



# State of Tennessee Group Health Insurance Program

New Employee Orientation  
Enrollment and Health Insurance Benefits

January 1 – December 31, 2018



# Importance of Your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits
- **Please note: Some decisions can only be made during the new-hire period**
- Be aware of all the options available to you and make informed decisions
- Submit questions to Human Resources

# Resource Materials

**PARTNERS FOR HEALTH**

State Group Insurance Program

**Eligibility and Enrollment Guide**

State and Higher Education Employees

For more detailed information, refer to the **Eligibility and Enrollment Guide** provided by Human Resources.

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

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**EMPLOYEE INSURANCE CHECKLIST**  
State of Tennessee • Department of Finance and Administration • Benefits Administration  
25th Floor, William R. Swadlow III Tower • Nashville, Tennessee 37243

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

**EMPLOYEE INFORMATION**

Name	Social Security Number	Agency
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**ELIGIBILITY AND ENROLLMENT**

Explain the eligibility criteria for employees and dependents.

Enrollment applications must be returned by \_\_\_\_\_  
Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage by approval through one of the special enrollment provisions. There is no guarantee of an open enrollment in future years. If a completed enrollment application is not returned by the 15th of the month prior to coverage beginning, an employee may have a double deduction on the first paycheck from which health premiums are collected.

Explain the Annual Enrollment Transfer Period, which occurs each year during the fall.

- Employees/dependents are allowed to transfer between or cancel health options.
- Employees/dependents are allowed to enroll in, transfer or cancel dental coverage.
- Employees/dependents are allowed to enroll in optional life insurance coverage.
- Effective dates for any changes will be the following January 1.

**INSURANCE PRODUCTS**

<b>Health Options</b>	<b>Life Options</b>
<input type="checkbox"/> Partnership PPO <ul style="list-style-type: none"><li>• available statewide</li></ul>	<input type="checkbox"/> Basic Term Life and Special Accident
<input type="checkbox"/> Standard PPO <ul style="list-style-type: none"><li>• available statewide</li></ul>	<input type="checkbox"/> Optional Special Accident
<b>Dental Options</b>	<input type="checkbox"/> Optional Universal Life and Term Life
<input type="checkbox"/> Preferred Plan	<b>Other</b>
<input type="checkbox"/> Preferred Dental Organization (PDO)	<input type="checkbox"/> Long Term Care

**MATERIALS TO BE PROVIDED**

Provide an enrollment/change application and optional life insurance applications. Enrollment application must be signed and placed in the employee's insurance or personnel file at the time of processing. If they or their dependents are currently enrolled in TennCare, explain employee deduction and employer contribution. Provide a statement brochure and applicable provider materials including a list of providers. Provide a copy of the Employee Assistance Program (EAP) and provide brochures. Provide information on parking reimbursement accounts and provide enrollment form.

Employee Signature \_\_\_\_\_ Agency Benefits Coordinator Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

IA-0910 (rev 12/10)

# Resource Materials

[tn.gov/finance/fa-benefits](https://tn.gov/finance/fa-benefits)

The Summary of Benefits and Coverage (SBC) describes your health coverage options. You can print a copy on the Benefits Administration website, or ask Human Resources for a copy.

**TN** Department of Finance & Administration

Go to TN.gov

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### Insurance & Benefits

[ParTNers for Health Website](#)

- [Insurance Products](#)
- [Other Benefits](#)
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- [Report Fraud](#)
- [Summary of Benefits](#)
- [Agency Benefits Coordinators](#)

## Insurance & Benefits

Benefits Administration is responsible for servicing three basic groups of employees by managing their state-provided insurance benefits. The state plan is comprised of state government and higher education employees. The local education plan is available to local K-12 school systems that choose to participate in the plan. The local government plan is available to local city and county governments and to certain quasi-governmental agencies that choose to participate. Over 300,000 individuals are enrolled in coverage.

In addition to insurance coverage, the division also administers an employee assistance program and a wellness program. These related programs complement insurance programs by educating employees and their families about prevention and behaviors that can affect their mental and physical health.

This site contains most documents and forms related to your insurance benefits. Your human resource office can provide this information as well.

