

July 6, 2018

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

ABC Conference Calls Next Week

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

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

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

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

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

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

Transfer Process (Higher Ed only)

Thank you for your patience as we researched issues to fine tune the HED to HED transfer process. We are pleased to announce that we are now ready to share this process with you on the July 10 ABC conference call. Please be sure to attend, as we will define a true transfer, discuss the role e-forms have in the transfer policy, and determine which agency pays for coverage. We have **attached** the presentation for your review.

ABC Annual Trainings - Higher Ed

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Thursday, August 9, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

ABC Annual Trainings - State

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Friday, August 10, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

ABC Annual Trainings - Local Education

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

ABC Annual Trainings - Local Government

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

Cigna Prepaid Dental Member Mailing

Next week, Cigna will mail the **attached** letter to 2,827 members in the Cigna Prepaid (DHMO) Dental insurance program who have not selected a network general dentist. In the letter, members are directed to call Cigna with questions.

ABC Webpage URL Correction

The ABC webpage URL (address) on our website was incorrect. It has been corrected and is now:

<https://www.tn.gov/partnersforhealth/agency-benefits-coordinators.html>

Please note this change if you have bookmarked or saved this page for your reference.

You can find the updated, full list of ParTNers website URLs on the ABC webpage under Conference Call Notes, titled New Website URLs:

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/new_website_urls_070618.pdf

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

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

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

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

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

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

Reminder - ABC Required HIPAA Training (State only)

If you have completed the 2018 training – you can disregard this message.

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

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

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

Attachments: Higher Ed Training Schedule
Local Ed Training Schedule
Local Gov Training Schedule
State Training Schedule
HE ABC Transfer Process
Cigna PrePaid Dental Letter
State HIPAA Training Memo

2018 In-Person ABC Meeting Schedule

Higher Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Thursday, August 9, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Government

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

State

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Friday, August 10, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 Register

Higher Ed to Higher Ed Transfers

True Transfers Defined

- An employee leaving one University of Tennessee or Tennessee Board of Regents agency to join another without a break in employment is considered a true transfer. The employee will NOT be required to meet a new eligibility period. **(one full calendar month requirement is waived)**
- A true transfer occurs only when an employee leaves an agency one business day and starts with the new agency the next business day

Example of True Transfer

- True Transfer: Leave one agency on Friday, June 29th and start with new agency on Monday, July 2nd
 - In this scenario there would usually be a gap in coverage for the month of August
 - Gaining agency will create a e-Hire form using a hire date of 7/1/2018 so that benefits will start on 8/1/2018

Other Transfer Examples

- Leave one agency on Friday, June 15th and start with new agency on Monday, June 25th
 - This is not a true transfer however they will not have a gap in coverage because both dates are in the same month
 - Employee is considered newly eligible and will be able to change coverage
- Leave one agency on Friday, June 29th and start with new agency on Monday, July 9th
 - In this scenario there will be a gap in coverage due to the gap in employment
 - Employee should be advised to take COBRA if they need coverage for that month

Higher Ed to Higher Ed Transfers

- The preferred method for transfers is for the gaining agency to enter an eForm after billing (Collections Applied report) has run for the month after term (i.e. the first of the next month) with the actual hire date (not the date the eForm is entered)
 - Example: Hire date is June 25th, eForm should be entered July 3rd with a June 25th hire date so that the losing agency is billed for the month of July
- If you are the losing agency and you receive an eForm before billing (Collection Applied report) has run for July, wait to approve it until July 3rd (after Edison payroll has run)
- If this process isn't followed, you could be billed for a month that you shouldn't be
- If this happens, you should create a Zendesk ticket asking for your bill to be manually corrected

Termination Information

- Termination Date - The date entered into Edison should be the last day the employee worked with your agency.
- Action/Reason Code- **Termination/X-Benefits Higher Ed Transfer** should be used for true transfers or transfers that occur in the same calendar month.
- Action/Reason Code – **Termination/X-Benefits Emp Resignation** should be used for someone with a gap in employment that spans two different months (i.e. last day with one agency is June 18th and first day with new agency is July 2nd).
- If you are unsure if a person is transferring, use **Termination/X-Benefits Emp Resignation** so that a COBRA letter will generate.

Higher Ed to Higher Ed Transfers

Who pays for what?

- The employee must keep the same benefits they had with the previous agency if they are a true transfer.
- The gaining agency will be responsible for the additional premium for true transfers that span two calendar months since the one full calendar month requirement is waived (i.e. left agency Friday, June 29th and started with new agency Monday, July 2nd)
- The gaining agency will be responsible for billing the employee the back premium
- If the true transfer occurred in the same calendar month then the losing agency would be responsible for the final premium collected in the month they terminate.

Higher Ed to Higher Ed Transfers eForm Process

- Search for a Person in Hire eForm

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

▼ Search Fields

Employee ID

Or

Social Security #

Active Job Inactive Job *blank = No NP Job Record

Results Find < 1 of 1			
Empl ID	Empl Record	Job	Name
00465436	0	<input checked="" type="checkbox"/>	April Benefits

Higher Ed to Higher Ed Transfers eForm Process

Create a Hire eForm

Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

eForm ID 252010

Personal Information

SSN XXXXX5384


Empl ID 00465436

*First Name

Middle Name

*Last Name

*Date of Birth 

*Gender 

*Marital Status 

Home Address and Phone

*Address Line 1

Address Line 2

*City *State  *ZIP

*Telephone

*County 

*Email

<< Previous

Save & Next >>

<< Search

Close

Higher Ed to Higher Ed Transfers eForm Process

Create a Hire eForm

Step 2 of 3: Enter Hire Job Data


Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Name April Benefits Empl ID 00465436 eForm ID 252010

Job Data

*Effective Date 

Action REH *Reason

*Position Number 

Business Unit:

Department:

Location Code:

*Empl Class

*Vision Offered Yes No

Comments

Your Comment:

Submit

Close

Higher Ed to Higher Ed Transfers eForm Process

Losing Agency Email

Important Note: If you get this email, DO NOT terminate the employee on the Non-Payroll Job Data page. It WILL cause issues.

This following is an example of the email the losing agency ABCs will receive.

NP Hire Form ID 252010 for April Benefits is ready for you to evaluate. You may follow the link below to work this item.

Please review the form to see the comments that have been added.

Click on the link below to enter the form in order to review the data and act on the form.

https://sso-uat.edison.tn.gov/psp/pauat/EMPLOYEE/HRMS/c/G_NPAF.G_NPAF_ALL_E.GBL?Page=G_NPAF_ALL_E&Action=U&G_FORM_FAMILY=NP_EPAF&G_FORM_ID=252010&G_FORM_TASK=EVL

Click the blue hyperlink. You will need to log into Edison.

Higher Ed to Higher Ed Transfers eForm Process

Losing Agency eForm Actions

Evaluate a NP_EPAF Family Form

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

eForm ID:	begins with	252010
Empl ID:	begins with	<input type="text"/>
Empl Record:	begins with	<input type="text"/>
Effective Date:	begins with	<input type="text"/>
Original Operator:	begins with	<input type="text"/>
Originated Date From:	>=	09/02/2016
Originated Date Thru:	<=	<input type="text"/>
Workflow Form Status:	=	<input type="text"/>

Case Sensitive

Notice

Click Search

Search Clear Basic Search Save Search Criteria

Higher Ed to Higher Ed Transfers eForm Process

Evaluating Step 1 Hire eForm

Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits Empl ID 00477934 eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

Requested Date of Hire 09/18/2016

*Department Action

Calculated Date of Hire 09/18/2016

*Reason Code

Calculated Term Date 08/31/2016

Comments

Your Comment:

Approve

<< Previous

Recycle

Notice

Notice

Notice

Higher Ed to Higher Ed Transfers eForm Process

Department Actions

Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits Empl ID 00477934 eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

Requested Date of Hire 09/18/2016

Calculated Date of Hire 09/18/2016

Calculated Term Date 08/31/2016

Notice

*Department Action

*Reason Code

- Agree - Use Proposed Date
- Employee Not Losing Coverage
- Override Last Day of Coverage

Comments

Your Comment:

Comment History:

Approve

<< Previous

Recycle

Close

Higher Ed to Higher Ed Transfers eForm Process

Gaining Agency Email

This following is an example of the email the gaining agency ABC's will receive for a Agree –Use Proposed Date.

Form ID 252010 for April Benefits was approved.

This was a form you initiated. The system has been updated with this data.

Hire Date Requested: 2016-09-18

Hire Date Used: 2016-09-18

Notice the Hire Date Request and Used

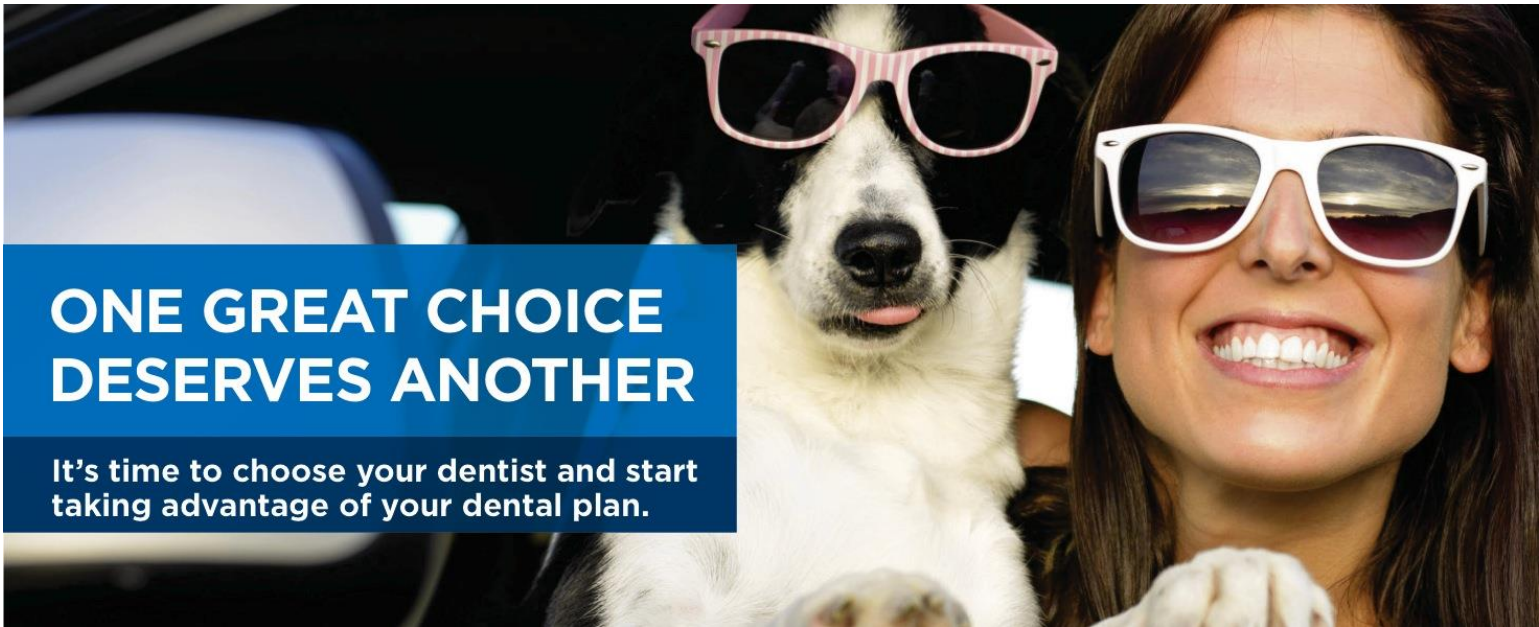
Click the link below to view the form.

https://sso-uat.edison.tn.gov/psp/hruat/EMPLOYEE/HRMS/s/WEBLIB_G_NAV.ISCRIPT1.FieldFormula.IScript_LaunchFormWithID?G_FORM_ID=252010&G_FORM_TYPE=NPHIRE&G_FORM_TASK=VWS

Click the blue hyperlink. You will need to log in or be logged in Edison.

Cigna
Two Liberty Place
1601 Chestnut Street, TL11K
Philadelphia, PA 19192

[First Name Last Name
Address 1 Address 2
City, State Zip code]



ONE GREAT CHOICE DESERVES ANOTHER

It's time to choose your dentist and start taking advantage of your dental plan.

Reminder: Your dental plan requires that you select a Network General Dentist (NGD).

You made a great choice when you enrolled in the Cigna Dental Prepaid Plan¹. So why stop there? By choosing your network general dentist (NGD), you'll be able to take advantage of all of the excellent, affordable coverage your plan has to offer, such as²:

- › Preventive and diagnostic services at low or no cost
- › Coverage for teeth whitening
- › Orthodontic coverage for children and adults
- › No claim forms when using in-network dentists
- › No annual dollar maximum
- › No deductible

Why you shouldn't wait:

- › The sooner you choose your NGD, the sooner you can schedule a dental checkup. This can help catch issues before they become serious and costly to treat.
- › If an urgent dental problem arises, you'll be one step ahead for scheduling an appointment.

Here are some in-network dentists close to your home that are currently accepting new patients:

DENTAL OFFICE	LOCATION	PHONE	DENTAL OFFICE #
Dr. [First 1 Last 1]	[Address, City, State]	[XXX.XXX.XXXX]	[XXXXXX]
Dr. [First 1 Last 1]	[Address, City, State]	[XXX.XXX.XXXX]	[XXXXXX]

For informational purposes only. Dentist participation is subject to change. You are encouraged to verify the dentist's participation and other information before making an appointment.

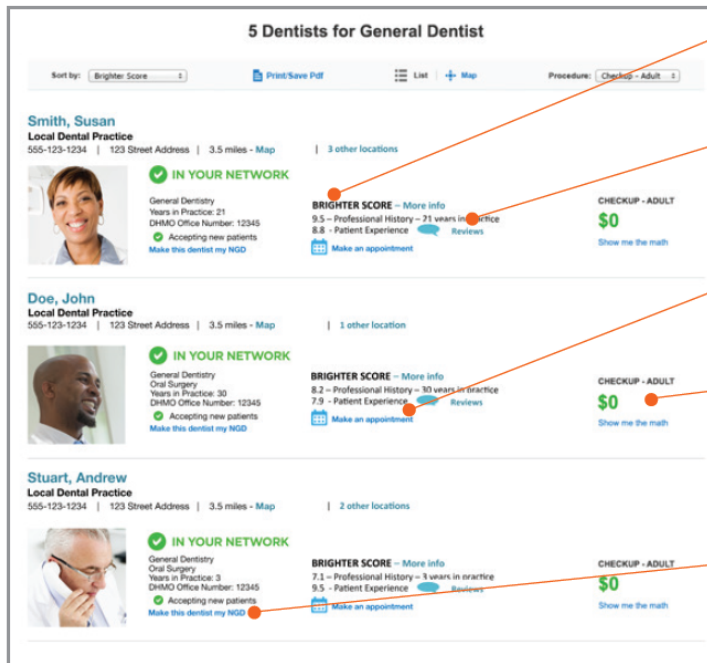
Don't see the dentist you're looking for? Don't worry. There are plenty more where that came from. Just search the provider directory on www.cigna.com/sites/stateoftn or call **800.997.1617** to speak with a representative. You can even submit a request to invite a dentist to join the network!

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

There's still time left in your plan year to take advantage of your benefits, so don't wait. Choose your dentist and schedule a checkup today. To select your NGD and access all the great features below³, download the myCigna app or visit myCigna.com to login with your myCigna user ID or to register to create a myCigna user ID and password.



- **Brighter Score™.** View the Brighter Scores for the dentist's patient experience and professional history.
- **Dental office reviews and comparisons.** Find detailed information to compare dental offices. View dentist profiles with pictures and video content. Read verified patient reviews.
- **Online appointment scheduling.** Schedule an appointment right online (for dentists who offer this service).
- **Enhanced search and transparent pricing.** Search for a dentist by a procedure or group of procedures. Information is personalized for your specific plan. Shows out-of-pocket costs for applicable coinsurance or copays.
- **Choose your Network General Dentist (NGD) right online.** You can also switch NGD online at your convenience (change in NGD will go into effect the first day of the following month).
- **Easy access.** These features are available anytime, anywhere. 24/7 access on the go - on mobile phones or tablets.

For illustrative purposes only.

We're here to help 24/7!
 Call us at **800.997.1617** if you have questions or need assistance.



¹ The term DHMO ("Dental HMO") 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.
² These are only the highlights. See your plan materials for a complete list of both covered and non-covered services, including plan limitations and exclusions.
³ Actual features may vary by dentist and plan type. Appointment scheduling feature is limited to dental specialists who offer this service only; not available with network general dentists or pediatric dentists. All dentist directory features are for education purposes only and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients and you should consider all relevant factors when selecting a dentist. The dentists 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, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including 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., Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., 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. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until August 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

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

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by August 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

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

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

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. Edison will record every year you have completed the course.

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

Here is the navigation in Edison:

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

- BA_ABC_HIPAA_State

July 13, 2018

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

ABC Conference Call Notes

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

Higher Ed: We have **attached** the transfer process presentation slides from the conference call for your reference.

Reminder - ABC Annual Trainings - Higher Ed

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Thursday, August 9, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

Reminder - ABC Annual Trainings - State

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Friday, August 10, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be

available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

Reminder - ABC Annual Trainings - Local Education

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

Reminder - ABC Annual Trainings - Local Government

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

In March, we surveyed all ABCs to get an idea of how to serve you best at these meetings. This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please open the attached pdf and register now for the training of your choice.

***Registration deadline is July 27.**

Deadline Approaching to Add or Drop Dental and Vision Plans (Local Ed/Local Gov)

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

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

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

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

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

Reminder - ABC Required HIPAA Training (State only)

If you have completed the 2018 training – you can disregard this message.

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

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

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

Attachments: State HIPAA Training Memo
 Higher Ed Transfer Process
 Higher Ed Training Schedule
 Local Ed Training Schedule
 Local Gov Training Schedule
 State Training Schedule

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

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until August 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

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

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by August 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

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

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

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. Edison will record every year you have completed the course.

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

Here is the navigation in Edison:

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

- BA_ABC_HIPAA_State

Higher Ed to Higher Ed Transfers

True Transfers Defined

- An employee leaving one University of Tennessee or Tennessee Board of Regents agency to join another without a break in employment is considered a true transfer. The employee will NOT be required to meet a new eligibility period. **(one full calendar month requirement is waived)**
- A true transfer occurs only when an employee leaves an agency one business day and starts with the new agency the next business day

Example of True Transfer

- True Transfer: Leave one agency on Friday, June 29th and start with new agency on Monday, July 2nd
 - In this scenario there would usually be a gap in coverage for the month of August
 - Gaining agency will create a e-Hire form using a hire date of 7/1/2018 so that benefits will start on 8/1/2018

Other Transfer Examples

- Leave one agency on Friday, June 15th and start with new agency on Monday, June 25th
 - This is not a true transfer however they will not have a gap in coverage because both dates are in the same month
 - Employee is not considered newly eligible and is not able to change coverage
- Leave one agency on Friday, June 29th and start with new agency on Monday, July 9th
 - In this scenario there will be a gap in coverage due to the gap in employment
 - Employee should be advised to take COBRA if they need coverage for that month

Higher Ed to Higher Ed Transfers

- The preferred method for transfers is for the gaining agency to enter an eForm after billing (Collections Applied report) has run for the month after term (i.e. the first of the next month) with the actual hire date (not the date the eForm is entered)
 - Example: Hire date is June 25th, eForm should be entered July 3rd with a June 25th hire date so that the losing agency is billed for the month of July
- If you are the losing agency and you receive an eForm before billing (Collection Applied report) has run for July, wait to approve it until July 3rd (after Edison payroll has run)
- If this process isn't followed, you could be billed for a month that you shouldn't be
- If this happens, you should create a Zendesk ticket asking for your bill to be manually corrected

Termination Information

- Termination Date - The date entered into Edison should be the last day the employee worked with your agency.
- Action/Reason Code- **Termination/X-Benefits Higher Ed Transfer** should be used for true transfers or transfers that occur in the same calendar month.
- Action/Reason Code – **Termination/X-Benefits Emp Resignation** should be used for someone with a gap in employment that spans two different months (i.e. last day with one agency is June 18th and first day with new agency is July 2nd).
- If you are unsure if a person is transferring, use **Termination/X-Benefits Emp Resignation** so that a COBRA letter will generate.

Higher Ed to Higher Ed Transfers

Who pays for what?

- The employee must keep the same benefits they had with the previous agency if they are a transfer.
- The gaining agency will be responsible for the additional premium for true transfers that span two calendar months since the one full calendar month requirement is waived (i.e. left agency Friday, June 29th and started with new agency Monday, July 2nd)
- The gaining agency will be responsible for billing the employee the back premium
- If the true transfer occurred in the same calendar month then the losing agency would be responsible for the final premium collected in the month they terminate.

Higher Ed to Higher Ed Transfers eForm Process

- Search for a Person in Hire eForm

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

▼ Search Fields

Employee ID

Or

Social Security #

Active Job Inactive Job *blank = No NP Job Record

Results Find | | < 1 of 1

Empl ID	Empl Record	Job	Name
00465436	0	<input checked="" type="checkbox"/>	April Benefits

Higher Ed to Higher Ed Transfers eForm Process

Create a Hire eForm

Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

eForm ID 252010

Personal Information

SSN XXXXX5384


Empl ID 00465436

*First Name

Middle Name

*Last Name

*Date of Birth 

*Gender 

*Marital Status 

Home Address and Phone

*Address Line 1

Address Line 2

*City *State  *ZIP

*Telephone

*County 

*Email

<< Previous

Save & Next >>

<< Search

Close

Higher Ed to Higher Ed Transfers eForm Process

Losing Agency Email

Important Note: If you get this email, DO NOT terminate the employee on the Non-Payroll Job Data page. It WILL cause issues.

This following is an example of the email the losing agency ABCs will receive.

NP Hire Form ID 252010 for April Benefits is ready for you to evaluate. You may follow the link below to work this item.

Please review the form to see the comments that have been added.

Click on the link below to enter the form in order to review the data and act on the form.

https://sso-uat.edison.tn.gov/psp/pauat/EMPLOYEE/HRMS/c/G_NPAF.G_NPAF_ALL_E.GBL?Page=G_NPAF_ALL_E&Action=U&G_FORM_FAMILY=NP_EPAF&G_FORM_ID=252010&G_FORM_TASK=EVL

Click the blue hyperlink. You will need to log into Edison.

Higher Ed to Higher Ed Transfers eForm Process

Losing Agency eForm Actions

Evaluate a NP_EPAF Family Form

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

eForm ID:	begins with	252010
Empl ID:	begins with	<input type="text"/>
Empl Record:	begins with	<input type="text"/>
Effective Date:	begins with	<input type="text"/>
Original Operator:	begins with	<input type="text"/>
Originated Date From:	>=	09/02/2016
Originated Date Thru:	<=	<input type="text"/>
Workflow Form Status:	=	<input type="text"/>

Case Sensitive

Notice

Click Search

Search Clear Basic Search Save Search Criteria

Higher Ed to Higher Ed Transfers eForm Process

Evaluating Step 1 Hire eForm

Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits Empl ID 00477934 eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

Requested Date of Hire 09/18/2016

*Department Action

Calculated Date of Hire 09/18/2016

*Reason Code

Calculated Term Date 08/31/2016

Comments

Your Comment:

Approve

<< Previous

Recycle

Notice

Notice

Notice

Higher Ed to Higher Ed Transfers eForm Process

Department Actions

Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name April Benefits Empl ID 00477934 eForm ID 252010

Job Data

Last Day of Coverage 09/30/2016

Requested Date of Hire 09/18/2016

Calculated Date of Hire 09/18/2016

Calculated Term Date 08/31/2016

Notice

*Department Action

*Reason Code

- Agree - Use Proposed Date
- Employee Not Losing Coverage
- Override Last Day of Coverage

Comments

Your Comment:

Comment History:

Approve

<< Previous

Recycle

Close

Higher Ed to Higher Ed Transfers eForm Process

Reason Codes

Evaluate a Hire eForm

Step 2 of 3: Enter Job Data

Please review the form data below, and decide whether to Approve it, Deny it, or Recycle it back to the originator.

Name	April Benefits	Empl ID	00477934	eForm ID	252010
-------------	----------------	----------------	----------	-----------------	--------

Job Data

Last Day of Coverage	09/30/2016	Requested Date of Hire	09/18/2016
*Department Action	Agree - Use Proposed Date	Calculated Date of Hire	09/18/2016
*Reason Code	<ul style="list-style-type: none">X-Benefits Agency RequestX-Benefits Emp Involunt TermX-Benefits Emp ResignationX-Benefits Gross MisconductX-Benefits Higher Ed TransferX-Benefits Term-Admin Decision	Calculated Term Date	08/31/2016

Comments

Your Comment:

Comment History:

Notice →

Higher Ed to Higher Ed Transfers eForm Process

Gaining Agency Email

This following is an example of the email the gaining agency ABC's will receive for a Agree –Use Proposed Date.

Form ID 252010 for April Benefits was approved.

This was a form you initiated. The system has been updated with this data.

Hire Date Requested: 2016-09-18

Hire Date Used: 2016-09-18

Notice the Hire Date Request and Used

Click the link below to view the form.

https://sso-uat.edison.tn.gov/psp/hruat/EMPLOYEE/HRMS/s/WEBLIB_G_NAV.ISCRIPT1.FieldFormula.IScript_LaunchFormWithID?G_FORM_ID=252010&G_FORM_TYPE=NPHIRE&G_FORM_TASK=VWS

Click the blue hyperlink. You will need to log in or be logged in Edison.

2018 In-Person ABC Meeting Schedule

Higher Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Thursday, August 9, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Government

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

State

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Friday, August 10, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 Register

July 20, 2018

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

PayFlex Sending Corrected HSA Form 5498-SA to Some Members

PayFlex notified Benefits Administration earlier this week that some members' Form 5498-SA for plan year 2017 may be incorrect.

In May of 2018, PayFlex sent Form 5498-SA to Health Savings Account (HSA) members, either electronically on the portal, or a paper form, depending on the member's account saved preferences. This form reports all contributions as well as the Fair Market Value (FMV). **Form 5498-SA is for informational purposes only; members do not need to file it with their taxes.**

On Form 5498-SA PayFlex distributed to members, for some members, the Fair Market Value (FMV) recorded in Box 5 was incorrect.

- Fair Market Value Impact:
 - a. Included 2018 contribution – members who had contributions for 1/1/18 reported in 2017. New accounts were not impacted.
 - b. Did not include investment balance.
 - c. *Available balance not equal to ledger balance due to pending contributions.

*The available balance for these members did not equal the ledger balance for 12/31/17; these will be corrected to ledger balance when PayFlex updates the FMV calculation to be based on ledger balance

What PayFlex will do:

- **ABCs:** PayFlex will send an email to all ABCs who have a role of “communications” in their employer portal, on or around July 26. **You will only receive an email if your employees were impacted. If you don't receive an email, then you don't have any employees receiving a corrected form.**
- On Aug. 3, PayFlex will regenerate the corrected 5498-SA forms. PayFlex will distribute a letter, as well as the corrected 5498 to the affected members. PayFlex will also file them with the IRS.
 - **Paper copy:** PayFlex will mail the form and letter to members who receive a paper copy of their tax form. This letter will let them know that their original form had an incorrect FMV. Members should keep the corrected form with their records. These members will also have an online copy to view in the member portal.
 - **Electronic copy:** For members who don't receive a paper copy, PayFlex will send them an email letting them know they have a corrected form in the member portal. That email will include step-by-step instructions on how to view their corrected 5498-SA form online.
- **Your employees do not need to take any action. But they need to be aware of this so they will know what it is if they receive an email or corrected 5498.**

ABC Annual Trainings - Higher Ed

All agency benefits coordinators can join us for our annual ABC training in August.
Registration deadline is July 27 – you only have one week left to register!

This year, you may choose to attend the training in Nashville on Thursday, August 9, or one of our regional meetings.

Please see the [attached](#) list for the locations of all trainings and links to register.

Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings - State

All agency benefits coordinators can join us for our annual ABC training in August.
Registration deadline is July 27 – you only have one week left to register!

This year, you may choose to attend the training in Nashville on Friday, August 10, or one of our regional meetings. Please see the [attached](#) list for the locations of all trainings and links **to register**.

Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna, will attend the meetings in Nashville and will be available to talk with you throughout the day. Vendors will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings - Local Education

All agency benefits coordinators can join us for our annual ABC training in August.
Registration deadline is July 27 – you only have one week left to register! Please see the [attached](#) list for the locations of all trainings.

This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings - Local Government

All agency benefits coordinators can join us for our annual ABC training in August.

Registration deadline is July 27 – you only have one week left to register! Please see the **attached** list for the locations of all trainings.

This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

Deadline to Add or Drop Dental and Vision Plans – August 1 (Local Ed/Local Gov)

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

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

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

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

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

Reminder - ABC Required HIPAA Training (State only)

If you have completed the 2018 training – you can disregard this message.

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

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

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

Edison Down for Maintenance

Edison will down for maintenance Friday, July 20 from 6 p.m. until Saturday, July 21 at 12 p.m. Central time; and then again Sunday, July 22 from 6 a.m. until 10 p.m. Central time.

Attachments: Higher Ed Training Schedule

Local Ed Training Schedule

Local Gov Training Schedule

State Training Schedule

State HIPAA Training Memo

2018 In-Person ABC Meeting Schedule

Local Government

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Higher Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Thursday, August 9, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

State

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Friday, August 10, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Central Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 Register

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

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until August 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

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

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by August 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

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

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

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. Edison will record every year you have completed the course.

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

Here is the navigation in Edison:

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

- BA_ABC_HIPAA_State

July 27, 2018

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

ABC Annual Trainings - Higher Ed

Correction to Knoxville time: The registration schedule previously listed the time for the Knoxville training as 8:00 to 4:00 Central. We have corrected the schedule to 8:00 to 4:00 **Eastern**.

Today, July 27, is the final day to register for ABC summer training.

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Thursday, August 9, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross BlueShield and Cigna will attend the meetings in Nashville and will be available to talk with you throughout the day, but they will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings – State

Correction to Knoxville time: The registration schedule previously listed the time for the Knoxville training as 8:00 to 4:00 Central. We have corrected the schedule to 8:00 to 4:00 **Eastern**.

