PARTNERS FOR HEALTH

LOCAL EDUCATION

NEW EMPLOYEE ORIENTATION
ENROLLMENT AND INSURANCE BENEFITS

Jan. 1 – Dec. 31, 2022

Importance of your Decisions

The State provides a comprehensive benefits package for you and for those you are eligible to cover under your insurance, known as dependents.

- If you are eligible for the Local Education Plan, you may enroll in **health insurance and if offered by your agency, dental and vision** insurance.
- You have many options. Please be aware of all the options so you make informed decisions.
- You'll pay monthly premiums for the benefits offered, except for some additional benefits that are included with medical coverage.
- Your agency benefits coordinator, known as an ABC, or the person in your Human Resources office, can tell you how long your new hire period lasts.
- If you have questions, please follow up with your ABC.

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About the Plan

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

Partners for Health is the official logo and website name for Benefits Administration.

- The Local Education Plan is offered to local K-12 school systems.
- The plan is self-insured. All claims are paid through the combined premiums of our members and any contributions that employers make toward monthly premiums.
- The State Insurance Committee is authorized to determine the premiums, benefits package, funding method, administrative procedures, eligibility provisions and rules relating to the Local Education Plan.

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Online Resources - Website

Visit the ParTNers for Health website at www.**tn.gov/PartnersForHealth**. You'll find information about all the benefits described in this presentation. You'll also find:

- Link to educational **Videos** on the homepage to learn about your benefits and what everything means.
- Premium charts on the **Premiums webpage**
- A health plan **benefits comparison grid** is on the **Health webpage.**
- **Enrollment forms** and **handbooks**
- Definitions, insurance terms and frequently asked questions

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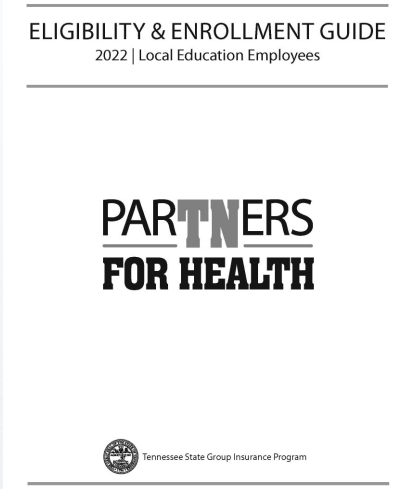
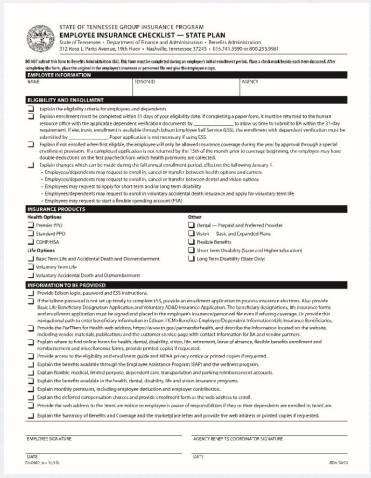
Resource Materials

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





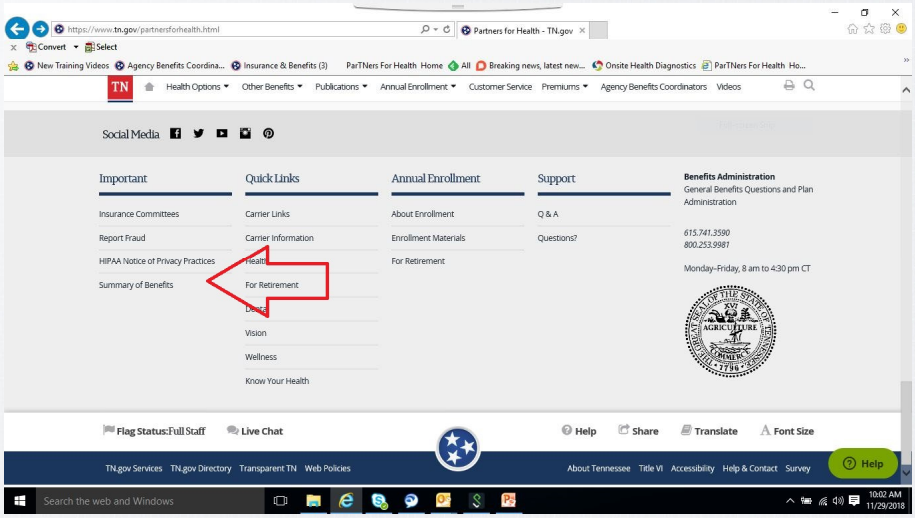
You'll also get an Employee Checklist (above) to confirm that you have been informed of important benefits information.

