

**Oct. 1-30, 2020,
at 4:30 p.m.
Central time**

Retiree Participants

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

Networks and benefits may change and impact you. So even if you don't make any changes, it's a good idea to review your enrollment each year.

To see all premiums, go to tn.gov/PartnersForHealth/insurance-premiums.

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" and "change or set up email address". Benefits Administration uses email addresses in Edison to send important insurance-related information. We do not share your information, ever. You can unsubscribe at any time.

Updates to coordination of benefits rules may impact claims payment and what you owe if you have more than one medical plan in 2021. See details at tn.gov/PartnersForHealth under **Carrier Information**.

It's About Time ... if You Want to Make Changes!

Here is your annual enrollment newsletter from Benefits Administration (BA). It gives you important information about your choices. You will find full details, including comparison charts for your health, dental and vision, and premium charts on our website at tn.gov/PartnersForHealth.

Your annual chance to ...

- Make changes to your benefits for 2021. If you remain enrolled as of Jan. 1, 2021, you can also enroll your eligible dependents. Changes will be effective Jan. 1, 2021.
- Enroll or re-enroll in a health savings account (HSA) if enrolled in a Consumer-driven Health Plan (CDHP). HSA details are on pages 2-3. Please see CDHP/HSA and FSA restrictions on page 8.
- Tennessee Consolidated Retirement System (TCRS) retirees who receive a monthly pension from TCRS based on their own service, or Optional Retirement Plan (ORP) retirees from the University of Tennessee or a Tennessee Board of Regents (TBR) higher education agency, are eligible for the following benefits: **dental** options and **vision** options (must be enrolled in group health coverage). See page 9.

Important 2021 updates

- **State and higher education retiree** health insurance premiums will increase by 3.6%. See page 5.
- **Local government retiree** health insurance premiums will increase by 5.4%. See page 6.
- **Local education retiree** health insurance premiums will increase by 2.0%. See pages 7-8.
- **Other benefits premiums** (see Other Benefits on page 9):
 - » **No premium increases for vision insurance plan options.**
 - » **Dental Prepaid premiums will increase by 3%. Dental DPPO premiums will not increase** (pending final approval).
- **Same health plans** as last year—see page 2 for details.
- **Same network options**—see page 3 for details.
- **Health insurance copays, coinsurance and deductibles will stay the same for all plans.**
- 2021 vendor (insurance carrier) updates:
 - » Pharmacy vendor will remain CVS Caremark.
 - » Dental Prepaid plan vendor will remain Cigna.
 - » Dental DPPO plan vendor will remain MetLife (pending final approval). See page 9. More information will be available on the PartNers for Health website.
 - » HSA vendor **will change** to Optum Bank beginning Jan. 1, 2021. Affected members will receive more information later this year.

Your health, dental and vision choices are effective Jan. 1, 2021, until Dec. 31, 2021, subject to eligibility. After annual enrollment ends, you won't be able to change plans or networks for 2021. You may be able to make changes allowed by the plan if you have a qualifying event. A provider or hospital leaving a network is not a qualifying event.

To Do:

- **If you want to make changes, fill out the annual enrollment application found at the end of this newsletter. Submit it to Benefits Administration:**
 - » Mailed applications must be postmarked no later than Oct. 30, 2020.
 - » Submit by fax at 615.741.8196 by Oct. 30, 2020, at 11:59 p.m. Central time. **OR ...**
- **If you want to, you can make changes online in Employee Self Service (ESS) in Edison at www.edison.tn.gov**
 - » **To enroll:** On the Edison homepage, look for the green “Benefits Annual Enrollment” button.
 - » You can enroll using your computer or mobile device. (Use the web browser native to its operating system.)
 - » If you haven’t recently logged into Edison, you must click the Acceptable User Policy “I Accept” button to access the Edison system.
 - » In Edison, set up an account with a password, if you haven’t done so. Find step-by-step login instructions at tn.gov/PartnersForHealth on the **Annual Enrollment** webpage.
 - » **Important!** You may have an old email address in Edison from when you were an employee. If you try to reset your password to enroll, the password reset email may go to this old email account. If you do not receive an email after trying to set up your account, you can enroll by mailing or faxing the application found at the back of this newsletter or **call Edison at 866.376.0104** for help with your password reset.

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

- » **Watch videos on how to log in, set up your Edison password and more!**
- » On the tn.gov/PartnersForHealth homepage – click on **Annual Enrollment** and **For Retirement**.
- **If you are adding eligible dependents (spouse and/or eligible children) who have not been previously covered:**
 - » You can add them to medical coverage if you (the retiree) are covered on the medical plan as of 01/01/2021.
 - » You may also be eligible to add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.
 - » **If the dependent is not currently covered on the medical plan we need documents to prove their relationship to you.**
 - » A list of required documents is found at tn.gov/PartnersForHealth under **Publications** then **Forms**.
 - » Upload documents in Edison if enrolling through ESS or mail copies along with your annual enrollment

application or fax to 615.741.8196. You must include your Edison ID or SSN on each document.

- » Deadline to submit dependent documents is Oct. 30.

Here’s Help!

- **Go to tn.gov/PartnersForHealth.** You’ll find:
 - » **Videos** about your benefits.
 - » A blue **Questions** button to our Zendesk help desk: <https://benefitssupport.tn.gov/hc/en-us>
- **Call Benefits Administration** at 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

Health Benefits Offered

(A comparison of costs is on page 4.)

Preventive care is free, if you use an in-network provider.

- **Premier PPO:** Higher monthly premium - lower out-of-pocket costs (deductible, copays and coinsurance).
- **Standard PPO:** Lower monthly premium than the Premier PPO - higher out-of-pocket costs than the Premier PPO.
- **Limited PPO (local education/local government retirees only):** Lower monthly premiums than the other PPOs – higher out-of-pocket costs compared to the other PPOs.
- **CDHP/HSA (state/higher education retirees only) & Local CDHP/HSA (local education/local government retirees only):** Lowest monthly premium - but you pay your deductible first before the plan pays anything for most services, and then you pay coinsurance, not copays.
 - » The **health savings account (HSA)** can help you **save** for healthcare costs. You get tax benefits and the money rolls over each year. You can put your premium savings into your HSA to pay your deductible! Go to tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options** to learn more.
 - » **HSA IRS maximum contributions** – There are limits on how much money you can put in your HSA for 2021: \$3,600 for retiree only coverage and \$7,200 for all other tiers. Members 55+ can contribute \$1,000 more each year.
 - » **Debit card:** CDHP/HSA members will get a new debit card from our new vendor, Optum Bank, to use for qualified expenses. Affected members will receive more information later this year.

There is a change in the HSA vendor for 2021. If you are currently enrolled in the CDHP or Local CDHP and you stay enrolled in the CDHP or Local CDHP for 2021, your funds will be moved from PayFlex to Optum Bank automatically. Your PayFlex HSA funds will not be available for approximately two weeks in January so that the funds can be moved. If you anticipate a large medical expense early in January, you should consider taking money out of your HSA in December to cover it. If you decide to change your enrollment to one of the PPO plans, then your HSA will remain with PayFlex and you will be responsible for paying the monthly account fee.

Important! If you enroll in a CDHP/HSA, you can save on your taxes by contributing after-tax funds to your HSA by check or by linking your bank account to your HSA. Then, at tax time you can take an above-the-line credit which will reduce your taxable income up to the annual HSA contribution limit allowed by the IRS. You may only spend the money that is available in your HSA at the time of service or care.

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.

Carrier networks

You have a choice of three networks for your medical care. There are two narrow networks, BlueCross BlueShield and Cigna LocalPlus. The narrow networks exclude some providers to keep premiums and rate increases low. There is also one broad network, Cigna OAP, for maximum choice.

- **BlueCross BlueShield (BCBST) Network S**
- **Cigna LocalPlus (LP)**
- **Cigna Open Access Plus (OAP)** is a broad network with the most providers in Tennessee. OAP gives you access to more providers than the other networks, but this broad choice costs more. You pay a monthly surcharge of \$40 or \$80, which is added to the premium.
 - » \$40 for Retiree only; Spouse only; Retiree + child(ren); Spouse + child(ren); and Children only tiers
 - » \$80 for Retiree + spouse; and Retiree + spouse + child(ren) tiers

Cigna members can also access the **Surgical and Treatment Support Program** which offers 100% coverage (after deductible for CDHP/Local CDHP) for some hip, knee and back surgeries with program providers. Members must enroll prior to surgery. Go to cigna.com/stateoftn to learn more.