Today, July 27, is the final day to register for ABC summer training.

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Friday, August 10, or one of our regional meetings. Please see the **attached** list for the locations of all trainings and links **to register**.

Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Most of our vendor partners, including BlueCross

BlueShield and Cigna will attend the meetings in Nashville and will be available to talk with you throughout the day, but they will NOT attend the regional meetings.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings - Local Education

Correction to Knoxville time: The registration schedule previously listed the time for the Knoxville training as 8:00 to 4:00 Central. We have corrected the schedule to 8:00 to 4:00 **Eastern**.

Today, July 27, is the final day to register for ABC summer training.

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as how to handle transfers and special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

ABC Annual Trainings - Local Government

Correction to Knoxville time: The registration schedule previously listed the time for the Knoxville training as 8:00 to 4:00 Central. We have corrected the schedule to 8:00 to 4:00 **Eastern**.

Today, July 27, is the final day to register for ABC summer training.

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the **attached** list for the locations of all trainings.

This year, local education and local government have their own meeting day. Many of the meeting topics will be focused on ABC job processes, such as special qualifying events, or how to ask a question or submit a document through Zendesk. Our vendor partners will not attend the regional meetings this year.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, register now for the training of your choice.

Forms Update: Enrollment Change Application / Cancel Request Application

In an effort of continuously improving our service to you, we have made updates to the Enrollment Change Application and the Cancel Request Application. We applied your feedback concerning the confusion about when to use these two forms. We hope that you find these forms much easier to use.

- Effective immediately, the [Enrollment Change Application](#) should be used to **enroll** or **make changes** to coverage.
- The [Cancel Request Application](#) should be used to **terminate** coverage.
- Eligibility is no longer a factor with regard to which form should be submitted.

Both forms list life events and special qualifying event reasons because employees are permitted to enroll or cancel under both provisions.

You can locate the revised forms on the [Partners for Health website](#) on the Agency Benefits Coordinator tab under **Forms**:

<https://www.tn.gov/partnersforhealth/agency-benefits-coordinators.html>

ABC Conference Call Schedule – No August Conference Calls!

Due to the upcoming ABC regional trainings, we won't hold ABC conference calls in August. We have [posted an updated conference call schedule](#) through the end of 2018 on the [ABC webpage](#), under Conference Call Notes.

We have also posted the [updated login instructions for joining the ABC conference calls](#) on the ABC webpage under Conference Call Notes. Remember – we now use WebEx for all ABC conference call webinars.

Aug. 1 Deadline to Add or Drop Dental and Vision Plans (Local Ed/Local Gov)

The deadline for agencies wishing to add (not already enrolled in the plan) dental and vision coverage is next Wednesday, August 1.

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

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

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

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

ABC Required HIPAA Training (State only)

Disregard this message if you have completed the 2018 HIPAA training.

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

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

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

Attachments: Higher Ed Training Schedule
Local Ed Training Schedule
Local Gov Training Schedule
State Training Schedule
State HIPAA Training Memo

2018 In-Person ABC Meeting Schedule

Higher Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Thursday, August 9, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Eastern Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Education

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Eastern Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

Local Government

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Thursday, August 2, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Tuesday, August 14, 2018 8:00 to 4:00 Eastern Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Wednesday, August 22, 2018 8:00 to 4:00 Central Register

2018 In-Person ABC Meeting Schedule

State

Location	Date of Meeting/Registration
Wilson County Expo Center 945 Baddour Parkway Lebanon, TN 37087	Wednesday, August 1, 2018 8:00 to 4:00 Central Register
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	Friday, August 10, 2018 8:00 to 4:00 Central Register
UT Conference Center 600 Henley Street Knoxville, TN 37902 (floor 4, room 413 ABC)	Monday, August 13, 2018 8:00 to 4:00 Eastern Register
UT Extension Madison County Agriculture Complex 309 N. Parkway Jackson, TN 38305	Tuesday, August 21, 2018 8:00 to 4:00 Central Register

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

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until August 1st to complete the class.** Instructions for how to enroll are at the bottom of this email.

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

All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by August 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

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

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

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. Edison will record every year you have completed the course.

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

Here is the navigation in Edison:

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

- BA_ABC_HIPAA_State

August 3, 2018

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

ABC Regional Annual Trainings

For those who have signed up for an ABC annual training, please note:

- If you have signed up for training, we will send you a reminder email a few days before the training date.
- For the Knoxville dates, the training times are **8 a.m. – 4 p.m. Eastern time.**

Updated Vendor Contact List

The Vendor Contact list you can use for benefits fairs and materials has been updated. For Cigna, Sherita Anderson is the West Tennessee contact, and Nancy Newman is the temporary PayFlex benefits fair contact for the month of August. The other vendor contacts have not changed. We have **attached** the updated list, and you can [find it on the ABC webpage, under Conference Call Notes.](#)

Reminder - No August ABC Conference Calls!

Due to the ABC regional trainings taking place this month, we won't hold ABC conference calls in August. We have [posted an updated conference call schedule](#) through the end of 2018 on the [ABC webpage](#), under Conference Call Notes.

We have also posted the [updated login instructions for joining the ABC conference calls](#) on the ABC webpage under Conference Call Notes. Remember, we now use WebEx for all ABC conference call webinars.

Attachment: 2018 Vendor Contact List

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Sherita Anderson – West TN		Sherita.Anderson@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA) (and FSAs for State and Higher Education)		
PayFlex		
Nancy Newman (August) – benefits fairs		newmann@aetna.com
Samantha Alleva (after Sept. 1) – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Sherita Anderson – West TN		Sherita.Anderson@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@Cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness Program		
TBD		
TBD		
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Securian (Minnesota Life)		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Vision		
Davis Vision		
Larry Sheehan (benefits fairs/materials)	(508) 813-4211	lsheehan@davisvision.com
Jay Storey (benefits fairs/materials)	(315) 884-0479	jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com

Friday, August 10, 2018

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

Newsletter Pre-Order Form

ABCs can now pre-order Annual Enrollment newsletters, which will take the place of decision guides. You can click the link below to place your order, which is also found at the [top of the ABC webpage](#). Pre-orders will be accepted now to Sept. 5.

https://stateoftennessee.formstack.com/forms/agency_benefits_coordinator_order_form

We pulled the newsletter mailing list for all current members and retirees on Aug. 6. These members will receive a newsletter by mail.

You should order the number of copies you will need for your new employees hired into Edison after Aug. 5th through the end of the year for 2019 benefits.

For **2018 current benefits**, you can use the 2018 Eligibility and Enrollment Guide found on the ParTNers for Health website under Publications.

ABC Regional Annual Trainings

For those who have signed up for an ABC annual training, please note:

- If you have signed up for training, we are sending reminder emails prior to the training date.
- For the Knoxville dates, the training times are:
 - Registration: 8:00 a.m. to 8:30 a.m. **Eastern time**
 - Training: 8:30 a.m. to 3:30 p.m. **Eastern time**

Reminder - No August ABC Conference Calls Next Week!

Due to the ABC regional trainings taking place this month, we won't hold ABC conference calls in August. We have [posted an updated conference call schedule](#) through the end of 2018 on the [ABC webpage](#), under Conference Call Notes.

August 17, 2018

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

Supplemental Insurance Products Letter (local ed only)

In preparation for the 2019 benefits year, Benefits Administration (BA) is reviewing insurance materials and policies for supplemental insurance products offered by our participating agencies, pursuant to Section IA, paragraph 10 of the Memorandum of Understanding (MOU) between your agency and Benefits Administration.

Attached is a copy of a letter that we emailed to your director of schools outlining our process and what we need from you. We would appreciate it if you will make sure that your organization responds via email by September 30 to Chanda Rainey, Benefits Administration HIPAA compliance officer at benefits.privacy@tn.gov.

School Board Member Group Health Plan Eligibility (local ed only)

As a reminder, state law says a school board member of a local education agency (LEA) may participate in the state's group health insurance plan if the member pays the total monthly premium for the coverage, unless the LEA assumes liability for all or a portion of the cost (TCA Section 8-27-303(a)(3)).

If you haven't already, you should notify new school board members about their eligibility to enroll in the state's plan just as if they were a new employee. To do so you are welcome to share the **attached** memo from Laurie Lee.

All school board members are eligible to enroll in our health plan:

- **Up to 31 days from the date they are sworn in**, for coverage that will begin on the first of the month after they are sworn in.
- Yearly during the state's fall Annual Enrollment period in October for coverage which begins in January.

If you have questions about this benefit contact:

Gena Bishop
Benefits Administration
1900 WRS Tennessee Tower
312 Rosa L. Parks Avenue, Nashville, TN 37243
P. 615-253-9930
F. 615-741-8196
gena.bishop@tn.gov

Supplemental Insurance Products Letter (local gov only)

In preparation for the 2019 benefits year, Benefits Administration (BA) is reviewing insurance materials and policies for supplemental insurance products offered by our participating agencies, pursuant to Section IA, paragraph 10 of the Memorandum of Understanding (MOU) between your agency and Benefits Administration.

Attached is a copy of a letter that we emailed to your agency head outlining our process and what we need from you. We would appreciate it if you will make sure that your organization responds via email by September 30 to Chanda Rainey, Benefits Administration HIPAA compliance officer at benefits.privacy@tn.gov.

Annual Enrollment Updates

The fall Annual Enrollment period will start soon! Here are the dates:

- **State and Higher Education:** Oct. 1-12, ends at 4:30 p.m. Central time
- **Local Education, Local Government and Retirees:** Oct. 1-26, ends at 4:30 p.m. Central time
- Annual Enrollment newsletters will begin to mail after the Labor Day holiday.
- Members and retirees will find more information, including 2019 benefits comparison grids, on our website tn.gov/partnersforhealth the first week of September.

Pre-Order Newsletters

If you haven't done so, you can now pre-order Annual Enrollment newsletters, which will take the place of decision guides. Just click the link below to place your order, which is also found at the [top of the ABC webpage](#). Pre-orders will be accepted now to Sept. 5. https://stateoftennessee.formstack.com/forms/agency_benefits_coordinator_order_form

We pulled the newsletter mailing list for all current members and retirees on Aug. 6. These members will receive a newsletter by mail.

You should ONLY order the number of copies you will need for your new employees hired into Edison after Aug. 5th through the end of the year for 2019 benefits.

For **2018 current benefits**, you can use the 2018 Eligibility and Enrollment Guide found on the [ParTNers for Health website](#) under [Publications](#).

Edison Down for Maintenance

Edison will be down for maintenance Sunday, Aug. 19 from 8 a.m. until 10 p.m. Central time.

Attachments: LEA Supplemental Policy Review
LGA Supplemental Policy Review
LEA Memo to School Board Members




STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone (615) 741-4517 or (866) 576-0029
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

DATE: August 16, 2018
TO: School Board Members
FROM: Laurie Lee 
Executive Director, Benefits Administration
RE: Eligibility for Enrollment in Local Education Agency Health Insurance Plan

State law says a school board member of a Local Education Agency (LEA) may participate in the State's group health insurance plan if the member pays the total monthly premium for the coverage, unless the LEA assumes liability for all or a portion of the cost. (TCA Section 8-27-303(a)(3))

You are eligible to enroll in our health plan:

- **up to 31 days from the date you are sworn in,**
- yearly during the State's fall Annual Enrollment Period in October for coverage which begins in January. Annual Enrollment materials will be posted on www.tn.gov/partnersforhealth under the Annual Enrollment tab at the top in early September.

You should work with your school system's HR office to enroll in the State's health insurance plan.

Here are resources about our current health insurance choices and information that our office needs from you for enrollment.

- **Local Education Eligibility and Enrollment Guide**
It includes, among other information, your medical plan choices, your insurance carrier choices, an at-a-glance Benefits Comparison chart and 2018 premiums, as well as contact information for the insurance companies and PayFlex if you have network or other coverage questions. Here is the link:
https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/2018_guide_le.pdf
- **Enrollment Change Application**
You will complete this application once you have made your choices. If you want to enroll any dependents, you will need to provide the required verification documents listed on page 2, along with this application. In the bottom right box marked NOTES TO BENEFITS ADMINISTRATION, please write School Board Member. Here is the link:
https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2018.pdf

Page 2 - Eligibility for Enrollment in Local Education Agency Health Insurance Plan

- **Payment**

You will need to complete an AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH) and return it with your enrollment application. You must include a voided check as well. Here is the link:

<https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/0928.pdf>

- You will need to provide a **letter from the school district on official school board stationary stating the date you were sworn in and the date your term ends.** Your coverage will continue as long as you serve on the school board. We must have this documentation for our annual audit purposes. You will be eligible for COBRA when you leave office.

Other important things to know:

- **You have 31 days from the date you are sworn in to enroll in coverage now.** Your coverage will begin on the first of the month after you are sworn in.
- You may change your selections during the fall Annual Enrollment Period in October for coverage that will begin on 1/1 of the following year. Information will be available in mid-September in your HR office or on this website: www.tn.gov/partnersforhealth. You may also make changes if you have a Special Qualifying Event, as outlined on page 3 of the enrollment application.

You can find information about current benefits on our www.tn.gov/partnersforhealth website under the Health Options tab.

If you have questions that your school system HR office cannot answer or need additional information from Benefits Administration, Gena Bishop can help you. Here is her contact information:

Gena Bishop | Billing Specialist
Benefits Administration
1900 WRS Tennessee Tower
312 Rosa L. Parks Avenue, Nashville, TN 37243
P. 615-253-9930
F. 615-741-8196
gena.bishop@tn.gov

Thank you.



State of Tennessee Group Insurance Program

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

August 17, 2018

TO: Local Government Agency Directors
CC: Agency Benefits Coordinators

FROM: Chanda Rainey
Benefits Administration HIPAA Compliance Officer

RE: 2019 Supplemental Insurance Products

In preparation for the 2019 benefits year, Benefits Administration (BA) is reviewing insurance materials and policies for supplemental insurance products offered by our participating agencies, pursuant to Section IA, paragraph 10 of the Memorandum of Understanding (MOU) https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_lg_mou_resp.pdf between your agency and Benefits Administration. If you determine your agency's supplemental policies are subject to review by BA please email policy information to benefits.privacy@tn.gov by September 30th. Please see the following considerations from BA to help you determine whether or not to have BA review your policies:

1. Many of the following traditional insurance policies may not need to be submitted to BA for review under Section 1A paragraph no. 10 of the MOU unless they have provisions for payment of copays, deductible amounts or reimbursement of amounts covered by the state plan health insurance policy. BA does not require review of the following traditional policies:
 - traditional vision only plans
 - traditional dental only plans
 - long-term care policies
 - disability policies
 - life insurance policies
 - workers' compensation policies
 - accident, death & dismemberment insurance policies
2. If you submitted policies for review in 2018 and those policies have not changed, you do not need to send them again for review. For these policies we do ask you to let us know at benefits.privacy@tn.gov which you are offering and whether or not the agency will pay any portion of the premium.
3. All other policies that the agency offers should be provided to BA at benefits.privacy@tn.gov for review regardless of whether the agency is paying all or part of the premium. For these policies, please provide a copy of the sample policy, enrollment material, and promotional literature. If the agency is paying a portion of the premium, indicate that fact and state the percentage of the agency contribution.

PLEASE NOTE THAT THESE ARE GUIDELINES ONLY. IF AN AGENCY MAKES AVAILABLE ADDITIONAL POLICIES TO ITS EMPLOYEES, THE AGENCY MUST MAKE ITS OWN DETERMINATION AS TO WHETHER THESE POLICIES SHOULD OBTAIN APPROVAL FROM BENEFITS ADMINISTRATION TO COMPLY WITH THE MOU.



State of Tennessee Group Insurance Program

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

August 17, 2018

TO: Local Education Agency Directors
CC: Agency Benefits Coordinators

FROM: Chanda Rainey
Benefits Administration HIPAA Compliance Officer

RE: 2019 Supplemental Insurance Products

In preparation for the 2019 benefits year, Benefits Administration (BA) is reviewing insurance materials and policies for supplemental insurance products offered by our participating agencies, pursuant to Section IA, paragraph 10 of the Memorandum of Understanding (MOU) https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf between your agency and Benefits Administration. If you determine your agency's supplemental policies are subject to review by BA please email policy information to benefits.privacy@tn.gov by September 30th. Please see the following considerations from BA to help you determine whether or not to have BA review your policies:

1. Many of the following traditional insurance policies may not need to be submitted to BA for review under Section 1A paragraph no. 10 of the MOU unless they have provisions for payment of copays, deductible amounts or reimbursement of amounts covered by the state plan health insurance policy. BA does not require review of the following traditional policies:
 - traditional vision only plans
 - traditional dental only plans
 - long-term care policies
 - disability policies
 - life insurance policies
 - workers' compensation policies
 - accident, death & dismemberment insurance policies
2. If you submitted policies for review in 2018 and those policies have not changed, you do not need to send them again for review. For these policies we do ask you to let us know at benefits.privacy@tn.gov which you are offering and whether or not the agency will pay any portion of the premium.
3. All other policies that the agency offers should be provided to BA at benefits.privacy@tn.gov for review regardless of whether the agency is paying all or part of the premium. For these policies, please provide a copy of the sample policy, enrollment material, and promotional literature. If the agency is paying a portion of the premium, indicate that fact and state the percentage of the agency contribution.

PLEASE NOTE THAT THESE ARE GUIDELINES ONLY. IF AN AGENCY MAKES AVAILABLE ADDITIONAL POLICIES TO ITS EMPLOYEES, THE AGENCY MUST MAKE ITS OWN DETERMINATION AS TO WHETHER THESE POLICIES SHOULD OBTAIN APPROVAL FROM BENEFITS ADMINISTRATION TO COMPLY WITH THE MOU.

August 24, 2018

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

Annual Enrollment Updates (All)

The fall Annual Enrollment period will start soon! Here are the dates:

- **State and Higher Education:** Oct. 1-12, ends at 4:30 p.m. Central time
- **Local Education, Local Government and Retirees:** Oct. 1-26, ends at 4:30 p.m. Central time
- Annual Enrollment newsletters will begin to mail after the Labor Day holiday.
- Members and retirees will find more information, including 2019 benefits comparison grids, on our website tn.gov/partnersforhealth the first week of September.

Reminder - Pre-Order Newsletters (All)

If you haven't done so, you can now pre-order Annual Enrollment newsletters, which will take the place of decision guides. Just click the link below to place your order, which is also found at the [top of the ABC webpage](#). Pre-orders will be accepted now to Sept. 5. https://stateoftennessee.formstack.com/forms/agency_benefits_coordinator_order_form

We pulled the newsletter mailing list for all current members and retirees on Aug. 6. These members will receive a newsletter by mail.

You should ONLY order the number of copies you will need for your new employees hired into Edison after Aug. 5th through the end of the year for 2019 benefits.

For **2018 current benefits**, you can use the 2018 Eligibility and Enrollment Guide found on the [ParTNers for Health website](#) under [Publications](#).

Information About The Benefits Survey – State And Higher Ed Only

The State has contracted with **Mercer**, an independent human resources consulting firm, to conduct an online Benefits Survey of state and higher education employees who are enrolled in state insurance to measure their preferences and satisfaction with the various insurance plans and programs available to them.

We emailed a memo, from F&A Commissioner Larry Martin and BA Executive Director Laurie Lee, to insurance plan members on Wednesday to let them know more about the survey. Unfortunately, because of the way we sent it, it looked to some members like phishing and went into others' spam filters. However, please know that it is a legitimate email from our office and safe to open.

In addition, the survey was originally scheduled to arrive in insurance plan members' email boxes on Monday morning, August 27. However, Mercer sent it on Thursday.

Attached, and below, is information that you are welcome to share with your plan members.

The subject line is: **State of Tennessee 2018 Health Benefits Survey**. Reminder emails will be sent by Mercer to any insurance plan members who have not completed the survey on 8/29, 9/5 and 9/12. A final reminder will go out on the morning of 9/14.

Member participation is confidential and important to making this effort a success. Please encourage your members to complete and return it at their earliest convenience.

NOTE: The survey is unique to individual members so please do not share the survey link from your own survey or forward it to others. Instead, members who have technical problems while completing the survey should send an email to: employee.survey@mercer.com.

Update to Adding Dependents to Coverage Outside Their Initial Eligibility (All)

Effective 8/24/2018, all dependents, whether residing in the U.S. or not, must be added via one of the following conditions:

- employee's new hire event
- a life event
- a special qualifying event (SQE)
- annual enrollment

Entering the country is not a qualifying event to be added to coverage outside of the dependent's initial eligibility period. Benefits Administration follows the Plan Document with regard to qualifying events for special enrollment when a request is made to add a dependent from a foreign country. We are making this change in procedure because BA offers an annual enrollment period allowing dependents to be added without medical underwriting

Cigna Billing System Update (All)

We want to let you know about an update Cigna will be making to their systems in case you get questions. This update impacts office visits with Mid-Level Providers (MLPs) like nurse practitioners and physician assistants. Effective 9/1/2018, Cigna will update their systems to align member cost for MLP visits with the billing provider's designation as either a primary care provider (PCP) or a specialist. This is not a benefit change, but the update may result in some plan members seeing a difference in cost, especially where the MLP has no designation and the Cigna system defaults to a specialist. Members will have a specialist copay or coinsurance amount in those cases. Most MLPs have designations, and Cigna anticipates this update will have minimal member impact. Please refer member questions to Cigna customer service representatives who will assist any members who do experience claims issues 24/7 at 800-997-1617.

Edison Down for Maintenance (All)

Edison will be down for maintenance Sunday, Aug. 26 from 8 a.m. until 10 p.m. Central time.

ABC Regional Trainings (All)

Thank you to everyone who attended an ABC regional training in Lebanon, Nashville, Knoxville or Jackson. We will send a follow-up survey in September and hope that those who attended will share feedback with us.

Attachment: Benefits Survey Info

INFORMATION ABOUT THE MERCER BENEFITS SURVEY

The State recently sent an email from Commissioner Martin and Benefits Executive Director Lee telling you about a benefits survey the State is conducting. The State has contracted with **Mercer**, an independent human resources consulting firm, to conduct an online Benefits Survey to measure your preferences and satisfaction with the various insurance plans and programs available to you.

Benefits Administration wants to better understand which health benefits employees and their families value most. They will review the results of the survey to determine how well the health benefits are meeting the needs of our diverse workforce, and whether or not making any program refinements should be considered to better respond to your needs.

Important: They are not planning to decrease the total spend or cut programs. Your responses may help shape health benefits in the future.

The survey is confidential. It will take **about 15 minutes or less** to complete. Results, but no individual surveys, will be analyzed by Mercer and shared with decision-makers at the State.

Mercer sent the survey to insurance plan members on Thursday (8/24). **The subject line is: State of Tennessee 2018 Health Benefits Survey.** Reminder emails will be sent by Mercer to anyone who has not completed the survey on 8/29, 9/5 and 9/12. A final reminder will go out on the morning of 9/14.

Member participation is confidential and important to making this effort a success. We encourage you to complete and return it at your earliest convenience.

NOTE: The survey is unique to individual members so please do not share the survey link from your own survey or forward it to others. If you have any technical problems while completing the survey, please send an email to: employee.survey@mercer.com.

August 31, 2018

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

Blue Cross and Cigna Fitness Discounts Available to Members all plans

Both Cigna and BlueCross BlueShield have discount fitness programs for their members. Attached are fliers for BCBST's **Fitness Your Way gym membership** program and CIGNA's **Healthy Rewards** program, **Active & Fit**.

In addition to the two attachments, below are notes from BCSBT and Cigna about their fitness programs for you to share with members.

BlueCross BlueShield of Tennessee Offers Discounted Fitness Your Way Gym Promotion

BlueCross is all about helping members live healthier lives. Our upcoming September promotion encourages eligible members to join our discount fitness program, Fitness Your Way™ by Tivity Health™. If members sign up in September, BCBST will waive their \$29 enrollment fee.

About BCBST Fitness Your Way

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

See the attached Fitness Your Way flier for more details.

Ready to work out? Cigna Healthy Rewards® program makes getting there the easy part.

Simple Steps to get to your Cigna fitness discounts

As a Cigna member, you have access to many health program and service discounts, including gym memberships, through the Cigna Healthy Rewards® program.

Where can you find more information? Start by logging in to myCigna.com and then follow the instructions in the flyer. You can also find illustrated instructions online at Cigna.com/sites/stateoftn.

- Top left of your screen > "My Plans" tab
- Scroll down > "Stay Healthy"
- "Stay Healthy" > "Discount Programs - Healthy Rewards"
- Find the blue tab > "Fitness & Mind/Body"

- Scroll down > "Fitness Discounts" > "Low-cost Fitness Center Memberships" > "Learn More"

You're there!

The updated Active&Fit Direct TM page takes the heavy lifting out of finding a local gym and accessing your discounted membership. **Memberships are only \$25 per month.** See the attached flier for more details.

OPEB IMPLEMENTATION NOTICE Local Ed

On Wednesday, you or someone in your budget office, should have received by email an *OPEB Implementation Notice from Ike Boone*, who works in the Division of Accounts for the **Department of Finance and Administration**. This notice is titled: **New Financial Accounting Standard Effective for State of Tennessee Administered Retiree Health Plan Employers**. It covers the new OPEB accounting statements (Statements 74 and 75) promulgated by the Governmental Accounting Standards Board.

If you received the *OPEB Implementation Notice*, please forward it to your financial statement preparers and your management group. It is **very important** that this information reaches the **appropriate individuals** in order for your agency to be able to report the OPEB costs correctly. All questions concerning this Notice should be directed to Ike Boone at Ike.Boone@tn.gov or (615) 741-9803.

Attached, FYI, is a copy of the email from Ike Boone.

OPEB IMPLEMENTATION NOTICE Local Gov

On Wednesday, you or someone in your budget office should have received by email an *OPEB Implementation Notice from Ike Boone*, who works in the Division of Accounts for the **Department of Finance and Administration**. This notice is titled: **New Financial Accounting Standard Effective for State of Tennessee Administered Retiree Health Plan Employers**. It covers the new OPEB accounting statements (Statements 74 and 75) promulgated by the Governmental Accounting Standards Board.

If you received the *OPEB Implementation Notice*, please forward it to your financial statement preparers and your management group. It is **very important** that this information reaches the **appropriate individuals** in order for your agency to be able to report the OPEB costs correctly. All questions concerning this Notice should be directed to Ike Boone at Ike.Boone@tn.gov or (615) 741-9803.

Attached, FYI, is a copy of the email from Ike Boone.

Mercer Benefits Survey – State And Higher Ed Only

As you know, the State has contracted with **Mercer**, an independent human resources consulting firm, to conduct an online Benefits Survey of state and higher education employees who are enrolled in state insurance to measure their preferences and satisfaction with the various insurance plans and programs available to them.

The subject line is: **State of Tennessee 2018 Health Benefits Survey**. Reminder emails will be sent by Mercer to any insurance plan members who have not completed the survey on 9/5 and 9/12. A final reminder will go out on the morning of 9/14.

As of Thursday, Mercer tells us the completion rate is as follows:

State: 7,600 or 18%
Higher Ed: 4,700 or 17%

Member participation is confidential and important to making this effort a success. **Please encourage your members to complete and return it at their earliest convenience.**

NOTE: The survey is unique to individual members so please do not share the survey link from your own survey or forward it to others. Instead, members who have technical problems while completing the survey should send an email to: employee.survey@mercer.com.

Query Update All Plans

You now have access to the query TN_BA323_INCAPACITATED_DEPS. This query will show you a list of Incapacitated dependents. As a reminder, you can find the full list of queries on the ABC webpage under Edison Query List at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_query_list.pdf

Summer Training Presentation Posted All

The presentations from the ABC summer training are available on the [ABC webpage](#). They are separated by state/higher education and local education/local government.

State Offices and BA Service Center Closed Monday, September 3 (All)

State offices and the Benefits Administration service center will be closed Monday, September 3rd for the Labor Day holiday.

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

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

We hope you have a great holiday weekend!

Attachments: BCBST Fitness Your Way Promotion
Cigna Active and Fit
OPEB Local Ed Notice

OPEB Local Gov Notice



MAKING BETTER FITNESS EASIER – AND MORE AFFORDABLE

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

Designed with You in Mind

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

- **No long-term contracts** – Just a three-month commitment.
- **Low monthly payments** – Only \$29 per month.*
- **A nationwide network** – Unlimited access to more than 10,000 fitness locations across the nation.**
- **No waiting** – You can start working out the day you join.
- **No enrollment fee** – If you enroll before September 30, 2018, we'll waive your \$29 enrollment fee at checkout.
- **Eligibility** – You must be 18 years or older to participate.

*Note: Taxes apply to the monthly rate. **Participating facilities may vary.

Join Fitness Your Way™ Today

Take the first step.

- Visit bcbst.com/member and register or log in to BlueAccessSM.
- Click **Managing Your Health**.
- Select **Member Discounts & Fitness Your Way** to visit our Blue365[®] member discounts page.
- Click **Fitness Your Way**.
- Select **View Details** then **Redeem Now**.
- From there you can find fitness locations, enroll and create a Fitness Your Way account.
- You can also enroll over the phone by calling 1-888-242-2060, Monday through Friday, 8 a.m. – 8 p.m., ET.
- Use the promotional code **SeptSave29** to waive the enrollment fee at checkout. Be sure to have your BlueCross BlueShield of Tennessee Member ID card handy.

fitness your way
by Tivity Health

CIGNA MEMBERS, DON'T BREAK A SWEAT TRYING TO BREAK A SWEAT.

Simple steps to get to your fitness discounts.

Ready to work out? We'll make getting there the easy part.

As a Cigna member, you have access to many health program and service discounts, including gym memberships, through the **Cigna Healthy Rewards®** program.*

Where can you find more information? Start by logging in to **myCigna.com** and then follow the instructions in this flyer. You can also find illustrated instructions online at **Cigna.com/sites/stateoftn**.

- › Top left of your screen > **"My Plans"** tab
- › Scroll down > **"Stay Healthy"**
- › **"Stay Healthy"** > **"Discount Programs - Healthy Rewards"**
- › Find the blue tab > **"Fitness & Mind/Body"**
- › Scroll down > **"Fitness Discounts"** > **"Low-cost Fitness Center Memberships"** > **"Learn More"**

You're there!