- More detailed information about enrollment and your benefits can be found in the Eligibility & Enrollment Guide on the ParTNers for Health website under **Publications**.
- Your ABC will also provide you with an employee checklist to confirm that you have received this important benefit information. After the presentation, please sign the checklist and return it to your ABC.

Resource Materials

The Summary of Benefits and Coverage describes your health coverage options.

You can find a link at the bottom of the ParTNers for Health website or ask your ABC for a copy.



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- As required by law, the State of Tennessee Group Health Program has created a Summary of Benefits and Coverage, or SBC for short. It describes your health coverage options.
- You can read and print it from the main page of the ParTNers for Health website by clicking on Summary of Benefits at the bottom of the homepage. You may also request a free printed copy from your ABC.
- Most information found in the SBC is covered in more detail in other publications like the Eligibility & Enrollment Guide, Plan Document and member handbooks. These can be found under the **Publications** tab on the website.

Here's Help!

- For eligibility and enrollment questions, call **Benefits Administration** at 800.253.9981 or 615.741.3590, Mon.- Fri. 8 a.m. to 4:30 p.m. CT
- A **green "Help" button,** or live-chat feature, available during normal business hours.
- Zendesk at **benefitssupport.tn.gov/hc/en-us.** You can search the help center, find articles or submit questions. To access Zendesk, click the blue "Questions?" button on the website.

- **You can enroll using Employee Self Service in Edison at www.edison.tn.gov or your ABC will help you enroll.**
- There is more information about **Employee ESS** later in this presentation.

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PARTNERS FOR HEALTH

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- **You can enroll using Employee Self Service in Edison at www.edison.tn.gov or your ABC will help you enroll.** There is more information about Edison ESS later in the presentation.

Who is Eligible for Coverage?

Local education employees please verify specific eligibility requirements in the Eligibility & Enrollment Guide and Plan Document regarding teachers, employees, non-certified employees, board members, among others.

Employees Eligible:

- A teacher as defined in Tennessee Code Annotated, Section 8-34-101-(49)
- An interim teacher whose salary is based on the local school system's schedule
- Full-time employees not defined above who are regularly scheduled to work at least 30 hours per week
- Full-time non-certified employees who have completed 12 months of employment with a local education agency that participates in the plan and work a minimum of 25 hours per week. A resolution passed by the school system's governing body authorizing the expanded 25 hour rule for the local education agency must be sent to Benefits Administration before enrollment
- School board members (health insurance only)
- All other individuals cited in state statute, approved as an exception by the Local Education Insurance Committee or defined as full-time employees for health insurance purposes by federal law

Continued on the next slide …

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- All other individuals cited in state statute, approved as an exception by the Local Education Insurance Committee or defined as full-time employees for health insurance purposes by federal law

Continued on the next slide …

Who is Eligible for Coverage?

If you enroll in health, vision or dental coverage, you may also enroll your eligible dependents:

Dependents

- Your spouse (legally married); individual agencies may deny eligibility to the spouses of employees who are eligible for group health insurance through the spouse's employer
- Natural or adopted children
- Stepchildren
- Children for whom you are the legal guardian, custodian or conservator

All dependents must be listed by name on the enrollment change application.
Proof of dependent's eligibility is required.
See the Dependent Eligibility Definitions and Required Documents found on the application.
See the Eligibility & Enrollment Guide for those not eligible for coverage.