[HIPAA Breach](#)

# Need More Help?

You can contact **Benefits Administration** (BA) for **eligibility and enrollment** questions at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.

- You can also search the help desk, find articles or submit a question at <https://benefitssupport.tn.gov/hc/en-us>.

**Links to animated videos** on the ParTNers for Health website at [partnersforhealthtn.gov](https://partnersforhealthtn.gov). These videos can help you learn about your benefits and what everything means. You can also find definitions, insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at <https://www.tn.gov/finance/fa-benefits>. Brochures, handbooks, plan documents and summaries of benefits and coverage (SBCs).

# About the Plan

- The State Group Insurance Program (the Plan) covers:
  - State and Higher Education Employees
  - Local Education Employees
  - Local Government Employees
- We spend about \$1.3 billion annually and cover nearly 300,000 members.
- The health plan is **self-insured**. The State, not an insurance company, pays claims from premiums collected from members and their employers.
- The Division of Benefits Administration manages the Plan.



# Who is Eligible for Coverage?

- Full-time employees and their dependents, who may include:
  - Legally married spouses
  - Children up to age 26, (natural, adopted, step-children or children for whom the employee is the legal guardian)
    - Special circumstances for disabled dependents may allow for coverage after age 26. Refer to your Eligibility and Enrollment Guide or consult your Human Resources for more information.
- Employees cannot be enrolled in TennCare **and** a State Group Health Insurance Plan
  - Contact your caseworker at TennCare within 10 days of your date of employment to report your new job, salary and that you have access to medical insurance with your new employer

# Adding Coverage

Three times you may add health coverage:

1. As a new employee
2. Annual Enrollment in the fall
3. If you experience a special qualifying event
  - A special qualifying event could be marriage, birth of a baby or something that results in loss of other coverage
  - Submit the enrollment within 60 days of the event or loss of other coverage
  - A complete list is provided on page three of the enrollment application



# Annual Enrollment

- During Annual Enrollment you may:
  - Enroll in or cancel **health insurance** for yourself or your eligible dependents
  - Change your health insurance option
  - Choose your health insurance **network (doctors and facilities)**
  - **Changes are effective January 1 of the following year**

Annual Enrollment occurs during the fall

# Choosing Your Premium Level

- Four premium levels (tiers) available:
  - Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)
- If you're enrolling as a family, everyone must be enrolled in the same state group health insurance option with the same insurance carrier.
- If your spouse works for the state, or a higher education, local government or local education agency whose health insurance is through the State, you can enroll separately and choose your own premium level, health benefit option and insurance carrier.
  - NOTE: An individual may only be covered under one state policy

# Canceling Coverage

- You may only cancel insurance coverage for yourself or your dependents:
  1. During Annual Enrollment
  2. If you become ineligible to continue coverage
  3. If you and/or your dependents become newly eligible for coverage under another plan due to an event like marriage, divorce, birth or adoption of a child.

# Health Insurance

You get the choice of a health plan and a network

**Three health options — you choose one.**

Each option has **different out-of-pocket costs** for copays, deductibles, coinsurance and out-of-pocket maximums. You won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider. **Here are your options in more detail:**

- **Premier PPO:** Highest premiums, but you **pay less** for copays at the doctor's office and pharmacy than the Standard PPO and less in coinsurance.
- **Standard PPO:** Lower premiums than the Premier PPO, but you **pay more** for copays at the doctor's office and pharmacy.
- **Limited PPO:** Lower premiums than the other PPOs, but you pay more for copays at the doctor's office and pharmacy.
- **Local Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA):** Lower premiums, but you have a higher deductible. You get a HSA (health savings account) to use for qualified healthcare expenses, including your deductible and to save for retirement.

# Health Insurance

## How does the Local CDHP/HSA work?

**You pay for your healthcare differently.** When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum.

- **For all of your care, as long as you use network providers, you get discounted network rates.**
  - For **certain 90-day maintenance drugs** (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy or mail order to fill a 90-day supply of your medication to receive this benefit. Check with your pharmacist or CVS/caremark if you have questions.