The updated **Active&Fit Direct™** page takes the heavy lifting out of finding a local gym and accessing your discounted membership. **And did we mention memberships are only \$25 per month.****

Go to myCigna.com to kick-start your health.

Did we mention memberships are only \$25 per month.**

Together, all the way.®

* **Healthy Rewards is a discount program and is NOT insurance.** This program is separate from your medical plan benefits. You are required to pay the entire discounted charge. Always consult your doctor prior to beginning a new exercise program. Your participation in this program may be subject to program terms and conditions and is at your sole risk.

** **Plus a \$25 one-time enrollment fee and applicable taxes. There is a minimum 3 month commitment.**

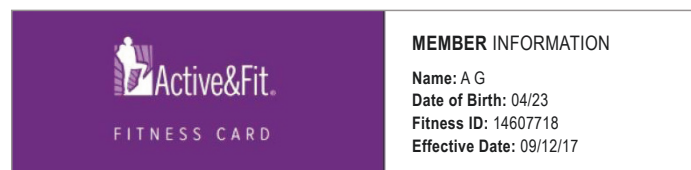
The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH), an independent company/entity and a subsidiary of American Specialty Health Incorporated. ASH is not affiliated with Cigna and is solely responsible for the Active&Fit Direct program. Active&Fit Direct, Break a Sweat Without Breaking the Bank, and the Active&Fit logos are trademarks of American Specialty Health, Incorporated. As to American Specialty Health content/properties, (c) 2017 American Specialty Health.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

917068 08/18 © 2018 Cigna. Some content provided under license.

From the home page, you can:

- › Find a local gym by your zip code or city/state and get details on the facility.
- › Not ready to enroll? Click **"Request Guest Pass Letter"** in your search results, create an account and then print your guest pass.
- › If you're ready to get your discounted membership, select **"Enroll Now."** You'll create an account if you didn't already, provide payment information and print your fitness card to take to your new gym.
- › Enter both your personal and payment information here.
- › Now, just click to view your card, print it out and take it with you to your new gym.



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)



Local Education Agencies Notice

New Financial Accounting Standard Effective for State of Tennessee Administered Retiree Health Plan Employers

The purpose of this notice is to provide some background and decisions the State of Tennessee (State) has made related to the analysis and implementation of two new GASB pronouncements, Statement No. 74, "Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans" and Statement No. 75, "Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions". These statements can be found on the GASB website at the following address <https://www.gasb.org/jsp/GASB/Page/GASBSectionPage&cid=1176160042391>.

The recently issued GASB Statements define the reporting required for other postemployment benefit (OPEB) plans, including the note disclosures and Required Supplementary Information, and the employer recognition, measurement, and presentation of information about OPEB. Most notably, it requires the measurement of a net OPEB liability or asset to be recognized on the balance sheet of participating employers (previously, only a portion of the OPEB liability was recognized on the balance sheet). Many of the provisions in the new OPEB standards are parallel to the provisions of GASB Statement No. 67 and Statement No. 68 for pensions that require the measurement and recognition of a net pension liability or asset. Statement No. 74 is effective for financial statements for fiscal years beginning after June 15, 2016. Statement No. 75 is effective for financial statements for fiscal years beginning after June 15, 2017.

As a result of the State's research, the four health insurance plans administered by the Tennessee Department of Finance and Administration, Division of Benefits Administration, were identified as OPEBs. Your agency participates (or is an employer) in one or more of the following of these plans:

- Teacher Group (TG) Plan (pre-Medicare retirees)
- Tennessee (TN) Plan (Medicare retirees)

Because these plans are not administered as trusts, the requirements of GASBS 74 do not apply. However, GASBS 75 does apply to employers. Each participating employer is responsible for understanding and meeting reporting requirements under GASBS 75.

The state has contracted with an actuary to obtain annual valuations of all state administered OPEB plans. These valuations will provide the necessary accounting and financial reporting information for each employer in the plans. While the state has taken steps to ensure the accuracy of the OPEB valuations and will provide instructions on the required accounting entries and note disclosures, it is the ultimate responsibility of your agency's management to ensure that financial statements are accurate and that Statement No. 75 is properly implemented. (To this end, the State recommends that the management of local education agencies pay particular attention to GASBS 75, paragraphs 143-145; 161-171; and 193-201.)

The state expects to provide the following to your agency annually:

- A full actuarial valuation report for each OPEB plan. This report will be primary at the plan level and will contain details of the assumptions used and overall plan provisions used in the valuations.
- An individual valuation report addressed to agency management. This report will contain the individual financial reporting information and information needed to complete individual employer note disclosures and exhibits.
- A template of the required note disclosures and instructions on how to complete it.
- A spreadsheet that shows the total on-behalf payments made, by the state, for employer retirees in the TG plan
- A spreadsheet that shows the total on-behalf payments made, by the state, for employer retirees in the TN plan

- A listing of sample general ledger journal entries

Please note that your agency holds significant responsibility in helping to ensure the accuracy of the above listed information. Specifically:

- a) To determine the direct subsidy that each employer has contributed towards retiree costs, the Department of Finance and Administrations Division of Benefits Administration will survey all participating employers, on an annual basis. It is very important that this survey be timely and accurately completed and submitted by your agency.
- b) It is each individual employer's responsibility to ensure the accuracy of their census (eligible/participating population) files. Because these files are based upon information in the State's Edison system, as well as TCRS databases, it is critical that your agency take the steps necessary to ensure that employees are entered into Edison/TCRS immediately upon hire; that the correct demographic information has been entered; and, that employees are timely terminated in Edison/TCRS. It is strongly recommended that regular reviews of your agency's census data be performed. Correct census (eligible/participating population) files are one of the most important factors in estimating an employer's liability.

The information provided by the State will be reflective of any explicit and implicit subsidies in which your agency participates, as well as applicable special funding situations.

When active and retired employees are commingled in the same plan at the same base premium (such as in the TG plan), there is an implicit rate subsidy. This implicit rate subsidy for pre-Medicare retirees is a subsidy that exists when retirees, by virtue of being included in the same risk pool as active employees, pay a lower premium than they would if experience rated as a separate pool. GASB requires employers to report a liability for the implicit subsidy regardless of whether they contribute to retiree's premiums. Therefore, any employer that contributes to the premium cost of active employees will report an OPEB liability related to the implicit subsidy.

Explicit, or direct, subsidies are amounts that employers pay toward their retiree's share of premium costs. GASB also requires employers to report a liability for this direct subsidy. Those employers that provide a subsidy or a contribution to the healthcare premiums of their pre-Medicare (TG plan) retirees will have a liability for the implicit and explicit subsidies. Employers who do not provide a subsidy or a contribution to their retiree's healthcare benefits will only have a liability for their TG plan implicit rate subsidy.

Unlike the TG plan, the TN plan includes only post-age 65 retirees and thus implicit subsidies do not enter into the liability calculations. Agencies who do not contribute to their post-age 65 retiree premiums will not have a liability for this plan.

Local education agencies are, however, also subject to the reporting requirements established for special funding situations. Your agency is a party to a special funding situation with the state, due to the state's decision to contribute to the premium cost of eligible retired teachers in the TG and TN plans. This situation requires proportionate share accounting and the consideration of on-behalf payments in the employer's financial statements, as well as special note disclosures. While employers in the TN plan who do not make any contributions for post-65 retiree insurance will not report a share of the OPEB liability or any related deferrals, they will still be required to make the appropriate note disclosures related to the OPEB of their retirees.

The State recognizes the challenges and complexities that your Local Education Agency may encounter in its implementation of GASBS 75, and is committed to assisting you and your auditors in any way possible. After reviewing this notice, please contact the Department of Finance & Administration, Division of Accounts, Assistant Director of Financial Reporting, Ike Boone, at Ike.Boone@tn.gov with any questions you may have. All inquiries should include a contact person's email address and telephone number to help ensure a prompt response.

Local Governments Notice

New Financial Accounting Standard Effective for State of Tennessee Administered Retiree Health Plan Employers

The purpose of this notice is to provide some background and decisions the State of Tennessee (State) has made related to the analysis and implementation of two new GASB pronouncements, Statement No. 74, "Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans" and Statement No. 75, "Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions". These statements can be found on the GASB website at the following address <https://www.gasb.org/jsp/GASB/Page/GASBSectionPage&cid=1176160042391>.

The recently issued GASB Statements define the reporting required for other postemployment benefit (OPEB) plans, including the note disclosures and Required Supplementary Information, and the employer recognition, measurement, and presentation of information about OPEB. Most notably, it requires the measurement of a net OPEB liability or asset to be recognized on the balance sheet of participating employers (previously, only a portion of the OPEB liability was recognized on the balance sheet). Many of the provisions in the new OPEB standards are parallel to the provisions of GASB Statement No. 67 and Statement No. 68 for pensions that require the measurement and recognition of a net pension liability or asset. Statement No. 74 is effective for financial statements for fiscal years beginning after June 15, 2016. Statement No. 75 is effective for financial statements for fiscal years beginning after June 15, 2017.

As a result of the State's research, the four health insurance plans administered by the Tennessee Department of Finance and Administration, Division of Benefits Administration, were identified as OPEBs. Your agency participates (or is an employer) in one or more of the following of these plans:

- Local Government (LG) Plan (pre-Medicare retirees)
- Tennessee (TN) Plan (Medicare retirees)

Because these plans are not administered as trusts, the requirements of GASBS 74 do not apply. However, GASBS 75 does apply to employers. Each participating employer is responsible for understanding and meeting reporting requirements under GASBS 75.

The state has contracted with an actuary to obtain annual valuations of all state administered OPEB plans. These valuations will provide the necessary accounting and financial reporting information for each employer in the plans. While the state has taken steps to ensure the accuracy of the OPEB valuations and will provide instructions on the required accounting entries and note disclosures, it is the ultimate responsibility of your agency's management to ensure that financial statements are accurate and that Statement No. 75 is properly implemented. (To this end, the State recommends that the management of local governments pay particular attention to GASBS 75, paragraphs 143-171.)

The state expects to provide the following to your agency annually:

- A full actuarial valuation report for each OPEB plan. This report will be primary at the plan level and will contain details of the assumptions used and overall plan provisions used in the valuations.
- An individual valuation report addressed to agency management. This report will contain the individual financial reporting information and information needed to complete individual employer note disclosures and exhibits.
- A template of the required note disclosures and instructions on how to complete it.
- A listing of sample general ledger journal entries.

Please note that your agency holds significant responsibility in helping to ensure the accuracy of the above listed information. Specifically:

- a) To determine the direct subsidy that each employer has contributed towards retiree costs, the Department of Finance and Administrations Division of Benefits Administration will survey all participating employers, on an annual basis. It is very important that this survey be timely and accurately completed and submitted by your agency.
- b) It is each individual employer's responsibility to ensure the accuracy of their census (eligible/participating population) files. Because these files are based upon information in the State's Edison system, as well as TCRS databases, it is critical that your agency take the steps necessary to ensure that employees are entered into Edison/TCRS immediately upon hire; that the correct demographic information has been entered; and, that employees are timely terminated in Edison/TCRS. It is strongly recommended that regular reviews of your agency's census data be performed. Correct census (eligible/participating population) files are one of the most important factors in estimating an employer's liability.

The information provided by the State will be reflective of any explicit and implicit subsidies in which your agency participates.

When active and retired employees are commingled in the same plan at the same base premium (such as in the LG plan), there is an implicit rate subsidy. This implicit rate subsidy for pre-Medicare retirees is a subsidy that exists when retirees, by virtue of being included in the same risk pool as active employees, pay a lower premium than they would if experience rated as a separate pool. GASB requires employers to report a liability for the implicit subsidy regardless of whether they contribute to retiree's premiums. Therefore, any employer that contributes to the premium cost of active employees will report an OPEB liability related to the implicit subsidy.

Explicit, or direct, subsidies are amounts that employers pay toward their retiree's share of premium costs. GASB also requires employers to report a liability for this direct subsidy. Those employers that provide a subsidy or a contribution to the healthcare premiums of their pre-Medicare (LG plan) retirees will have a liability for the implicit and explicit subsidies. Employers who do not provide a subsidy or a contribution to their retiree's healthcare benefits will only have a liability for their LG plan implicit rate subsidy.

Unlike the LG plan, the TN plan includes only post-age 65 retirees and thus implicit subsidies do not enter into the liability calculations. Agencies who do not contribute to their post-age 65 retiree premiums will not have a liability for this plan.

The State recognizes the challenges and complexities that your Local Government may encounter in its implementation of GASBS 75, and is committed to assisting you and your auditors in any way possible. After reviewing this notice, please contact the Department of Finance & Administration, Division of Accounts, Assistant Director of Financial Reporting, Ike Boone, at Ike.Boone@tn.gov with any questions you may have. All inquiries should include a contact person's email address and telephone number to help ensure a prompt response.

September 7, 2018

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

Weekly ABC Annual Enrollment Calls Begin Next Tuesday!

Our weekly ABC annual enrollment calls start next week! We will include vendor presentations during calls in September.

Next week, we'll have presentations from Optum, our behavioral health and EAP vendor, and you will hear about Optum's [ABC Marketing eToolkit found on the ABC webpage](#). Cigna will present information on health, dental, Healthy Rewards / Active & Fit, Telehealth and Omada.

Higher Ed – Tuesday, Sept. 11 at 8:30 a.m. Central time
Local Ed – Tuesday, Sept. 11 at 10 a.m. Central time
Central State – Tuesday, Sept. 11 at 12:30 p.m. Central time
Local Government – Tuesday, Sept. 11 at 2 p.m. Central time

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

Annual Enrollment Updates

Annual enrollment is starting soon! Here are the dates and updates:

State and Higher Education: Oct. 1-12, ends at 4:30 p.m. Central time
Local Ed, Local Gov and Retirees: Oct. 1-26, ends at 4:30 p.m. Central time

Annual Enrollment newsletters have mailed for all groups except retirees. Retiree newsletters will mail next week.

- State and higher education retirees will receive a letter about 2019 premiums and the premium holiday in addition to the newsletter.

ABC newsletter pre-orders: Pre-orders for newsletters ended at 4:30 on Wednesday, September 5.

- If you missed the pre-order period, you can use an ABC order form to write in what you need. You will need to mail or fax the order form to the Admin team, per the usual process.
- **If you click the pre-order link in an "old" ABC email after the pre-order period ended, this will not work, and we will not receive your order.**
- ABC newsletter orders will begin mailing the end of next week around Sept. 14. Because of a limited supply, you may not get the total number you asked for. For instance, if someone asked for 600, you won't get them. It's hard to believe that you would have 600 new employees between now and December when the Eligibility and Enrollment Guides will be available. However, if you find that you will need additional copies, you can print them from our [website Enrollment Materials page](#) or use an ABC order form as instructed earlier.

The ParTNers for Health tn.gov/partnersforhealth website has been updated with 2019 information, benefits grids and premium charts. We also have posted a new annual enrollment video on our [About Enrollment](#) page. You can share these online resources with your members.

Annual Enrollment PowerPoint for ABCs (local ed and local gov)

The Annual Enrollment PowerPoint presentation you can use to present 2019 benefits to your employees has been posted on the [ABC webpage](#) by plan type, **Local Education Plan and Local Government Plan, titled Annual Enrollment PowerPoint Presentation.**

There are two different versions: a PPT and a PDF. You can customize the PPT presentation for your group (local education or local government), but please do not change the premium or key benefit information. The notes section is the “script” and may include some additional information. You can share the PDF version directly with members.

Here is a direct link to the Local Education [PDF version](#) with the notes.
Here is a direct link to the Local Government [PDF version](#) with the notes

If you have any questions or need assistance, please email us at benefits.info@tn.gov

Mercer Benefits Survey – (state and higher ed only)

As you know, the state has contracted with **Mercer**, an independent human resources consulting firm, to conduct an online Benefits Survey of state and higher education employees who are enrolled in state insurance. The survey will measure their preferences and satisfaction with the various insurance plans and programs available to them.

The email subject line is: **State of Tennessee 2018 Health Benefits Survey.** Reminder emails will continue to be sent by Mercer to any insurance plan members who have not completed the survey. A final reminder will go out on the morning of 9/14.

As of today, Mercer tells us that about 23% of our members have completed the survey (23% state and 22% higher ed). **Please encourage your members to complete and return this survey at their earliest convenience.**

Member participation is confidential and important to making this effort a success. NOTE: The survey is unique to individual members so please do not share the survey link from your own survey or forward it to others. Instead, members who have technical problems while completing the survey should send an email to: employee.survey@mercer.com.

September 14, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue! Vendors will present information during next week's calls.

MetLife will present information about dental coverage and disability coverage (state and higher ed). BlueCross BlueShield will present information on health coverage, Telehealth (PhysiciansNow), ID protection and Blue365/Fitness Your Way.

Higher Ed – Tuesday, Sept. 18 at 8:30 a.m. Central time
Local Ed – Tuesday, Sept. 18 at 10 a.m. Central time
Central State – Tuesday, Sept. 18 at 12:30 p.m. Central time
Local Government – Tuesday, Sept. 18 at 2 p.m. Central time

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

ABC Conference Call Notes

The combined notes from the Sept. 11 ABC conference calls are **attached**.

Annual Enrollment Updates

Annual enrollment is just a few weeks away!

Here are the dates and updates:

State and Higher Education: Oct. 1-12, ends at 4:30 p.m. Central time

Local Ed, Local Gov and Retirees: Oct. 1-26, ends at 4:30 p.m. Central time

Newsletters

- Annual Enrollment newsletters have mailed for all groups.
 - **State/Higher Ed:** Retirees were also mailed a letter explaining premiums and the premium holiday. A sample letter is **attached**.
- You can print newsletter copies from our [Enrollment Materials page](#).
 - ABC newsletter pre-orders shipped this week.
 - **State/Higher Ed/Local Ed:** If you missed the pre-order period, you can use an ABC order form to write in what you need. You will need to mail or fax the order form to the Admin team, per the usual process.

Website

- Find 2019 enrollment materials under Annual Enrollment, [Enrollment Materials](#).
- We have posted additional enrollment information for active employees on the [About Enrollment page](#), and we have a new page for retirees under Annual Enrollment, titled [For Retirement](#).
 - Find health plan comparison grids:
 - [State and Higher Ed](#)
 - [Local Ed and Local Gov](#)
 - Find [Premiums](#) for all benefits.
 - Updated [Videos](#) about 2019 benefits.

Additional Materials

- We'll send an Annual Enrollment PDF you can forward to employees at the end of the month.

- And we'll send Annual Enrollment emails to members (if we have an address for them in Edison)!

Attachments: Premium Letter for Retirees – State and Higher Ed




State of Tennessee Group Insurance Program

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

September 10, 2018

TO: [member contact information]

FROM: Laurie Lee 

RE: 2019 Benefits and Premiums for State and Higher Ed Retirees

In mid-September, you will receive a 2019 Annual Enrollment (AE) Newsletter in the mail, rather than a Decision Guide this year. It has all of the basic information about your benefit choices for 2019. Full details, including comparison charts for health, dental and vision plans are on our website at www.tn.gov/partnersforhealth.

The retiree AE newsletter includes the Annual Enrollment Application that you can complete and return by fax or mail. This year, you can also make changes online in Employee Self Service (ESS) in Edison at www.edison.tn.gov. Instructions, as well as links to helpful videos, are included in your newsletter. If you don't want to make any changes, no action is needed on your part.

Here are two important things that are NOT included in your AE newsletter:

Premium Holiday

Just in time for the holidays, we are giving you a break from your health insurance premiums: If you are a TCRS retiree, you **will not have health insurance premiums deducted from your 11/30/2018 pension check for December's coverage. If you are a TCRS direct bill or a higher education Optional Retirement Plan (OPR) retiree**, you won't be charged for your December health insurance premium. This applies to enrolled State and higher education employees, retirees with any level of group health enrollment and COBRA participants. Premiums for dental, vision and The Tennessee Plan will still be collected for December.

Trust Fund

In 2015, the Tennessee General Assembly authorized a special retiree Trust Fund to provide a secure and stable source of State funding for your future health plan costs. Starting in January, the Trust Fund will pay retiree health claims. The percentage of your premium that the State pays, based on years of service, will not change. And there will be no change in the way you pay your premiums. All the processes will remain the same and the State Insurance Committee will continue to set premium rates and make decisions about coverage for retiree health insurance.

Page 2 - 2019 Benefits and Premiums for State and Higher Ed Retirees

Other 2019 Benefits Highlights covered in your AE newsletter and online

- The premium rate increase for all State and higher education retiree group health insurance plans is **3.5 percent** for 2019. This is less than the 2018 increase.

For those of you enrolled in the State's dental insurance, here are the premium changes:

- Cigna prepaid dental plan – **no premium increase.**
 - MetLife DPPO plan – **2 percent premium increase.**
- For those of you enrolled in the State's Davis Vision plan – **no premium increase.**
 - Our carrier networks will remain the same: BlueCross BlueShield Network S, Cigna LocalPlus and Cigna OAP. Cigna OAP is a large Statewide network with the same \$40 to \$80 surcharge as this year.

In addition, coverage changes approved by the Insurance Committee for 2019 are to the benefit of our retirees. These improvements include:

- **Physical therapy benefit** – PPO members no longer have to meet your deductible first for physical therapy, occupational therapy and speech therapy that is in-network and outpatient. You will only have to pay coinsurance. CDHP/HSA members must meet the deductible first and pay coinsurance.
- **Cardiac rehab benefit** - PPO members will not pay any costs for in-network, outpatient cardiac rehab. CDHP/HSA members must meet the deductible first before the coinsurance is waived.
- **Bone anchored hearing devices** will be covered when deemed medically necessary (subject to plan benefits).
- Members won't have to pay for specific **medications used to treat opioid dependency**. Learn more at www.tn.gov/partnersforhealth under **Health Options** and **Pharmacy**.
- Members may work with their pharmacists to **coordinate refills for maintenance medications** so that multiple medications are filled on the same day. For PPO members, the medications being filled to get you “synced” will have pro-rated copays. This applies to statins for high cholesterol, and high blood pressure, coronary artery disease, congestive heart failure, diabetes, and asthma/COPD medications.

As always, retiree representatives in the Benefits Administration service center are happy to speak with you. Just call 800.253.9981 Monday-Friday, 8-4:30 Central Time and **choose option 2 for assistance**. Or email us at retirement.insurance@tn.gov.

Thank you.

September 21, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue! Vendors calls continue next week.

Local Ed and Local Gov: Davis Vision will present information about vision benefits. We'll also have a presentation on Local CDHP/HSA reminders.

State and Higher Ed: Davis Vision will present information about vision benefits. Securian Financial (MN Life) will present life insurance information, and we'll have a presentation on CDHP/HSA and FSA reminders.

Higher Ed – Tuesday, Sept. 25 at 8:30 a.m. Central time

Local Ed – Tuesday, Sept. 25 at 10 a.m. Central time

Central State – Tuesday, Sept. 25 at 12:30 p.m. Central time

Local Government – Tuesday, Sept. 25 at 2 p.m. Central time

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

ABC Conference Call Notes

The combined notes from the Sept. 18 ABC conference calls are **attached**. Vendor presentations from last week's calls are also **attached**.

2018-2019 Flu and Pneumococcal Vaccine Coverage

Members may get a free flu shot and/or pneumococcal vaccine by using:

- their Caremark card at a participating network pharmacy, or
- their health insurance card (BlueCross BlueShield or Cigna) at their in-network doctor's office.

Please see the **attached** flier for more information. This flier may be distributed to your employees as you see fit (emailed, posted in breakrooms, etc.)

Annual Enrollment Updates

Annual enrollment starts Oct. 1! Here are the dates and updates:

State and Higher Education: Oct. 1-12, ends at 4:30 p.m. Central time

Local Ed, Local Gov and Retirees: Oct. 1-26, ends at 4:30 p.m. Central time

Website

Find 2019 enrollment materials under Annual Enrollment, [Enrollment Materials](#).

We have posted additional enrollment information for active employees on the [About Enrollment page](#), and we have a new page for retirees under Annual Enrollment, titled [For Retirement](#).

Find health plan comparison grids:

- [State and Higher Ed](#)
- [Local Ed and Local Gov](#)

Find [Premiums](#) for all benefits.

Updated [Videos](#) about 2019 benefits.

Additional Materials

We'll send an Annual Enrollment PDF you can forward to employees next week. A general Annual Enrollment email went out to members on Sept. 20 (if we have an email address for them in Edison). Additional general emails will be sent with links to the ParTNers for Health website through Annual Enrollment.

2019 Summary of Benefits and Coverage

The 2019 summaries of benefits and coverage (SBC) have been posted to the ParTNers for Health website. [You can find them all here.](#)

Edison Down for Maintenance

Edison will be down for regular monthly maintenance and unavailable this Sunday, Sept. 23, from 6 a.m.-12 p.m. Central time.

Attachments: BCBST State Presentation
MetLife Dental Presentation
Higher Ed Disability Presentation
State Disability Presentation
Flu Flier



State Employee Health Plan
2019

2019 Updates

BLUECROSS BLUESHIELD OF TENNESSEE WILL AGAIN BE A CHOICE FOR MEDICAL COVERAGE IN 2019!

- Network S within the State of TN will continue as the network of providers
- BlueCard PPO will continue to be the network for those needing care outside of Tennessee.
- Continue access to member discounts through our Blue365 and Fitness Your Way
- FREE Identity Protection is still available for those that opt-in
- Enhanced access to our member on-line tools, including our mobile app.

Who We Are

Not-for-profit leading health plan providing peace of mind through better health

5.9K

Employees focused on improving the health of those we serve for over 70 years



Part of a national association of 36 Blue plans

100+

Million members



1 in 3 Americans carries a BlueCross ID card



376 of the Fortune 500 companies trust Blue



J.D. Powers Award
For member services



Comprehensive Provider Network

Providing seamless access to care



BlueCard PPO



Global Core®

- Over 5,400 hospitals and 1.5 million providers in the US
- 1,100 hospitals and 7,000 providers in 178 countries
- Blue Distinction® - A national designation program that recognizes quality, cost-efficient specialty care facilities, as well as value-based patient-centered solutions
 - Specialty Care – Hospitals recognized for their expertise and efficiency in delivering specialty care, such as, Bariatric Surgery, Cardiac Care, Cancer Care, Knee & Hip Replacements, Maternity Care, Spine Surgery and Transplants.

Network S in Tennessee

Primary hospitals by region.

WEST
No changes to
facilities
(Baptist is
included)

MIDDLE
No changes to
facilities

EAST
No changes to
facilities
(UT Medical will be in
network S for all
members in 2019
including State of TN)

Comprehensive Provider Network

Providing seamless access to care

THE CHOICE IS YOURS!

WHEN SEEKING CARE IN TN, IN & OUT OF THE UNITED STATES AND FOR SPECIALIZED CARE.

- We encourage you to always verify your provider is part of our network S when you are seeking services within TN & that the provider participates with their local BCBS plan outside of TN
- **Network is the BlueCard PPO (outside TN) FOR OUT OF TN PROVIDERS**
- Search online for the most recent listing of providers @ http://www.bcbst.com/members/TN_state/findadoc
- Call member services @1-800-558-6213 and ask one of our member service representatives

http://www.bcbst.com/members/TN_state/

VALUE ADDS FOR YOU & YOUR FAMILY

PhysicianNowSM

Convenient, cost-effective alternative to the emergency room, urgent care facility or in-office doctor's appointment for most non-emergency conditions

24 hours a day, seven days a week...

All you need is a telephone, smartphone, tablet or computer.



What Common Conditions can Telehealth Doctors Treat?

- Allergies
- Asthma
- Bronchitis
- Cold & flu
- Ear aches
- Fever
- Infections
- Sinus
- infections
- Respiratory infections
- Skin infections
- Sore throat
- Sports injuries
- Urinary tract infections

Common Pediatric Conditions Include:**

- Cold & flu
- Constipation
- Ear aches
- Fever
- Nausea & vomiting
- Pinkeye

How Do I Use PhysicianNow?

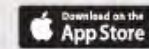
Registering for PhysicianNow is simple. Be sure to have the primary subscriber's birthday and Social Security Number handy.

Activate your account

Go to BlueAccessSM and click Talk with A Doctor Now. You will need the primary member's BlueCross BlueShield of Tennessee Member ID and date of birth. Or, you can call 1-888-283-6691.



Download the PhysicianNow app at the App Store or Google Play.



Identity Protection

In addition to protecting your health, we want to help you protect your personal information

BlueCross has partnered with Experian, one of the world's leading financial services companies, to provide the following identity protection services as a part of our medical plans at **no additional cost** to you:

+ ProtectMyID

- + For adults 18+, one person per policy
- + Credit Monitoring
- + Identity Theft Insurance
- + Fraud Resolution Services

+ FamilySecure

- + Once single policy for every child under 18 in the household
- + Credit Monitoring, Insurance, and Resolution Services

To enroll:

- + Log in to your BlueAccess™ account at bcbst.com.
- + Look for the Benefits & Coverage section on your Homepage
- + Click on the ID Protection link.

You'll be taken to a secure site to enroll in the services. You may also enroll by calling Experian at 1-866-926-9803. Reference engagement # **PC101139** for ProtectMyID or engagement # **PC101140** for FamilySecure.



Please visit bcbst.com/IDProtection for additional details.

Eligible members must opt-in to receive services.