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When Can You Add Coverage?

As a new hire or newly eligible: Enrollment must be completed and submitted to BA within 30 calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

- Enroll as quickly as possible to avoid the possibility of double premium payroll deductions

Annual Enrollment Period: Gives you a chance to enroll or make changes to your existing coverage, like transferring between health, dental and vision options and cancelling insurance.

- See the next slide for more information

Important! See the Eligibility & Enrollment Guide for rules around special enrollment, mid-year election provisions, qualifying events and canceling coverage.

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PARTNERS FOR HEALTH

Here are the times you can enroll in coverage:

As a new hire or newly eligible: Enrollment must be completed and submitted to BA within 30 calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

- Enroll as quickly as possible to avoid the possibility of double premium payroll deductions

Annual Enrollment Period: Gives you a chance to enroll or make changes to your existing coverage, like increasing or decreasing voluntary term life insurance, transferring between health, dental, disability and vision options and cancelling insurance.

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Important! See the Eligibility and Enrollment Guide for rules around special enrollment, mid-year election provisions, qualifying events and canceling coverage.

About Annual Enrollment

Annual Enrollment occurs in the fall and is your chance to enroll or make changes to your existing coverage.

- Information is mailed to you in the fall and published on our website at tn.gov/partnersforhealth.
- You have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted under Publications at tn.gov/PartnersForHealth.
- Benefits changes start the following Jan. 1.
- Benefit enrollments remain in effect for a full year (Jan. 1 – Dec. 31).
- You may **not** cancel other coverage outside of the enrollment period unless eligibility is lost or there is a qualifying event.

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Canceling Coverage

Outside of the Annual Enrollment period, you can only cancel coverage for yourself and/or your covered dependents, IF:

- You lose eligibility for the State Group Insurance Program (e.g., changing from full-time to part-time)
- You experience a special qualifying event, family status change or other qualifying event as approved by BA

Cancelling coverage in the middle of the plan year: You may only cancel coverage for yourself and/or your dependents in the middle of the plan year if you lose eligibility or have an event that results in you/your dependents becoming newly eligible for coverage under another plan. There are no exceptions.

- You have **60 days** from the date that you and/or your dependents become newly eligible for other coverage to turn in an application and proof to your agency benefits coordinator.
- **Examples**: Marriage, divorce, legal separation, annulment, birth, adoption, death of a spouse, new employment, entitlement to Medicare, Medicaid or TRICARE, court decree or order
- **See the Eligibility & Enrollment Guide for details.**

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- **See the Eligibility & Enrollment Guide for details.**

Special Enrollment/Mid-Year Election Provisions

If you or a dependent lose eligibility for coverage under any other group health insurance plan, or if you acquire a new dependent during the plan year, the federal Health Insurance Portability and Accountability Act may provide additional opportunities for you and eligible dependents to enroll in health coverage.

Mid-Year Elections for Voluntary Programs — You or eligible dependents may also enroll in voluntary dental and vision if you meet the requirements stated in the certificates of coverage for those programs.

- **NOTE: Application for special enrollment or a mid-year election change** (https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2021.pdf) **must be made:**
- **within 60 days** of the loss of eligibility for other health insurance coverage; or
- **within 30 days** of a new dependent's acquire date.

You must also submit proof as listed on the enrollment application.
See the Eligibility & Enrollment Guide for details.

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You must also submit proof as listed on the enrollment application.
See the Eligibility & Enrollment Guide for details.

Choosing Your Premium Level

Four premium levels for health, dental and vision coverage available:

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Employee + Spouse + Child(ren)

- You may choose the same or different levels for health, dental and vision.
- If you enroll as a family, which is any coverage level other than Employee Only, all of you must enroll in the same health, dental and vision options.
- if you are married to an employee who is also a member of the local education, local government or state plan, you can each enroll in Employee Only coverage if you are not covering dependent children.
- If you have children, one of you can choose Employee Only and the other can choose Employee + Child(ren). Then you can each choose your own benefit option and carrier.

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The amount you pay in monthly premiums depends on the options you choose and the number of people you cover under the plan.

There are four premium levels available: Employee Only, Employee + Child or Children, Employee + Spouse and Employee + Spouse + Child or Children.

- For most people, choosing a premium level is easy. The level depends on the eligible dependents you want to cover under your health plan.
- Just remember, if you're enrolling as a family, everyone must be enrolled in the same health, dental and vision options.
- If you are married to an employee who is also a member of the local education, local government or state plan, you can each enroll in Employee Only coverage if you are not covering dependent children.
- If you have children, one of you can choose Emp Only, and the other can choose Emp + Children. Then you can choose your own benefit option and carrier network.

Health Plan Options

You have the choice of four health plans

- Preventive care is free in all plans if you use an in-network provider
- See the **full plan options comparison chart** on the Health Options > Health webpage

Comparison of the three plans:

- **Premier Preferred Provider Organization:** Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance
- **Limited PPO:** Lower monthly premiums than the other PPOs – higher out-of-pocket costs than the other PPOs
- **Local Consumer-driven health plan with a health savings account, or CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

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- **Limited PPO:** Lower monthly premiums than the other PPOs – higher out-of-pocket costs than the other PPOs.
- **Consumer-driven health plan with a health savings account or CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

Health Plan Options

More about the Local CDHP/HSA

- The HSA can help you save for health care costs, you get tax benefits, the money rolls over each year and you keep the money if you leave/retire
- Learn more at tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options**

HSA IRS max contributions – there are limits on how much money you can put in your HSA each year:

- $3,650 for employee-only coverage in 2022
- $7,300 for all other family tiers in 2022
- Members 55 or older can contribute $1,000 more each year

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- Members 55 or older can contribute $1,000 more each year

More CDHP/HSA Information

- **Important!** Your full HSA contribution is **not** available upfront after you enroll. Your pledged amount is taken out of each paycheck if your employer offers payroll deduction. You may only spend the money in your HSA at the time of service or care. You can pay out of your own pocket for services and pay yourself back later with funds from your HSA.
- **Debit card:** Newly enrolled CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses.
- Employees who enroll in the Local CDHP will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year and provide this amount to your employer.
- If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

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- **Debit card:** Newly enrolled Local CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses.
- Employees who enroll in the Local CDHP will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year and provide this amount to your employer.
- If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

Local CDHP/HSA and FSA Restrictions

CDHP/HSA restrictions: You **cannot** enroll in a CDHP if:

- You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)
- You have received Department of Veterans Affairs benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, you are not entitled to contribute to your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA
- You have received care from the Indian Health Services within the past three months

HSA/FSA restrictions: You **cannot** enroll in the Local CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

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There are restrictions with a Local CDHP/HSA and enrolling in other plans and/or FSAs:

You **cannot** enroll in a CDHP if:

You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)

You have received Department of Veterans Affairs benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, you are not entitled to contribute to your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA

You have received care from the Indian Health Services within the past three months

HSA/FSA restrictions: You **cannot** enroll in the Local CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

Carrier Networks

Choose between four carrier networks for your medical care

- Each network has providers (doctors, hospitals, facilities) throughout Tennessee and across the country.

• **BlueCross BlueShield**
  • **Network S**
  • **Network P***
	• **Cigna**
	  • **LocalPlus**
	  • **Open Access Plus***

BCBST Network S and **Cigna LocalPlus** networks do not include all the hospitals and providers found in the broad networks to keep your premiums, claim costs and rate increases low.

BCBST Network P and **Cigna OAP** broad networks give you more hospital choices but have an additional monthly cost* added to your monthly premium. You may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks.