**Note:** For Local CDHP Plan, the deductible and out-of-pocket maximum amount can be met by one or more persons, depending on premium level, but no one family member may contribute more than \$7,350 to the in-network family out-of-pocket maximum total. The total deductible must be met before coinsurance applies for any family member unless otherwise noted in the Eligibility and Enrollment Guide.

# Health Insurance

## How does the Local CDHP/HSA work?

**You get a HSA to save!** You can contribute and some employers do too. Check with your employer on your options. For example, you can put the difference in premiums between the Local CDHP and a PPO (premium savings) into your HSA each month.

You can use your HSA money to pay for your deductible, coinsurance for doctor's visits and prescriptions. Your HSA money rolls over each year — you keep it if you leave or retire.

- When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).

## 2018 maximum HSA contribution amounts (includes employer contributions):

- \$3,450 for employee only (includes any employer contribution – if available)
- \$6,900 for all other tiers (includes any employer contribution – if available)
- Members 55 or older can save an extra \$1,000 in a catch up contribution during the plan year



# Health Insurance

## How does the Local CDHP/HSA work?

- **You save money on taxes!** Your HSA contributions can be pre-tax — you can put money from your paycheck directly into your account by payroll deduction (if offered by your agency). This lowers your taxable income, saving you money.
  - Employer contributions are tax free and qualified medical expenses are also tax free.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to [stateoftn.payflexdirect.com](http://stateoftn.payflexdirect.com) to learn more.

# Health Insurance

## **CDHP restrictions:**

You cannot enroll in the Local CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.

- Generally, members eligible to receive free care at any VA facility cannot enroll in the Local CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months.

However, members may be eligible if the following applies:

- Member did not receive any care from a VA facility for three months, or
- The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
- Go to [https://www.irs.gov/irb/2004-33\\_IRB/ar08.html](https://www.irs.gov/irb/2004-33_IRB/ar08.html) for HSA eligibility information.

# Network Options

## You choose one of three networks of doctors and facilities:

- **BlueCross BlueShield Network S:** There is no additional cost for this network. In 2018 in the Memphis market, Methodist facilities will be out-of-network, and Baptist facilities will be in-network. All Methodist **provider** groups will be in-network.
- **Cigna LocalPlus:** There is no additional cost for this network. This is a smaller network than Cigna Open Access Plus (OAP).
- **Cigna OAP:** This is a large network, with a choice of more doctors and facilities, but you will pay more. In 2018 in the Memphis market, Baptist facilities will be out-of-network, but Methodist facilities will be in-network.
  - Monthly surcharges will apply:
    - \$40 more for employee only and employee+child(ren) coverage
    - \$80 more for employee+spouse and employee+spouse+child(ren) coverage

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

# Pharmacy benefits

Pharmacy benefits are included when you and your dependents enroll in a health plan. The plan you choose determines the out-of-pocket prescription costs. How much you pay for your drug depends on whether it is a generic, brand or non-preferred brand and the day-supply.

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

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

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	LIMITED PPO	LOCAL CDHP
<b>30-DAY SUPPLY</b>				
Generic	\$7	\$14	\$14	30% coinsurance after deductible is met
Brand	\$40	\$50	\$60	
Non-preferred brand	\$90	\$100	\$110	
<b>90-DAY SUPPLY (Retail-90 network pharmacy or mail order)</b>				
Generic	\$14	\$28	\$28	30% coinsurance after deductible is met
Brand	\$80	\$100	\$120	
Non-preferred brand	\$180	\$200	\$220	
<b>90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)</b>				
Generic	\$7	\$14	\$14	20% coinsurance without having to meet deductible
Brand	\$40	\$50	\$60	
Non-preferred brand	\$160	\$180	\$200	
<b>SPECIALITY PHARMACY**</b>				
Coinsurance	10% (min \$50; max \$150)	10% (min \$50; max \$150)	10% (min \$50; max \$150)	30% after deductible

# Pharmacy benefits

**Maintenance Drugs:** There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication.

- The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD) and diabetes (oral medications, insulins, needles, test strips and lancets).