Other discount programs

Blue365[®] Member Discounts

- Blue365, or member discount program, offers national and local discounts on products and services that can help keep our members healthy. This program is included in the plan and doesn't cost anything extra.
- As a member of Blue365, members can opt in to receive emails alerting them to weekly deals.
- Some discounts available through Blue365 include:
 - Membership in a wide network of gyms
 - Fitness gear
 - Healthy eating options
 - National nutrition programs
 - Vision products and services
 - Personal care and more



Log in to BlueAccessSM, under Managing Your Health, then Member Discounts & Fitness Your Way for more information



Fitness YourWay

Fitness that fits your budget



Affordable

Unlimited
Access

Flexible
Membership

Online
convenience

SUPPORT FOR A HEALTHIER LIFESTYLE

The program's benefits include:

No long-term contracts- Just a three-month commitment

Low monthly payments- Only \$29 per month

A nationwide network- More than 9,500 gyms and fitness centers nationwide

No waiting- You can start working out the day you join

Low enrollment fee- \$29 one-time initial enrollment fee

Log in to BlueAccessSM, under Managing Your Health, then Member Discounts & Fitness Your Way for more information

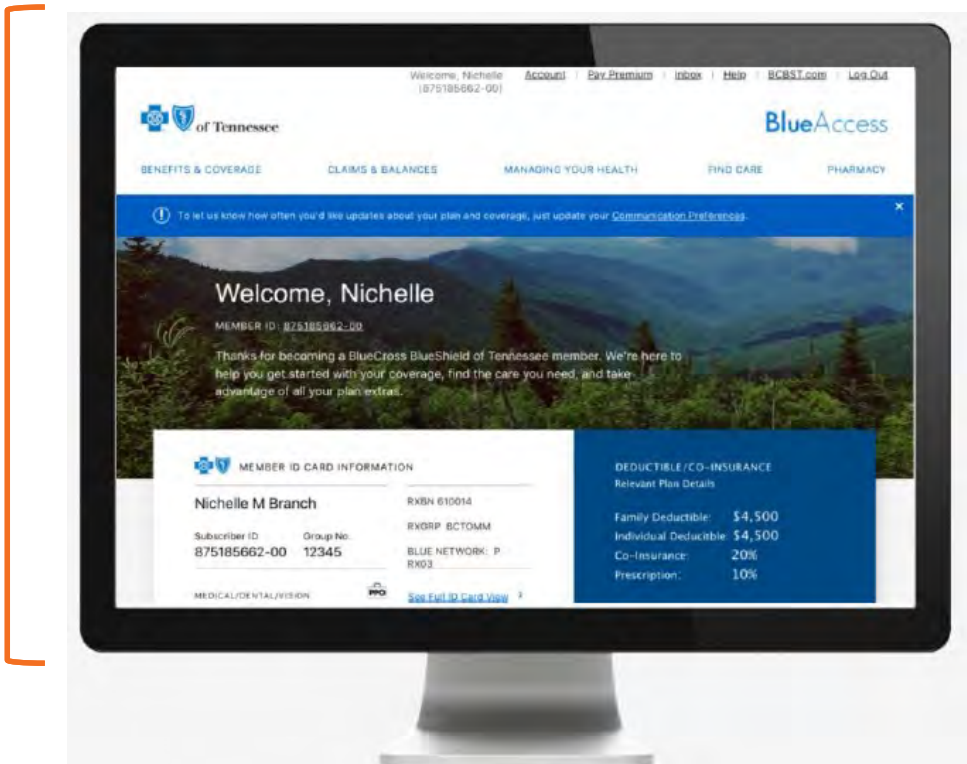
MEMBER TOOLS

BlueAccess Member Portal

Secure access to your personal health information

Get details online

bcbst.com/members/TN_state



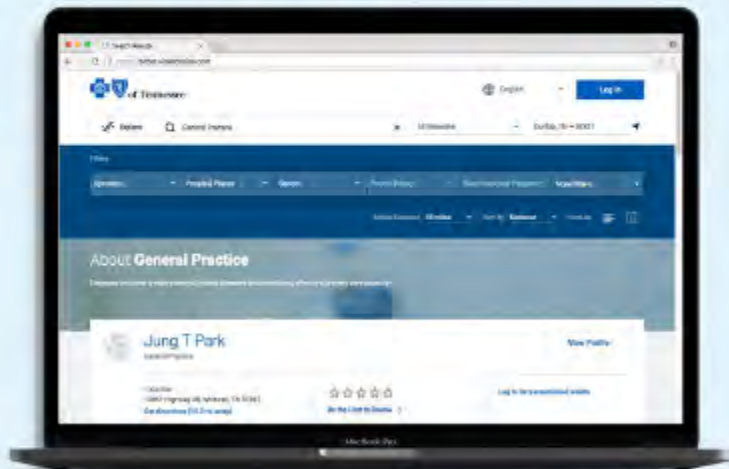
- Find a Doctor
- Benefits & Coverage
- Claim Information
- Account Balances
- Cost & Quality Tools
- Member Discounts
- Alerts & Reminders

Find-A-Doctor tool

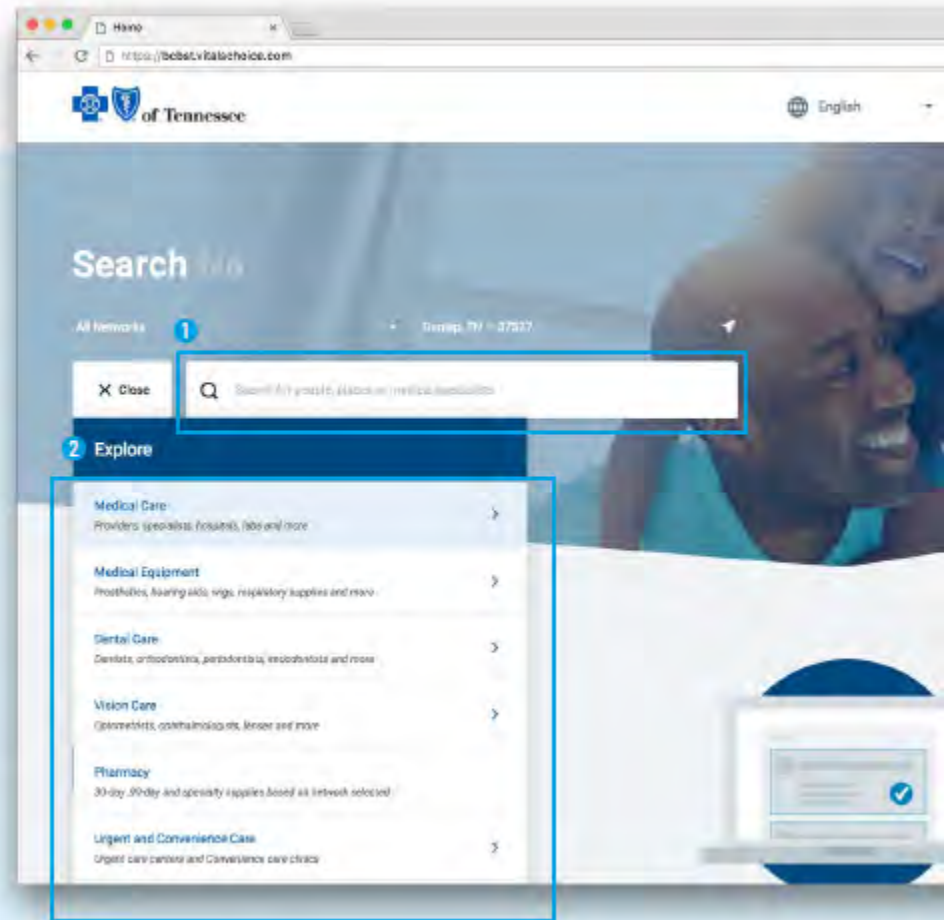
Making it Easier to Find the Right Care

Here's what's new:

Easily shift between **site search**¹
and a **guided explore**² option



The tool uses a search results view, similar to other familiar online search experiences.



MyBlue TNSM mobile app

Advanced tools at your fingertips



- Search for urgent care
- Access balances, claims & health plan details
- What's New messaging
- Member Discounts to view Blue365

* Available for iOS and Android



Questions?



THANK YOU



MetLife Dental Preferred Provider Organization (DPPO)

Savings, convenience and service for healthier smiles

Prepared For: State of Tennessee

September 18, 2018

- Plan Highlights Overview
 - Flexibility to go to any dentist — in or out of the network
 - Over 1,500 in network providers in our custom network in Tennessee
 - Plan pays in and out of network based on negotiated fees
 - Different Co-insurance percentages in and out of network
- There are waiting periods in the plan
 - 12 month wait on Orthodontia and Missing Teeth
 - 6 month wait on dentures, crowns and implants

- State of Tennessee Customer/Group number 161596
- Dental Member Handbook updated for 2019
- No Plan changes for 2019
- 2% Rate increase for 2019
- ID Cards
 - MetLife mails to member's homes upon initial enrollment
 - Available to print on MyBenefits or via Mobile App

- Designated Call Center Representatives
1-855-700-8001

- Website for Employees:

www.mybenefits.metlife.com/StateofTennessee

<https://www.metlife.com/StateofTN>

- Dedicated email address for ABC's:
StateofTennessee@metlife.com

With MyBenefits You Can Always.....

- View Enrollment Status
- Check recent claims and status
- Print ID cards
- Find essential forms
- Update profile information
- Access educational tools

You are viewing your State of Tennessee benefits. Log in to see all your accounts.

MetLife Made available through State of Tennessee...

My Group Benefits | My Forms | Customer Support

My Group Benefits

Print

Log in to view your policies

Enter your State of Tennessee MyBenefits login information

Looking for a different employer or association?

Username

Password

[Log In](#) [Forgot username or password?](#)

Not Registered?

[Register now](#) for access to your MetLife Benefits accounts [Who can register?](#)

Group Messaging

Come see our new look. MyBenefits has been enhanced to make accessing your MetLife benefits easier than ever!

An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, Retiree and/or Dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Dental Program. Employee or Retiree participation in the Preferred Dental Program is required for participation of eligible dependents. Participation by those enrolled in the Preferred Dental Program is on a calendar year basis, and enrollment may only be dropped by the Members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event

Dental PPO Plan
Group Dental Plan that helps you and your family keep a healthy regimen.
[Learn More](#)

Find a Dentist near you:

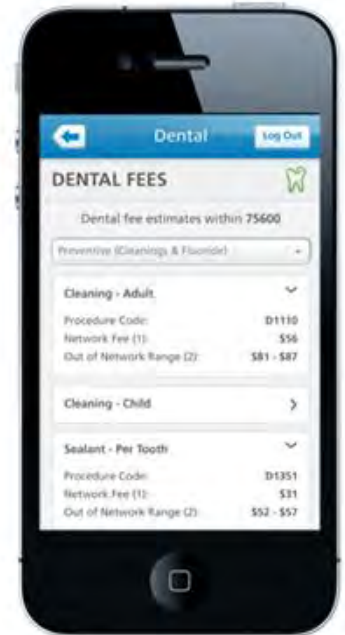
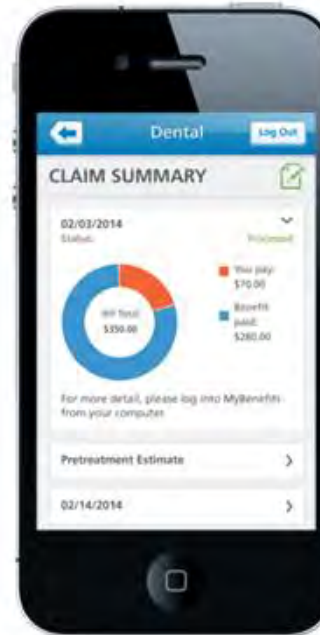
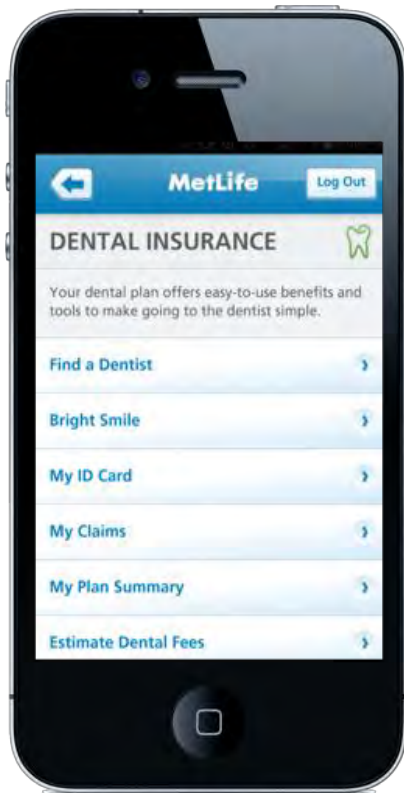
Enter your zip code

[Find](#)

[Advanced search](#)

1. MetLife Statistics, as of January 2013

Delivering benefits information to their fingertips



Certain features of the MetLife US Mobile App are not available for some MetLife Dental plans.

- MetLife will be available to support benefit events for the State of TN and may provide the following:
 - A representative will attend and be available to answer high level plan questions
 - The Member Handbook
 - Hot and Cold Packs
- Benefit Event Criteria
 - MetLife must be notified a minimum of 14 calendar days prior to the event
 - The location must have a minimum of 150 employees at the event location in order for a rep to attend
 - Upon request, we can send Member Handbooks to any location regardless of size
 - Please complete and return the Benefit Event spreadsheet to the stateoftennessee@metlife.com mailbox with the following details:
 - Location Name, Address
 - Location Contact, Phone Number, Email address
 - Shipping Contact and Address
 - Date and Time of Event
 - Number of Employees Expected to Attend
 - You will receive a call from the attending representative directly 1-2 weeks prior to your event

THANK YOU!



Navigating life together

Short Term Disability

State of Tennessee Higher Ed

Insuring Your Income. Protecting Your Financial Security.

ABC Training, September 18, 2018

PARTNERS
FOR HEALTH

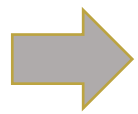


Navigating life together

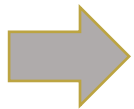
DISABILITY BENEFITS – HIGHER ED

PARTNERS
FOR HEALTH

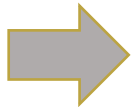
WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?



Replaces a portion of income lost due to sickness, pregnancy or accidental injury



Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.



Short Term Disability insurance replaces a portion of your income during disability for up to 26 weeks.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary¹ Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to \$2,500	
Minimum Weekly Benefit²	\$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks	
Evidence of Insurability (EOI)³	Limited medical questions for new applicants who previously waived coverage, and current participants electing a higher plan of benefit during the 2019 Annual Enrollment period. Full set of medical questions will be required for Late Applicants and 2019 plan participants who choose a higher plan of benefit during the 2020 Annual Enrollment period.	
Pre-Existing Condition	None	

¹ For 2019 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2018. Coverage, if approved by MetLife, will be effective January 1, 2019. If additional medical review is required, your effective date could be later than January 1, 2019.

² The Minimum Monthly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.

³ MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate

SHORT TERM DISABILITY PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER \$100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	\$1.34
Option B: 60%, 30 day elimination period	\$1.08

IT'S EASY TO TAKE THE FIRST STEP

1

Enroll online in **Edison ESS** with limited medical questions during your enrollment period, October 1 – 12, 2018

2

Once enrolled in **Edison ESS**, employees will be prompted to complete the MetLife Supplemental Enrollment form and submit to MetLife for review

3

MetLife will send a decision letter to employee; Disability enrollment confirmation will be provided by the State

4

Effective Date – January 1, 2019. If additional medical review is required, your effective date could be later than January 1, 2019.

5

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri) or visit <https://metlife.com/StateofTN>

Resources

Online tools and educational materials can be found on the State of TN microsite <https://metlife.com/StateofTN> which can also be linked to from the Partners for Health site

The screenshot shows the MetLife website interface for the State of Tennessee Employees. The header includes the MetLife logo and navigation links: Home, Plan, Rates, Calculator, FAQ, Glossary, and Case Studies. The main heading is "Disability Insurance Educational Site for State of Tennessee Employees" with a print icon. Below this, there is a note for "STATE Employees Only. Higher Education Employees click here." and the "PARTNERS FOR HEALTH" logo. The main content area is titled "Why is having Disability insurance important?" and includes a paragraph explaining the importance of disability insurance, followed by two bullet points: "Short Term Disability Insurance replaces a portion of your income during a disability which could last up to 26 weeks." and "Long Term Disability Insurance replaces a portion of your income during a disability that is expected to last for an extended period of time, typically longer than 90 or 180 days, depending on what plan you choose." Below this, there is a paragraph stating "While many people think that disabilities are typically caused by accidents, the majority of long term absences are actually due to illness. A good rule of thumb is to protect 60-80% of your after-tax income. This will help you meet your most important financial needs." and a section titled "Both plans offer:" with three bullet points: "Direct payments: receive a portion of your salary paid directly to you if you are unable to work after satisfying the Initial Elimination Period. (Short Term Disability benefits pay weekly, while Long Term Disability benefits pay monthly.)", "Easy claims filing: Report claims online or by phone", and "Competitive rates: This group coverage is offered only through your employer". To the right, there is a box titled "No health questions if enrolled during the fall Annual Enrollment period: October 2-13, 2017." and a "Useful Links" section with links to "Watch and Learn", "Glossary of Terms", "Disability Member Handbook", "Short Term Disability Certificate", "Long Term Disability Certificate", and "ParTners for Health Site". Below the main content, there are three sections: "Short Term Disability" with an image of a family and a "Learn more" link, "Long Term Disability" with an image of a family and a "Learn more" link, and "FAQ" with an image of a family and a "View here" link. At the bottom right, there is a "Questions?" section with contact information for the State of Tennessee Dedicated Customer Service Line: 1-855-700-8001, Live support 7am-10pm Central Time, M-F.

The microsite acts as a repository for employees to access all disability related materials. Plan overviews, case studies, FAQs, rates and calculator, coordination with Accrued Leave and Sick Leave Bank, how to file a claim, Enrollment Information Packet, etc.

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri)

HOW TO FILE A CLAIM

How to file a claim...

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available 7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online** at <https://mybenefits.metlife.com/MyBenefits>
- You can file a **Paper Claim** by downloading a form from <https://mybenefits.metlife.com/MyBenefits>. Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

Metropolitan Insurance Company
PO Box 14590
Lexington, KY 40512

Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the member...

- **Personal Information** - name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information** - workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information** - last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information** - Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information** - the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.



MetLife



Navigating life together

Short Term and Long Term Disability

State of Tennessee

Insuring Your Income. Protecting Your Financial Security.

ABC Training, September 18, 2018

PARTNERS
FOR HEALTH

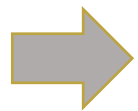


Navigating life together

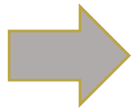
DISABILITY BENEFITS – STATE

PARTNERS
FOR HEALTH

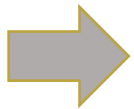
WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?



Replaces a portion of income lost due to sickness, pregnancy or accidental injury



Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.



Short Term Disability insurance replaces a portion of your income during disability for up to 26 weeks.



Long Term Disability insurance replaces a portion of your income for disabilities that last for an extended period of time.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary¹ Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to \$2,500	
Minimum Weekly Benefit²	\$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks	
Evidence of Insurability (EOI)³	Limited medical questions for new applicants who previously waived coverage, and current participants electing a higher plan of benefit during the 2019 Annual Enrollment period. Full set of medical questions will be required for Late Applicants and 2019 plan participants who choose a higher plan of benefit during the 2020 Annual Enrollment period.	
Pre-Existing Condition	None	

¹ For 2019 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2018. Coverage, if approved by MetLife, will be effective January 1, 2019. If additional medical review is required, your effective date could be later than January 1, 2019.

² The Minimum Monthly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.

³ MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate

LONG TERM DISABILITY (LTD) PLAN HIGHLIGHTS

	Option 1	Option 2	Option 3	Option 4
Eligibility	All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.			
% of Gross Annual Base Salary¹ Paid Monthly	60% of salary paid monthly		63% of salary paid monthly	
Maximum Monthly Benefit	Up to \$7,500 per month (covers annual salary of \$150,000)		Up to \$10,000 per month (covers annual salary of \$190,476.24)	
Minimum Monthly Benefit	Greater of 10% of benefit or \$100 per month			
Elimination Period	90 calendar days	180 calendar days	90 calendar days	180 calendar days
Own Occupation	24 months	24 months	36 months	36 months
Duration of Benefit	Disabled prior to Age 65, benefits end at Social Security Normal Retirement Age. Disabled at Age 65, benefits end after 24 months; Age 66, 21 months; Age 67, 18 months; Age 68, 15 months; age 69+, after 12 months			
Evidence of Insurability (EOI)³	Limited medical questions for new applicants who previously waived coverage, and current participants electing a higher plan of benefit during the 2019 Annual Enrollment period. Full set of medical questions will be required for Late Applicants and 2019 plan participants who choose a higher plan of benefit during the 2020 Annual Enrollment period.			
Pre-Existing Condition	3 months prior to effective date and 12 months from effective date			

1 For 2019 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2018. Coverage, if approved by MetLife, will be effective January 1, 2019. If additional medical review is required, your effective date could be later than January 1, 2019.

2 The Minimum Monthly Benefit will not apply if you are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy, which includes annual, sick and comp time.

3 MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

SHORT AND LONG TERM DISABILITY PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER \$100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	\$1.34
Option B: 60%, 30 day elimination period	\$1.08

LONG TERM DISABILITY RATES

LTD: EMPLOYEE'S AGE (PER \$100 OF COVERED MONTHLY SALARY)										
	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Option 1, 60%, 90 day elimination period	\$.20	\$.20	\$.40	\$.59	\$.75	\$.92	\$ 1.10	\$ 1.46	\$.97	\$.97
Option 2, 60%, 180 day elimination period	\$.16	\$.16	\$.31	\$.46	\$.59	\$.72	\$.86	\$ 1.14	\$.76	\$.76
Option 3, 63%, 90 day elimination period	\$.24	\$.24	\$.49	\$.72	\$.91	\$ 1.12	\$ 1.34	\$ 1.78	\$ 1.18	\$ 1.18
Option 4, 63%, 180 day elimination period	\$.19	\$.19	\$.39	\$.57	\$.72	\$.89	\$ 1.06	\$ 1.41	\$.94	\$.94

IT'S EASY TO TAKE THE FIRST STEP

1

Enroll online in **Edison ESS** with limited medical questions during your enrollment period, October 1 – 12, 2018

2

Once enrolled in **Edison ESS**, employees will be prompted to complete the MetLife Supplemental Enrollment form and submit to MetLife for review

3

MetLife will send a decision letter to employee; Disability enrollment confirmation will be provided by the State

4

Effective Date – January 1, 2019. If additional medical review is required, your effective date could be later than January 1, 2019.

5

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri) or visit <https://metlife.com/StateofTN>

Employee Communications

Enrollment Information Packet

(mailed September 24th)

Are you ready to ensure your income is protected with a special offer?

For State of Tennessee employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789



Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term and Long Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you this special offer to apply for coverage during this enrollment period at competitive employee rates and with no health questions to answer when you enroll!

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term and Long Term Disability Insurance can ensure you still receive part of your salary, so you can continue to pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability microsite for more information: <https://metlife.com/StateofTN>

Ready to insure your salary?
Enroll online in ESS in Edison
by Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. - 10:00 p.m. CST,
Monday through Friday.

ADF#DI1251.16

What is available:

STD - Two options to choose from:

- Option A: 60% of your weekly pre-disability earnings; coverage starts after 14 calendar days
- Option B: 60% of your weekly pre-disability earnings; coverage starts after 30 calendar days

LTD - Four options to choose from:

- Option 1: 60% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- Option 2: 50% of your weekly pre-disability earnings; coverage starts after 150 calendar days
- Option 3: 63% of your weekly pre-disability earnings; coverage starts after 90 calendar days
- Option 3: 63% of your weekly pre-disability earnings; coverage starts after 150 calendar days

How much you will need?

A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about 60% - 80% of their income

What's the right amount for you?

Learn more about Short Term and Long Term Disability Insurance and use the calculator tool at <https://metlife.com/stateoftn>.

You can also view real-life stories, frequently asked questions and other additional resources.



Enrollment during 2017 Annual Enrollment is guaranteed issue. No health questions asked! After the 2017 Annual Enrollment, MetLife will review your information and evaluate your request for coverage based upon your answers to health questions, MetLife's underwriting rules and other information you submit to us in the future. In certain cases, MetLife may request additional information to evaluate your request for coverage.

ADF#DI1251.16 ENROLL ONLINE AT Partnersforhealthtn.gov BY Oct. 13, 2017

SHORT TERM DISABILITY INSURANCE

Plan Overview & Cost of Coverage

Enroll: October 2 - 13, 2017



Designed to provide you with continuing income while you are out of work, Short Term Disability benefits pick up where Short Term Disability Insurance leaves off.

Eligible to you, special plan features and services and costs for Short Term Disability Insurance will be conveniently deducted from your premium payment, which will be conveniently deducted from your pay.

Enroll: October 2 - 13, 2017.

SHORT TERM DISABILITY

Option A	Option B
Must be less than 30 hours/week or seasonal employees hired prior to 30 days of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible federal law, state law, or action of the State Insurance Committee.	Must be less than 30 hours/week or seasonal employees hired prior to 30 days of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible federal law, state law, or action of the State Insurance Committee.
60% of salary paid weekly	60% of salary paid monthly
Up to \$2,500	Up to \$10,000 per month (covers annual salary of \$100,000)
\$25 ¹	10% of benefit or \$100 per month ²
14 calendar days	30 calendar days
26 weeks	150 calendar days
Health questions asked! For 2017 Annual Enrollment and New Hire (in 30 days of eligibility date, 90 required for late enrollment and current participants electing a higher plan of benefit)	Health questions asked! For 2017 Annual Enrollment and New Hire (in 30 days of eligibility date, 90 required for late enrollment and current participants electing a higher plan of benefit)
None	None
Benefit year and shall be effective as of October 1 of the current calendar year.	Benefit year and shall be effective as of October 1 of the current calendar year.
100% of Your Pre-Disability Earnings under the Policyholder's paid leave policy.	100% of Your Pre-Disability Earnings under the Policyholder's paid leave policy.
Issue (no health questions asked) after the 2017 Annual Enrollment. MetLife will request based upon your answers to health questions, MetLife's underwriting rules and MetLife may request additional information to evaluate your request for coverage.	Issue (no health questions asked) after the 2017 Annual Enrollment. MetLife will request based upon your answers to health questions, MetLife's underwriting rules and MetLife may request additional information to evaluate your request for coverage.

ADF#DI1251.16 ENROLL ONLINE AT Partnersforhealthtn.gov BY Oct. 13, 2017

LONG TERM DISABILITY

Option 2	Option 3	Option 4
Must be less than 30 hours/week or seasonal employees hired prior to 30 days of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	Must be less than 30 hours/week or seasonal employees hired prior to 30 days of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	Must be less than 30 hours/week or seasonal employees hired prior to 30 days of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.
60% of salary paid monthly	50% of salary paid monthly	63% of salary paid monthly
Up to \$10,000 per month (covers annual salary of \$100,000)	Up to \$10,000 per month (covers annual salary of \$100,000)	Up to \$10,000 per month (covers annual salary of \$100,000)
10% of benefit or \$100 per month ²	10% of benefit or \$100 per month ²	10% of benefit or \$100 per month ²
30 calendar days	90 calendar days	150 calendar days
150 calendar days	90 calendar days	150 calendar days
150 calendar days	90 calendar days	150 calendar days

Benefit year and shall be effective as of October 1 of the current calendar year.

100% of Your Pre-Disability Earnings under the Policyholder's paid leave policy.

Issue (no health questions asked) after the 2017 Annual Enrollment. MetLife will request based upon your answers to health questions, MetLife's underwriting rules and MetLife may request additional information to evaluate your request for coverage.

LONG TERM DISABILITY

MONTHLY SALARY
\$1.34
\$1.08

¹Your Pre-Disability Earnings means gross salary or wages you have earning from your employer as of September 1, effective October 1. This does not include benefits and business commissions over the job and any other compensation from your employer.
²The amount of LTD benefit may not exceed the maximum Weekly Benefit established under the plan of \$2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is \$45,000 ((\$2,500 x 12) ÷ 12) or \$37,500² annually. This will be the same for Option 3 or 4.

ADF#DI1251.16 ENROLL ONLINE AT Partnersforhealthtn.gov BY Oct. 13, 2017

LONG TERM DISABILITY

Benefit year and shall be effective as of September 1. The plan Option you elect and your age as of September 1, will determine your age on September 1 and your cost will increase as you enter the next cost bracket.

COVERED MONTHLY SALARY

Age	6-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Option 2	\$3.90	\$4.44	\$5.00	\$5.56	\$6.12	\$6.68	\$7.24	\$7.80
Option 3	\$3.90	\$4.44	\$5.00	\$5.56	\$6.12	\$6.68	\$7.24	\$7.80
Option 4	\$3.90	\$4.44	\$5.00	\$5.56	\$6.12	\$6.68	\$7.24	\$7.80

PREMIUM FOR SHORT TERM DISABILITY

Member earning \$45,000 annually, selecting Option A	EXAMPLE	WORK SPACE
Cost as your Covered Monthly Salary ¹	\$45,000 ÷ 12 = \$3,750	
Cost to get your per \$100 of	\$3,750 ÷ 100 = \$37.50	
Monthly premium by the appropriate new band	\$37.50 x \$1.34 = \$50.25	

Resources

Online tools and educational materials can be found on the State of TN microsite <https://metlife.com/StateofTN> which can also be linked to from the Partners for Health site

The screenshot shows the MetLife website interface for the State of Tennessee Employees. The page is titled "Disability Insurance Educational Site for State of Tennessee Employees" and includes a navigation menu with links for Home, Plan, Rates, Calculator, FAQ, Glossary, and Case Studies. The main content area is divided into several sections:

- STATE Employees Only. Higher Education Employees click here.**
- Why is having Disability insurance important?**
 - If you are unable to work due to illness or injury, disability insurance can help pay your most important expenses. These include: Mortgage or rent, car payments, food, child care/tuition and utilities.
 - Short Term Disability Insurance** replaces a portion of your income during a disability which could last up to 29 weeks.
 - Long Term Disability Insurance** replaces a portion of your income during a disability that is expected to last for an extended period of time, typically longer than 90 or 180 days, depending on what plan you choose.
- While many people think that disabilities are typically caused by accidents, the majority of long term absences are actually due to illness. A good rule of thumb is to protect 60-80% of your after-tax income. This will help you meet your most important financial needs.**
- Both plans offer:**
 - Direct payments: receive a portion of your salary paid directly to you if you are unable to work after satisfying the initial Elimination Period. (Short Term Disability benefits pay weekly, while Long Term Disability benefits pay monthly.)
 - Easy claims filing: Report claims online or by phone
 - Competitive rates: This group coverage is offered only through your employer
- Useful Links**
 - Watch and Learn >
 - Glossary of Terms >
 - Disability Member Handbook >
 - Short Term Disability Certificate >
 - Long Term Disability Certificate >
 - ParTNers for Health Site >
- Questions?**
 - State of Tennessee Dedicated Customer Service Line: 1-855-700-8001
 - Live support 7am-10pm Central Time, M-F
- Short Term Disability**
 - Short Term Disability replaces a portion of your income during the initial weeks of a disability.
 - [Learn more](#)
- Long Term Disability**
 - Long Term Disability replaces a portion of your income for disabilities that last for an extended period of time.
 - [Learn more](#)
- FAQ**
 - Read through our helpful Frequently Asked Questions.
 - [View here](#)

The microsite acts as a repository for employees to access all disability related materials. Plan overviews, case studies, FAQs, rates and calculator, coordination with Accrued Leave and Sick Leave Bank, how to file a claim, Enrollment Information Packet, etc.