Each network (BCBST S, Cigna LP and OAP) has providers - doctors, hospitals, facilities - throughout Tennessee and across the country. It's important to check the networks carefully. The network choice you make during annual enrollment is for the entire calendar year (Jan. 1 until Dec. 31), subject to eligibility. After annual enrollment ends, you won't be able to change plans or networks for 2021. You may be able to make changes allowed by the plan if you have a qualifying event.

Network providers and facilities can and do change.

Benefits Administration cannot guarantee that all providers and hospitals that are in a network at the beginning of the year will stay in that network for the entire year. **A provider or hospital leaving a network is not a qualifying event and does not allow you to make coverage changes.**

Contact BCBST or Cigna if you have questions about a doctor or hospital in a network:

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

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

Find network hospital lists and directories at tn.gov/PartnersForHealth under **Health Options** and **Carrier Information**.

Pharmacy

All health plans include full prescription drug benefits.

- **NEW** - In 2021, the covered drug list (formulary) will change. In some cases, if there are other drugs that offer the same or similar clinical benefits at a lower cost, the plan will no longer cover certain drugs and other products on the current drug list. If you are taking one of these drugs, you and your prescribing physician will receive a letter from CVS Caremark in November. The letter will explain which drug(s) will be no longer covered under the plan, provide your covered drug options, and the appeal process for possible continued coverage.
- **NEW** - Certain osteoporosis medications will be added to the maintenance tier drug list. The maintenance tier allows you to get a 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost.
- Your health plan (Premier PPO, Standard PPO, Limited PPO, CDHP/HSA or Local CDHP/HSA) 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 a generic, preferred brand, non-preferred brand or specialty drug; the day supply - 30-day (or <30) or a 90-day (>31) supply; and where you fill your prescription - at a retail, Retail-90, or mail order pharmacy

Information about benefits, vaccines and saving money is at tn.gov/PartnersForHealth under **Health Options** and **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!

Contact: **CVS Caremark**, 877.522.8679, anytime, 24/7.

Telehealth: virtual medical care

More and more members are using Telehealth. Talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere. The cost is less than a typical office visit when you use PhysicianNow, MDLive or Amwell programs sponsored by BCBST and Cigna. Schedule appointments for minor illnesses such as cold, flu, allergies, etc., for you or your family, in the comfort of your own home.

Save time – create your user profile in advance.

BCBST members:

log into BlueAccess at bcbst.com/members/tn-state/, look for and select **Talk With a Doctor Now** or call 888.283.6691

Cigna members:

log into 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

Information is at tn.gov/PartnersForHealth under **Health Options** and **Telehealth**.

IN-NETWORK 2021 HEALTH PLAN COMPARISON					
Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO LE/LG	CDHP/HSA ST/HE	Local CDHP/HSA LE/LG
Annual Deductible					
Emp only	\$500	\$1,000	\$1,800	\$1,500	\$2,000
Emp + Child(ren)	\$750	\$1,500	\$2,500	\$3,000	\$4,000
Emp + Spouse	\$1,000	\$2,000	\$2,800	\$3,000	\$4,000
Emp + Spouse + Child(ren)	\$1,250	\$2,500	\$3,600	\$3,000	\$4,000
Maximum Out-of-Pocket					
Emp only	\$3,600	\$4,000	\$6,800	\$2,500	\$5,000
Emp + Child(ren)	\$5,400	\$6,000	\$13,600	\$5,000	\$10,000
Emp + Spouse	\$7,200	\$8,000	\$13,600	\$5,000	\$10,000
Emp + Spouse + Child(ren)	\$9,000	\$10,000	\$13,600	\$5,000	\$10,000
Preventive Care	No charge	No charge	No charge	No charge	No charge
Primary Care/Convenience Care	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	\$55 copay	20% coinsurance after deductible	30% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	\$15 copay	20% coinsurance after deductible	30% coinsurance after deductible
Behavioral Health and Substance Use (and virtual visits)	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
Routine X-Rays, Labs and Diagnostics	10% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Pharmacy (30-day supply)					
generic	\$7 copay	\$14 copay	\$14 copay	20% coinsurance after deductible	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay		
non-preferred brand	\$90 copay	\$100 copay	\$110 copay		
specialty	10% coinsurance min \$50; max \$150	10% coinsurance min \$50; max \$150	10% coinsurance min \$50; max \$150		
Hospital/Facility Services	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Maternity	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient Physical, Speech and Occupational Therapy	10% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
Emergency Room Visit	\$150 copay	\$175 copay	\$200 copay	20% coinsurance after deductible	30% coinsurance after deductible

Complete health plan comparisons, as well as dental and vision comparisons, can be found at tn.gov/PartnersForHealth. Click on **Publications** in the top navigation. Under **Publications**, you'll find **Insurance Comparison Charts**.

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

Behavioral health—managed by Optum

All health plan members and enrolled dependents have access to the same behavioral health and substance use disorder services. **Newly enrolled members get a separate Optum ID card to use for these services.**

- **NEW – Talkspace online therapy:** available for all members with behavioral health benefits. Download the secure app through [HERE4TN.com](https://www.here4tn.com). Communicate safely and securely, 24/7, with a therapist from your smartphone or desktop. Includes text, audio or video. Talkspace sessions are subject to the same cost share or coinsurance rate (after deductible) as an outpatient office visit.

- Costs are waived for members who use certain preferred substance use treatment facilities. Go to tn.gov/PartnersForHealth under **Health Options** and **Behavioral Health** for details.

Optum can find a provider for in-person or virtual visits; explain benefits; identify best treatment options; schedule appointments; and answer questions. **Virtual visits** – meet with a provider through private, secure video conferencing. Costs are the same as an office visit.

For all programs and services, and to find a provider, contact: **Optum** at 855-HERE4TN (855.437.3486), 24/7, or [HERE4TN.com](https://www.here4tn.com).

STATE AND HIGHER EDUCATION 2021 RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$165.80	\$205.80	\$248.70	\$288.70	\$331.60	\$371.60
Retiree + Child(ren)	\$248.40	\$288.40	\$372.60	\$412.60	\$496.80	\$536.80
Retiree + Spouse	\$347.80	\$427.80	\$521.70	\$601.70	\$695.60	\$775.60
Retiree + Spouse + Child(ren)	\$430.60	\$510.60	\$645.90	\$725.90	\$861.20	\$941.20
Spouse Only	\$182.00	\$222.00	\$273.00	\$313.00	\$364.00	\$404.00
Child(ren) Only	\$82.60	\$122.60	\$123.90	\$163.90	\$165.20	\$205.20
Spouse + Child(ren)	\$264.80	\$304.80	\$397.20	\$437.20	\$529.60	\$569.60
STANDARD PPO						
Retiree Only	\$155.20	\$195.20	\$232.80	\$272.80	\$310.40	\$350.40
Retiree + Child(ren)	\$232.60	\$272.60	\$348.90	\$388.90	\$465.20	\$505.20
Retiree + Spouse	\$326.00	\$406.00	\$489.00	\$569.00	\$652.00	\$732.00
Retiree + Spouse + Child(ren)	\$403.40	\$483.40	\$605.10	\$685.10	\$806.80	\$886.80
Spouse Only	\$170.80	\$210.80	\$256.20	\$296.20	\$341.60	\$381.60
Child(ren) Only	\$77.40	\$117.40	\$116.10	\$156.10	\$154.80	\$194.80
Spouse + Child(ren)	\$248.20	\$288.20	\$372.30	\$412.30	\$496.40	\$536.40
CDHP/HSA						
Retiree Only	\$147.40	\$187.40	\$221.10	\$261.10	\$294.80	\$334.80
Retiree + Child(ren)	\$220.40	\$260.40	\$330.60	\$370.60	\$440.80	\$480.80
Retiree + Spouse	\$309.00	\$389.00	\$463.50	\$543.50	\$618.00	\$698.00
Retiree + Spouse + Child(ren)	\$382.20	\$462.20	\$573.30	\$653.30	\$764.40	\$844.40
Spouse Only	\$161.60	\$201.60	\$242.40	\$282.40	\$323.20	\$363.20
Child(ren) Only	\$73.00	\$113.00	\$109.50	\$149.50	\$146.00	\$186.00
Spouse + Child(ren)	\$234.80	\$274.80	\$352.20	\$392.20	\$469.60	\$509.60

Employee Assistance Program (EAP)—managed by Optum

EAP services are available to all retirees enrolled in health coverage and their eligible dependents – even if your dependents are not enrolled in a health plan.

Master’s level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services.

- Get five EAP counseling visits, per problem, per year, per individual at no cost to you. Available in person or by **virtual visit** - get the care you need in the privacy of your own home.
- **NEW – Sanvello:** on-demand mobile app to help with stress, anxiety and depression – available 24/7 at no extra cost at HERE4TN.com.
- A telephonic coaching program called **Take Charge at Work** helps people (EAP-eligible and working) dealing with stress or depression improve performance at work. Available at no additional cost if you qualify.

Information is at tn.gov/PartnersForHealth under **Other Benefits and EAP**.

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

LOCAL GOVERNMENT 2021 RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$698	\$738	\$780	\$820	\$848	\$888
Retiree + Child(ren)	\$1,083	\$1,123	\$1,208	\$1,248	\$1,314	\$1,354
Retiree + Spouse	\$1,501	\$1,581	\$1,677	\$1,757	\$1,823	\$1,903
Retiree + Spouse + Child(ren)	\$1,886	\$1,966	\$2,106	\$2,186	\$2,290	\$2,370
Spouse Only	\$803	\$843	\$897	\$937	\$975	\$1,015
Child(ren) Only	\$385	\$425	\$428	\$468	\$466	\$506
Spouse + Child(ren)	\$1,188	\$1,228	\$1,326	\$1,366	\$1,442	\$1,482
STANDARD PPO						
Retiree Only	\$654	\$694	\$731	\$771	\$794	\$834
Retiree + Child(ren)	\$1,014	\$1,054	\$1,132	\$1,172	\$1,232	\$1,272
Retiree + Spouse	\$1,407	\$1,487	\$1,570	\$1,650	\$1,708	\$1,788
Retiree + Spouse + Child(ren)	\$1,767	\$1,847	\$1,973	\$2,053	\$2,145	\$2,225
Spouse Only	\$753	\$793	\$839	\$879	\$914	\$954
Child(ren) Only	\$360	\$400	\$401	\$441	\$438	\$478
Spouse + Child(ren)	\$1,113	\$1,153	\$1,242	\$1,282	\$1,351	\$1,391
LOCAL CDHP/HSA						
Retiree Only	\$458	\$498	\$509	\$549	\$554	\$594
Retiree + Child(ren)	\$708	\$748	\$791	\$831	\$859	\$899
Retiree + Spouse	\$982	\$1,062	\$1,096	\$1,176	\$1,191	\$1,271
Retiree + Spouse + Child(ren)	\$1,234	\$1,314	\$1,377	\$1,457	\$1,497	\$1,577
Spouse Only	\$524	\$564	\$587	\$627	\$637	\$677
Child(ren) Only	\$250	\$290	\$282	\$322	\$305	\$345
Spouse + Child(ren)	\$776	\$816	\$868	\$908	\$943	\$983
LIMITED PPO						
Retiree Only	\$507	\$547	\$567	\$607	\$617	\$657
Retiree + Child(ren)	\$788	\$828	\$879	\$919	\$956	\$996
Retiree + Spouse	\$1,092	\$1,172	\$1,220	\$1,300	\$1,326	\$1,406
Retiree + Spouse + Child(ren)	\$1,373	\$1,453	\$1,531	\$1,611	\$1,666	\$1,746
Spouse Only	\$585	\$625	\$653	\$693	\$709	\$749
Child(ren) Only	\$281	\$321	\$312	\$352	\$339	\$379
Spouse + Child(ren)	\$866	\$906	\$964	\$1,004	\$1,049	\$1,089

Wellness program

In 2021, two programs will again be offered to enrolled retirees and adult dependents. Members must qualify for these programs.

- Disease management:** Members with chronic diseases such as asthma, diabetes, coronary artery disease, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) will have access to this program to better manage their chronic conditions.
- Diabetes Prevention Program (DPP)** will be offered free to you in 2021. If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes. For details go to tn.gov/PartnersForHealth under **Other Benefits** and **Wellness** on the **DPP webpage**.

All members have access to the online health assessment with ActiveHealth. After members complete the health assessment, they may use the online educational resources, including health education and digital coaching, on their website.

Information about programs and activities are at tn.gov/PartnersForHealth under **Wellness**.

LOCAL EDUCATION 2021 TEACHER RETIREES MONTHLY HEALTH PREMIUMS ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	\$352.00	\$392.00	\$416.00	\$456.00	\$480.00	\$520.00
Retiree + Child(ren)	\$580.25	\$620.25	\$685.75	\$725.75	\$791.25	\$831.25
Retiree + Spouse	\$685.85	\$765.85	\$810.55	\$890.55	\$935.25	\$1,015.25
Retiree + Spouse + Child(ren)	\$914.65	\$994.65	\$1,080.95	\$1,160.95	\$1,247.25	\$1,327.25
Spouse Only	\$333.85	\$373.85	\$394.55	\$434.55	\$455.25	\$495.25
Child(ren) Only	\$228.25	\$268.25	\$269.75	\$309.75	\$311.25	\$351.25
Spouse + Child(ren)	\$562.65	\$602.65	\$664.95	\$704.95	\$767.25	\$807.25
STANDARD PPO						
Retiree Only	\$329.45	\$369.45	\$389.35	\$429.35	\$449.25	\$489.25
Retiree + Child(ren)	\$543.40	\$583.40	\$642.20	\$682.20	\$741.00	\$781.00
Retiree + Spouse	\$642.95	\$722.95	\$759.85	\$839.85	\$876.75	\$956.75
Retiree + Spouse + Child(ren)	\$856.35	\$936.35	\$1,012.05	\$1,092.05	\$1,167.75	\$1,247.75
Spouse Only	\$313.50	\$353.50	\$370.50	\$410.50	\$427.50	\$467.50
Child(ren) Only	\$213.95	\$253.95	\$252.85	\$292.85	\$291.75	\$331.75
Spouse + Child(ren)	\$526.90	\$566.90	\$622.70	\$662.70	\$718.50	\$758.50
LOCAL CDHP/HSA						
Retiree Only	\$255.75	\$295.75	\$302.25	\$342.25	\$348.75	\$388.75
Retiree + Child(ren)	\$421.30	\$461.30	\$497.90	\$537.90	\$574.50	\$614.50
Retiree + Spouse	\$498.85	\$578.85	\$589.55	\$669.55	\$680.25	\$760.25
Retiree + Spouse + Child(ren)	\$664.40	\$744.40	\$785.20	\$865.20	\$906.00	\$986.00
Spouse Only	\$243.10	\$283.10	\$287.30	\$327.30	\$331.50	\$371.50
Child(ren) Only	\$165.55	\$205.55	\$195.65	\$235.65	\$225.75	\$265.75
Spouse + Child(ren)	\$408.65	\$448.65	\$482.95	\$522.95	\$557.25	\$597.25
LIMITED PPO						
Retiree Only	\$301.40	\$341.40	\$356.20	\$396.20	\$411.00	\$451.00
Retiree + Child(ren)	\$496.65	\$536.65	\$586.95	\$626.95	\$677.25	\$717.25
Retiree + Spouse	\$587.40	\$667.40	\$694.20	\$774.20	\$801.00	\$881.00
Retiree + Spouse + Child(ren)	\$782.65	\$862.65	\$924.95	\$1,004.95	\$1,067.25	\$1,147.25
Spouse Only	\$286.00	\$326.00	\$338.00	\$378.00	\$390.00	\$430.00
Child(ren) Only	\$195.25	\$235.25	\$230.75	\$270.75	\$266.25	\$306.25
Spouse + Child(ren)	\$481.25	\$521.25	\$568.75	\$608.75	\$656.25	\$696.25

**LOCAL EDUCATION 2021 SUPPORT STAFF RETIREES
MONTHLY HEALTH PREMIUMS ALL REGIONS**

	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO		
Retiree Only	\$640	\$680
Retiree + Child(ren)	\$1,055	\$1,095
Retiree + Spouse	\$1,247	\$1,327
Retiree + Spouse + Child(ren)	\$1,663	\$1,743
Spouse Only	\$607	\$647
Child(ren) Only	\$415	\$455
Spouse + Child(ren)	\$1,023	\$1,063
STANDARD PPO		
Retiree Only	\$599	\$639
Retiree + Child(ren)	\$988	\$1,028
Retiree + Spouse	\$1,169	\$1,249
Retiree + Spouse + Child(ren)	\$1,557	\$1,637
Spouse Only	\$570	\$610
Child(ren) Only	\$389	\$429
Spouse + Child(ren)	\$958	\$998
LOCAL CDHP/HSA		
Retiree Only	\$465	\$505
Retiree + Child(ren)	\$766	\$806
Retiree + Spouse	\$907	\$987
Retiree + Spouse + Child(ren)	\$1,208	\$1,288
Spouse Only	\$442	\$482
Child(ren) Only	\$301	\$341
Spouse + Child(ren)	\$743	\$783
LIMITED PPO		
Retiree Only	\$548	\$588
Retiree + Child(ren)	\$903	\$943
Retiree + Spouse	\$1,068	\$1,148
Retiree + Spouse + Child(ren)	\$1,423	\$1,503
Spouse Only	\$520	\$560
Child(ren) Only	\$355	\$395
Spouse + Child(ren)	\$875	\$915

**2021 MONTHLY
DENTAL PREMIUMS FOR ALL PLANS**

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN*
Retiree Only	\$15.23	\$30.52
Retiree + Child(ren)	\$31.63	\$70.18
Retiree + Spouse	\$27.01	\$57.74
Retiree + Spouse + Child(ren)	\$37.10	\$112.98

*Pending final approval.

**2021 MONTHLY
VISION PREMIUMS FOR ALL PLANS**

	BASIC PLAN	EXPANDED PLAN
Retiree Only	\$3.07	\$5.56
Retiree + Child(ren)	\$6.13	\$11.12
Retiree + Spouse	\$5.82	\$10.57
Retiree + Spouse + Child(ren)	\$9.01	\$16.35
Spouse Only	\$3.07	\$5.56
One Child Only	\$3.07	\$5.56
Two or More Children Only	\$6.13	\$11.12
Spouse + Children Only	\$6.13	\$11.12

CDHP/HSA restrictions: You should consult with a tax professional for assistance on restrictions when enrolling in a CDHP/HSA plan. You cannot enroll in a 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, Social Security benefits), 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 receiving free care at any VA facility cannot enroll in a 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 they did not receive any care from a VA facility for three months, or member only receives care from a VA facility for a service-connected disability (it must be a disability). Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

HSA and FSA restrictions: You cannot enroll in the CDHP/HSA or Local CDHP/HSA if your spouse has a medical flexible spending account (FSA) or health reimbursement account (HRA) at his/her employer. Your spouse can have a limited purpose FSA (L-FSA) for vision or dental expenses, however, and you may enroll in a CDHP/HSA.

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

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

ማስታወሻ: የግናገራ ቋንቋ አግርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ግዛተ-አውቶር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298)።

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

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

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

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

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

ی‌آرب ناگی‌آر تروصب ی‌نابز تالی‌هست ،دی‌نک ی‌م وگت‌فنگ ی‌سراف نابز هب رگا :ه‌جوت دی‌ری‌گب س‌مات اب .دش‌اب ی‌م مهارف 866-576-0029 (TTY: 1-800-848-0298)

The Notice of Privacy Practice

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

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

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. By law, we are required to inform plan members of this coverage yearly. You can find a copy of the required notice regarding your options on the Benefits Administration website.

If you are actively employed or a pre-65 retiree enrolled in health coverage, you have pharmacy benefits. You do not need to enroll in Medicare prescription drug coverage regardless of your age. Once your retiree group health coverage terminates due to becoming Medicare eligible you may want to enroll in Medicare prescription drug coverage if you need pharmacy benefits.

Summary of Benefits and Coverage

As required by law, the State of Tennessee Group Health Plan creates a Summary of Benefits and Coverage (SBC). The SBC describes your 2021 health coverage options. You can view it online on or after September 30 at <https://www.tn.gov/PartnersForHealth/summary-of-benefits-and-coverage.html> or request that we send you a paper copy free of charge. To ask for a paper copy, call Benefits Administration at 855.809.0071.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy

between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at <https://www.tn.gov/PartnersForHealth/publications/publications.html>.

Other Publications

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

Notice Regarding Wellness Program

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

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

Protections from Disclosure of Medical Information

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

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

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

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

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



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

ANNUAL ENROLLMENT APPLICATION FOR RETIREE PARTICIPANT

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 800.253.9981 • fax 615.741.8196



Completed form (blue or black ink) must be postmarked or faxed to Benefits Administration by 10/30/20 — Attention: Retirement

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



STATE OF TENNESSEE
 BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION

WILLIAM R. SNODGRASS TN TOWER
 312 ROSA L. PARKS AVENUE, 19TH FLOOR
 NASHVILLE, TN 37243-1102

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Tennessee Department of Finance and Administration. Authorization Number 317593, 11,900 copies, August 2020. This public document was promulgated at a cost of \$0.18 per copy.

PARTNERS FOR HEALTH

IT'S ANNUAL ENROLLMENT TIME!

Retiree Participants

WHAT YOU'LL FIND INSIDE

Details on available benefits

Premiums

Helpful resources, including websites and videos

How to make changes

Questions? Go to tn.gov/PartnersForHealth