**Certain Low-Dose Statins:** Eligible members will be able to receive these medications in-network at zero cost share in 2018.

- These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

**Copay Installment Program:** Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn), register and log in, or by calling CVS/caremark customer care at 877.522.8679.

- This benefit is only for 90-day mail order prescriptions provided by CVS/caremark mail order. **This does not apply to specialty medications.**

# Pharmacy benefits

**Weight Management:** There are some obesity medications available for members who meet certain requirements. This gives members a less costly, non-surgical option for losing weight. Go to the Caremark website at [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) to look for covered medications. They are found under “Antiobesity” on the Preferred Drug List (PDL).

**Diabetic Supplies:** OneTouch diabetic testing supplies are the only diabetic testing supplies covered at the preferred brand copay. Members will have lower copays by using OneTouch supplies. Diabetics may be eligible for a new OneTouch glucose meter at no charge from the manufacturer. For more information call 800.588.4456.

**Flu and Pneumonia Vaccines:** Each year, members can get free flu and pneumonia vaccines (if eligible) through certain pharmacies or at your doctor’s office. You can go to [partnersforhealthtn.gov](http://partnersforhealthtn.gov) and click on the Pharmacy page to learn more about vaccines.



# Pharmacy benefits

**Tobacco Cessation Products:** Members who want to stop using tobacco products can get free tobacco quit aids.

The following quit aids are FREE under the pharmacy benefit:

- Chantix
- Bupropion (Generic Zyban)
- Over-the-counter generic nicotine replacement products, including gum, patches and lozenges
- Nicotrol oral and nasal inhalers

Members may receive up to two, 12-week courses of treatment per calendar year (up to 168 days of treatment) with no lifetime maximum. A licensed clinician is required to write a prescription to get any tobacco cessation products at no cost, including over-the-counter aids. Simply present your prescription and your Caremark card at the pharmacy counter (not at the check-out registers) to fill at \$0 copay. The plan only covers generic over-the-counter tobacco cessation products (not brand names).

# Telehealth

## 24/7 Care — When You Need It

All health plan members have access to state-sponsored Telehealth medical services. It is available as a part of your health insurance. You can talk to a doctor by phone or computer from anywhere, at any time.

## When to use Telehealth

For non-emergency medical issues (allergies, asthma, bronchitis, cold & flu, infections, fever, ear aches, nausea, pink eye, sore throat)

- 24 hours a day, seven days a week — including nights, weekends and holidays
- Your doctor or pediatrician is unavailable
- It's not convenient to leave your home or work
- You are traveling and need medical care

# Telehealth

## Cost:

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

**More Information:** You must pre-register with your network vendor to use Telehealth. Network vendor information is below.

## BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at [bcbst.com](http://bcbst.com)
- Look for PhysicianNow
- Or, call 888.283.6691

## Cigna Members

- Log into [MyCigna.com](http://MyCigna.com)
- Look for MDLive or Amwell and select the vendor of your choice
- Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell

# Behavioral Health & Substance Use Services

Whether you are dealing with a mental health or substance use condition, support is available through your behavioral health coverage. Your enrolled dependents can use these benefits too.

**Optum** is your behavioral healthcare vendor. Using one of Optum's network providers gets you the most from this benefit, which is included when you and your dependents enroll in a health plan.

- In addition to office visits, you can meet with a provider through private, secure video conferencing. It's called **Telemental Health**, and it allows you to get the care you need sooner and in the privacy of your home. The copay for Telemental Health is the same as an office visit.
  - To get started, go to **Here4TN.com**, scroll down, select provider search, and click on Telemental Health to find a provider licensed in Tennessee, or call 855-Here4TN for assistance.

Learn more about your behavioral health benefit by visiting **Here4TN.com**. You can search for providers on the website.

# Employee Assistance Program (EAP) — [HERE4TN.com](http://HERE4TN.com)

Your Employee Assistance Program (EAP) is also administered by Optum. It is available to all enrolled local education and local government state group insurance program members and their eligible dependents, as well as COBRA participants. Receive five EAP visits, per situation, per year at no cost to you.

Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services. They can even help you find a network provider, a plumber who works nights, find services for your elderly parents, theater tickets, all-night pharmacies and so much more.

Optum knows you are busy, and they want to provide you with information when you need it. Call **855.Here4TN (855.437.3486)**.

**Take Charge at Work:** You will have access to a telephonic program that helps you identify your triggers, and recognize and manage symptoms of stress and depression. You can find more information at [HERE4TN.com](http://HERE4TN.com)

# 2018 Voluntary Wellness Program

- More information about the 2018 Wellness Program will be coming in 2018.
- All members have access to **wellness and fitness center discounts** through the carrier network vendors (BCBST or Cigna).
- Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.



# Preventive Screenings

And with your health plan you won't pay anything for eligible preventive care – it's covered at 100% as long as you use an in-network provider. Members are encouraged to get age appropriate preventive services, which could include:

- annual preventive visit (i.e., physical exam)
- cholesterol test
- screening for colon cancer
- annual well woman visit
- osteoporosis screening
- screenings for breast or cervical cancer (women only)
- screening for prostate cancer (men only)
- flu vaccine
- pneumococcal vaccine

Talk to your doctor to find out what screenings and tests are right for you.

# Premiums for 2018: Oak Ridge Schools

## Employee Cost of Monthly Premiums - Cigna LP and BCBS

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	<b>\$91.80</b>	<b>\$85.95</b>	<b>\$78.60</b>	<b>\$66.75</b>
Employee + Child(ren)	<b>\$302.70</b>	<b>\$283.50</b>	<b>\$258.90</b>	<b>\$219.90</b>
Employee + Spouse	<b>\$357.90</b>	<b>\$335.40</b>	<b>\$306.30</b>	<b>\$260.10</b>
Employee + Spouse + Child(ren)	<b>\$477.00</b>	<b>\$446.70</b>	<b>\$408.30</b>	<b>\$346.50</b>

- Premiums shown are for the employee share for **active employees**.
- A complete chart is available in the Eligibility and Enrollment Guide and on the ParTners for Health website
- Premiums are for the BCBS Network S or Cigna LocalPlus network
- Premiums do NOT include the cost for the larger Cigna Open Access Plus network – which would add \$40 to \$80 more EACH MONTH depending on your tier

# Premiums for 2018: Oak Ridge Schools

## Employee Total Cost of Monthly Premiums – Cigna Open Access

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	\$97.80	\$91.95	\$84.60	\$72.75
Employee + Child(ren)	\$314.70	\$295.50	\$270.90	\$231.90
Employee + Spouse	\$381.90	\$359.40	\$330.30	\$284.10
Employee + Spouse + Child(ren)	\$501.00	\$470.70	\$432.30	\$370.50

- Premiums shown are for the employee share for **active employees**
- A complete chart is available in the Eligibility and Enrollment Guide and on the ParTNers for Health website
- Premiums are for the Cigna Open Access network

# 2018 Deductibles and Out-of-Pocket Maximums

	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
	In-Network	In-Network	In- Network	In-Network
<b>Deductibles</b>				
Employee only	\$500	\$1,000	\$1,600	\$2,000
Employee + Child(ren)	\$750	\$1,500	\$2,200	\$4,000
Employee + Spouse	\$1,000	\$2,000	\$2,500	\$4,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$3,200	\$4,000
<b>Out-of-Pocket Max (medical and pharmacy combined)</b>				
Employee only	\$3,600	\$4,000	\$6,600	\$8,000
Employee + Child(ren)	\$5,400	\$6,000	\$13,200	\$16,000
Employee + Spouse	\$7,200	\$8,000	\$13,200	\$16,000
Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$13,200	\$16,000

# Take Note!

- Deductibles and out-of-pocket maximums for in-network and out-of-network services add up **separately** in PPOs and CDHP.

## **Example: Employee Only Coverage - Premier PPO**

- **In-network** services count toward in-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
In-Network	\$500	\$3,600

- **Out-of-network** services count toward out-of-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
Out-of-Network	\$1,250	\$9,000

Ineligible expenses, including non-covered services and expenses over the MAC don't count toward deductibles and out-of-pocket maximums.

# Community Resources

We want to make sure you are aware of available resources if you want to continue or start to improve your health! We recommend **Healthier Tennessee®**, which you may already be involved in through your coordinated school health program or your community.

Healthier Tennessee® is an initiative of the Governor's Foundation for Health and Wellness. This initiative promotes a healthy diet, strives to increase the number of Tennesseans who are physically active and works to reduce the number of those who use tobacco.



# Enrolling in Benefits

- **Employees can submit a paper application to Human Resources for health coverage**
- **Enrollment must be completed within 31 days of your hire date**
- Required dependent verification must also be submitted during this timeframe
  - Example dependent verification documents include:
    - Federal Income Tax Return and Marriage License for a spouse
    - Birth certificate for a child

# When Will Coverage Begin?

- Health insurance begins on the first day of the month
- If you are hired on Sept. 15, coverage would begin on Oct. 1
- Ask Human Resources if you have questions about when your coverage begins

# When Are Premiums Paid?

- Human Resources will tell you when your premiums will be deducted from your paycheck
- If you do not enter your benefit selections early, in some instances, you could end up with a double deduction from your paycheck.
  - For example, you could be double-deducted if you make your insurance selections after your agency confirms your paycheck that the first deduction is supposed to be taken.

# When Will My ID Cards Arrive?

- Within three weeks of the date your application is processed

BlueCross BlueShield	Cigna
<ul style="list-style-type: none"><li>• Sends up to two ID cards automatically, both with member's name</li></ul>	<ul style="list-style-type: none"><li>• Sends separate ID cards for each insured family member with each participant's name</li></ul>
<ul style="list-style-type: none"><li>• These may be used by any covered dependent</li></ul>	<ul style="list-style-type: none"><li>• There may be up to four ID cards in each envelope</li></ul>

- **CVS/Caremark** will send separate ID cards for pharmacy benefits
- If you enroll in dental or vision benefits, you will receive your ID cards within three weeks

# Retiree Insurance

- Retiree health insurance coverage (pre-65 retirees) is not available to employees whose employment with a participating Local Education agency first began on or after July 1, 2015.
- The Tennessee Plan (Supplemental Medical Insurance for retirees with Medicare) will not be available to any employee whose first employment is on or after July 1, 2015.
- Any employee whose first employment with a participating Local Education agency began before July 1, 2015, and who returns to employment with a participating Local Education agency after July 1, 2015, may participate in retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015, and meets all other eligibility requirements for retirement insurance.
- If you have questions about the above regarding your eligibility for retirement insurance, we encourage you to contact Benefits Administration.
- If you have questions about your insurance options as an employee, we encourage you to talk to Human Resources.

# Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called “HIPAA”
- Benefits Administration can only discuss benefits information with the head of contract (HOC)
- The **Authorization for Release of Protected Health Information** form must be completed before Benefits Administration can discuss benefits information with your spouse or other authorized representative

To print and complete a release form, visit [www.tn.gov/finance/fa-benefits](http://www.tn.gov/finance/fa-benefits). On this page, select the “Forms” tab.



# Insurance Carrier Websites

- BlueCross BlueShield, Cigna and CVS/caremark each offer member websites that allow you to:

- View detailed information about your claims
- Print temporary ID cards
- Access other helpful member services

- **BlueCross BlueShield**

[www.bcbst.com/members/tn\\_state/](http://www.bcbst.com/members/tn_state/)

- **Cigna**

[www.cigna.com/site/stateoftn](http://www.cigna.com/site/stateoftn)

- **CVS/caremark**

[www.info.caremark.com/stateoftn](http://www.info.caremark.com/stateoftn)

# Who to Contact

- Your primary point of contact is Human Resources
- For questions about a provider or insurance claim, contact your insurance carrier directly via the carrier's member website or the number on the back of your ID card
- For questions about eligibility and enrollment, call the Benefits Administration service center at **1-800-253-9981**
- **ParTNers for Health**  
[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)
- **Benefits Administration**  
[www.tn.gov/finance/fa-benefits](http://www.tn.gov/finance/fa-benefits)