For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri)

HOW TO FILE A CLAIM

How to file a claim...

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available
7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online**
at <https://mybenefits.metlife.com/MyBenefits>
- You can file a **Paper Claim** by downloading a form from
<https://mybenefits.metlife.com/MyBenefits>.
Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

Metropolitan Insurance Company
PO Box 14590
Lexington, KY 40512

Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the member...

- **Personal Information** - name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information** - workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information** - last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information** - Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information** - the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.



MetLife

FREE FLU SHOTS

2018-2019 FLU AND PNEUMOCOCCAL VACCINE COVERAGE

Members may get a free flu shot and/or pneumococcal vaccine by using:

- ✓ their Caremark card at a participating network pharmacy
- or
- ✓ their health insurance card (BlueCross BlueShield or Cigna) at their in-network doctor's office.

The following vaccinations are free to members of the state group insurance program:

- Injectable Seasonal Influenza Vaccine
- Intranasal Seasonal Influenza Vaccine (FluMist®) and Intradermal Flu Vaccine (short needle) and Flublok
- Injectable Seasonal Influenza High Dose (Fluzone® High Dose) Vaccine
- Adult Pneumococcal Vaccine
- Pediatric Pneumococcal Vaccine

IF YOU CHOOSE TO USE YOUR PHARMACY CARD

To get the vaccines above at no charge, members must use a participating retail pharmacy. The current list of participating retail pharmacies is available at info.caremark.com/stateoftn.

These pharmacies will offer flu shots from August 1, 2018, through April 30, 2019, and pneumococcal vaccines from September 1, 2018, through July 31, 2019.

IF YOU CHOOSE TO USE YOUR MEDICAL CARD

Simply contact your in-network doctor's office and ask if they have the vaccines. You may get the vaccination at your doctor's office without a copay. (Note: if you are at your doctor's office for another reason or illness when you get your shot, the doctor may charge an office visit copay.)

BlueCross members — to find an immunizing pharmacy or retail convenient care clinic go to bcbst.com and look under **Find a Doctor** > Either log into your BlueAccess account OR select network S for TN providers OR select BlueCard PPO (outside Tennessee) for outside TN searches.

- **Immunizing pharmacist** — enter your location (city & state) > enter **Immunizing Pharmacist** in the search bar
- **Retail convenient care clinic** — enter your location (city & state) > enter **Retail Health Clinic** in the search bar

Cigna members — to find an immunizing pharmacy go to cigna.com/sites/stateoftn. In the left-side navigation, look under **Resources and Forms for Medical Vaccine Program PDF**. You can also ask at your local pharmacy whether they can bill Cigna. If so, simply present your Cigna card.

September 28, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue!

Higher Ed – Tuesday, Oct. 2 at 8:30 a.m. Central time

Local Ed – Tuesday, Oct. 2 at 10 a.m. Central time

Central State – Tuesday, Oct. 2 at 12:30 p.m. Central time

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

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

State/Higher Ed: **Attached** is a new disability pregnancy Q&A for your reference.

ABC Conference Call Notes

The combined notes from the Sept. 25 ABC conference calls are **attached**. The Cigna Open Access Plus (OAP) and Cigna LocalPlus hospital lists found on the [Carrier Information page](#) have been updated. New Cigna addendums have also been posted. You may need to clear your cache to see the updated lists.

Higher Ed: We apologize for the audio issue during the Davis Vision presentation. We have attached the Davis Vision presentation and please let us know on next week's call if you have any questions about the presentation. The other vendor presentations from last week's calls are also **attached**.

State: The presentations from the Sept. 25 call are **attached**.

Local Ed/Local Gov: The presentations from the Sept. 25 call are **attached**.

Annual Enrollment Updates

Annual enrollment starts next Monday, Oct. 1! Here are the dates and updates:

State and Higher Education: Oct. 1-12, ends at 4:30 p.m. Central time

Local Ed, Local Gov and Retirees: Oct. 1-26, ends at 4:30 p.m. Central time

Employee Webinars

Members can join Annual Enrollment webinars to help them learn about their benefits. Dates and times are below. Members do not have to pre-register. They can also go to the [About Enrollment page](#) on the website, scroll down to **Click here for instructions on how to join** for more information.

State and Higher Education (all Central time)

- Monday, Oct. 1, 10-11 a.m.
- Wednesday, Oct. 3, 1-2 p.m.
- Monday, Oct. 8, 9-10 a.m.

Local education and Local government (all Central time)

- Thursday, Oct. 4, 1-2 p.m.
- Wednesday, Oct. 10, 3:30-4:30 p.m.

- Thursday, Oct. 18, 10-11 a.m.
- Wednesday, Oct. 24, 3:30-4:30 p.m.

Website

Active videos have been updated on the [Video page](#) and [ABC page](#) (under Training). Retiree videos have been added to the [For Retirement page](#) and [ABC page](#) (under Training).

The Tennessee Plan (POMCO/UMR) Letters

More than 35,000 members enrolled in The Tennessee Plan (POMCO/UMR) were mailed a letter on Wednesday, Sept. 26, letting them know that premium rates will stay the same in 2019. We've **attached** a copy for your reference.

October Preferred Drug List (PDL)

Click here for the [October 2018 State of Tennessee Preferred Drug List](#) (PDL). Also shown below are drugs being added, removed or moved from the preferred to non-preferred tier.

In the past three months, there were 14 members negatively affected by tier changes* or drug exclusions. Notification letters will be sent to these members.

Please encourage employees to use the state's specific webpage at info.caremark.com/stateoftn to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

*Except in the case of products that have generic equivalents available or are acute therapies.

CVS/CAREMARK HAS MADE THE FOLLOWING CHANGES TO THE PREFERRED DRUG LIST ("PDL" OR FORMULARY) AS OF Oct. 1, 2018:

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

Drug name	Indication	Notes
QVAR RediHaler	Asthma (for ages >= 4)	multiple brand name drugs and a generic are available on the preferred drug list

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

Drug name	Indication	Notes
Aptensio XR capsule	ADHD	multiple generic drug options available as well as preferred brands Vyvanse and Mydayis
Minastrin 24 FE	Oral contraceptive	multiple generic drug options available as well as preferred brand Safyral
Quillivant XR suspension	ADHD	multiple generic drug options available as well as preferred brands Vyvanse and Mydayis

Benzaclin gel	Topical treatment of acne vulgaris	multiple generics and preferred brands available on the preferred drug list
Mirapex ER tablet	Parkinson's Disease	multiple generic drug options available as well as preferred brand Neupro

Attachments: CDHP HSA State & Higher Ed
CDHP HSA Local
Davis Vision
Med Supp Premiums
MetLife Pregnancy FAQs Higher Ed
MetLife Pregnancy FAQs State
Securian



CDHP/HSA AND FSA REMINDERS

9/25/2018

What is a CDHP and an HSA?

- CDHP – Consumer Driven Health Plan (also known as a “HDHP” or high deductible health plan)
- Same networks through BCBS-TN and Cigna as the PPOs; but cost is shared differently
- IRS sets the minimum deductible amounts for CDHPs each year and usually updates the amount each year
- 2019 amounts: single coverage **\$1,500**; family coverage **\$3,000** (CDHP/HSA). These are the in-network amounts. Out of network amounts are higher
- Member is protected from catastrophic loss by a maximum out-of-pocket amount: **\$2,500 single / \$5,000 family**
- Member pays for all care until they reach the deductible (except for some preventive care – e.g. anti-hypertensives, asthma/COPD Rx, annual physical exams, annual routine well woman and routine well child exams)

What is a CDHP and an HSA?

- A health savings account (HSA) can be paired with a CDHP to allow the covered member to save \$ on a pre-tax basis
- Triple tax-advantage: contributions to the HSA are pre-tax (not taxed going in), interest and/or investment earnings are tax free, and funds taken out of the HSA and used to pay for eligible healthcare expenses are tax free
- Great retirement savings vehicle; HSA funds carry over from year-to-year and are never forfeited as in an FSA
- State and Higher Education employees receive seed funds each year from the state: \$250 single / \$500 family
- In 2019, the maximum HSA contribution is **\$3,500** (single coverage) or **\$7,000** (any other coverage tier). This includes any employer seed funds. Those 55 and older may add up to an additional \$1,000 in annual catch up contributions each year, starting the year they turn 55

How do members use a CDHP and their HSA?

- Tax-free contributions can be taken from their paycheck regularly and placed in their HSA (this saves your organization on FICA taxes)
- Members may choose to pay out-of-pocket for healthcare expenses while they build up their HSA, or they may use debit card provided by PayFlex to pay for prescriptions, doctor visits, etc.
- **Members** are responsible for keeping receipts and EOBs as proof of any funds spent from their HSA, in case of IRS audit (i.e., PayFlex will not request any substantiation like they may do on FSA expenses)
- Once the HSA deposit account reaches at least \$1,000 members may choose to start investing any funds over that in a mixture of various mutual funds offered by PayFlex and chosen by the State of TN Treasury department
- May set up an automatic “sweep” on a set schedule to invest any balance above a certain amount (i.e. set up a schedule to move any amounts in your deposit account greater than \$1,000 to your investment account)

Questions you may get-

- ***“Who is eligible for the CDHP/HSA?”***
 - Any state or higher education employee is eligible for the **CDHP/HSA**
- ***“Can I enroll in the CDHP if I have Medicare or receive Social Security?”***
 - No, you are not eligible to enroll in the CDHP if you receive Medicare or any other government program coverage (Medicaid [known as TennCare in Tennessee], or TRICARE), nor may you if you receive a Social Security benefit. You may not be covered under any other health plan (spouse’s) that is not a qualified HDHP, with the exception of certain permitted coverage and certain health-related payment plans (cancer policy or similar)
- ***“What are the differences between a FSA and an HSA?”***
 - A medical FSA allows you to pay for certain eligible healthcare expenses with pre-tax dollars, just as an HSA does. However, the biggest difference is that you may only contribute up to \$2,650 to an FSA (2019 ST/HE limit) and either \$3,500 or \$7,000 – 2019 limits) to an HSA. Plus, most FSA dollars are “use it or lose it” (only up to \$500 can be carried over in to next year). Your HSA balance – no matter how large or small – carries over from year to year. This allows you the opportunity to grow quite a large nest egg for retirement healthcare expenses and reduce your taxes today!

Questions you may get-

- ***“How and when is money contributed to my HSA?”***
 - If you are a state or higher education employee, the seed funds that the state provides will be credited to your account sometime in early January each year.
 - Regarding payroll contributions, if you are a state employee you will enter into Edison the annual amount that you want to contribute to your HSA. Note the IRS maximum contribution amount for the year and subtract the state seed funds. Your total contribution will automatically be taken in equal amounts out of your paychecks during the year and deposited into your HSA
 - Higher Education employees will complete a paper form with their ABC and your HSA contribution will be taken from your paychecks throughout the year and deposited into your HSA
 - You may also make an after tax contribution to your HSA by connecting your bank account to your HSA and moving the funds, or sending a paper check to PayFlex. You can then take an “above the line” tax credit when you file your taxes, thereby reducing your taxable income
- ***“If I quit my job in the middle of the year, do I have to give my employer’s contribution back?”***
 - No, any funds that your employer contributes to your HSA are yours to keep. The funds that you contribute to your HSA are also yours as well and you may keep the funds in your HSA or move them to another HSA if you start another job elsewhere
- ***“Which state and higher education employees are eligible for the seed funds and which ones are not?”***
 - Anyone whose benefits effective date is September 1 or earlier and is enrolled in the CDHP/HSA will receive seed funds for that year. Anyone whose benefits effective date is September 2 or later in the plan year and is enrolled in the CDHP/HSA will not receive seed funds for that plan year, but will the following year if they stay enrolled in the CDHP/HSA.

Reminders-

- PayFlex ABC dedicated email address for questions or assistance (ABCs only; do not share with your employees): **stateoftennessee@payflex.com**
- Benefits Administration has a CDHP/HSA video located at <https://www.tn.gov/partnersforhealth/health-options/cdhp.html> that you can share with your employees. Another video for retirees can be found at <https://www.youtube.com/watch?v=DLraj1qtH9I>
- The 2019 IRS HSA contribution maximums **\$3,500** (single coverage) and **\$7,000** (all other coverage tiers) includes any amounts the employer adds to the HSA. You should subtract the seed funds the state contributes (\$250 or \$500) from that amount and whatever is left is the maximum amount that your employees may contribute in 2019
- Employees who turn 55 during the plan year may make an additional \$1,000 in catch-up contributions to their HSA
- Easy reference grid on the state's website compares HSAs and FSAs and makes it easy to distinguish the differences between them, on the Publications page under HSA/FSA: <https://www.tn.gov/partnersforhealth/publications/publications.html>

FSA / L-FSA / DC-FSA

- For 2019, employees enrolled in one of the PPOs may elect to add up to **\$2,650** to the medical **FSA**. Employees do not have to be enrolled in our insurance to contribute to the FSA. Employees may carry over into the next year a maximum of \$500.00
- For 2019, employees enrolled in the CDHP/HSA may elect to add up to **\$2,650** to the Limited Purpose FSA (**L-FSA**), which is only for vision and dental expenses. Employees may carry over into the next year a maximum of \$500.00
- Plan members may enroll in the dependent care FSA (**DC-FSA**) and contribute up to **\$2,500 (or \$5,000** per spouse if filing taxes as married filing jointly). If single, may only contribute up to \$2,500. This is only to be used for certain IRS-approved childcare and dependent care expenses. Debit card is not available to be used on the DC-FSA
- EOBs must be kept and presented to substantiate most medical FSA and L-FSA expenses when PayFlex requests them. If not provided, your debit card will be deactivated and you will be required to file paper claims for remainder of the year
- Easy reference grid on the state's website compares HSAs and FSAs and makes it easy to distinguish the differences between them, on the Publications page under HSA/FSA:
<https://www.tn.gov/partnersforhealth/publications/publications.html>



QUESTIONS?



LOCAL CDHP/HSA REMINDERS

9/25/2018

What is a CDHP and an HSA?

- CDHP – Consumer Driven Health Plan (also known as a “HDHP” or high deductible health plan)
- Same networks through BCBS-TN and Cigna as the PPOs; but cost is shared differently
- IRS sets the minimum deductible amounts for CDHPs each year and usually updates the amount each year
- 2019 amounts: single coverage **\$2,000**; family coverage **\$4,000** (Local CDHP/HSA). These are the in-network amounts. Out of network amounts are higher
- Member is protected from catastrophic loss by a maximum out-of-pocket amount: **\$5,000 single / \$10,000 family**. These are the in-network amounts; out of network amounts are higher
- Member pays for all care until they reach the deductible (except for some preventive care – e.g., anti-hypertensives, asthma/COPD Rx, annual physical exams, annual routine well woman and routine well child exams)

What is a CDHP and an HSA?

- A health savings account (HSA) can be paired with a CDHP to allow the covered member to save \$ on a pre-tax basis
- Triple tax-advantage: contributions to the HSA are pre-tax (not taxed going in), interest and/or investment earnings are tax free, and funds taken out of the HSA and used to pay for eligible healthcare expenses are tax free
- Great retirement savings vehicle; HSA funds carry over from year-to-year and are never forfeited as in an FSA
- In 2019, the maximum HSA contribution is **\$3,500** (single coverage) or **\$7,000** (any other coverage tier). This includes any employer seed funds. Those 55 and older may add up to an additional \$1,000 in annual catch up contributions each year, starting the year they turn 55

How do members use a CDHP and their HSA?

- Tax-free contributions can be taken from their paycheck regularly and placed in their HSA (this saves your organization on FICA taxes). If your organization is not set up yet with PayFlex to send payroll contributions, you should do so. This makes it easier on your employees and encourages their enrollment – thereby saving you on FICA taxes
- Members may choose to pay out-of-pocket for healthcare expenses while they build up their HSA, or they may use debit card provided by PayFlex to pay for prescriptions, doctor visits, etc.
- **Members** are responsible for keeping receipts and EOBs as proof of any funds spent from their HSA, in case of IRS audit (i.e., PayFlex will not request any substantiation like they may do on FSA expenses)
- Once the HSA deposit account reaches at least \$1,000 members may choose to start investing any funds over that in a mixture of various mutual funds offered by PayFlex and chosen by the State of TN Treasury department
- May set up an automatic “sweep” on a set schedule to invest any balance above a certain amount (i.e. set up a schedule to move any amounts in your deposit account greater than \$1,000 to your investment account)

Questions you may get-

- ***“Who is eligible for the Local CDHP/HSA?”***
 - Any Local Education or Local Government employee is eligible for the **Local CDHP/HSA**
- ***“Can I enroll in the CDHP if I have Medicare or receive Social Security?”***
 - No, you are not eligible to enroll in the CDHP if you receive Medicare or any other government program coverage (Medicaid [known as TennCare in Tennessee], or TRICARE), nor may you if you receive a Social Security benefit. You may not be covered under any other health plan (spouse’s) that is not a qualified HDHP, with the exception of certain permitted coverage and certain health-related payment plans (cancer policy or similar)
- ***“What are the differences between a FSA and an HSA?”***
 - A medical FSA allows you to pay for certain eligible healthcare expenses with pre-tax dollars, just as an HSA does. However, the biggest difference is that you may only contribute up to \$2,650 to an FSA (*the state’s 2019 limit; yours may be higher*) and either \$3,500 or \$7,000 – 2019 limits) to an HSA. Plus, most FSA dollars are “use it or lose it” (and possibly only up to \$500 can be carried over in to next year). Your HSA balance – no matter how large or small – carries over from year to year. This allows you the opportunity to grow quite a large nest egg for retirement healthcare expenses and reduce your taxes today!

Questions you may get-

- ***“How and when is money contributed to my HSA?”***
 - It is up to each Local Education and Local Government agency to determine if they will offer payroll deduction and to set this up with PayFlex. It’s a benefit to your employees, remember!
 - Local Education and Local Government employees – check with your ABC.
 - You may also make an after tax contribution to your HSA by connecting your bank account to your HSA and moving the funds, or sending a paper check to PayFlex. You can then take an “above the line” tax credit when you file your taxes, thereby reducing your taxable income.
- ***“If I quit my job in the middle of the year, do I have to give my employer’s contribution back?”***
 - No, any funds that your employer contributes to your HSA are yours to keep. The funds that you contribute to your HSA are also yours as well and you may keep the funds in your HSA or move them to another HSA if you start another job elsewhere.

Reminders-

- PayFlex ABC dedicated email address for questions or assistance (ABCs only; do not share with your employees): stateoftennessee@payflex.com
- Benefits Administration has a CDHP/HSA video located at <https://www.tn.gov/partnersforhealth/health-options/cdhp.html> that you can share with your employees. Another video for retirees can be found at <https://www.youtube.com/watch?v=DLraj1qtH9I>
- The 2019 IRS HSA contribution maximums **\$3,500** (single coverage) and **\$7,000** (all other coverage tiers) includes any amounts the employer adds to the HSA. If your agency contributes seed funds to your employees' HSAs, you should subtract that amount and whatever is left over is the maximum that your employees may contribute in 2019.
- Employees who turn 55 during the plan year may make an additional \$1,000 in catch-up contributions to their HSA.
- Easy reference grid on the state's website compares HSAs and FSAs and makes it easy to distinguish the differences between them, on the Publications page under HSA/FSA: <https://www.tn.gov/partnersforhealth/publications/publications.html>



QUESTIONS?



Underwritten by HM Life Insurance Company or HM Life Insurance Company of New York

PARTNERS
FOR HEALTH



State of Tennessee Vision Plan Update

September 25, 2018

Davis Vision is now part of Versant Health



We have a new look that reflects our renewed commitment to you. Only the appearance of the brand will change; our contract with you – your plan, level of service and quality of care - remain the same.

Versant Health offers **Davis Vision** and **Superior Vision**, each of which provides unique and tailored managed vision care solutions. Together, every kind of vision care sits under one roof, with a dedication to quality and a passion for service.

Our mission is to help members enjoy the wonders of sight through healthy eyes and vision.

We're Opening the Way to a New Frontier in Vision Care

See Beyond the Expected

Important Message



New look for the name you trust.

There are no changes to your vision benefits, but we do have a new look that reflects our commitment to you. As a Davis Vision member, your plan information, level of service and quality of care remains the same.

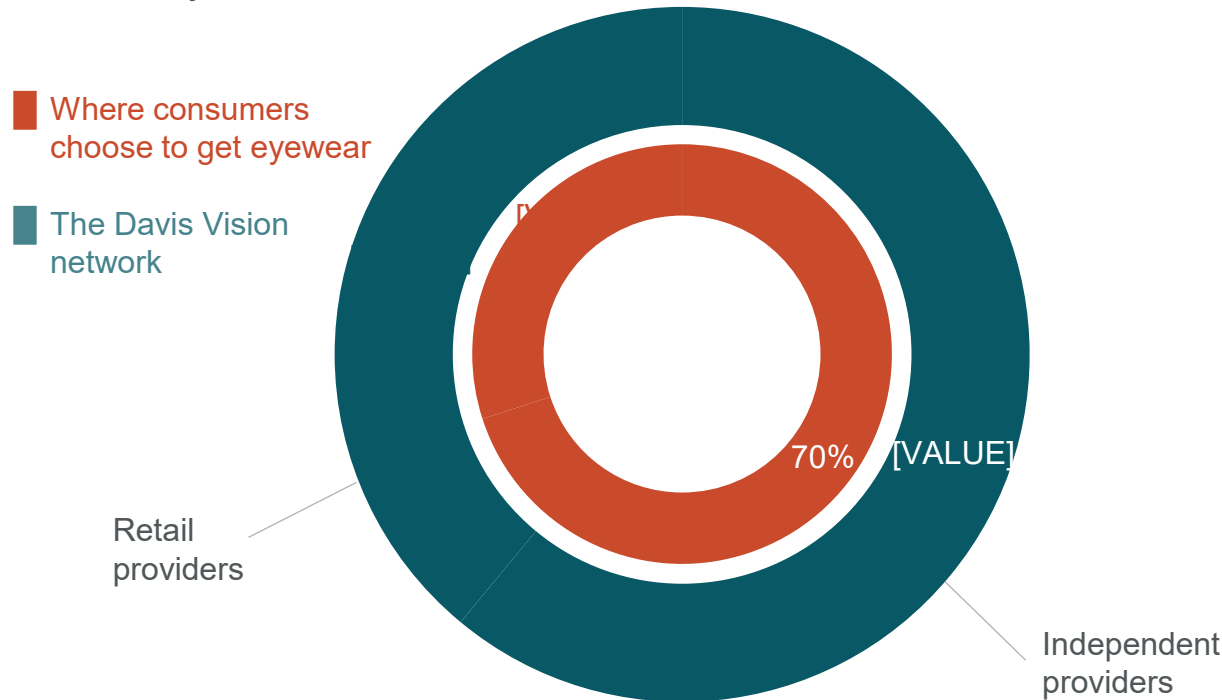
What this means for you

We're investing millions of dollars in technologies, training and service to make every experience with us a great one. We are dedicated to you, providing high quality benefits and a passion for service.

The Access You Need

We Meet Consumer Demand with a Network Built for You

The Davis Vision network meets consumer choice in eyewear



State of Tennessee members have an In-Network utilization rate of **97%** in 2018!

Access standards	% with desired access	Avg. distance to providers (2/ 2/ 1)
Urban (2 in 10)	100%	2.1 miles
Suburban (2 in 15)	100%	2.1 miles
Rural (1 in 20)	98.9%	5.4 miles

Our network consists of over 74,000 points of access and includes both **independent** and **retail providers**.

The Vision Council "Consumer Barometer" – September 2017
Davis Vision 041 Network as of 2018 Q1 report

The Exclusive Collection

davisvision.com/exclusivecollection



Available at nearly **9,000 independent provider offices** across the country, more than half our members choose from the Exclusive Collection when they can!

- Includes a **one-year breakage warranty**
- Over 200 Fashion, Designer and Premier level frames – at **low or \$0 copay amounts**, depending on the plan design
- Includes brands such as Tapout[®], Gant[®], Perry Ellis[®], Candies[®] and more

Visionworks Offers the Most Frames of any Retailer

Find Frames for Any Lifestyle



RETAILER	# OF FRAMES
Visionworks	2,022
LensCrafters	1,620
EyeMart Express	1,500
America's Best	1,057
Pearle Vision	735
Target	565

Brands include:



Frames at Visionworks are **Free (\$0 copay)** for State of TN members (excludes Maui Jim eyewear)!

State of TN Plan Design

Current Vision Benefits

Service	BASIC Plan In-network coverage	EXPANDED Plan In-network coverage
Eye examination – (every January 1)	\$0 co-pay	\$10 co-pay
Spectacle lenses – (every January 1)	\$0 co-pay	\$0 co-pay
Frame (every other January 1)		
Retail allowance	80% of balance over \$55	80% of balance over \$150
Visionworks	Covered in full (except Maui Jim eyewear)	Covered in full (except Maui Jim eyewear)
Davis Vision Exclusive Collection		
Fashion	Covered in full	Covered in full
Designer	\$15 co-pay	Covered in full
Premier	\$40 co-pay	Covered in full
Contact lenses (every January 1 in lieu of eyeglasses)		
Conventional / Disposable	80% of balance over \$55	80% of balance over \$140
Medically Required	80% of balance over \$155	Covered in full
Contact lens fitting fee		
Standard / Specialty	80% of charge	\$50 co-pay / \$60 co-pay

Lens Prices You Can Count On

Simple, Consistent Pricing

Lens types and coatings	BASIC Plan	EXPANDED Plan
Oversized lenses	\$0	\$0
Tinting of plastic lenses	80% of charge up to \$15	\$15
Scratch resistant coating	\$0	\$0
Polycarbonate lenses (* children)	\$0* /80% of charge up to \$35	\$0* / \$30
Ultraviolet coating	80% of charge up to \$15	\$10
Anti-reflective coating (ARC) Standard/ Premium/ Ultra/ Tier 4	80% of charge up to \$40/ \$55/ \$69 / \$69	\$40/ \$55/ \$69/ \$69
High Index lenses	80% of charge up to \$60	\$60
Progressives Standard/ Premium/ Ultra/ Tier 4	80% of charge over \$55, not to exceed \$65/ \$105/ \$140	\$50/ \$90/ \$140/ \$140
Polarized lenses	80% of charge up to \$75	80% of charge up to \$75
Plastic photochromic lenses (Transitions® Signature™)	80% of charge up to \$70	80% of charge up to \$70
Scratch protection plan (single vision / multifocal)	\$20 / \$40	\$20 / \$40



Fixed prices on lens options provides a consistent member experience throughout our network

Laser Vision Correction Discounts

qualsight.com/-state-of-tn



As a Davis Vision client, you receive discounted prices on LASIK procedures guaranteed, making **permanent vision correction** a more affordable solution than ever.

- Free LASIK Consultation
- 900+ locations nationwide
- Largest network of credentialed LASIK eye surgeons nationwide

Hearing Aid Discounts

epichearing.com/davisvision



With EPIC Hearing Healthcare, provide you with quality, affordable hearing care. Enjoy access to the **largest network of audiologists and ENTs** in the country and **save up to 60%** off retail prices on brand name hearing aids.

- Free Hearing Consultation
- 3-year extended warranty & 1-year supply of batteries
- \$495 for Basic hearing aid technology (usually \$1,400-\$1,600)

Davis Vision Member Portal

www.davisvision.com/stateoftn

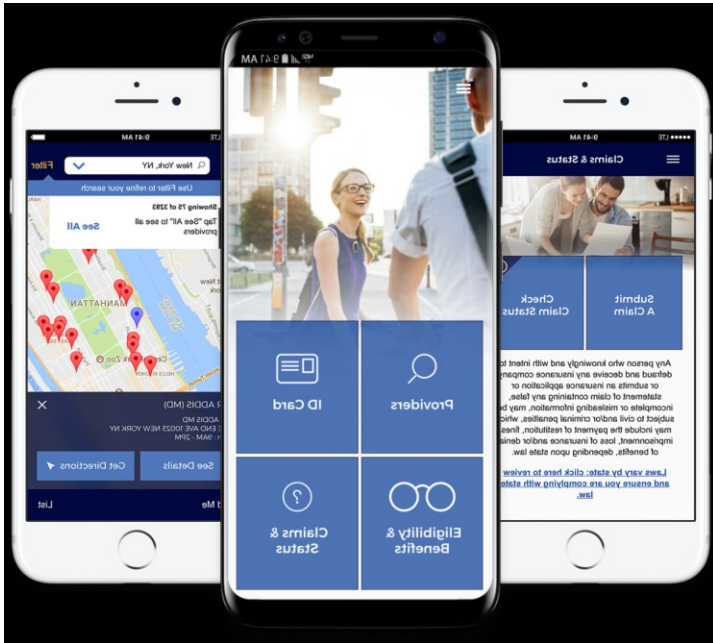


The Davis Vision member portal has the tools members need to optimize their benefits, including: **Provider Locator, Exclusive Frame Collection, Plan Summaries and Vision Reference Library.**

-
- Engaging articles on vision and wellness
 - Trending topics and subject matter
 - Easily shareable content for social media

Davis Vision member app

davisvision.com/app



Interactive provider search with maps and directions

Eligibility and benefits

Badge alerts

Fingerprint login

Digital claim submission

Member ID card

Claim status

Customer Service

Helping you Navigate your Benefits with Ease



Questions About Annual Enrollment?

