\$14,400	\$2.189	\$0.912	\$1.277
\$14,700	\$2.234	\$0.912	\$1.322
\$15,000	\$2.280	\$0.912	\$1.368

**BASIC AD&D
EMPLOYEE AGES 75+ WITHOUT PERMAPLAN
30% OF SCHEDULED AMOUNT**

Monthly Premium Rate Per \$1000 of Benefit:			\$0.019
Level of Coverage	Total Premium	State Pays	Employee Pays
\$3,000	\$0.057	\$0.057	-
\$3,600	\$0.068	\$0.068	-
\$4,200	\$0.080	\$0.080	-
\$4,800	\$0.091	\$0.091	-
\$5,400	\$0.103	\$0.103	-
\$6,000	\$0.114	\$0.114	-
\$6,600	\$0.125	\$0.125	-
\$7,200	\$0.137	\$0.137	-
\$7,800	\$0.148	\$0.148	-
\$8,400	\$0.160	\$0.160	-
\$9,000	\$0.171	\$0.171	-
\$9,600	\$0.182	\$0.182	-
\$10,200	\$0.194	\$0.194	-
\$10,800	\$0.205	\$0.205	-
\$11,400	\$0.217	\$0.217	-
\$12,000	\$0.228	\$0.228	-
\$12,600	\$0.239	\$0.228	\$0.011
\$13,200	\$0.251	\$0.228	\$0.023
\$13,800	\$0.262	\$0.228	\$0.034
\$14,400	\$0.274	\$0.228	\$0.046
\$15,000	\$0.285	\$0.228	\$0.057
\$15,600	\$0.296	\$0.228	\$0.068
\$16,200	\$0.308	\$0.228	\$0.080
\$16,800	\$0.319	\$0.228	\$0.091
\$17,400	\$0.331	\$0.228	\$0.103
\$18,000	\$0.342	\$0.228	\$0.114
\$18,600	\$0.353	\$0.228	\$0.125
\$19,200	\$0.365	\$0.228	\$0.137
\$19,800	\$0.376	\$0.228	\$0.148
\$20,400	\$0.388	\$0.228	\$0.160
\$21,000	\$0.399	\$0.228	\$0.171
\$21,600	\$0.410	\$0.228	\$0.182
\$22,200	\$0.422	\$0.228	\$0.194
\$22,800	\$0.433	\$0.228	\$0.205
\$23,400	\$0.445	\$0.228	\$0.217
\$24,000	\$0.456	\$0.228	\$0.228
\$24,600	\$0.467	\$0.228	\$0.239
\$25,200	\$0.479	\$0.228	\$0.251
\$25,800	\$0.490	\$0.228	\$0.262
\$26,400	\$0.502	\$0.228	\$0.274
\$27,000	\$0.513	\$0.228	\$0.285
\$27,600	\$0.524	\$0.228	\$0.296
\$28,200	\$0.536	\$0.228	\$0.308
\$28,800	\$0.547	\$0.228	\$0.319
\$29,400	\$0.559	\$0.228	\$0.331
\$30,000	\$0.570	\$0.228	\$0.342

Voluntary AD&D 2023 Monthly Cost Illustration

Monthly Premium Rate Per \$1,000 of Benefit = \$0.021

EMPLOYEE VOLUNTARY AD&D		DEPENDENT VOLUNTARY AD&D		TOTAL
Employee Level of Voluntary AD&D Coverage	Total Monthly Cost - Employee Only	Spouse Only: 60% of EE's Voluntary AD&D	Monthly Cost - Spouse Only	Total Monthly Cost - Employee + Spouse
\$50,000	\$1.050	\$30,000	\$0.630	\$1.680
\$60,000	\$1.260	\$36,000	\$0.756	\$2.016
\$100,000	\$2.100	\$60,000	\$1.260	\$3.360
\$250,000	\$5.250	\$150,000	\$3.150	\$8.400
\$500,000	\$10.500	\$300,000	\$6.300	\$16.800