*Additional monthly premium cost: $65 more each month for employee only or employee + child(ren) coverage; $130 more each month for employee + spouse or employee + spouse + child(ren) coverage

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*Additional monthly premium cost: $65 more each month for employee only or employee + child(ren) coverage; $130 more each month for employee + spouse or employee + spouse + child(ren) coverage

Carrier Network Changes

Network changes can and do occur. BA cannot guarantee all providers/hospitals in a network will stay in that network for the entire year. **A provider or hospital leaving a network does not allow you to make coverage changes.**

- **Important–check networks carefully before finalizing your enrollment choice.** The network choice you make is for the calendar year. After you enroll in a network, you won't be able to change plans or networks during the calendar year. You may be able to make changes allowed by the plan if you have a qualifying event.
- **Here are recent network change examples:**
  - HCA left the LocalPlus network in 2020; now only in Network P and OAP
  - Pinnacle Dermatology left LP and OAP in 2021; now only in Network S and P
  - Lauderdale Community out of Network S and P Jan. 1, 2022; only in LP and OAP
  - Northcrest acquired by HCA in 2021; now only in Network P and OAP in 2022

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Network changes can and do occur. BA cannot guarantee all providers/hospitals in a network on Jan. 1 will stay in that network for the entire year. **A provider or hospital leaving a network does not allow you to make coverage changes.**

Important–check networks carefully before finalizing your enrollment choice. The network choice you make is for the remainder of the calendar year (Jan. 1 until Dec. 31). After your enrollment ends, you won't be able to change plans or networks for 2022. You may be able to make changes allowed by the plan if you have a qualifying event.

- **Recent network change examples:**
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  - Pinnacle Dermatology left LP and OAP in 2021; now only in Network S and P
  - Lauderdale Community out of Network S and P Jan. 1, 2022; only in LP and OAP
  - Northcrest acquired by HCA in 2021; now only in Network P and OAP in 2022

Carrier Networks

How to check the networks

- **ParTNers Carrier Information webpage**–check the **Hospital Network Comparison list**

Go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information** for all network hospital lists and provider directories.

You can also contact BlueCross or Cigna about network providers or hospitals:

- **BlueCross**, 800.558.6213, M-F 7 a.m. - 5 p.m. CT, bcbst.com/members/tn_state/
- **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

tn.gov/PartnersForHealth

PARTNERS FOR HEALTH

Here is how to check the networks

- **Go to the ParTNers Carrier Information webpage** – check the Hospital Network Comparison list

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- **BlueCross**, 800.558.6213, M-F 7 a.m. - 5 p.m. CT, bcbst.com/members/tn_state/
- **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

2022 Premiums
Local Education

Employee Share of Monthly Premiums for the Narrow Networks

Premium Level	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
Employee Only	$651	$609	$558	$473
Employee + Child(ren)	$1,073	$1,004	$919	$780
Employee + Spouse	$1,335	$1,249	$1,143	$970
Employee + Spouse + Child(ren)	$1,692	$1,583	$1,449	$1,230

•Premiums shown are for the employee share for **local education active employees**. Complete premium charts are found at tn.gov/PartnersForHealth. Click on **Premiums** in the top navigation.
•Premiums are for the BCBST Network S or Cigna LocalPlus network. Premiums do **NOT** include the cost for the broad BCBST Network P or Cigna OAP networks, which would add $65 to $130 more EACH MONTH depending on your tier.

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PARTNERS FOR HEALTH

Here are the 2022 premiums for active local education employees in narrow networks.

- These premiums do not include the cost for the broad networks – which would add $65 to $130 more to your premium each month.
- Premium charts are found on the **Premium** page on the website.

2022 Deductibles/Out-of-Pocket Maximums (in-network)

	Premier PPO	Standard PPO	Limited PPO	Local CDHP/HSA
	In-Network	In-Network	In-Network	In-Network
Deductibles				
Employee only	$500	$1,000	$1,800	$2,000
Employee + Child(ren)	$750	$1,500	$2,500	$4,000
Employee + Spouse	$1,000	$2,000	$2,800	$4,000
Employee + Spouse + Child(ren)	$1,250	$2,500	$3,600	$4,000
Out-of-Pocket Max				
Employee only	$3,600	$4,000	$6,800	$5,000
Employee + Child(ren)	$5,400	$6,000	$13,600	$10,000
Employee + Spouse	$7,200	$8,000	$13,600	$10,000
Employee + Spouse + Child(ren)	$9,000	$10,000	$13,600	$10,000

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- This chart shows the **annual deductible and out-of-pocket maximums**
- The **annual deductible** is the amount you must pay each year before your plan pays hospital or other charges that are covered through co-insurance.
  - Your annual deductible is lower for in-network services.
- The plans also have **out-of-pocket maximums** for both in-network and out-of-network services.
  - The **out-of-pocket maximums** limit how much co-insurance and copays you would have to pay in any given year if you or a covered family member had a serious illness or injury.
    - After you reach your out-of-pocket maximum level for in-network services, the plan would pay 100% of in-network costs for the rest of the year.
    - The out-of-pocket maximums provide you and your covered dependents with peace of mind and financial protection against a catastrophic illness or injury.
- **Questions & Answers** (Q&A) for what is covered and not covered, including information about hospital-based providers are found in the carriers' member handbooks.

Pharmacy Benefits
Managed by CVS Caremark

All health plans include full prescription drug benefits

- The health plan you choose determines your out-of-pocket prescription costs (copay or coinsurance, deductible and out-of-pocket maximum).
- How much you pay depends on three things:
  - The drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug;
  - The day supply you receive – 30-day (or <30) supply or a 90-day (>31) supply; and
  - Where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.
- Go to **info.caremark.com/stateoftn** to locate a pharmacy, compare estimated drug costs by plan and register on the CVS Caremark site.
  - Once registered, get details about your drug costs and savings, download the mobile app and more!
- Learn more about benefits, vaccines and how to save money at **tn.gov/PartnersForHealth** under **Health Options** and **Pharmacy**.
- Contact: **CVS Caremark**, 877.522.8679, 24/7, info.caremark.com/stateoftn

tn.gov/PartnersForHealth

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Where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.

Go to **info.caremark.com/stateoftn** to locate a pharmacy, compare estimated drug costs by plan and register on the CVS Caremark site. Once registered, get details about your drug costs and savings, download the mobile app and more!

Learn more about benefits, vaccines and how to save money at **tn.gov/PartnersForHealth** under **Health Options** and **Pharmacy**.

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

Pharmacy Benefits

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

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

tn.gov/PartnersForHealth

PARTNERS FOR HEALTH

Here are pharmacy copays and coinsurance costs by plan. Find the full comparison charts at tn.gov/PartnersForHealth under **Health Options** and **Pharmacy**.

Telehealth – 24/7 virtual medical care

All health plan members have access to virtual telehealth visits

- PhysicianNow and MDLive carrier-sponsored 24/7 virtual medical care
- Talk to a doctor for non-emergency medical care by phone, computer or tablet from anywhere.
- Cost is less than a typical office visit when you use PhysicianNow or MDLive programs sponsored by BlueCross BlueShield and Cigna.

- **Physician Now and MDLive telehealth program costs:**
  - **PPO members:** Copay is $15
  - **Local CDHP members:** Pay the negotiated rate per visit until reaching the deductible – then primary office visit coinsurance applies
  - Members log in and select the service – details are on the website

Go to tn.gov/PartnersForHealth under **Health Options** and **Telehealth** for details.

tn.gov/PartnersForHealth

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Members log in and select the service – details are on the website

Find more information at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

Behavioral Health & Substance Use Services
Managed by Optum

Behavioral health benefits available to members/dependents enrolled in medical insurance.

All members will receive an Optum ID card for services.

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

- Services include:
  - **First Call Provider Search** – HERE4TN team will help you find a provider based on your specific needs
  - **TalkSpace online therapy** – communicate with a therapist by text, audio or video 24/7 from your smartphone – cost share applies
  - **Substance User Disorder Preferred Facility Network**
  - **Sanvello** – on-demand mobile app to help with stress, anxiety and depression

Go to tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health** for details.
To access all programs and services **and get help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7 or **HERE4TN.com**

tn.gov/PartnersForHealth

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Here4TN - Employee Assistance Program
Managed by Optum

Here4TN EAP available to all local education employees enrolled in medical insurance. Benefits-eligible dependents of enrolled employees are eligible even if they are not enrolled in medical insurance.

Services are offered at **no cost** to individuals eligible to participate.
Specialists available 24/7 to assist with stress, legal, financial, mediation and work/life services.

- Services include:
  - **First Call Provider Search** – HERE4TN team will help you find a provider based on your specific needs
  - **Short-term counseling** – five visits, per problem, per year, per individual at no cost to you. By phone or virtual visit. Prior authorization required.
  - **Sanvello** – on-demand mobile app to help with stress, anxiety and depression
  - **Take Charge at Work** – telephonic coaching program helps members with depression improve performance at work

Go to **tn.gov/PartnersForHealth** under **Other Benefits** and **EAP** for details.

For EAP programs and services **and help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7 or **Here4TN.com**

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Wellness Program
Managed by ActiveHealth

Two wellness programs are offered to enrolled health plan members and adult dependents. Members must qualify for these programs.

- **Disease management:** For members with chronic diseases like asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease to better manage these conditions.
- **Diabetes Prevention Program:** will be offered to eligible adult plan members to help prevent or delay type 2 diabetes. Find the DPP webpage at tn.gov/PartnersForHealth under Other Benefits and Wellness.

All members have access to ActiveHealth online resources which include a health assessment, health education and digital coaching.

Learn more at tn.gov/PartnersForHealth under **Wellness**.
Contact: **ActiveHealth**, 888.741.3390, M-F, 8-8 CT, go.activehealth.com/wellnesstn

tn.gov/PartnersForHealth

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Enrolling in Benefits

Edison is the State of Tennessee's enterprise resource planning system.

You can use **Employee Self Service, known as ESS, to enroll, or check with your ABC.**

- If your device has Windows 10, the preferred browser for Edison is Microsoft Edge. Internet Explorer 11 will work on older devices that have previous versions of Windows.

You must complete your enrollment within 30 days of your hire date or date of becoming eligible.

Edison ESS

- You will need to log in to Edison at www.edison.tn.gov/ to enroll.
- Instructions for enrolling are available at tn.gov/partnersforhealth. Click on the **"For New Employees"** tile and then look under Resources for Employee Self Service Instructions.

tn.gov/PartnersForHealth

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Using ESS in Edison

Password Help

- If you've never used Edison or have changed agencies since the last time you logged in, click the **First Time Login/New Hire link**. If you know your Access ID but need to reset your password, click the red Employee Portal Login button, enter your Access ID and click Continue. Then click the link that says Forgot your Password? You can also view helpful troubleshooting videos on the Partners for Health website at www.tn.gov/partnersforhealth/videos. html.
- If you have logged in to Edison before and don't remember your Access ID, go to the Edison home page and click on the **Retrieve Access ID** button.
- If you have trouble logging in to Edison, go to the Edison home page and instead of clicking on the red Portal Login button, click on the First Time Login/New Hire blue button. It will take you to a page where you can verify your identity and receive your Access ID.
- **Local Education employees** can call the BA Service Center at 800.253.9981 or 615.741.3590 for help.

tn.gov/PartnersForHealth

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- **Local Education employees** can call the Benefits Administration Service Center at 800.253.9981 or 615.741.3590 for help.

Don't Forget!

You can use ESS in Edison to enroll – www.edison.tn.gov. Enroll as soon as possible!

- You can enroll on your computer or mobile device
- Dependent verification documents are due by your enrollment deadline

Videos can help you!

- Go to **tn.gov/PartnersForHealth** - **click the Videos link** at the top of the home page

Share your email

- Please log in to Edison and make sure your email address is correct. It's easy!
- Just go to **Self Service > My System Profile > Change or set up email address**.
- BA uses email addresses in Edison to send you important insurance information.
- You can opt-out at any time.

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Premium Information

- **Your ABC will tell you when your premiums will be deducted from your paycheck.**
- Make your benefit selections as soon as possible.
  - If you do not enter your benefit selections early, in some instances you could end up with a double deduction from your paycheck.

tn.gov/PartnersForHealth

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ID and Debit Card Information

ID cards

Insurance cards are mailed within three to four weeks after your application is processed.

- **BlueCross BlueShield:** You'll get up to two ID cards. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
- **Cigna (medical):** You'll get separate ID cards for each insured family member with the participant's name printed on each. Cigna will send up to four ID cards in each envelope and additional ID cards in a separate envelope.
- You'll receive separate **CVS Caremark pharmacy ID cards**. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- Optum will mail **ID cards** for **behavioral health/substance use**.
- If enrolled in **dental or vision coverage**, you'll typically receive your ID cards within three weeks. For vision coverage, you will receive an ID card, but you don't need one to access services.
- You can call the insurance carrier to ask for extra cards or print a temporary card from the carrier's website or use the carrier's mobile app. Contact information is on the Customer Service webpage.

Debit cards

- **CDHP/HSA members** will get a debit card from Optum Financial for qualified expenses.

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- You can call the insurance carrier to ask for extra cards or print a temporary card from the carrier's website or by using the carrier's mobile app. Contact information is on the Customer Service webpage.

Debit cards

- **CDHP/HSA** will receive a debit card from Optum Financial to use for qualified purchases.

Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called Health Insurance Portability Accountability Act, known as HIPAA
- BA can only discuss benefits information with the head of contract
- The **Authorization for Release of Protected Health Information** form must be completed before BA can discuss benefits information with your spouse or other authorized representative.

To print and complete a release form, visit tn.gov/PartnersForHealth, go to the Publications page and click on "Forms", the form is found under Miscellaneous.

tn.gov/PartnersForHealth

PARTNERS FOR HEALTH

Our members' personal health information is strictly confidential. Your health privacy rights are protected through a federal law called Health Insurance Portability Accountability Act or HIPAA. It requires your personal health information not be shared without your consent so Benefits Administration can only discuss benefit information with the employee who is enrolling in coverage, also known as the head of contract.

If you would like to grant BA permission to speak to someone other than you about your benefits, please complete and submit an Authorization for Release of Protected Health Information form to Benefits Administration. This will allow your spouse or another individual of your choosing to receive your health information on your behalf. This form is available in the Forms section of our website under Miscellaneous or from your ABC.

Please note that your personal health information may be used or disclosed by and within each plan as well as the State Group Insurance Program third-party "business associates" or contractors as needed for your treatment, payment of benefits or other health care plan operations.

Contact and Materials

- **Call Benefits Administration**: 800.253.9981 or 615.741.3590, M-F, 8 a.m. to 4:30 p.m. CT.
  - Find a **blue questions button** to our help desk: **https://benefitssupport.tn.gov/hc/en-us**
  - Find a **green help button** to CHAT with a customer service representative during business hours
- Find insurance companies/vendors customer service center/website URL information at **tn.gov/PartnersForHealth** under **Customer Service.**
- **Contact your agency benefits coordinator, or ABC** – this person is usually in the human resources/HR office.
- Find definitions, insurance terms and frequently asked questions at **tn.gov/PartnersForHealth.**
- Find publications and forms, brochures, member handbooks and Plan Documents at **tn.gov/PartnersForHealth.**
- Find **questions & Answers** for what is covered and not covered, including information about hospital-based providers in the carriers' member handbooks.

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PARTNERS FOR HEALTH

If you need more help:

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  - Find a **blue questions button** to our help desk: **https://benefitssupport.tn.gov/hc/en-us**
  - Find a **green help button** to CHAT with a customer service representative during business hours
- Each insurance company (vendor) customer service center/website URL information is found at **tn.gov/PartnersForHealth** under **Customer Service.**
- Your **agency benefits coordinator -** this person is usually in the human resources/HR office.
- Find definitions, insurance terms and frequently asked questions at **tn.gov/PartnersForHealth.**
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This concludes the presentation. If you have questions, you can email us at benefits.info@tn.gov