For more details about the plan, just log on to the member portal at www.davisvision.com/stateoftn,

Or call **1.800.208.6404** and enter **Client Code:**

8155: BASIC Plan

8156: EXPANDED Plan

Our US-based customer care center is just a quick phone call away and is available 7 days per week.



Davis VisionTM

Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HM 902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.

DV-MKG18-0002-PPT-07/2018

from  **VersantHealth**TM

Frequently Asked Questions about pregnancy

When should I notify my employer about my pregnancy?

Ideally, you should notify your manager as soon as you are comfortable sharing the information so that he/she can begin to make plans to balance the workload during your leave.

Am I entitled to receive disability for any period of time prior to my expected date of delivery (prepartum)?

In many cases, women are able to work up until their delivery. However, there are times when complications may arise and there is a need to take an early maternity leave. Ante-partum time (prior to delivery) of up to 2 weeks is allowable without requiring that detailed medical documentation be submitted. However, if your first day absent exceeds the delivery date by more than 2 weeks prior to delivery, then detailed medical documentation must be submitted to MetLife.

What if I have complications with my pregnancy and need to be out of work earlier than expected?

You should initiate a claim for disability. We will notify your physician and request medical information to evaluate your disability. Once the medical information is received and evaluated, MetLife will make a claim decision.

When should I file my disability claim?

Typically, you should file your claim on the last day worked. However, you should refer to your [employer's plan documents](#) and the [FAQs](#) on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How do I file my disability claim?

MetLife offers claim filing through the internet, via telephone, or paper. However, you should refer to your [employer's plan documents](#) and the [FAQs](#) on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How will I know when a decision about my claim has been made?

A MetLife case manager will call you and provide a letter outlining the claim decision.

What information does my physician need to provide to MetLife for my disability?

Your physician will need to validate your pregnancy, provide dates (due/delivery date) and advise if there are any additional circumstances that the case manager should be aware of to assist with the handling of your disability claim.

Is there a difference in the amount of disability time allowed for a cesarean delivery versus a normal delivery?

Generally, a claimant is allowed an 8-week recovery period for a cesarean delivery or 6 weeks for a normal delivery from date of delivery.

When are benefits payable?

The benefit period will begin on the benefit start date, which is the day after you satisfy the elimination period of either 14 days or 30 days. However, benefits are only payable after all accrued paid leave (annual, sick leave and comp time) has been exhausted.

What if I do not plan to return to work after my disability leave and plan to take advantage of the FML bonding leave with my new baby?

Under the Family Medical Leave Act, or similar state leave laws, you may be eligible to take additional time off to bond with your baby. Make sure you communicate with your employer or leave administrator if you plan to take additional time off to bond with your baby.

For more information about your claim, contact MetLife at 1-855-700-8001.

Frequently Asked Questions about pregnancy

When should I notify my employer about my pregnancy?

Ideally, you should notify your manager as soon as you are comfortable sharing the information so that he/she can begin to make plans to balance the workload during your leave.

Am I entitled to receive disability for any period of time prior to my expected date of delivery (prepartum)?

In many cases, women are able to work up until their delivery. However, there are times when complications may arise and there is a need take an early maternity leave. Ante-partum time (prior to delivery) of up to 2 weeks is allowable without requiring that detailed medical documentation be submitted. However, if your first day absent exceeds the delivery date by more than 2 weeks prior to delivery, then detailed medical documentation must be submitted to MetLife.

What if I have complications with my pregnancy and need to be out of work earlier than expected?

You should initiate a claim for disability. We will notify your physician and request medical information to evaluate your disability. Once the medical information is received and evaluated, MetLife will make a claim decision.

When should I file my disability claim?

Typically, you should file your claim on the last day worked. However, you should refer to your [employer's plan documents](#) and the [FAQs](#) on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How do I file my disability claim?

MetLife offers claim filing through the internet, via telephone, or paper. However, you should refer to your [employer's plan documents](#) and the [FAQs](#) on the MetLife Disability website for more information: <https://metlife.com/StateofTN>

How will I know when a decision about my claim has been made?

A MetLife case manager will call you and provide a letter outlining the claim decision.

What information does my physician need to provide to MetLife for my disability?

Your physician will need to validate your pregnancy, provide dates (due/delivery date) and advise if there are any additional circumstances that the case manager should be aware of to assist with the handling of your disability claim.

Is there a difference in the amount of disability time allowed for a cesarean delivery versus a normal delivery?

Generally, a claimant is allowed an 8-week recovery period for a cesarean delivery or 6 weeks for a normal delivery from date of delivery.

When are benefits payable?

The benefit period will begin on the benefit start date, which is the day after you satisfy the elimination period of either 14 days or 30 days. However, benefits are only payable after all accrued paid leave (annual, sick leave and comp time) has been exhausted.

What if I do not plan to return to work after my disability leave and plan to take advantage of the FML bonding leave with my new baby?

Under the Family Medical Leave Act, or similar state leave laws, you may be eligible to take additional time off to bond with your baby. Make sure you communicate with your employer or leave administrator if you plan to take additional time off to bond with your baby.

For more information about your claim, contact MetLife at 1-855-700-8001.



Essential insurance for smart life planning

Group term life and accidental death and dismemberment (AD&D)

Michael Kretman
Marketing Specialist





Today's agenda



Why term life and AD&D



Coverage options and cost



Enrollment



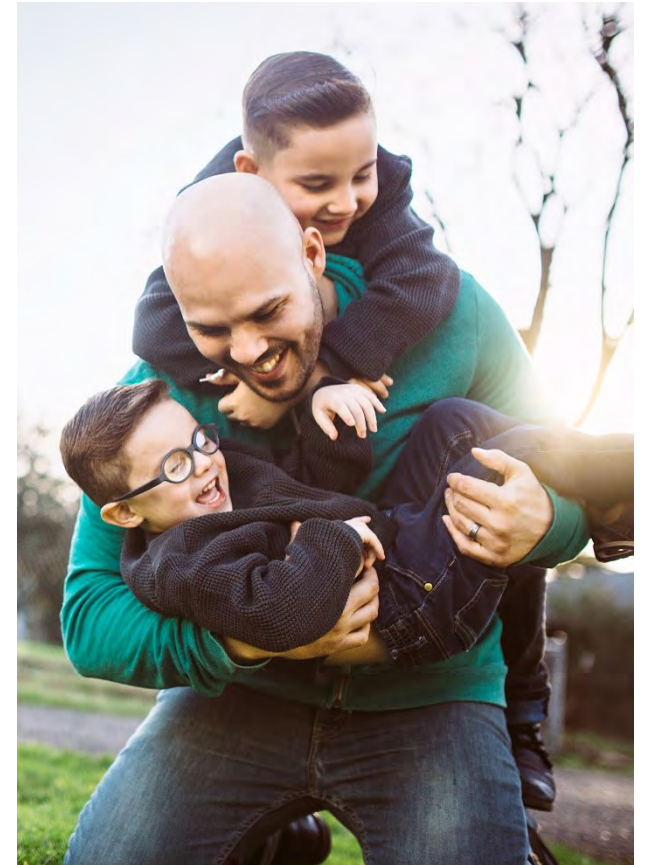
Beyond active employment



Additional resources



Why life insurance matters





Prepare for the unexpected

- Protection during working years
- Temporary
- Cost effective





Your coverage options and cost





Basic term life and AD&D

If your base annual salary is:	Basic employee term life	Basic AD&D			
		Employee	Spouse only	Spouse and child	
				Spouse	Child
Less than \$15,000	\$20,000	\$40,000	\$24,000	\$16,000	\$4,000
\$15,000-\$17,499	22,000	44,000	26,000	18,000	4,000
\$17,500-\$19,999	25,000	50,000	30,000	20,000	5,000
\$20,000-\$22,499	30,000	60,000	36,000	25,000	5,000
\$22,500-\$24,999	33,500	67,000	40,000	27,000	6,000
\$25,000-\$27,499	37,000	74,000	44,000	30,000	7,000
\$27,500-\$29,999	40,500	81,000	49,000	32,000	8,000
\$30,000-\$32,499	44,000	88,000	53,000	35,000	9,000
\$32,500-\$34,999	47,500	95,000	57,000	38,000	9,000
\$35,000 and over	50,000	100,000	60,000	40,000	10,000

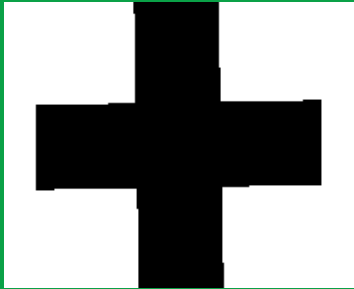
Beginning at age 65, employee term/AD&D and spouse AD&D coverages reduces to a percentage of the amount in effect prior to age 65: to 65 percent at age 65, to 45 percent at age 70 and to 30 percent at age 75.

The State of Tennessee automatically enrolls you in the basic term life and basic AD&D insurance programs. The State pays for \$20,000 basic term life and \$40,000 basic AD&D (reduced amounts if age 65 or greater).

If you enroll in the State's medical insurance program, you pay 100 percent of the premium for basic term life insurance in excess of \$20,000, basic AD&D insurance in excess of \$40,000, and basic dependent term life/AD&D.



Coverage options



**Voluntary
employee term life**
\$5,000 increments



**Voluntary spouse term
life insurance**
\$5,000 increments



**Voluntary child term life
rider**
\$5,000 or \$10,000



Voluntary AD&D

	If your base annual salary is:	Employee	Family coverage		
			Spouse only	Spouse and Child	
			(No children)	Spouse	Child
 Voluntary AD&D single or family	Less than \$3,000	\$6,000	\$4,000	\$2,000	\$1,000
	\$3,000-\$3,999	9,000	5,000	3,000	1,000
	\$4,000-\$4,999	12,000	7,000	4,000	2,000
	\$5,000-\$5,999	15,000	9,000	5,000	2,000
	\$6,000-\$6,999	18,000	11,000	7,000	2,000
	\$7,000-\$7,999	21,000	13,000	8,000	3,000
	\$8,000-\$8,999	24,000	15,000	10,000	3,000
	\$9,000-\$9,999	27,000	17,000	11,000	3,000
	\$10,000-\$12,499	32,000	19,000	13,000	3,000
	\$12,500-\$14,999	38,000	23,000	15,000	4,000
	\$15,000-\$17,499	44,000	26,000	18,000	4,000
	\$17,500-\$19,999	50,000	30,000	20,000	5,000
\$20,000 and over	60,000	36,000	25,000	5,000	



Cost structure





Basic term life and AD&D rates

Basic term life and AD&D insurance employee monthly cost by employee base annual salary bands

	Employee Basic term life and AD&D	Family basic term life and AD&D
Less than \$15,000	\$0.00	\$1.20
\$15,000-\$17,499	0.40	1.62
\$17,500-\$19,999	0.99	2.27
\$20,000-\$22,499	1.98	3.32
\$22,500-\$24,999	2.67	4.07
\$25,000-\$27,499	3.37	4.83
\$27,500-\$29,999	4.06	5.57
\$30,000-\$32,499	4.75	6.33
\$32,500-\$34,999	5.45	7.06
\$35,000 and over	5.94	7.61

"Family" includes both employee and dependent coverage.



Cost scenarios voluntary term life

Employee age 30, spouse age 30

Coverage	Employee \$300,000	Spouse \$30,000	Child \$10,000	\$16.97 total monthly voluntary term life premium
Monthly rate	\$14.70	\$1.47	\$0.80	

Employee age 40, spouse age 40

Coverage	Employee \$300,000	Spouse \$30,000	Child \$10,000	\$33.47 total monthly voluntary term life premium
Monthly rate	\$29.70	\$2.97	\$0.80	

Employee age 50, spouse age 50

Coverage	Employee \$100,000	Spouse \$30,000	Child \$10,000	\$37.46 total monthly voluntary term life premium
Monthly rate	\$28.20	\$8.46	\$0.80	



Voluntary AD&D rates

Voluntary AD&D insurance employee monthly cost by employee base annual salary bands		
	Employee voluntary AD&D	Family voluntary AD&D
Less than \$3,000	\$0.11	\$0.29
\$3,000-\$3,999	0.16	0.34
\$4,000-\$4,999	0.22	0.40
\$5,000-\$5,999	0.27	0.45
\$6,000-\$6,999	0.32	0.50
\$7,000-\$7,999	0.38	0.56
\$8,000-\$8,999	0.43	0.61
\$9,000-\$9,999	0.49	0.67
\$10,000-\$12,499	0.58	0.76
\$12,500-\$14,999	0.68	0.86
\$15,000-\$17,499	0.79	0.97
\$17,500-\$19,999	0.90	1.08
\$20,000 and over	1.08	1.26

"Family" includes both employee and dependent coverage.

All rates subject to change.



Guarantee issue

Elect coverage without answering health questions:

- Employee currently enrolled
 - Increase by \$5,000
- Child
 - All guarantee issue





Evidence of insurability

- Answer a few simple health questions
- *If* an exam is needed
 - Examiner will come to you
 - Day / night / weekend
 - Approximately 20 minutes
 - No cost to you





Enroll

Enroll for voluntary term life online at www.lifebenefits.com/stateoftn

**Enroll for voluntary AD&D online
in Edison**





Designate or update your beneficiaries

Primary beneficiary(ies) — The person(s) named will receive the benefit

Beneficiary full name, address and phone number	Date of birth	Relationship	Social Security number	Share % (for primary beneficiaries must total 100%)
Mary Doe, 123 4 th street Anywhere, MN 12345 (123) 456-7891	12-16-1965	Daughter	345-88-0268	100%

Contingent beneficiary(ies) — If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)

Beneficiary full name, address and phone number	Date of birth	Relationship	Social Security number	Share % (for primary beneficiaries must total 100%)
Nancy Doe, 5 Main Street Anywhere, MN 12345 (123) 456-7891	05-15-1978	Sister	108-25-1088	100%



Beyond active employment

Portability (continuation)

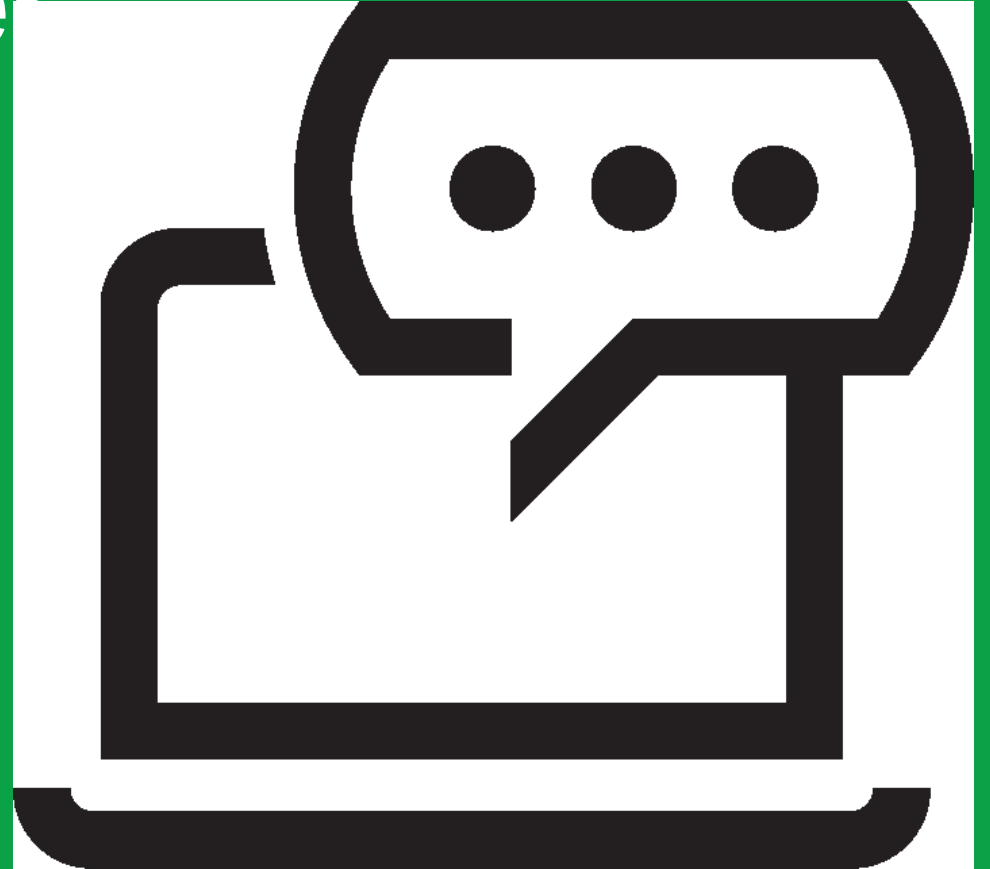
- No EOI required
- Rates are the same as active employees
- May port up to 50% of existing voluntary term life
- Port coverage continues to age 70
- 31 days

Conversion

- No EOI required
- Convert coverage to a permanent policy
- Rates are higher than active and ported coverages
- 31 days



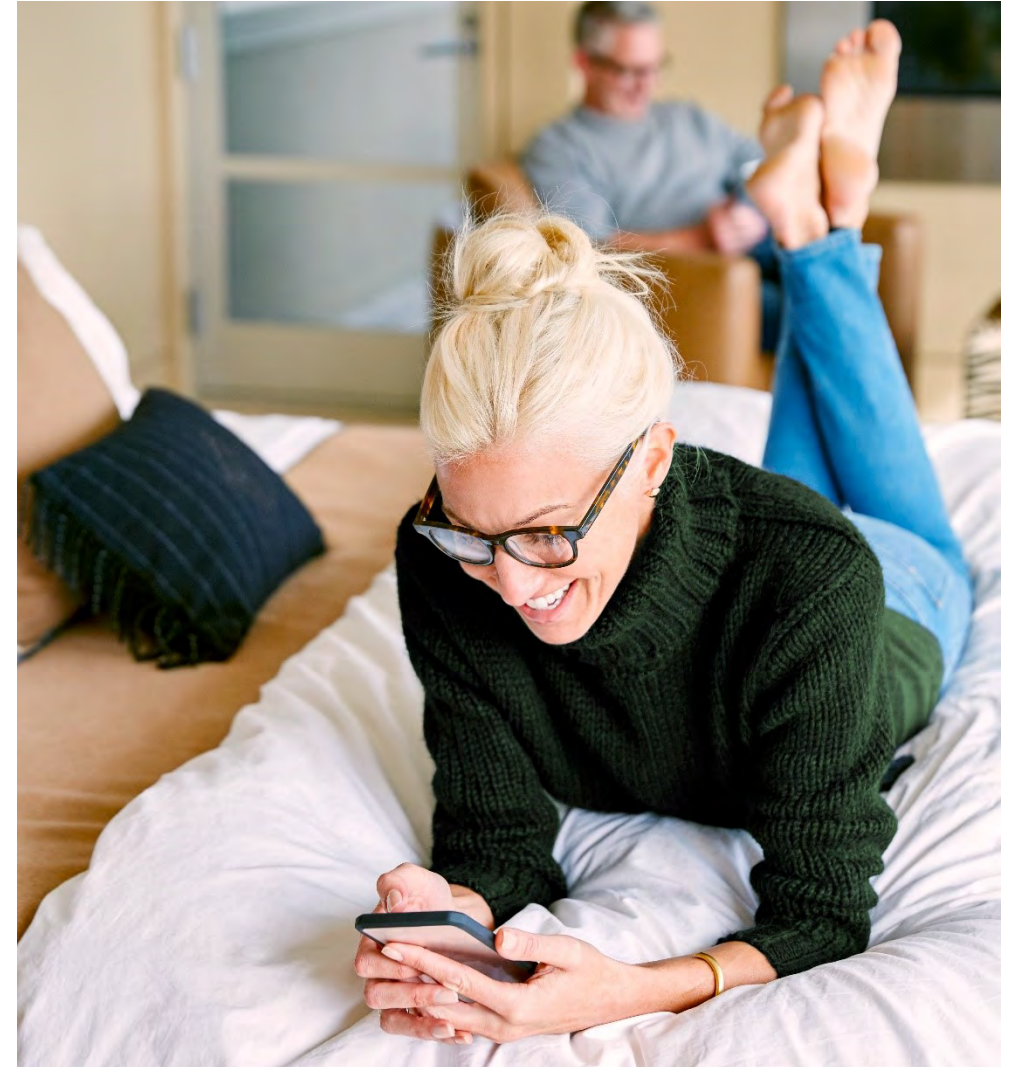
Additional resources





Additional resources

- **Contact Securian Financial at 866-881-0631**
- **Plan brochures**
www.lifebenefits.com/stateoftn
- **Insurance needs calculator**
www.LifeBenefits.com/insuranceneeds





Questions?



Annual enrollment October 1 – October 12, 2018



Thank you

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to the State of TN. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage. All election or increases are subject to the actively at work requirement of the policy.

Products offered under policy form series 13-31526 (basic life), 12-31463 (voluntary life) and 13-31554 (voluntary AD&D).

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates

Securian Financial Group, Inc.

lifebenefits.com

400 Robert Street North, St. Paul, MN 55101-2098

©2018 Securian Financial Group, Inc. All rights reserved.

F88669 Rev 6-2018 DOFU 6-2018

143324

Oct. 5, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue!

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

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

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

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

ABC Conference Call Notes

The combined notes from the Oct. 2 ABC conference calls are **attached**.

Higher Education/State: For members enrolling in Short Term Disability and Long Term Disability coverage, they must complete the Supplemental Enrollment Form and return to MetLife as instructed. The link to the form is found in Edison ESS when members are enrolling in STD or LTD - "Click **here** to access the form." A screen shot from Edison is below:

Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Select an Option

Here are the available options with the monthly costs:

Select one of the following plans:

Plan Name	Your Costs	Tax Class
<input type="radio"/> Short Term Disab A(50%/14 day) (This plan requires submission of information on your medical history. Click here to access the form.)	\$	After-Tax
<input type="radio"/> Short Term Disab B(50%/30 day) (This plan requires submission of information on your medical history. Click here to access the form.)	\$	After-Tax
<input checked="" type="radio"/> Waive (if you have current coverage, it will be cancelled)		

Select the Update and Continue button to store your choice until you are ready to submit your

Annual Enrollment Updates

Annual enrollment continues!

State and Higher Education: Now – Oct. 12, ends at 4:30 p.m. Central time

Local Ed, Local Gov and Retirees: Now - Oct. 26, ends at 4:30 p.m. Central time

Employee Webinars

Members can still join an employee webinar! They can learn about their benefits and ask questions. Dates and times are below. Members do not have to pre-register. Just go to the [About Enrollment page](#) on the website, scroll down to **Click here for instructions on how to join** for more information. We have also posted the webinar slides with the notes by plan type on the [Enrollment Materials](#) page.

State and Higher Education (all Central time)

- Monday, Oct. 8, 9-10 a.m.

Local education and Local government (all Central time)

- Wednesday, Oct. 10, 3:30-4:30 p.m.
- Thursday, Oct. 18, 10-11 a.m.
- Wednesday, Oct. 24, 3:30-4:30 p.m.

Website

Employees can go to the [About Enrollment page](#) for more information.

Retirees can go to the [For Retirement page](#) for more information.

Find **videos** on the [Video page](#) and [ABC page](#) (under Training).

Find **retiree videos** on the [For Retirement page](#) and [ABC page](#) (under Training).

Find **Premiums** [on the premiums page](#).

Find **health plan comparison grids** by plan type [on the Enrollment Materials](#) page.

Enroll online at www.edison.tn.gov

October 12, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue!

Higher Ed – Tuesday, Oct. 16 at 8:30 a.m. Central time

Local Ed – Tuesday, Oct. 16 at 10 a.m. Central time

Central State – Tuesday, Oct. 16 at 12:30 p.m. Central time

Local Government – Tuesday, Oct. 16 at 2 p.m. Central time

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

ABC Conference Call Notes

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

Annual Enrollment Update (State and Higher Ed)

As today is the last day of Annual Enrollment, our Service Center phone lines will be busy. If your members try to reach us, they can leave a voice mail. **Please encourage them to leave an after work phone number for us to call them back.**

As long as we can confirm that the member tried to call us before 4:30 p.m. today, Oct. 12, we will help them with their enrollment.

Annual Enrollment Updates – (Local Ed and Local Gov)

Annual enrollment continues!

Local Ed, Local Gov and Retirees: Now - Oct. 26, ends at 4:30 p.m. Central time

As today is the last day of Annual Enrollment for state and higher education active employees, calls from these employees to the Service Center will take priority. If your employees try to reach us today (Oct. 12) and are not able to get through, they can leave a message and we will call them back next week. Please tell them to leave a good phone number for us to reach them.

Employee Webinars

Members can still join an employee webinar! They'll learn about their benefits and can ask questions. Dates and times are below. Members do not have to pre-register. Just go to the [About Enrollment page](#) on the website, scroll down to **Click here for instructions on how to join**. We have also posted the webinar slides with the notes by plan type on the [Enrollment Materials](#) page.

Local education and Local government (all Central time)

- Thursday, Oct. 18, 10-11 a.m.
- Wednesday, Oct. 24, 3:30-4:30 p.m.

Website

Employees can go to the [About Enrollment page](#) for more information.

Retirees can go to the [For Retirement page](#) for more information.

Find **videos** on the [Video page](#) and [ABC page](#) (under Training).

Find **retiree videos** on the [For Retirement page](#) and [ABC page](#) (under Training).

Find **Premiums** [on the premiums page](#).

Find **health plan comparison grids** by plan type [on the Enrollment Materials](#) page.
Enroll online at www.edison.tn.gov

October 19, 2018

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

Weekly ABC Annual Enrollment Calls Continue!

ABC annual enrollment calls continue!

For **state and higher education**, these are our final weekly annual enrollment calls.

Higher Ed – Tuesday, Oct. 23 at 8:30 a.m. Central time

Local Ed – Tuesday, Oct. 23 at 10 a.m. Central time

Central State – Tuesday, Oct. 23 at 12:30 p.m. Central time

Local Government – Tuesday, Oct. 23 at 2 p.m. Central time

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

ABC Conference Call Notes

The combined notes from the Oct. 16 ABC conference calls are **attached**.

Prior to ABC calls this week, we had a question about Parkwest hospital being in the Cigna network. During the local government call, we had a question about Parkwest Surgery Center being listed on the Cigna addendum as out-of-network.

Please note this clarification: There are two different Parkwest facilities; Parkwest hospital called Parkwest Medical Center, and Parkwest Surgery Center.

- **Parkwest Medical Center (hospital)** is in-network for both Cigna LocalPlus and Cigna Open Access Plus (OAP). This facility is listed on both the Cigna LocalPlus and Cigna OAP hospital lists for 2019 found on the [Carrier Information page](#).
- **Parkwest Surgery Center** is **not** part of the hospital and is owned by Tenet. This outpatient facility will term in Knoxville from both Cigna LocalPlus and Cigna OAP effective 1/1/2019. So, in **2019, Parkwest Surgery Center will be out-of-network** for both Cigna LocalPlus and Cigna OAP. The Cigna addendums found on the [Carrier Information page](#) are correct.

Annual Enrollment Updates – (Local Ed and Local Gov)

Annual enrollment ends next week on Oct. 26!

Local Ed, Local Gov and Retirees: Now - Oct. 26, ends at 4:30 p.m. Central time

Please encourage your employees to enroll or make changes right away and not wait until the last minute. We expect the Service Center call volume to be high next week. If employees call and get the voicemail system, they need to leave an after-work number in addition to a daytime number so we can call them back after hours if we aren't able to reach back out during the day.

Employee Webinars

There is one employee Annual Enrollment webinar left! Employees will learn about their benefits and can ask questions. They do not have to pre-register. Just go to the [About](#)

[Enrollment page](#) on the website, scroll down to **Click here for instructions on how to join.**

Local education and Local government (all Central time)

- Wednesday, Oct. 24, 3:30-4:30 p.m.

The employee webinar slides with the notes are also posted on the [Enrollment Materials](#) page.

Website

Employees can go to the [About Enrollment page](#) for more information.

Retirees can go to the [For Retirement page](#) for more information.

Find **videos** on the [Video page](#) and [ABC page](#) (under Training).

Find **retiree videos** on the [For Retirement page](#) and [ABC page](#) (under Training).

Find **premiums** [on the premiums page](#).

Find **health plan comparison grids** by plan type [on the Enrollment Materials](#) page.

Enroll online at www.edison.tn.gov

October 26, 2018

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

ABC Annual Enrollment Calls Continue! (local ed and local gov only)

ABC weekly Annual Enrollment calls continue for local education and local government.

Local Ed – Tuesday, Oct. 30 at 10 a.m. Central time

Local Government – Tuesday, Oct. 30 at 2 p.m. Central time

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

ABC Conference Call Notes

The combined notes from the Oct. 23 ABC conference calls are **attached**.

Annual Enrollment Updates – (Local Ed and Local Gov)

Annual enrollment ends today - Oct. 26!

Local Ed, Local Gov and Retirees: Now - Oct. 26, ends at 4:30 p.m. Central time

As today is the last day of Annual Enrollment, our Service Center phone lines will be busy. If your members try to reach us, they can leave a voice mail. **Please encourage them to leave an after work phone number for us to call them back.**

As long as we can confirm that the member tried to call us before 4:30 p.m. today, Oct. 26, we will help them with their enrollment.

Website

Employees can go to the [About Enrollment page](#) for more information.

Retirees can go to the [For Retirement page](#) for more information.

Find **videos** on the [Video page](#) and [ABC page](#) (under Training).

Find **retiree videos** on the [For Retirement page](#) and [ABC page](#) (under Training).

Find **premiums** [on the premiums page](#).

Find **health plan comparison grids** by plan type [on the Enrollment Materials](#) page.

Enroll online at www.edison.tn.gov

Tennova Announces Reorganization and Hospital Closings in Knoxville

Some of you may have heard about the Tennova hospital closings and reorganization this week in the Knoxville area, so we are including information released from Tennova.

According to news reports, Tennova Healthcare in East Tennessee is proceeding with its strategic reorganization of services. The hospital system is growing capacity at North Knoxville Medical Center and Turkey Creek Medical Center and its affiliated hospitals in Jefferson City, LaFollette and Newport, and it has begun to end operations of Physicians Regional Medical Center and Lakeway Regional Hospital by the end of this year. All services at Physicians Regional Medical Center and Lakeway Regional Hospital will be permanently terminated as of 11:59 p.m. on December 28, 2018,

subject to satisfaction of all necessary notices and regulatory requirements. A link to the company's news release follows:

<https://www.tennova.com/news-room/physicians-regional-medical-center-and-lakeway-reg-14084>

The closings and reorganization impact all Tennesseans and are not related to any specific network, so there is no impact to annual enrollment.