EMPLOYEE VOLUNTARY AD&D		DEPENDENT - SPOUSE & CHILD(REN) VOLUNTARY AD&D			TOTAL	ADDITIONAL CHILDREN	
Employee Level of Voluntary AD&D Coverage	Total Monthly Cost - Employee Only	Spouse = 40% of EE's Voluntary AD&D	Child(ren) = 10% of EE's Voluntary AD&D (per child)	Total Spouse & Child (one child) Voluntary AD&D Coverage	Total Monthly Cost - Spouse and Child (one child)	Additional Monthly Cost per Enrolled Child	
\$50,000	\$1.050	\$20,000	\$5,000	\$25,000	\$0.525	\$1.575	\$0.105
\$60,000	\$1.260	\$24,000	\$6,000	\$30,000	\$0.630	\$1.890	\$0.126
\$100,000	\$2.100	\$40,000	\$10,000	\$50,000	\$1.050	\$3.150	\$0.210
\$250,000	\$5.250	\$100,000	\$25,000	\$125,000	\$2.625	\$7.875	\$0.525
\$500,000	\$10.500	\$200,000	\$50,000	\$250,000	\$5.250	\$15.750	\$1.050

EMPLOYEE VOLUNTARY AD&D		DEPENDENT VOLUNTARY AD&D - CHILD(REN) ONLY		TOTAL	ADDITIONAL CHILDREN
Employee Level of Voluntary AD&D Coverage	Total Monthly Cost - Employee Only	Child(ren) Only = 10% of EE's Voluntary AD&D per Child	Monthly Cost - Child(ren) Only (One Child)	Total Monthly Cost - Employee + Child	Additional Monthly Cost per Enrolled Child
\$50,000	\$1.050	\$5,000	\$0.105	\$1.155	\$0.105
\$60,000	\$1.260	\$6,000	\$0.126	\$1.386	\$0.126
\$100,000	\$2.100	\$10,000	\$0.210	\$2.310	\$0.210
\$250,000	\$5.250	\$25,000	\$0.525	\$5.775	\$0.525
\$500,000	\$10.500	\$50,000	\$1.050	\$11.550	\$1.050

2023 Voluntary Term Life - Active Employee & Spouse Premium Rates

ATTAINED AGE BRACKET	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT:
Under 20	\$0.048
20-24	\$0.048
25-29	\$0.048
30-34	\$0.051
35-39	\$0.063
40-44	\$0.096
45-49	\$0.162
50-54	\$0.274
55-59	\$0.427
60-64	\$0.664
65-69	\$1.102
70-74	\$1.102
75-79	\$1.102
80 and over	\$1.102

2023 Voluntary Term Life - Ported Employee & Spouse Premium Rates

ATTAINED AGE BRACKET	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT:
Under 20	\$0.057
20-24	\$0.057
25-29	\$0.057
30-34	\$0.062
35-39	\$0.076
40-44	\$0.115
45-49	\$0.194
50-54	\$0.328
55-59	\$0.512
60-64	\$0.797
65-69	\$1.322

2023 Voluntary Term Life - Child Term Rider Rate

ATTAINED AGE BRACKET	MONTHLY PREMIUM RATE PER \$1,000 OF BENEFIT
\$2,500	\$0.15
\$5,000	\$0.30
\$10,000	\$0.60

2023 Monthly Premiums for Long-term Disability

LTD: EMPLOYEE'S AGE (PER \$100 OF COVERED MONTHLY SALARY)										
Benefit %/ Elimination Period	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Option 1 60%/90 days	\$.12	\$.12	\$.23	\$.34	\$.43	\$.53	\$.63	\$.84	\$.56	\$.56
Option 2 60%/180 days	\$.09	\$.09	\$.18	\$.27	\$.34	\$.42	\$.50	\$.66	\$.44	\$.44
Option 3 63%/90 days	\$.14	\$.14	\$.28	\$.42	\$.53	\$.65	\$.77	\$1.03	\$.68	\$.68
Option 4 63%/180 days	\$.11	\$.11	\$.23	\$.33	\$.42	\$.51	\$.61	\$.81	\$.54	\$.54

OPTION 1 OR 2 TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$12,500)**	Line 1:
Line 1 divided by 100	Line 2:
Rate from the rate table	Line 3:
Multiply Line 2 by Line 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

OPTION 3 OR 4 TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$15,873.02)**	Line 1:
Line 1 divided by 100	Line 2:
Rate from the rate table	Line 3:
Multiply Line 2 by Line 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

**Base annual salary divided by 12

EXAMPLE LONG-TERM DISABILITY PREMIUM CALCULATION OPTION 1	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100 (age 45-49)	\$0.43
Monthly premium due	\$12.54

EXAMPLE LONG-TERM DISABILITY PREMIUM CALCULATION OPTION 3	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100 (45-49)	\$0.53
Monthly premium due	\$15.46

2023 Monthly Premiums for Short-term Disability

STD COST: PER \$100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14-day elimination period	\$0.41
Option B: 60%, 30-day elimination period	\$0.33

OPTION A TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$18,055.57)*	Line 1:
Line 1 amount divided by 100	Line 2:
Rate	Line 3: \$0.41
Multiply Lines 2 and 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

OPTION B TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$18,055.57)*	Line 1:
Line 1 amount divided by 100	Line 2:
Rate	Line 3: \$0.33
Multiply Lines 2 and 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

*Base annual salary divided by 12

EXAMPLE SHORT-TERM DISABILITY PREMIUM CALCULATION OPTION A	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100	\$0.41
Monthly premium due	\$11.96

EXAMPLE SHORT-TERM DISABILITY PREMIUM CALCULATION OPTION B	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100	\$0.33
Monthly premium due	\$9.63

July 22, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (all plans)

We don't have any member messages for you to share this week.

For ABCs

Materials and Communications

Voluntary Term Life Insurance Fax Cover Page (state/higher ed only)

The voluntary term life insurance fax cover form has been updated on the ParTNers for Health website. The updated fax cover page is on the Forms page, titled [Voluntary Term Life Fax Cover Page](#). Please use this version going forward.

Updated COVID Benefits Document (all plans)

The [COVID benefits and vaccine information document](#) found on the ParTNers for Health homepage has been updated to reflect the extension of the national public health emergency to Oct. 13, 2022. Please reference the updated document going forward (the URL link is the same).

Email Address Clean Up (higher ed only)

Next week, **you may receive** an email address clean up message from Benefits Administration with a spreadsheet attached. You'll only receive an email and spreadsheet if we need corrected email addresses for some of your employees. The records on the spreadsheet will be active employees in Edison assigned to your agency. These employees have email addresses in Edison that have either "bounced" with the email provider used by BA, or are out-of-date, or are missing email addresses from Edison. Please use the spreadsheet to provide the new email addresses. There will be instructions in the email on how to submit them to BA.

We thank you in advance for your time to help ensure we are reaching as many members as possible with important benefits information.

Email Address Clean Up (local ed/local gov only)

Within the next few weeks, **you may receive** an email address clean up message from Benefits Administration with a spreadsheet attached. You'll only receive an email and spreadsheet if we need corrected email addresses for some of your employees. The records on the spreadsheet will be active employees in Edison assigned to your agency. These employees have email addresses in Edison that have either "bounced" with the email provider used by BA, or are out-of-date, or are missing email addresses from Edison. Please use the spreadsheet to provide the new email addresses. There will be instructions in the email on how to submit them to BA.

We thank you in advance for your time to help ensure we are reaching as many members as possible with important benefits information.

Reminder - ABC 2022 Annual HIPAA Training (state only)

All ABCs and directors who have access to Edison are required to take annual HIPAA 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's HIPAA compliance officer.

- **State ABCs and directors have the month of July to complete the training.**
- **You will take the ABC_HIPAA_2022 class.**

INSTRUCTIONS FOR HIPAA TRAINING

Here is the navigation after you log in to Edison at www.edison.tn.gov:

NAV BAR > MENU > ELM > Learning Home > Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000) > ABC_HIPAA_2022

- Must allow pop-ups and current browser version or the training will NOT run.
- Edison will record every year you have completed the course.
- Course takes approximately 30 minutes to complete; 10-question quiz at the end of the course.
- Must make at least an 80% correct otherwise you will be required to take the quiz again.

End of message

July 15, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

Members (all plans)

We don't have any member messages for you to share this week.

For ABCs

ABC Conference Call Notes (all plans)

Attached are the combined July ABC conference call notes for your reference.

Materials and Communications (all plans)

2023 Insurance Comparison Chart

Attached is an updated 2023 Insurance Comparison Chart for your reference. In the attached version, **the 2023 emergency room coinsurance costs have been corrected**. Please use this version and not the version previously sent out to ABCs. As mentioned during the July 12 ABC conference calls, all final 2023 benefits materials will be posted on the ParTNers for Health website by Sept. 1, 2022.

2023 Dental and Vision Premium Charts

Attached are the 2023 dental and vision premium charts for your reference. All final 2023 benefits materials will be posted on the ParTNers for Health website by Sept. 1, 2022.

Vendor Contact List

The Vendor Contact List you use for benefits fairs and materials has been updated with a different contact for Delta Dental, Christy Davis. Please reference this updated list, found on the ABC webpage under Conference Call Notes, [Vendor Contact List](#).

Delta Dental URL

The splash page URL for Delta Dental has changed to DeltaDentalTN.com/StateofTN. We have updated our ParTNers for Health Customer Service webpage and will update materials as needed with this new URL.

Watch for Edison Email Notifications (local ed/higher ed only)

As the new school year approaches, please be sure to watch for **Edison email notifications** regarding the job status of your employees. We know that this is a very busy time for hiring of new teachers, or those who may move between participating agencies. Please watch for any email notification asking that you take action on an eHire form. Please respond timely to the notification as instructed in the email so the enrollment with the new agency is not delayed.

Service Center Metrics/Customer Service Rating (all plans)

Below are the service center metrics and customer service rating comparing June 2022 and June 2021.

June 2022:

- Tickets via Email: 1,230
- Tickets via Self-Service: 3,523
- Tickets via Phone: 3,893
- Tickets via Chat: 162
- Total: 8,808
- Satisfaction Score: 95.1%

June 2021:

- Tickets via Email: 1,232
- Tickets via Self-Service: 4,529
- Tickets via Phone: 4,280
- Tickets via Chat: 190
- Total: 10,231
- Satisfaction Score: 97.1%

ABC 2022 Annual HIPAA Training (state only)

All ABCs and directors who have access to Edison are required to take annual HIPAA 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's HIPAA compliance officer.

- **State ABCs and directors have the month of July to complete the training.**
- **You will take the ABC_HIPAA_2022 class.**

INSTRUCTIONS FOR HIPAA TRAINING

Here is the navigation after you log in to Edison at www.edison.tn.gov:

NAV BAR > MENU > ELM > Learning Home > Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000) > ABC_HIPAA_2022

- Must allow pop-ups and current browser version or the training will NOT run.
- Edison will record every year you have completed the course.
- Course takes approximately 30 minutes to complete; 10-question quiz at the end of the course.
- Must make at least an 80% correct otherwise you will be required to take the quiz again.

Attachments: 2023 Benefit Grid Local Ed/Local Gov
2023 Benefit Grid State/Higher Ed
2023 Dental Premiums
2023 Vision Premiums

End of message

2023 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OFFICE VISITS								
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	\$50	No charge	50%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA								
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
Behavioral Health and Substance Use ^[2] <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	\$15	N/A	30%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy Serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	30%	50%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	Visits 1-20: \$35 Visits 21-50: \$55	Visits 1-20: \$55 Visits 21-50: \$80	30%	50%
Convenience Clinic	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Urgent Care Facility	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
PHARMACY								
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$60 preferred brand; \$110 non-preferred	copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	\$28 generic; \$120 preferred brand; \$220 non-preferred	N/A - no network	30%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	\$14 generic; \$60 preferred brand; \$200 non-preferred	N/A - no network	20% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	30%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400		30%; min \$200; max \$400			

2023 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OUTPATIENT FACILITIES								
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge ^[5]	50%	No charge	50%
OTHER SERVICES								
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Inpatient behavioral health and substance use ^{[2] [6]}	15%	40%	20%	40%	30%	50%	30%	50%
• Emergency room services ^[7]	15%		20%		30%		30%	
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	30%	50%	30%	50%
Home Care ^[4] • Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] • Outpatient PT/ST/OT/ABA ^[5] ; Other therapy	15%	40%	20%	40%	30%	50%	30%	50%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	15%		20%		30%		30%	50%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	15%	40%	20%	40%	30%	50%	30%	50%
Pathology and Radiology Reading, Interpretation and Results ^[5]	15%		20%		30%		30%	
Ambulance (medically necessary, air and ground)	15%		20%		30%		30%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	30%	50%	30%	50%
Allergy Serum	15%	40%	20%	40%	30%	50%	30%	50%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.							
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE								
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,800	\$3,600	\$2,000	\$4,000
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$2,500	\$4,800	\$4,000	\$8,000
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$2,800	\$5,500	\$4,000	\$8,000
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,600	\$7,200	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM								
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$6,800	\$13,600	\$5,000	\$10,000
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$13,600	\$27,200	\$10,000	\$20,000

For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the “employee only” amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. **For Local CDHP Plan**, the deductible and out-of-pocket maximum amount can be met by one or more persons, but must be met in full before it is considered satisfied for the family. No one family member may contribute more than \$9,100 to the in-network family out-of-pocket maximum total.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

[2] The following behavioral health services are treated as “inpatient” for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as “inpatient,” prior authorization (PA) is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor’s clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes, and a list of participating Retail-90 pharmacies can be found at <https://www.tn.gov/partnersforhealth/health-options/pharmacy.html>.

[4] Prior authorization required, for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won't have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.

2023 Health Plan Comparison of Member Costs — State and Higher Education

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OFFICE VISITS						
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	40%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA						
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	20%	40%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	20%	40%
Behavioral Health and Substance Use ^[2] <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	20%	40%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	20%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy Serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	20%	40%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	20%	40%
Convenience Clinic	\$25	\$45	\$30	\$50	20%	40%
Urgent Care Facility	\$45	\$70	\$50	\$75	20%	40%
PHARMACY						
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400			

2023 Health Plan Comparison of Member Costs — State and Higher Education

PPO services in this table ARE subject to a deductible unless noted with a [5]. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE – OUTPATIENT FACILITIES						
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge	40%
OTHER SERVICES						
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Inpatient behavioral health and substance use ^{[2] [6]}	15%	40%	20%	40%	20%	40%
• Emergency room services ^[7]	15%		20%		20%	
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	20%	40%
Home Care ^[4] • Home health; home infusion therapy	15%	40%	20%	40%	20%	40%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] • Outpatient PT/ST/OT/ABA ^[5] ; Other therapy	15%	40%	20%	40%	20%	40%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	15%		20%		20%	40%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	15%	40%	20%	40%	20%	40%
Pathology and Radiology Reading, Interpretation and Results ^[5]	15%		20%		20%	
Ambulance (medically necessary, air and ground)	15%		20%		20%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	20%	40%
Allergy Serum	15%	40%	20%	40%	20%	40%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.					
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE						
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,700	\$3,400
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$3,400	\$6,800
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$3,400	\$6,800
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,400	\$6,800
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM						
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$2,800	\$5,600
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$5,600	\$11,200
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$5,600	\$11,200
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$5,600	\$11,200
CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION						
For individuals who enroll in the CDHP	N/A		N/A		\$500 for employee only; \$1,000 for other coverage levels	

For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the “employee only” amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For CDHP Plan, the deductible and out-of-pocket maximum amount can be met by one or more persons but must be met in full before it is considered satisfied.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

[2] The following behavioral health services are treated as “inpatient” for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as “inpatient,” prior authorization is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor’s clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes and a list of participating Retail-90 pharmacies can be found at <https://www.tn.gov/partnersforhealth/health-options/pharmacy.html>.

[4] Prior authorization required for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won’t have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.



2023 Monthly Dental Premiums

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
ACTIVE MEMBERS		
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72
COBRA PARTICIPANTS		
Employee Only/Single	\$14.12	\$20.22
Employee + Child(ren)	\$29.33	\$53.75
Employee + Spouse	\$25.03	\$39.76
Employee + Spouse + Child(ren)	\$34.41	\$82.33
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$20.76	\$29.73
Employee + Child(ren)	\$43.13	\$79.05
Employee + Spouse	\$36.81	\$58.47
Employee + Spouse + Child(ren)	\$50.61	\$121.08
RETIREE PARTICIPANTS		
Retiree Only	\$15.23	\$26.60
Retiree + Child(ren)	\$31.63	\$60.09
Retiree + Spouse	\$27.01	\$52.44
Retiree + Spouse + Child(ren)	\$37.10	\$94.95

2023 Monthly Vision Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54
COBRA PARTICIPANTS		
Employee Only/Single	\$3.24	\$6.43
Employee + Child(ren)	\$6.48	\$12.85
Employee + Spouse	\$6.15	\$12.22
Employee + Spouse + Child(ren)	\$9.52	\$18.91
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$4.77	\$9.45
Employee + Child(ren)	\$9.53	\$18.90
Employee + Spouse	\$9.05	\$17.97
Employee + Spouse + Child(ren)	\$14.00	\$27.81
RETIREE PARTICIPANTS		
Retiree Only	\$3.18	\$6.30
Retiree + Child(ren)	\$6.35	\$12.60
Retiree + Spouse	\$6.03	\$11.98
Retiree + Spouse + Child(ren)	\$9.33	\$18.54
Spouse Only	\$3.18	\$6.30
One Child Only	\$3.18	\$6.30
Two or More Children Only	\$6.35	\$12.60
Spouse + Children Only	\$6.35	\$12.60

July 8, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state only)

Subject line: Join ParTNers for Health for Healthy Hydration: Choose Your Drinks Wisely, July 14, 11:30 a.m. CT

Join ActiveHealth Management as they present the next 4Mind4Body webinar, **Healthy Hydration: Choose Your Drinks Wisely, Thursday, July 14, starting at 11:30 a.m. CT.**

What do you think about water?

Think about what you drink in a day. Are you getting enough water? We'll talk about easy ways to get more water each day. You'll also learn how to make sure you're not getting more than you bargained for from your drinks.

Click the link below or in the attached flyer to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=ecb58ed7d55c0628f208854bde922b294>

Registration is required. Session will not be recorded.

Find webinar information at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

Members (local ed, local gov and higher ed)

We don't have any member messages for you to share this week.

For ABCs

ABC July Conference Calls – Next Week! (all plans)

The monthly ABC conference calls will be held next Tuesday, July 12. Benefits Administration staff will join you remotely via WebEx.

- **Higher Ed – Tuesday, July 12 at 8:30 a.m. CT**
- **Local Ed – Tuesday, July 12 at 10 a.m. CT**
- **State – Tuesday, July 12 at 12:30 p.m. CT**
- **Local Government – Tuesday, July 12 at 2 p.m. CT**

Use the webinar (WebEx) login link and instructions in the **attached** agenda or link below.

To join the ABC conference call - click on the link:

<https://tn.webex.com/meet/joan.williams>

Member Information to Share (state only)

Reminder - 4Mind4Body Webinar

Information and the **attached flyer** about the upcoming 4Mind4Body webinar sessions are included so you can share with state employees. The next webinar session will be held July 14 starting at 11:30 a.m. CT. BA sent an email about the upcoming session to all state employees this week.

ABC 2022 Annual HIPAA Training (state only)

All ABCs and directors who have access to Edison are required to take annual HIPAA 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's HIPAA compliance officer.

- **State ABCs and directors have the month of July to complete the training.**
- **You will take the ABC_HIPAA_2022 class.**

INSTRUCTIONS FOR HIPAA TRAINING

Here is the navigation after you log in to Edison at www.edison.tn.gov:

NAV BAR > MENU > ELM > Learning Home > Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000) > ABC_HIPAA_2022

- Must allow pop-ups and current browser version or the training will NOT run.
- Edison will record every year you have completed the course.
- Course takes approximately 30 minutes to complete; 10-question quiz at the end of the course.
- Must make at least an 80% correct otherwise you will be required to take the quiz again.

Attachment: 4Mind4Body Flyer

End of message

4MIND4BODY LUNCH AND LEARN

All sessions available **via webinar**. Pre-registration required.

[Click here for more information](#)

Make the Most of Your Workday

Presented by AHM/Optom | Wednesday, June 22

Fit fitness into your workday

You may not have time for a full workout over your lunch break. But you can find ways to move, stretch and help your posture during work.

Making the most of your workday

How would you describe a productive day? Understanding time management is important to success in all activities,

and our overall sense of contentment.

- Learn strategies for better time management
- Gain insight into how perfectionism and procrastination get in the way of productivity
- Get strategies to stay active throughout the day
- Learn how to maintain posture and methods of stretching during the workday



[Click here to register](#)

[Click here to register](#)



Healthy Hydration: Choose Your Drinks Wisely

Presented by AHM | Thursday, July 14

What do you think about water?

Think about what you drink in a day. Are you getting enough water? We'll talk about easy ways to get

more water each day. You'll also learn how to make sure you're not getting more than you bargained for from your drinks.

State Retirement Plans & Resources

Presented by RetireReadyTN | Wednesday, Aug. 17

Learn more about your retirement benefits and resources

Take a look inside the retirement benefits and resources available to you through RetireReadyTN, the state's retirement program. Topics will include the Tennessee Consolidated Retirement System defined

benefit plan, the State of Tennessee 401(k) and 457 Plans, and how these benefits come together in the Hybrid and Legacy Plans. We'll also provide detailed information about how to maximize the benefits of each plan, and take full advantage of the many financial education resources available through RetireReadyTN.



[Click here to register](#)

July 1, 2022

The following email was sent to agency benefits coordinators today.

Information in today's email you can directly share will be listed under the **For Members** header. ABC-specific information is listed under the **For ABCs** header.

For Members (state only)

Subject line: Join ParTNers for Health for Healthy Hydration: Choose Your Drinks Wisely, July 14, 11:30 a.m. CT

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Click the link below or in the attached flyer to register:

<https://tn.webex.com/tn/onstage/g.php?MTID=ecb58ed7d55c0628f208854bde922b294>

Registration is required. Session will not be recorded.

Find webinar information at [tn.gov/ParTNersForHealth](https://www.tn.gov/ParTNersForHealth) under Other Benefits, EAP here:

<https://www.tn.gov/partnersforhealth/other-benefits/eap.html>

Members (local ed, local gov and higher ed)

We don't have any member messages for you to share this week.

For ABCs

2023 Insurance Comparison Chart (all plans)

For health plan options, attached is the 2023 Insurance Comparison Chart we'll post to the ParTNers website prior to Annual Enrollment, and share with employees by email. This document includes benefit changes effective January 1, 2023. **BA will go over the changes during the July ABC conference calls.**

Updated Voluntary Term Life Insurance Forms (state/higher ed only)

Two voluntary term life insurance forms have been updated on the ParTNers website. You'll find the new Voluntary Term Life Beneficiary Designation Form and Voluntary Term Life Evidence of Insurability Form under Publications > Forms > Life. Links to the new forms are found below. Please use these versions going forward:

Voluntary Term Life Beneficiary Designation Form:

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

Voluntary Term Life Evidence of Insurability Form:

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

Member Information to Share (state only)

Reminder - 4Mind4Body Webinar

Information and the **attached flyer** about the upcoming 4Mind4Body webinar sessions are included so you can share with state employees. The next webinar session will be held July 14 starting at 11:30 a.m. CT. BA will send an email to all state employees prior to the session.

ActiveHealth Disease Management Video Link (all plans)

If you would like to do so, here are instructions on how to show the new ParTNers **Disease Management member testimonial video** we recently shared with you on your location's intranet or video system. There are two options for you to send to your IT/web developers:

1. Use the embed code available through the [YouTube link](#).
2. Download the video file and add to the intranet's content management system.
<https://vimeopro.com/user19543166/aet-condition-management-video> -- password: aet

If you have questions, please reach out to us at benefits.info@tn.gov

ABC 2022 Annual HIPAA Training (state only)

All ABCs and directors who have access to Edison are required to take annual HIPAA 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's HIPAA compliance officer.

- **State ABCs and directors have the month of July to complete the training.**
- **You will take the ABC_HIPAA_2022 class.**

INSTRUCTIONS FOR HIPAA TRAINING

Here is the navigation after you log in to Edison at www.edison.tn.gov:

NAV BAR > MENU > ELM > Learning Home > Search for Learning type HIPAA > Annual HIPAA Training (HIPAA 2000) > ABC_HIPAA_2022

- Must allow pop-ups and current browser version or the training will NOT run.
- Edison will record every year you have completed the course.
- Course takes approximately 30 minutes to complete; 10-question quiz at the end of the course.
- Must make at least an 80% correct otherwise you will be required to take the quiz again.

State Offices and Benefits Administration Closed Monday, July 4 (all plans)

State offices and the BA service center will be closed Monday, July 4 for the Independence Day holiday. We hope you have a safe and enjoyable holiday weekend!

-Benefits Administration

Attachments: 4Mind4Body Webinar Flyer
2023 Benefit Grid State/Higher Ed
2023 Benefit Grid Local Ed/Local Gov

End of message

4MIND4BODY LUNCH AND LEARN

All sessions available **via webinar**. Pre-registration required.

[Click here for more information](#)

Make the Most of Your Workday

Presented by AHM/Optom | Wednesday, June 22

Fit fitness into your workday

You may not have time for a full workout over your lunch break. But you can find ways to move, stretch and help your posture during work.

Making the most of your workday

How would you describe a productive day? Understanding time management is important to success in all activities,

and our overall sense of contentment.

- Learn strategies for better time management
- Gain insight into how perfectionism and procrastination get in the way of productivity
- Get strategies to stay active throughout the day
- Learn how to maintain posture and methods of stretching during the workday



[Click here to register](#)

[Click here to register](#)



Healthy Hydration: Choose Your Drinks Wisely

Presented by AHM | Thursday, July 14

What do you think about water?

Think about what you drink in a day. Are you getting enough water? We'll talk about easy ways to get

more water each day. You'll also learn how to make sure you're not getting more than you bargained for from your drinks.

State Retirement Plans & Resources

Presented by RetireReadyTN | Wednesday, Aug. 17

Learn more about your retirement benefits and resources

Take a look inside the retirement benefits and resources available to you through RetireReadyTN, the state's retirement program. Topics will include the Tennessee Consolidated Retirement System defined

benefit plan, the State of Tennessee 401(k) and 457 Plans, and how these benefits come together in the Hybrid and Legacy Plans. We'll also provide detailed information about how to maximize the benefits of each plan, and take full advantage of the many financial education resources available through RetireReadyTN.



[Click here to register](#)

2023 Health Plan Comparison of Member Costs — State and Higher Education

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OFFICE VISITS						
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	40%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA						
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	20%	40%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	20%	40%
Behavioral Health and Substance Use ^[2] <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	20%	40%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	20%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy Serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	20%	40%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	20%	40%
Convenience Clinic	\$25	\$45	\$30	\$50	20%	40%
Urgent Care Facility	\$45	\$70	\$50	\$75	20%	40%
PHARMACY						
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400			

2023 Health Plan Comparison of Member Costs — State and Higher Education

PPO services in this table ARE subject to a deductible unless noted with a [5]. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE – OUTPATIENT FACILITIES						
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge	40%
OTHER SERVICES						
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Emergency room services ^[7] • Inpatient behavioral health and substance use ^[2] ^[6]	15%	40%	20%	40%	20%	40%
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	20%	40%
Home Care ^[4] • Home health; home infusion therapy	15%	40%	20%	40%	20%	40%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] • Outpatient PT/ST/OT/ABA ^[5] ; Other therapy	15%	40%	20%	40%	20%	40%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	15%		20%		20%	40%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	15%	40%	20%	40%	20%	40%
Pathology and Radiology Reading, Interpretation and Results ^[5]	15%		20%		20%	
Ambulance (medically necessary, air and ground)	15%		20%		20%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	20%	40%
Allergy Serum	15%	40%	20%	40%	20%	40%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.					
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE						
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,700	\$3,400
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$3,400	\$6,800
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$3,400	\$6,800
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,400	\$6,800
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM						
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$2,800	\$5,600
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$5,600	\$11,200
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$5,600	\$11,200
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$5,600	\$11,200
CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION						
For individuals who enroll in the CDHP	N/A		N/A		\$500 for employee only; \$1,000 for other coverage levels	

For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the “employee only” amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For CDHP Plan, the deductible and out-of-pocket maximum amount can be met by one or more persons but must be met in full before it is considered satisfied.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

[2] The following behavioral health services are treated as “inpatient” for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as “inpatient,” prior authorization is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor’s clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes and a list of participating Retail-90 pharmacies can be found at <https://www.tn.gov/partnersforhealth/health-options/pharmacy.html>.

[4] Prior authorization required for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won't have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.

2023 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OFFICE VISITS								
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	\$50	No charge	50%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA								
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
Behavioral Health and Substance Use ^[2] <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	\$15	N/A	30%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy Serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	30%	50%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	Visits 1-20: \$35 Visits 21-50: \$55	Visits 1-20: \$55 Visits 21-50: \$80	30%	50%
Convenience Clinic	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%
Urgent Care Facility	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%
PHARMACY								
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$60 preferred brand; \$110 non-preferred	copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	\$28 generic; \$120 preferred brand; \$220 non-preferred	N/A - no network	30%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	\$14 generic; \$60 preferred brand; \$200 non-preferred	N/A - no network	20% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	30%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400		30%; min \$200; max \$400			

2023 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE — OUTPATIENT FACILITIES								
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge ^[5]	50%	No charge	50%
OTHER SERVICES								
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Emergency room services ^[7] • Inpatient behavioral health and substance use ^{[2] [6]}	15%	40%	20%	40%	30%	50%	30%	50%
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	30%	50%	30%	50%
Home Care ^[4] • Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] • Outpatient PT/ST/OT/ABA ^[5] ; Other therapy	15%	40%	20%	40%	30%	50%	30%	50%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	15%		20%		30%		30%	50%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	15%	40%	20%	40%	30%	50%	30%	50%
Pathology and Radiology Reading, Interpretation and Results ^[5]	15%		20%		30%		30%	
Ambulance (medically necessary, air and ground)	15%		20%		30%		30%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	30%	50%	30%	50%
Allergy Serum	15%	40%	20%	40%	30%	50%	30%	50%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.							
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE								
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,800	\$3,600	\$2,000	\$4,000
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$2,500	\$4,800	\$4,000	\$8,000
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$2,800	\$5,500	\$4,000	\$8,000
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,600	\$7,200	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM								
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$6,800	\$13,600	\$5,000	\$10,000
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$13,600	\$27,200	\$10,000	\$20,000
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$13,600	\$27,200	\$10,000	\$20,000

For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the “employee only” amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For Local CDHP Plan, the deductible and out-of-pocket maximum amount can be met by one or more persons, but must be met in full before it is considered satisfied for the family. No one family member may contribute more than \$9,100 to the in-network family out-of-pocket maximum total.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

[2] The following behavioral health services are treated as “inpatient” for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as “inpatient,” prior authorization (PA) is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor’s clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes, and a list of participating Retail-90 pharmacies can be found at <https://www.tn.gov/partnersforhealth/health-options/pharmacy.html>.

[4] Prior authorization required, for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won't have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.