November 2, 2018

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

ABC Annual Enrollment Calls Continue! (local ed and local gov only)

The final weekly ABC Annual Enrollment call is next week. Regular monthly ABC conference calls will resume Nov. 13.

Local Ed – Tuesday, Nov. 6 at 10 a.m. Central time

Local Government – Tuesday, Nov. 6 at 2 p.m. Central time

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

ABC Conference Call Notes (local ed and local gov only)

The combined notes from the Oct. 30 ABC conference calls are **attached**.

Pre-65 Retiree Insurance Coverage (all plans)

We had questions on the calls this week about whether local government pre-65 retirees are now eligible to enroll in health insurance if they meet the eligibility requirements. **Attached** you will find information on this subject.

If you have questions, please be prepared to ask them on an upcoming ABC conference call.

Benefit Confirmation Letters (state and higher ed only)

Many of you may receive calls from plan members who received a benefit confirmation letter even though they did not make changes during Annual Enrollment. **All members enrolled in employee plus spouse medical coverage will get a confirmation letter** this year because a new basic term life insurance tier was added to match the health tier of employee plus spouse.

Edison Down for Maintenance (all plans)

Edison will be down Sunday, Nov. 4 from 6 a.m. to 10 p.m. Central time for scheduled system maintenance. During this time, Edison will be unavailable to all users.

Attachments: Retiree Health LG Change

Local Government State Group Health Plan pre-65 retiree health insurance

The Governmental Accounting Standards Board (GASB) requires public entities to report retiree health Other Post Employee Benefits (OPEB) financial obligations on their balance sheets in 2018. OPEB are primarily health care benefits (other than pensions) that U.S. state and local governments provide to their retired employees. This means our contracted actuaries have to calculate the total OPEB liability and the agencies have to post this liability on their fiscal year-ending balance sheets.

LG retiree health insurance change

In the local government plan, the requirement that employees first hired on or after July 1, 2015 are not eligible for pre-65 retiree health insurance **was removed** following the OPEB Trust Fund Implementation Act of 2018 legislation passed this year. This change was made because the state does not contribute to the local government retiree health funding and so the state has no OPEB financial obligation for the local government agencies. The determination of how retiree health benefits are structured is best left to the Local Government Insurance Committee and participating agencies.

This means that the local government health insurance plan currently permits eligible retirees to continue in the active retiree health insurance plan until they reach age 65 (pre-65 retirees) as long as they meet the criteria for retiree coverage: they must be receiving a TCRS pension check and meet years of service requirements. They may also continue health coverage for their eligible dependents until the dependents become eligible for Medicare or otherwise cease to meet eligibility requirements.

Local Government employees hired on or after July 1, 2015, are still not eligible to enroll in the Tennessee Plan with UMR/POMCO, which is the supplemental medical insurance for retirees with Medicare.

State, Higher Ed, LEA retiree health insurance does not change

The state pays a portion of the premium for pre-65 retiree health insurance based on years of service for the state and local education plans. Because of this OPEB financial obligation, the 2018 change in the law for the Local Government plan has no effect on State, Higher Education or Local Education employees. The information communicated in May of 2015 following the original legislation that year which changed eligibility of pre-65 retiree health insurance remains the same. Employees and elected officials hired or elected on or after July 1, 2015, are not eligible to enroll in pre-65 retiree health insurance coverage or the Tennessee Plan with UMR/POMCO.

November 9, 2018

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

Monthly ABC Conference Call Next Week (all plans)

Regular monthly ABC conference calls will resume Nov. 13 (this is the day after the Veterans Day holiday).

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

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

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

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

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

ABC Conference Call Notes (local ed and local gov only)

The combined notes from the Nov. 6 ABC conference calls are **attached**.

Zendesk Attachments (higher ed, local ed and local gov only)

Overnight on Wednesday, Nov. 7, a state IT security product mistakenly began automatically blocking the Zendesk website. This caused Benefits Administration (BA) staff to become unable to download attachments from Zendesk tickets.

The issue at state agencies has since been resolved, but our higher ed, local ed and local gov agencies will need to have your IT staff check the firewall and security products for a potential block of <https://p9.zdusercontent.com>. Your agency will need to manually override the block to ensure you have the ability to continue to download Zendesk attachments. If you are having an issue opening all documents in Zendesk after manually overriding the block, you can submit a Zendesk ticket or email us at benefits.info@tn.gov.

2019 Member Handbooks

The 2019 BlueCross BlueShield and Cigna member handbooks have been posted to the ParTNers for Health website under **Publications, Member Handbooks - Health**. This year, all plans are combined into one handbook for each carrier. You can find the 2019 member handbooks here:

<https://www.tn.gov/partnersforhealth/publications/publications.html>

Closed Monday, November 12

State offices and the Benefits Administration service center will be closed Monday, Nov. 12 for the Veterans Day holiday.

Vendor Office and Call Center Hours, Monday November 12

We have checked with our vendors about their hours on Monday, November 12:

- BlueCross BlueShield: Will be open.
- Cigna offices: Will be open. As a reminder, Cigna customer service is available 24/7/365.

- Optum: Offices and member services will be open.
- PayFlex: Open normal business hours.
- Caremark: Open 24/7 365 days per year.
- Davis Vision: Will have regular business hours.
- MetLife: Will have regular business hours.
- UMR/POMCO: Will have regular business hours.

November 16, 2018

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

ABC Conference Call Notes

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

Important - Disability Annual Enrollment (state and higher education only)

The deadline for applicants for the state's disability insurance program to submit a medical supplemental enrollment form was October 31. A high number of applicants did not complete and submit the form to MetLife as required. Therefore, MetLife has requested and Benefits Administration has agreed to **extend the deadline for submission of the form to December 24**. The selection of disability insurance via Edison ESS has been nullified for these applicants. If MetLife later approves enrollment applications for these employees, BA will key the enrollments into Edison.

BlueCross BlueShield ID Protection Services Changes

On Nov. 16, BlueCross BlueShield (BCBS) will update bcbst.com and BlueAccessSM to reflect changes to current ID Protection Services. The updates will include a new member communication flier (**attached**). On that same day, Experian will send out an email to BCBS members who have enrolled in these services explaining the change, telling them the expiration date of their current service and how to sign up for the new services (via BlueAccess or phone).

Members can enroll for the new services starting Nov. 16 regardless of when their current monitoring service expires. Signing up for the new services before the expiration date of the current service will have no impact on either, but **members must enroll in the new services to continue with identity protection.**

The plans will have different names, but the vendor is the same. ID Protection services will continue to be available to medical plan members at no additional member cost. **The biggest change is that members will now be responsible for re-enrolling in order to keep the free services in place every 12 months.**

2019 Eligibility and Enrollment Guides

The 2019 Eligibility and Enrollment guides have been posted to the [ParTNers for Health website under Publications](#). You can email a PDF of the guide to your employees. We created the guides in black and white ink so if you want to print copies, they will be less expensive to print.

Cigna Omada Diabetes Prevention Program

We are moving the Omada Diabetes Prevention Program email campaign out one week. It will start next Tuesday, November 20.

State Offices and Vendor Thanksgiving Holiday Hours

Here are the Thanksgiving holiday hours for the state and our vendors:

- **State offices and BA Service Center** will be closed Thursday and Friday, November 22 and 23.
- **BlueCross BlueShield:** Offices will be closed November 22 and 23.
- **Cigna:** Offices will be closed November 22 and 23 and the service team will be off. **Cigna's 24/7 call center will be open.**
- **Optum:** Offices will be closed November 22 and 23. **Here4TN call center is open 24/7.**
- **PayFlex:** Will be closed November 22 and November 23 - members will have access to the Automated Voice Response system.
- **CVS/caremark:** Open 24/7 365 days per year.
- **Davis Vision:** Will be closed Thursday, November 22. Reduced Hours of Operation: Friday, November 23 – 8:00-6:00 p.m.
- **UMR/POMCO:** Will be closed Thursday and Friday November 22 and 23.
- **MetLife Dental:** November 21, 8-6; closed November 22, November 23, 8-6.
- **State/Higher Ed: MetLife Disability Service:** November 21, 8-8; closed November 22; November 23, 8-6.
- **State/Higher Ed: Securian Financial:** Will be closed November 22.

Attachment: BCBST ID Protection



Protecting Your Health – and Your Identity



In addition to protecting your health, we want to help you protect your personal information. That's why we've teamed up with Experian, one of the world's leading financial services companies, to provide the following identity protection services as part of our medical plans at no additional cost to you:

- Credit1B provides credit monitoring, credit reports, fraud protection and fraud resolution support to adults with eligible medical coverage. Each covered member age 18 or older will need to enroll separately.
- Minor Plus provides credit and SSN monitoring for dependents under 18 years old.

To enroll:

- Log in to your BlueAccessSM account at **bcbst.com/member**.
- Look for the Benefits & Coverage section.
- Click on Identity Protection Services.

You'll be taken to a secure site to enroll in the services. You may also sign up by calling Experian at 1-866-926-9803, but you'll need the engagement number and activation code listed in BlueAccess. You can also get them by calling us at the number on the back of your Member ID card.



Please visit **BlueAccess** for more information.

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

BlueCross:

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

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

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

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

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

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

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

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

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

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

ໂປດຊາບ: ຖ້າ ວ່າ ງ ທ ູ່ ງ ນ ດ ອ ັ ັ ງ ພ າ ສ າ ລ າ ງ ກ າ ນ ບ ູ ນ ັ ັ ງ ກ າ ນ ລ ູ ັ ັ ງ ອ ຍ ຕ ຫ ັ ັ ງ ອ ດ ັ ັ ງ ນ ພ າ ສ າ, ໃ ດ ຍ ບ ັ ັ ງ ອ ັ ັ ງ ນ ມ ັ ັ ງ ອ ມ ັ ັ ງ ທ ັ ັ ງ ນ ັ ັ ງ. ໂທ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

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

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

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

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

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

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

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

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

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

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

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojí' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).

November 21, 2018

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

Local Government OPEB Webinars for Agency Directors and Budget Officers (local gov only)

As we have relayed during ABC calls, our Executive Director, Laurie Lee, has provided you with information about pre-65 retiree health coverage and Local Government Agency OPEB (Other Post Employee Benefits) obligations. OPEB webinars were announced for your agency heads and fiscal officers and will be held the week after Thanksgiving.

We emailed on Nov. 13 and again on Nov. 19, a memo from Laurie Lee to the head of your agencies and the fiscal officers for whom we have email addresses, and it included the registration link for these OPEB webinars. Each webinar is the same. We have offered four different times with the hope that one of them will suit each of your leadership members. Each person will need to register individually because we will send out a survey at the end of each webinar asking for information that we will share with the Local Government Insurance Committee at their December meeting.

Local government ABCs may join a webinar by logging in the same way you do for our ABC calls. The day before the webinar, we will send a reminder email to the agency directors/fiscal officers registered for a webinar, and it will include login instructions.

Please help us make sure that this information gets to the right people in your agency.

- **Agenda:**
 - What generates OPEB liability?
 - OPEB reporting requirement
 - Local Government Plan pre-65 retiree facts
 - **How to reduce or eliminate OPEB liability**
 - **Agency leadership feedback on Local Government Plan proposal**

- **Local Government OPEB Webinar Dates and Times**
 - **Tuesday Nov. 27**
 - 9 – 10 a.m. Central time, or
 - 10:30 – 11:30 a.m. Central time
 - OR
 - **Friday Nov. 30**
 - 9 – 10 a.m. Central time, or
 - 1 – 2 p.m. Central time

The link to register is included in the memo sent to agency directors/fiscal officers:

https://stateoftennessee.formstack.com/forms/local_government_agency_opeb_webinars

Reminder - Disability Annual Enrollment (state and higher education only)

The deadline for applicants for the state's disability insurance program to submit a medical supplemental enrollment form was October 31. A high number of applicants did not complete and submit the form to MetLife as required. Therefore, MetLife has requested and Benefits Administration (BA) has agreed to **extend the deadline for submission of the form to**

December 24. MetLife will send a letter to these applicants with the extended form deadline letting them know what they need to do (**sample attached**). The selection of disability insurance via Edison ESS has been nullified for these applicants. If MetLife later approves enrollment applications for these employees, BA will key the enrollments into Edison.

State Offices and BA Service Center Closed

State offices and the BA Service Center will be closed Thursday and Friday, November 22 and 23 for the Thanksgiving holiday.

We hope you have a wonderful holiday weekend!

Vendor Thanksgiving Holiday Hours

The Thanksgiving holiday hours for our vendors are below:

- **BlueCross BlueShield:** Offices will be closed November 22 and 23.
- **Cigna:** Offices will be closed November 22 and 23 and the service team will be off. **Cigna's 24/7 call center will be open.**
- **Optum:** Offices will be closed November 22 and 23. **Here4TN call center is open 24/7.**
- **PayFlex:** Will be closed November 22 and November 23 - members will have access to the Automated Voice Response system.
- **CVS/caremark:** Open 24/7 365 days per year.
- **Davis Vision:** Will be closed Thursday, November 22. Reduced Hours of Operation: Friday, November 23 – 8:00-6:00 p.m.
- **UMR/POMCO:** Will be closed Thursday and Friday November 22 and 23.
- **MetLife Dental:** Open November 21, 8-6; closed November 22; open November 23, 8-6.
- **State/Higher Ed: MetLife Disability Service:** Open November 21, 8-8; closed November 22; open November 23, 8-6.
- **State/Higher Ed: Securian Financial:** Will be closed November 22.

Attachment: Disability Deadline Extended

November 30, 2018

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

Marketplace Notices

The premium amounts on the marketplace notices have been updated for 2019. You can find the updated notices on the [ABC webpage](#) under **PPACA Documents** titled **Required Federal Marketplace Notice** by plan type. Below is a reminder about giving these notices to your new hires.

State/Higher Ed: Every newly hired benefits eligible employee must receive the marketplace notice within 14 days of an employee's start date. You can use the document provided on the ABC website.

Local Ed/Local Gov: Employers are required to provide the notice to each new employee at the time of hiring. The Department (U.S. Department of Labor) will consider a notice to be provided at the time of hiring if the notice is provided within 14 days of an employee's start date. You can download the sample Marketplace Letter and use as a reference to create your agency PPACA marketplace notice.

December 7, 2018

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

ABC Conference Call Next Week (all plans)

Monthly December ABC conference calls are next week!

Higher Ed – Tuesday, Dec. 11 at 8:30 a.m. Central time

Local Ed – Tuesday, Dec. 11 at 10 a.m. Central time

Central State – Tuesday, Dec. 11 at 12:30 p.m. Central time

Local Government – Tuesday, Dec. 11 at 2 p.m. Central time

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

Updated Vendor Contact List

We have updated the ABC Vendor Contact list (**attached**) you can use for benefits fairs and materials to include a new contact for ActiveHealth, and an updated benefits fairs contact for PayFlex.

You can find this updated version on the [ABC webpage](#) under **Conference Call Notes**.

2019 New Hire Presentations – PowerPoint and PDF (state and higher ed)

We have posted the 2019 new hire PowerPoint presentation on the [ABC webpage](#) under **State Plan**. You will need to save the PowerPoint in order for the graphics to download correctly.

We have also posted a PDF version of the presentation with notes that you can use or share directly with your employees so they can review at their convenience.

2019 Monthly ABC Conference Call Schedule

The 2019 monthly ABC conference call schedule (**attached**) has been posted on the [ABC webpage](#) under Conference Call Notes. Note: BA could change the call schedule due to in-person trainings and additional weekly calls may be added prior to and during the Annual Enrollment period.

Attachments: 2018-19 Vendor Contact List
2019 ABC Monthly Conference Call Schedule

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Sherita Anderson – West TN	(901) 748-4108	Sherita.Anderson@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA) (and FSAs for State and Higher Education)		
PayFlex		
Jo Montgomery – benefits fairs	(860) 273-0545	montgomeryj@payflex.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Sherita Anderson – West TN	(901) 748-4108	Sherita.Anderson@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@Cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness Program		
ActiveHealth Management		
Matt Berte	(212) 479-0483	mberte@activehealth.net
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Securian Financial (Minnesota Life)		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Vision		
Davis Vision		
Larry Sheehan (benefits fairs/materials)	(508) 813-4211	lsheehan@davisvision.com
Jay Storey (benefits fairs/materials)	(315) 884-0479	jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com



2019 ABC Monthly Conference Call Schedule*
January – December 2019

<p>Tuesday, January 8 Higher Education – Tuesday, January 8 at 8:30 a.m. Central Local Education – Tuesday, January 8 at 10:00 a.m. Central Central State – Tuesday, January 8 at 12:30 p.m. Central Local Government – Tuesday, January 8 at 2:00 p.m. Central</p>
<p>Tuesday, February 12 Higher Education – Tuesday, February 12 at 8:30 a.m. Central Local Education – Tuesday, February 12 at 10:00 a.m. Central Central State – Tuesday, February 12 at 12:30 p.m. Central Local Government – Tuesday, February 12 at 2:00 p.m. Central</p>
<p>Tuesday, March 12 Higher Education – Tuesday, March 12 at 8:30 a.m. Central Local Education – Tuesday, March 12 at 10:00 a.m. Central Central State – Tuesday, March 12 at 12:30 p.m. Central Local Government – Tuesday, March 12 at 2:00 p.m. Central</p>
<p>Tuesday, April 9 Higher Education – Tuesday, April 9 at 8:30 a.m. Central Local Education – Tuesday, April 9 at 10:00 a.m. Central Central State – Tuesday, April 9 at 12:30 p.m. Central Local Government – Tuesday, April 9 at 2:00 p.m. Central</p>
<p>Tuesday, May 14 Higher Education – Tuesday, May 14 at 8:30 a.m. Central Local Education – Tuesday, May 14 at 10:00 a.m. Central Central State – Tuesday, May 14 at 12:30 p.m. Central Local Government – Tuesday, May 14 at 2:00 p.m. Central</p>
<p>Tuesday, June 11 Higher Education – Tuesday, June 11 at 8:30 a.m. Central Local Education – Tuesday, June 11 at 10:00 a.m. Central Central State – Tuesday, June 11 at 12:30 p.m. Central Local Government – Tuesday, June 11 at 2:00 p.m. Central</p>
<p>Tuesday, July 9 Higher Education – Tuesday, July 9 at 8:30 a.m. Central Local Education – Tuesday, July 9 at 10:00 a.m. Central Central State – Tuesday, July 9 at 12:30 p.m. Central Local Government – Tuesday, July 9 at 2:00 p.m. Central</p>
<p>Tuesday, August 13 Higher Education – Tuesday, August 13 at 8:30 a.m. Central Local Education – Tuesday, August 13 at 10:00 a.m. Central Central State – Tuesday, August 13 at 12:30 p.m. Central Local Government – Tuesday, August 13 at 2:00 p.m. Central</p>
<p>Tuesday, September 10 Higher Education – Tuesday, September 10 at 8:30 a.m. Central Local Education – Tuesday, September 10 at 10:00 a.m. Central Central State – Tuesday, September 10 at 12:30 p.m. Central Local Government – Tuesday, September 10 at 2:00 p.m. Central</p>
<p>Tuesday, October 8 Higher Education – Tuesday, October 8 at 8:30 a.m. Central Local Education – Tuesday, October 8 at 10:00 a.m. Central Central State – Tuesday, October 8 at 12:30 p.m. Central Local Government – Tuesday, October 8 at 2:00 p.m. Central</p>
<p>Tuesday, November 12 Higher Education – Tuesday, November 12 at 8:30 a.m. Central Local Education – Tuesday, November 12 at 10:00 a.m. Central Central State – Tuesday, November 12 at 12:30 p.m. Central Local Government – Tuesday, November 12 at 2:00 p.m. Central</p>
<p>Tuesday, December 10 Higher Education – Tuesday, December 10 at 8:30 a.m. Central Local Education – Tuesday, December 10 at 10:00 a.m. Central Central State – Tuesday, December 10 at 12:30 p.m. Central Local Government – Tuesday, December 10 at 2:00 p.m. Central</p>

*Call dates could change and additional dates could be added.

December 14, 2018

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

ABC Conference Call Notes

The combined notes from the Dec. 11 ABC conference calls are **attached**.

State/Higher Ed: We've **attached** a 2019 Wellness Program Incentive table that we shared this week during the ABC conference call. We will post this document on the ParTNers for Health website at the end of December prior to the program go live date of January 1, 2019. We have also **attached** the ActiveHealth presentation slides from this week's ABC call.

Updated Order Form

We have updated the PayFlex contact information on the Order Form. You will find this form on the [ABC webpage](#) by plan type.

January Preferred Drug List

Attached is the January 2019 State of Tennessee Preferred Drug List (PDL). As with each quarterly formulary update, Caremark will mail notification letters to members who are negatively affected by tier changes or drug exclusions. In the past four months, there were 66 members who filled for a drug that is moving to tier 3 (non-preferred) status and 70 members who filled for a drug that is being excluded from the Advanced Control Specialty Formulary.

Shown below are drugs being added, removed or moved from the preferred to non-preferred tier. Please encourage employees to use the state's specific webpage at info.caremark.com/stateoftn to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders and research drug information.

CVS/CAREMARK HAS MADE THE FOLLOWING CHANGES TO THE PREFERRED DRUG LIST ("PDL" OR FORMULARY) AS OF JAN. 1, 2019:

Drugs being added to the PDL Jan. 1, 2019, are as follows:	
<u>Drug name</u>	<u>Indication</u>
Absorica capsule	Acne
Abstral sublingual tablet	Pain
Accu-Check Aviva Connect Kit	Diabetes
Accu-Check Aviva Plus test strip	Diabetes
Accu-Check Nano kit	Diabetes
Accu-Chek Aviva Plus Kit	Diabetes
Accu-Chek Complete Plus test strips	Diabetes
Accu-Chek Guide Kit	Diabetes
Accu-Chek Guide test strips	Diabetes
Accu-Chek Smartview test strips	Diabetes

Adynovate injection	Hemophilia
Aralast NP injection	Emphysema
Durolane injection	Osteoarthritis
Embeda capsule	Pain
Erleada tablet	Prostate cancer
Eucrisa ointment	Eczema
Glassia injection	Emphysema
Jivi injection	Hemophilia
Lyrice CR table	Anti-convulsant; fibromyalgia
Nucala injection	EPGA disorder
Onexton gel	Acne
Prolastin-C injection	Emphysema
Rebinyn solution	Hemophilia
Rhopressa solution	Glaucoma
Xeljanz tablet	Psoriatic arthritis
Xeljanz XR tablet	Psoriatic arthritis
Xultophy pen	Diabetes
Zejula capsule	Cancer
Ziana Gel	Acne

Drugs being deleted from the PDL Jan. 1, 2019, are as follows:

(Not covered unless member is unable to use preferred product and is approved to use through the Specialty Guideline Management program.)

<u>Drug name</u>	<u>Indication</u>
Alprolix injection	Hemophilia
Cimzia kit	Crohn's Disease
Cimzia starter kit	Crohn's Disease
Eloctate injection	Hemophilia
Fasenra injection	Asthma

Lupron Depot injection 22.5 mg	Prostate cancer
Lupron Depot injection 30 mg	Prostate cancer
Lupron Depot injection 45 mg	Prostate cancer
Lupron Depot injection 7.5 mg	Prostate cancer
Zemaira injection	Emphysema
Alprolix injection	Hemophilia
Drugs Changing From Preferred To Non-Preferred Status:	
<u>Drug name</u>	<u>Indication</u>
Welchol Pak	high cholesterol
Welchol Tablet	high cholesterol

Attachments: 2019 Wellness Program Incentive Table
Wellness Program Update

2019 WELLNESS PROGRAM

INCENTIVE TABLE

STATE & HIGHER EDUCATION MEMBERS ONLY



You must complete a health assessment by Nov. 30 to be eligible for cash incentives. Go to [MyActiveHealth](#), log in and then click on Health Assessment in the Welcome Message.

Eligible members and spouses can earn up to \$250 each or \$500 per household.

Program/Activity	What you earn	How you qualify and/or enroll Click on the links below, when available, to enroll or find out more.	Deadline to enroll or participate in the program/activity
Biometric screening	\$50	To get started, go to MyActiveHealth , log in and go to Rewards to view your activity cards <i>You can go to an onsite screening or submit the Quest physician screening form.</i>	Complete and fax results to Quest by Nov. 30, 2019
Weight management program	Enroll in program = \$50 Attend 2 classes = wearable fitness device and Bluetooth Scale Attend 8 classes = additional \$150	Go to MyActiveHealth , log in and go to Rewards. If eligible, a Weight Management Card will appear. <i>To be eligible to enroll, your BMI ≥ 30.</i>	Enroll by Oct. 28, 2019
Online activities	Earn 750 hearts by completing online activities = \$50 Earn 6000 hearts = additional \$150	To complete the online activities, log in to your account and go to Rewards to view your activity cards. <i>Everyone can do online activities.</i>	Start before Nov. 1 to have time to earn full incentive <i>Last day to complete activities is Dec. 31, 2019.</i>
Online group coaching for lifestyle or disease management (DM)*	Attend 1 class = \$50 Attend 3 classes = additional \$150	To enroll in Lifestyle or Disease Management Group Coaching, call ActiveHealth to enroll at 888-741-3390. <i>Must qualify for DM. Everyone can do lifestyle coaching.</i>	Register by Dec. 5 and attend first class by Dec. 18, 2019 to earn first \$50. Complete three classes by Dec. 31, 2019 to earn an additional \$150.
Telephonic coaching: Lifestyle coach or disease management (DM) nurse*	First Call = \$50 Third Call = \$150 <i>Note: Calls must be at least three weeks apart.</i>	Call 888-741-3390 to schedule your call with your coach or nurse today. <i>Must qualify for DM. Everyone can do lifestyle coaching.</i>	Start series of 3 calls by Nov. 18, 2019 to allow for 3 weeks between calls. Final deadline is Dec. 31, 2019.
Quarterly wellness challenges	\$25 per completed challenge – earn up to \$100	To enroll in a quarterly challenge, log in to your MyActiveHealth account and go to Rewards to view your activity cards. <i>Everyone can do a challenge.</i>	<ul style="list-style-type: none"> •Challenge 1: Ready, Set Move! Jan. 7-Feb. 17 •Challenge 2: Sleep Tracking April 1-May 12 •Challenge 3: Ready, Set, Move! July 1-Aug. 11 •Challenge 4: Sleep Tracking Oct. 1-Nov. 11
Preventative exams**	Complete one of the exams (screenings) to earn \$50	Claims will be used to confirm completion. <i>Sex and age limits apply.</i>	Complete by Nov. 30, 2019
Case management***	Participation = \$150	Member will be contacted by BlueCross BlueShield (BCBST) or Cigna to enroll.	Complete by Dec. 31, 2019
Take Charge at Work	Participate in the program = \$150	Go to the Here4TN website to see if you qualify for the program.	Deadline to participate is Dec. 31, 2019
Healthy biometric screening values	\$150 for meeting healthy range either through a Quest onsite screening or Quest Physician Screening Form.	You must have 3 out of 5 values in the healthy range to qualify for the healthy range incentive. <i>Will be verified by ActiveHealth via onsite screening results or physician screening form.</i>	Complete and fax results to Quest by Nov. 30, 2019

Continued next page

2019 WELLNESS PROGRAM

INCENTIVE TABLE

STATE & HIGHER EDUCATION MEMBERS ONLY



Eligible members and spouses can earn up to \$250 each or \$500 per household

Note — The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in your paycheck.

All incentive payments will be deposited into the Head of Contract's paycheck. It may take at least three months to receive your payment. You can track when you receive credit by logging into your ActiveHealth account and going to the Incentive Center.

New hires/new plan members, your earnings may be limited depending on your hire date.

*Must qualify based on health status. Disease management (DM) is for those with diabetes, asthma, COPD, congestive heart failure and coronary artery disease.

**Preventative Exams: Breast Cancer Screening, Colon Cancer Screening, Cervical Cancer Screening or Prostate Cancer Screening

Breast Cancer Screening:

- Covers Females ages 40 – 75
- Mammogram, Breast MRI

Colon Cancer Screening

- Covers ages 50 to 75
- Includes: Colonoscopy, Sigmoidoscopy, FOTB (Fecal Occult Test - Blood)

Cervical Cancer Screening:

- Females 21 to 65
- Includes Cervical Cancer screen & HPV

Note - Does not cover a general OB/GYN visit

Prostate Cancer Screening:

- Males 55 to 69
- Prostate cancer screening, PSA complexed, free, total

***Case Management - Case management is a program that promotes quality and cost effective coordination of care for members with complicated medical needs, chronic illnesses and/or catastrophic illnesses or injured. Members who need case management are identified and contacted by phone or in writing regarding alternative treatment plans. Members or providers may also contact member services if they believe they would benefit from case management.

- BCBST member service: 800-558-6213
- Cigna member service: 800-997-1617

****To meet the Healthy Values – you must have 3 out of 5 values in the healthy range to qualify

Value	Healthy Target
Triglycerides	< 150 mg/dL
HDL (Good) cholesterol	Women >= 50 mg/dL Men >= 40 mg/dL
Blood glucose	< 100 mg/dL
Blood pressure	< 130/85 mmHg
Body Mass Index (BMI)	< 30 kg/m ² or Waist Circumference: Women < 35 inches Men < 40 inches



Wellness Program Update

Program Details for State and Higher Education

An ActiveHealth® Management presentation



Welcome Mailer

Coming in December - Welcome Mailer



**Welcome to your new
wellness program**

It's now easier than ever to lose
weight, feel better and get healthier

**PARTNERS
FOR HEALTH**







ActiveHealth
MANAGEMENT.

Welcome Mailer

Starting on January 1, our new partner, ActiveHealth Management, will help you achieve your health goals through special programs and resources.



Activate your wellness program and get:

-  Cash incentives – up to \$250 per member for you and your spouse (active state and higher education members only)
-  A complete assessment of your health
-  Coaching support, online, group or on the phone
-  Weight management support – a brand new program (active state and higher education members only)
-  Personal health tips
-  A hub for your fitness devices

There's no cost to you. You can get started on January 1. To learn more, visit go.activehealth.com/wellnesstn.

Welcome Mailer

Access personalized tools just for you

Two great options give you access when and how you need it. Both are available starting on January 1.

1. Your personal online health portal

Log on to www.myactivehealth.com/wellnesstn for fun and easy ways to manage your health.

- Take a health assessment and get a whole picture of your health.
- Set health goals based on what you want to achieve.
- Use digital resources for fun, new ways to improve your health.
- Access your health information, like prescriptions and health numbers.
- Sync your fitness devices and track your progress.
- Get email reminders for doctor visits.



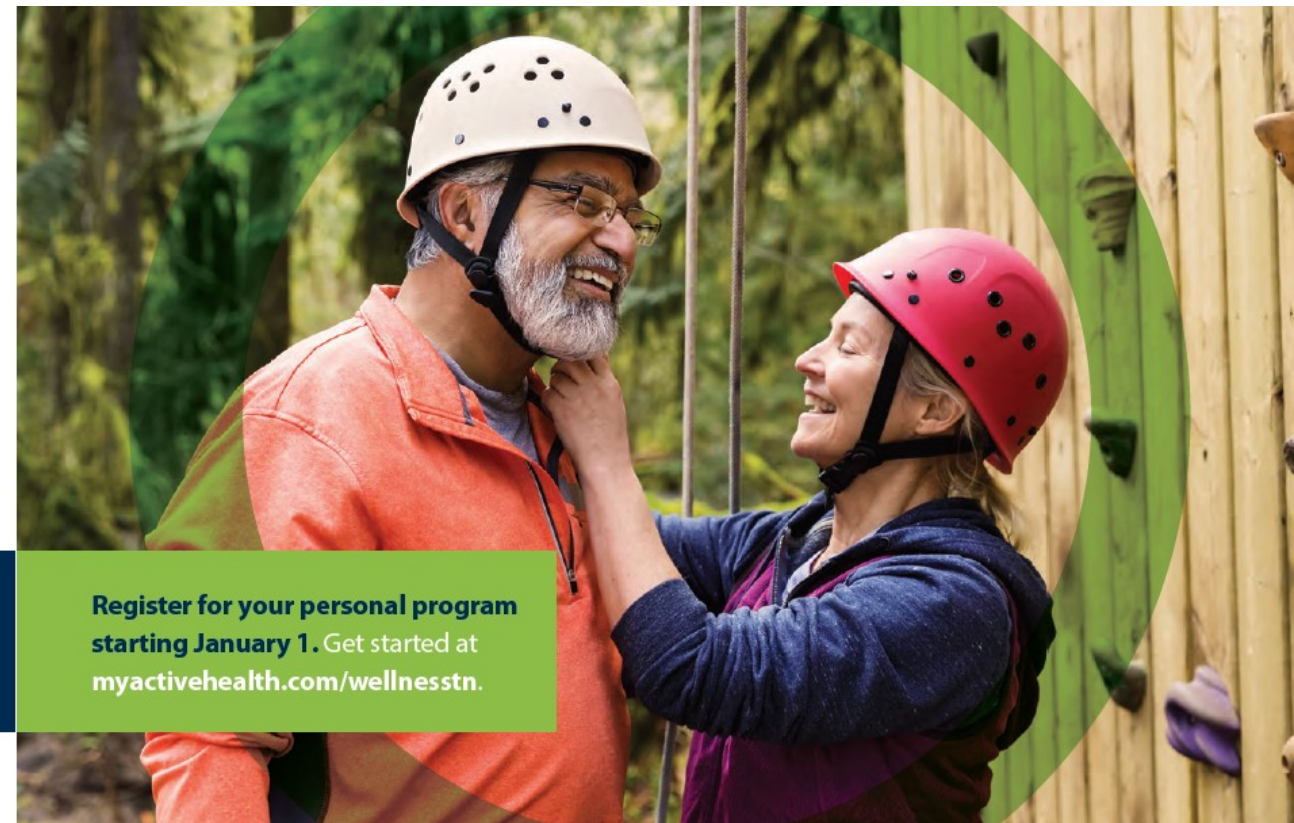
You can use the online health portal or the app (or both). You'll have complete access to your wellness program, including health tips and trackers, coaching support and more.

2. ActiveHealth mobile app

You can also use the ActiveHealth app. It's your on-the-go tool for reaching your best health, with tips, quizzes, trackers and more.

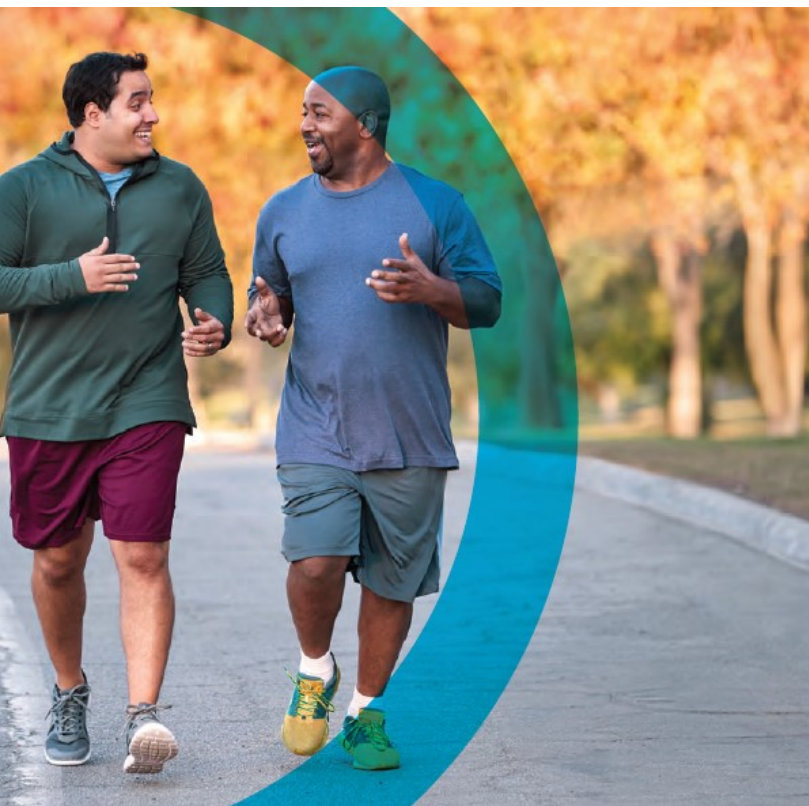


Download the app by searching for "ActiveHealth" in your app store.



Register for your personal program starting January 1. Get started at myactivehealth.com/wellnesstn.

Welcome Mailer



Get the help you need to achieve your best health

Active state and higher education members and spouses only: Your new Lifestyle, Disease Management and Weight Management programs include opportunities to help you improve your health. You can also earn cash incentives by using these programs.

Local education, local government and all retiree members and spouses: Your new Disease Management program includes opportunities to manage and improve your health.

Get support for long-term health conditions

For the chronic conditions of asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease (COPD), get one-on-one support on your schedule. The wellness program doesn't replace your doctor or provide medical care. It's just a little extra help from a nurse coach.

Quit tobacco today

Ready to put out that last cigarette and say goodbye to tobacco? We can help you do it. Our programs and online tools can help you break the habit and live the healthy life you deserve.

Live well with personalized support

Ready to do something good for yourself? It's easier than ever with your new wellness program. You set the tone and pace. You also choose how and when to interact with us. We can work with you on back and neck pain, stress management, high blood pressure, high cholesterol and more.

Manage your weight

Are you struggling with your weight? We can help. With our Weight Management Program, you'll receive assistance to help you take control of your fitness and nutrition for long-term results. You'll even receive a scale and fitness tracker to help you reach your goals. (For eligible active state and higher education members only.)

To learn more about these programs, visit myactivehealth.com/wellnesstn. Once you're logged in, click on "Actions" along the top. Then click on "Program Info." Or call us at 888-741-3390.

Welcome Mailer

Active state and higher education employees and spouses: Earn incentives – it's easy

Three easy steps to earn up to \$250 each

You and your enrolled spouse can each earn up to \$250 in cash. That could be up to \$500 total deposited in the employee's paycheck. Just complete your Health Assessment (HA) to get started. And then select from other activities that you each choose.

Earn your incentives in three easy steps:

- Step 1** Log in to www.myactivehealth.com/wellnesstn. Then complete your online HA (starting January 1).
- Step 2** Complete your choice of activities to start earning incentives. Activities are tracked online at www.myactivehealth.com/wellnesstn.
- Step 3** Check your paystub to see your incentives add up. Up to \$250 for you. And up to \$250 for your enrolled spouse. The incentive is taxable and subject to withholding and reporting. This will impact the actual amount in your paycheck.



Get started January 1 to earn your full incentive. Your first step is to do your online health assessment.

Welcome Mailer



Support when and where you need it.
In January, you'll start getting emails about coaching support that's available to you. It won't cost you anything. And, it can help you set and reach your health goals in a way that works for you.

Questions?
Support is just a click or phone call away. More information is available at go.activehealth.com/welnesstn. Or call us: 888-741-3390, Monday – Friday 8:00 a.m. to 8:00 p.m. CST

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1.866.576.0029.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0398).

تواصلنا باللغة العربية مجاناً. للحصول على مساعدة مجانية في اللغة، يرجى الاتصال بـ 1.866.576.0029. (تلفون نصي: 1.800.848.0398)

Notice Regarding Wellness Program

The ParTners for Health Wellness Program is a voluntary wellness program available to all state and higher education employees and spouses enrolled in health coverage. Local, state, federal government and territories 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 2009 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.

Although you are not required to complete the health questionnaire, only active state and higher education employees and spouses who do so are eligible to receive cash incentives.

If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a

reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ParTners for Health Wellness Program at 388.741.3390.

The information from your health questionnaire and the results from your biometric screening (active state and higher education employees and spouses only) 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 weight management, 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, weight management vendor and the biometric screening vendor) 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 immediately.

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.

The information provided by the ActiveHealth Management health and wellness programs is general in nature. It is not meant to replace the advice or care you get from your doctor or other health professional. If you have specific healthcare needs or would like more complete health information, please see your doctor or other healthcare provider.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of programs and services and does not constitute a contract. Information is believed to be accurate as of the production date; however, it is subject to change. For information about your ParTners for Health plan, refer to <https://www.tn.gov/partnersforhealth.html>. Benefits plans contain exclusions and limitations, and not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

ActiveHealth, the ActiveHealth Management logo, and MyActiveHealth are trademarks of ActiveHealth Management, Inc.

Just for you: Put on your refrigerator to keep your goals front and center.



1. Register for your personal program starting January 1. Get started at go.activehealth.com/welnesstn or call us at 888-741-3390.

- 2. _____
- 3. _____



Member Outreach

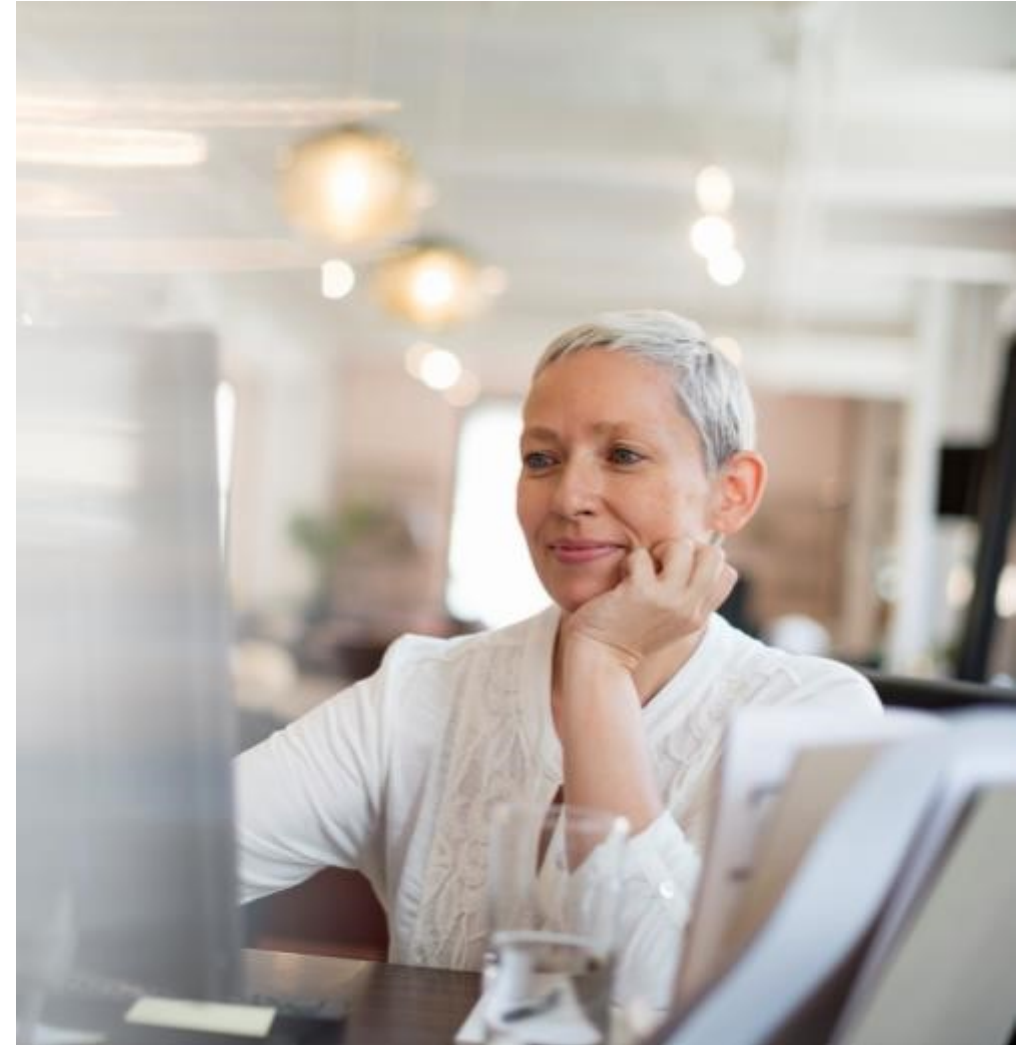
Program Intensity Overview

Program Opportunity Level

- High, Medium, and Low Opportunity, based on health risks and the appropriate intervention.
- Email vs No Email – members with an email account will receive the majority of their contacts via email. The members without an email account still receive calls.
- Members with high and moderate risks who were not reached in the first cycle fall into a second cycle

Description of Automated Call

- AHM uses an automated calling system for optimal contact.
- An auto-dialer is set up to contact the customers. If a person answers, then the system re-routes to a coach, who will handle the interaction. If not, an automated message is left.



Program Outreach



Disease Management & Lifestyle Coaching

Low Risk

Moderate/High Risk



Weight Management

Incentives

2019 Incentive Program

State & Higher Education Only

Program/Activity	What you earn	How you qualify and/or enroll Click on the links below, when available, to enroll or find out more.	Deadline to enroll or participate in the program/ activity
Health assessment	\$0 You must complete health assessment to be eligible for other incentives.	Go to Health Assessment	Complete by Nov. 30, 2019
Biometric screening	\$50	Go to ActiveHealth website You can go to an onsite screening or submit the Quest physician screening form.	Complete and fax results to Quest by Nov. 30, 2019
Weight management program	Enroll in program = \$50 Attend 2 classes = wearable fitness device and Bluetooth Scale Attend 8 classes = additional \$150	To see if you are eligible or to enroll, go to the ActiveHealth website and click on Rewards to view your activity cards. To be eligible to enroll, your BMI \geq 30.	Enroll by Oct. 28, 2019
Online activities	Earn 750 hearts by completing online activities = \$50 Earn 6000 hearts = additional \$150	To complete the online activities, go to the ActiveHealth website. Everyone can do online activities.	Start before Nov. 1 to have time to earn full incentive Last day to complete activities is Dec. 31, 2019.
Online group coaching for lifestyle or disease management*	Attend 1 class = \$50 Attend 3 classes = additional \$150	To enroll in Lifestyle or Disease Management Group Coaching, call ActiveHealth to enroll at 888-741-3390. Must qualify for DM. Everyone can do lifestyle coaching.	Register by Dec. 5 and attend first class by Dec. 18, 2019 to earn first \$50. Complete three classes by Dec. 31, 2019 to earn an additional \$150.

2019 Incentive Program

State & Higher Education Only

Program/Activity	What you earn	How you qualify and/or enroll Click on the links below, when available, to enroll or find out more.	Deadline to enroll or participate in the program/ activity
Telephonic coaching: Lifestyle coach or disease management nurse*	First Call = \$50 Third Call = \$150 Note: Calls must be at least three weeks apart.	To enroll in Lifestyle or Disease Management Coaching, go to the ActiveHealth website. Must qualify for DM. Everyone can do lifestyle coaching.	Start series of 3 calls by Nov. 25, 2019 to allow for 3 weeks between calls. Final deadline is Dec. 31, 2019.
Quarterly wellness challenges	\$25 per completed challenge – earn up to \$100	To enroll in a challenge, go to ActiveHealth website. Everyone can do a challenge.	<ul style="list-style-type: none"> •Challenge 1: Ready, Set Move! Jan. 7-Feb. 17 •Challenge 2: Sleep Tracking April 1-May 12 •Challenge 3: Ready, Set, Move! July 1-Aug. 11 •Challenge 4: Sleep Tracking Oct. 1-Nov. 11
Preventative exams**	Complete one of the exams (screenings) to earn \$50	Claims will be used to confirm completion. Sex and age limits apply.	Complete by Nov. 30, 2019
Case management***	Participation = \$150	Member will be contacted by BlueCross BlueShield (BCBST) or Cigna to enroll.	Complete by Dec. 31, 2019
Take Charge at Work	Participate in the program = \$150	Go to the Here4TN website to see if you qualify for the program.	Deadline to participate is Dec. 31, 2019
Healthy biometric screening values	\$150 for meeting healthy range either through a Quest onsite screening or Quest Physician Screening Form.	<p>You must have 3 out of 5 values in the healthy range to qualify for the healthy range incentive.</p> <p>Will be verified by ActiveHealth via onsite screening results or physician screening form.</p>	Complete and fax results to Quest by Nov. 30, 2019

2019 Incentive Program

State & Higher Education Only

Eligible members and spouses can earn up to \$250 each or \$500 per household

Note — The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in your paycheck.

All incentive payments will be deposited into the Head of Contract's paycheck. It may take at least three months to receive your payment. You can track when you receive credit by logging into your ActiveHealth account and going to the Incentive Center.

New hires/new plan members, your earnings may be limited depending on your hire date.

*Must qualify based on health status. Disease management (DM) is for those with diabetes, asthma, COPD, congestive heart failure and coronary artery disease.

**Preventative Exams: Breast Cancer Screening, Colon Cancer Screening, Cervical Cancer Screening or Prostate Cancer Screening

Breast Cancer Screening:

Covers Females ages 40 – 75

Mammogram, Breast MRI

Colon Cancer Screening

Covers ages 50 to 75

Includes: Colonoscopy, Sigmoidoscopy, FOTB (Fecal Occult Test - Blood)

Cervical Cancer Screening:

Females 21 to 65

Includes Cervical Cancer screen & HPV

Note - Does not cover a general OB/GYN visit

Prostate Cancer Screening:

Males 55 to 69

Prostate cancer screening, PSA complexed, free, total

***Case Management - Case management is a program that promotes quality and cost effective coordination of care for members with complicated medical needs, chronic illnesses and/or catastrophic illnesses or injured. Members who need case management are identified and contacted by phone or in writing regarding alternative treatment plans. Members or providers may also contact member services if they believe they would benefit from case management.

BCBST member service: 800-558-6213

Cigna member service: 800-997-1617

2019 Incentive Program

State & Higher Education Only

****To meet the Healthy Values – you must have 3 out of 5 values in the healthy range to qualify

Value	Healthy Target
Triglycerides	< 150 mg/dL
HDL (Good) cholesterol	Women >= 50 mg/dL Men >= 40 mg/dL
Blood glucose	< 100 mg/dL
Blood pressure	< 130/85 mmHg
Body Mass Index (BMI)	< 30 kg/m ² or Waist Circumference: Women < 35 inches Men < 40 inches

2019 Incentive Program Flyer

State & Higher Education Only

**2019 WELLNESS PROGRAM
INCENTIVE TABLE
STATE & HIGHER EDUCATION MEMBERS ONLY**






You must complete a health assessment by Nov. 30 to be eligible for cash incentives. Go to MyActiveHealth, log in and then click on Health Assessment in the Welcome Message.

Eligible members and spouses can earn up to \$250 each or \$500 per household.

Program/Activity	What you earn	How you qualify and/or enroll <small>Click on the links below, when available, to enroll or find out more.</small>	Deadline to enroll or participate in the program/activity
Biometric screening	\$50	To get started, go to MyActiveHealth, log in and go to Rewards to view your activity cards <small>You can go to an onsite screening or submit the Quest physician screening form.</small>	Complete and fax results to Quest by Nov. 30, 2019
Weight management program	Enroll in program = \$50 Attend 2 classes = wearable fitness device and Bluetooth Scale Attend 8 classes = additional \$150	Go to MyActiveHealth, log in and go to Rewards. If eligible, a Weight Management Card will appear. <small>To be eligible to enroll, your BMI ≥ 30.</small>	Enroll by Oct. 28, 2019
Online activities	Earn 750 hearts by completing online activities = \$50 Earn 6000 hearts = additional \$150	To complete the online activities, log in to your account and go to Rewards to view your activity cards. <small>Everyone can do online activities.</small>	Start before Nov. 1 to have time to earn full Incentive <small>Last day to complete activities is Dec. 31, 2019.</small>
Online group coaching for lifestyle or disease management (DM)*	Attend 1 class = \$50 Attend 3 classes = additional \$150	To enroll in Lifestyle or Disease Management Group Coaching, call ActiveHealth to enroll at 888-741-3390. <small>Must qualify for DM. Everyone can do lifestyle coaching.</small>	Register by Dec. 5 and attend first class by Dec. 18, 2019 to earn first \$50. Complete three classes by Dec. 31, 2019 to earn an additional \$150.
Telephonic coaching: Lifestyle coach or disease management (DM) nurse*	First Call = \$50 Third Call = \$150 <small>Note: Calls must be at least three weeks apart.</small>	Call 888-741-3390 to schedule your call with your coach or nurse today. <small>Must qualify for DM. Everyone can do lifestyle coaching.</small>	Start series of 3 calls by Nov. 18, 2019 to allow for 3 weeks between calls. Final deadline is Dec. 31, 2019.
Quarterly wellness challenges	\$25 per completed challenge – earn up to \$100	To enroll in a quarterly challenge, log in to your MyActiveHealth account and go to Rewards to view your activity cards. <small>Everyone can do a challenge.</small>	<ul style="list-style-type: none"> ◀Challenge 1: Ready, Set Move! Jan. 7-Feb. 17 ◀Challenge 2: Sleep Tracking April 1-May 12 ◀Challenge 3: Ready, Set, Move! July 1-Aug. 11 ◀Challenge 4: Sleep Tracking Oct. 1-Nov. 11
Preventative exams**	Complete one of the exams (screenings) to earn \$50	Claims will be used to confirm completion. <small>Sex and age limits apply.</small>	Complete by Nov. 30, 2019
Case management***	Participation = \$150	Member will be contacted by BlueCross BlueShield (BCBST) or Cigna to enroll.	Complete by Dec. 31, 2019
Take Charge at Work	Participate in the program = \$150	Go to the HeresTHU website to see if you qualify for the program.	Deadline to participate is Dec. 31, 2019
Healthy biometric screening values	\$150 for meeting healthy range either through a Quest onsite screening or Quest Physician Screening Form.	You must have 3 out of 5 values in the healthy range to qualify for the healthy range incentive. <small>Will be verified by ActiveHealth via onsite screening results of physician's screening form.</small>	Complete and fax results to Quest by Nov. 30, 2019

**2019 WELLNESS PROGRAM
INCENTIVE TABLE
STATE & HIGHER EDUCATION MEMBERS ONLY**

Eligible members and spouses can earn up to \$250 each or \$500 per household

Note — The incentive is taxable and subject to withholding, garnishment and reporting which will impact the actual amount in your paycheck.

All incentive payments will be deposited into the Head of Contract's paycheck. It may take at least three months to receive your payment. You can track when you receive credit by logging into your ActiveHealth account and going to the Incentive Center.

New hires/new plan members, your earnings may be limited depending on your hire date.

*Must qualify based on health status. Disease management (DM) is for those with diabetes, asthma, COPD, congestive heart failure and coronary artery disease.

**Preventative Exams: Breast Cancer Screening, Colon Cancer Screening, Cervical Cancer Screening or Prostate Cancer Screening

Breast Cancer Screening:

- Covers Females ages 40 – 75
- Mammogram, Breast MRI

Colon Cancer Screening

- Covers ages 50 to 75
- Includes: Colonoscopy, Sigmoidoscopy, FOB (Fecal Occult Test - Blood)

Cervical Cancer Screening:

- Females 21 to 65
- Includes Cervical Cancer screen & HPV

Note - Does not cover a general OB/GYN visit

Prostate Cancer Screening:

- Males 55 to 69
- Prostate cancer screening, PSA complexed, free, total

***Case Management - Case management is a program that promotes quality and cost effective coordination of care for members with complicated medical needs, chronic illnesses and/or catastrophic illnesses or injured. Members who need case management are identified and contacted by phone or in writing regarding alternative treatment plans. Members or providers may also contact member services if they believe they would benefit from case management.

- BCBST member service: 800-558-6213
- Cigna member service: 800-997-1617

***To meet the Healthy Values – you must have 3 out of 5 values in the healthy range to qualify

Value	Healthy Target
Triglycerides	< 150 mg/dL
HDL (Good) cholesterol	Women >= 50 mg/dL Men >= 40 mg/dL
Blood glucose	< 100 mg/dL
Blood pressure	< 130/85 mmHg
Body Mass Index (BMI)	< 30 kg/m2 or Waist Circumference: Women < 35 inches Men < 40 inches

Questions?

December 21, 2018

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

Updated COBRA Premium Charts (state and higher ed only)

We have posted updated premium charts for COBRA participants that are different for active employees and retirees in the State Plan (only). This is due to the OPEB trust for retirees.

Premium charts are found on the ParTners for Health website on the [Premiums page](#):
[State Plan – COBRA Participants – Active](#)
[State Plan – COBRA Participants – Retirees](#)

State Offices and BA Service Center Holiday Hours

State offices and the Benefits Administration service center will be **closed Monday, December 24 and Tuesday, December 25** for the Christmas holiday, as well as closed **Monday, December 31 and Tuesday, January 1** for the New Year's holiday. The vendors' holiday hours follow below. **Please note, for Cigna, these are the office hours – the call center is open 24/7.**

We hope you have a safe and happy holiday season!

BCBS Holiday Schedule		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Closed
Christmas Day	Tuesday, December 25	Closed
New Year's Day	Tuesday, January 1	Closed

Cigna Holiday Schedule (health and dental) – office hours – Call Center is open 24/7		
Holiday	Date	Status
Christmas Day	Tuesday, December 25	Service team off
New Year's Day	Tuesday, January 1	Service team off

CVS/caremark Call Center:

- Call center: **Open 24/7 365 days per year.**

Optum:

- Call center: **Open 24 hours a day, 7 days a week.**

MetLife Dental Holiday Schedule		
Holiday	Date Observed	Closing Time
Christmas Eve	Monday, December 24	Open, 8a.m. – 1 p.m. EST
Christmas	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed

ActiveHealth Holiday Schedule		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

PayFlex Holiday Schedule:		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 7 a.m. – 7 p.m. CST
Christmas Day	Tuesday, December 25	Closed, Automated Voice Response
New Year's Eve	Monday, December 31	Open, 7 a.m. – 7 p.m. CST
New Year's Day	Tuesday, January 1	Closed, Automated Voice Response

Davis Vision Holiday Schedule (times are EST):		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 8 a.m. – 5 p.m. EST
Christmas Day	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 8 p.m. EST
New Year's Day	Tuesday, January 1	Closed

UMR/POMCO Holiday Schedule		
Holiday	Date	Status
Christmas Day	Tuesday, December 25	Closed
New Year's Day	Tuesday, January 1	Closed

State/Higher Ed:

Securian Financial Holiday Schedule:		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 7 a.m. – 12 p.m.
Christmas Day	Tuesday, December 25	Closed
New Year's Day	Tuesday, January 1	Closed

MetLife Disability Holiday Schedule		
Holiday	Date Observed	Closing Time
Christmas Eve	Monday, December 24	Open, 8 a.m. – 1 p.m. EST
Christmas	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed

December 28, 2018

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

Benefits Administration wishes you a safe and happy New Year!

State Offices and BA Service Center Closed Next Monday and Tuesday

State offices and the Benefits Administration service center will be **closed Monday, December 31 and Tuesday, January 1**. Our vendors' New Year's hours follow. **Please note, for Cigna, these are the office hours – the call center is open 24/7.**

BCBS Holiday Schedule		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

Cigna Holiday Schedule (health and dental) – office hours – Call Center is open 24/7		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Service team off

CVS/caremark Call Center:

- Call center: **Open 24/7 365 days per year.**

Optum:

- Call center: **Open 24 hours a day, 7 days a week.**

MetLife Dental Holiday Schedule		
Holiday	Date Observed	Closing Time
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed

ActiveHealth Holiday Schedule		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

PayFlex Holiday Schedule:		
Holiday	Date	Status
New Year's Eve	Monday, December 31	Open, 7 a.m. – 7 p.m. CST
New Year's Day	Tuesday, January 1	Closed, Automated Voice Response

Davis Vision Holiday Schedule (times are EST):		
Holiday	Date	Status
New Year's Eve	Monday, December 31	Open, 8 a.m. – 8 p.m. EST
New Year's Day	Tuesday, January 1	Closed

UMR/POMCO Holiday Schedule		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

State/Higher Ed:

Securian Financial Holiday Schedule:		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

MetLife Disability Holiday Schedule		
Holiday	Date Observed	Closing Time
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed