2017 DECISION GUIDE

State and Higher Education
Active Employees and COBRA Participants

Annual Enrollment Period

NEW TWO WEEKS

October 3 – October 14, 2016

PARTNERS FOR HEALTH

HealthSavings CDHP

Check out the HealthSavings CDHP options

- **Lower monthly premium** plans with a higher deductible
- A **tax-free** health savings account (HSA), which can be used to pay for qualified medical, behavioral health, dental and vision expenses
- The state deposits **cash** in your HSA if you participate in the Promise HealthSavings CDHP

Revised 09.21.16

If you need help…

Contact your agency benefits coordinator. He or she has received special training in our insurance programs. For additional information about a specific benefit or program, refer to the chart below.

BENEFITS	CONTACT	PHONE	WEBSITE
Plan Administrator	Benefits Administration	800.253.9981 — M-F, 8-4:30	tn.gov/finance partnersforhealthtn.gov
Health Insurance	BlueCross BlueShield of Tennessee	800.558.6213 — M-F, 7-5	bcbst.com/members/tn_state
	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
Health Savings Account	PayFlex	855.288.7936 — M-F, 7-7; Sat, 9-2	stateoftn.payflexdirect.com
Pharmacy Benefits	CVS/caremark	877.522.8679 — 24/7	info.caremark.com/stateoftn
Behavioral Health, Substance Abuse and Employee Assistance Program	Optum Health	855.HERE4TN — 24/7 (855.437.3486)	here4TN.com
Wellness and Nurse Advice Line	Healthways	888.741.3390 — M-F, 8-8	partnersforhealthtn.gov (wellness tab)
Dental Insurance	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
	MetLife	855.700.8001 — M-F, 7-10	mybenefits.metlife.com/ StateOfTennessee
Vision Insurance	EyeMed Vision Care	855.779.5046 — M-Sat, 7:30-10 Sun, 10-7	eyemedvisioncare.com/stoftn
Life Insurance	Securian (Minnesota Life)	866.881.0631 — M-F, 7-6	lifebenefits.com/stateoftn
Long-term Care Insurance	MedAmerica	866.615.5824 — M-F, 8:30-6	ltc-tn.com
OTHER PROGRAMS			
Edison	TN Department of Finance & Administration	password reset for higher education 800.253.9981 — M-F, 8-4:30; state call Edison help desk at 866.376.0104 — M-F, 7-4:30	https://www.edison.tn.gov
Flexible Benefits medical & dependent care parking & transportation (state employees only)	 Payflex Benefits Administration	 855.288.7936 — M-F, 7-7; Sat, 9-2 800.253.9981 — M-F, 8-4:30	 stateoftn.payflexdirect.com tn.gov/finance
Deferred Compensation Program (state employees only)	TN Department of Treasury	800.922.7772 — M-F, 8-7	treasury.tn.gov/dc
Employee Sick Leave Bank (state employees only)	TN Department of Human Resources	615.741.5431 — M-F, 8-4:30	tn.gov/hr

Online resources…

ParTNers for Health — partnersforhealthtn.gov

Find information about the benefits described in this guide, definitions of insurance terms and answers to common questions from members.

Benefits Administration — tn.gov/finance

Find handbooks and forms referenced in this guide (also available from your agency benefits coordinator).

Follow us on social media…

ANNUAL ENROLLMENT PERIOD

October 3 – October 14, 2016

Your annual enrollment period for 2017 insurance benefits is October 3 to October 14, 2016, for most programs. You will have two business weeks to make changes.

The choices you make during the enrollment period are effective January 1– December 31, 2017. After annual enrollment, you can only add or cancel coverage if you lose eligibility or have a qualifying event or family status change during the year. Otherwise, you will not be able to make changes throughout the year.

Partnership Promise change

Due to federal rule changes, **all members can enroll in any health option.** If you and your spouse were in the Partnership PPO or the Wellness HealthSavings CDHP and did not complete the 2016 Partnership Promise, you can stay in your current option, but you do not qualify for the lower Partnership PPO premium or state health savings account (HSA) money. This means you will pay a higher premium if you stay in the Partnership PPO. Or, if you stay in the HealthSavings CDHP, the state will not put money in your HSA. You can choose a different option during annual enrollment.

Note: Some health plan names have changed. Check the benefits and premiums carefully to know which include the Partnership Promise.

Health insurance options

> **Partnership PPO** — Two options **give you the same benefits, but the cost is different:**
  - **Partnership Promise PPO** — Agree to the 2017 Partnership Promise, and you will save money. Your premiums will be $50 or $100 dollars less than the No Partnership Promise PPO each month.
  - **No Partnership Promise PPO** — This option does not include the Partnership Promise. Your premiums will be $50 to $100 more than the Partnership Promise PPO each month.
> **Standard PPO** — Current Standard PPO members can stay or move to any option, including Partnership Promise options.
> **HealthSavings CDHP** — Two options **give you the same benefits and cost the same,** but only one includes state HSA funds:
  - **Promise HealthSavings CDHP** — Agree to the 2017 Partnership Promise, and the state will put $500 or $1,000 into your HSA.
  - **No Promise HealthSavings CDHP** — This option does not include the Partnership Promise, and the state will not put money into your HSA.

During annual enrollment, you can…

> **Enroll in or cancel health insurance for yourself or your eligible dependents**
> **Change your health insurance option**
> **Choose one of three health insurance networks:**
  - **NEW** — Cigna Open Access Plus (larger network, costs more)
  - BlueCross BlueShield of Tennessee Network S (offered last year)
  - Cigna LocalPlus (offered last year, different from Cigna Open Access Plus)
> **Enroll in, cancel or transfer between dental options**
> **Enroll in, cancel or transfer between vision options**
> **Enroll in or cancel voluntary accidental death coverage**
> **Apply for, cancel, increase or decrease voluntary term life insurance coverage amounts (if eligible)**

IMPORTANT NOTICE

Premiums, copays, coinsurance and deductibles are changing. You should look closely at all costs for 2017.

Visit ALEX, your online benefits expert, available at partnersforhealthtn.gov

If you DO NOT want to make changes…

You will keep your current health benefits. This means you will stay in your current option (PPO or CDHP) with your current network (**BCBS Network S** or **Cigna LocalPlus**). If you are in the Partnership PPO or Wellness HealthSavings CDHP and did not complete the 2016 Partnership Promise, you will pay a higher premium in the Partnership PPO, or if in the HealthSavings CDHP, the state will not put funds in your HSA. If you do not make a change, cost changes will take place automatically.

> Partnership Promise members and spouses who enroll in the Partnership Promise PPO or Promise HealthSavings CDHP automatically agree to fulfill the 2017 Partnership Promise.

> You will have the choice between **three different health insurance networks.** Check the networks carefully. If you want to make a change to your network, you must take action.

If you DO want to make changes…

> You must do so online using Employee Self Service (ESS) in Edison.

> **The deadline to make changes is October 14 at 4:30 p.m. Central time.**

What's important for 2017

Health insurance premiums will increase for the Partnership PPO and the HealthSavings CDHP. Premiums will decrease in the Standard PPO, but other costs are higher than the Partnership PPO.

Change — Health insurance networks: There will be three different network options. You choose one.

> **NEW — Cigna Open Access Plus:** This is a large network. You will have a choice of more doctors and facilities, including Baptist Memphis, but will pay more.

> **Cigna LocalPlus:** This network was offered last year. (Baptist physician group has been added.) There is no additional cost for this network. This network is different from Cigna Open Access Plus.

- **Note:** Accurate provider information for these two Cigna networks is only available on the Partners for Health website or at cigna.com/stateoftn or by calling Cigna (24/7). You cannot do an online search for all of your Cigna network providers from the Cigna website.

> **BlueCross BlueShield (BCBS) Network S:** This network was offered last year. There is no additional cost for this network.

If you do not change your network during annual enrollment, you will stay in your current network (BCBS Network S or Cigna LocalPlus).

Change — Optum Health will be the new behavioral health, substance abuse and EAP vendor, replacing Magellan. **Behavioral health and substance abuse doctors may change.** You may have to choose a new doctor. Benefits will include a new TeleBehavioral Health service.

Change — Health insurance options: Member cost sharing is changing in all options.

> **Out-of-pocket maximums** (Partnership PPO and Standard PPO): The medical and pharmacy out-of-pocket maximums will be combined. The total for the PPOs will be less than in 2016.

> **Partnership PPO options:** In 2017, the benefits (copays, deductible and coinsurance) will be the same for both the Promise and No Promise Partnership PPO. The difference is that you will pay lower premiums if you agree to the Partnership Promise.

> **Standard PPO:** The deductible is twice as much as the Partnership PPO, and the copays and coinsurance are higher.

> **HealthSavings CDHP options:** In 2017, the benefits (deductibles and coinsurance) will be the same for both CDHP options. The difference is the state will put money in your HSA if you agree to the Partnership Promise.

Pharmacy copays and coinsurance: Copays in the PPOs will go up slightly. For specialty drugs in the PPOs, coinsurance will apply with a member minimum ($50) and maximum ($150) out-of-pocket.

Some obesity medications will be available for members who meet certain requirements.

Change — Partnership Promise coaching: Only members in disease management (diabetes, heart failure, coronary artery disease, asthma and COPD) and case management will have to coach. **All other members can voluntarily enroll in lifestyle management coaching.**

Dental and vision premiums: Cigna dental premiums will increase by 3 percent. MetLife dental premiums will increase by 4 percent. Vision premiums will not change.

Change — Flexible Spending Accounts: PayFlex will manage flexible spending accounts (FSA) for state and higher education employees (except for state employee parking and transportation, which Benefits Administration will manage). See page 23 for details.

Telehealth: A virtual visit. You can contact a doctor for minor illnesses such as cold and flu, infections, fever and more. Schedule a visit for you or your covered dependents from anywhere, at any time. Cost is only $15 for all PPOs. CDHP members pay $38 until the deductible is met.

ID Cards

- All health insurance members will get new medical ID cards because of changes in deductibles, copays and coinsurance.
- If you are new to health insurance or make a change to current coverage, you will get a new pharmacy ID card.
- If you are new to dental coverage or make a change to current coverage, you will get a new dental ID card.
- If you are new to vision coverage or make a change to current coverage, you will get a new vision ID card.

HSA and FSA debit cards (see page 23)

- If you are a current HealthSavings CDHP/HSA member, you will get a new debit card this fall. Please note the new phone number.
- If you are a new 2017 HealthSavings CDHP/HSA member, you will get a debit card in December.
- All members who enroll in a medical or limited-purpose FSA will get new debit cards in December.
- If you enroll in the HealthSavings CDHP/HSA and choose to have a limited-purpose FSA for dental and vision expenses only, you will get one debit card from PayFlex in December with all of your information loaded. The limited-purpose funds, when applicable, will be used before any of your HSA funds.

Employee Webinars

Want to learn more about the HealthSavings CDHP? Join a state and higher education employee benefits webinar.

October 4 — 2:30 to 3:30 p.m. Central time

October 5 — 10:30 to 11:30 a.m. Central time

October 11 — 2:30 to 3:30 p.m. Central time

October 12 — 2 to 3 p.m. Central time

Go to partnersforhealthtn.gov for login instructions.

What is actuarial value?

Insurance plans have actuarial value — on average for plan members as a whole, a percentage of total costs for covered benefits that a plan will pay for. The higher the percentage or actuarial value, the more the plan pays on average for the group.

HEALTHCARE OPTION	ACTUARIAL VALUE
Partnership PPO	83.9%
Promise HealthSavings CDHP	83.9%
Standard PPO	78.2%
No Promise HealthSavings CDHP	77.0%

Using Edison ESS

When you use ESS in Edison to add or make changes in your benefits, Internet Explorer 11 is your best choice. You may not be able to enroll in your benefits if you use the Chrome browser or any mobile devices. Although not recommended, other browsers might work. All of your information may not be on the enrollment screens, which could mean that you are not enrolled in your choices. If these issues cannot be resolved, you will need to use the recommended browser.

Passwords

- For **higher education employees,** if you are using the Edison system for the first time or are having trouble logging in, go to the Edison home page and click on 1st Time Login/Password Reset and follow the steps or call the Benefits Administration service center.
- For **state employees,** if you have trouble logging in to Edison, go to the Edison home page and click on 1st Time Login/Password Reset and follow the steps to reset your password or call the Edison help desk at 866.376.0104.

Note: The names of four health insurance options are shortened in Edison. Please check the chart below before making your selection.

HEALTH INSURANCE OPTION NAME	NAME AS IT APPEARS IN EDISON
Partnership Promise PPO	Partners Promise PPO
No Partnership Promise PPO	No Partners Promise PPO
Promise HealthSavings CDHP	Promise CDHP
No Promise HealthSavings CDHP	No Promise CDHP

DON'T WAIT — ENROLL EARLY!

You only have two business weeks to enroll. Submit your changes as early as possible. You can make changes throughout annual enrollment, but changes must be submitted by 4:30 p.m. Central time on October 14.

How to make changes in Edison

> Log into Edison at **https://www.edison.tn.gov**

> Click **Self Service** > **Employee Work Center**

> Click **Benefits Enrollment** under **My Benefits** on the left of the page.

> On the Welcome to Employee Self Service page under **Open Benefit Events** click **Select**.

> Click **Edit** next to the plan (medical, dental, vision or voluntary AD&D) that you want to add or change. State employees will also see flex benefits.

> Under **Select an Option**, click your plan choice.

> Under **Enroll Your Dependents**, check the boxes next to the dependent's name to cover him/her.

> Click **Update Elections** to confirm your option. If you select the Partnership Promise PPO or Promise HealthSavings CDHP, read the Partnership Promise and click **Accept**.

> You will see a summary of the options you selected. To make changes, click **Discard Changes**. If no changes, click **Update Elections**.

> Once you have made all of your changes, click **Continue** on the Benefits Enrollment page.

> If adding dependents, you will see an **Action Needed** page that lets you know you will need to provide verification for your new dependents. Click **Continue**.

> If adding dependents, click on the **Upload Documents** link and then upload any documents that you need to submit, then click the **Finished Uploading, Continue to Next Step** link.

> You will be taken to a page that asks you to enter/verify your beneficiaries for basic life and voluntary AD&D (if enrolled). If you need to make updates, click the **Update Beneficiaries** button. Once you have made all of your changes, click the **Finished Updating, Continue to Next Step** link.

> Next, choose if you want your confirmation by mail or email. Make any changes needed. Click **Submit**. **YOU MUST COMPLETE THIS STEP FOR CHANGES TO BE SUBMITTED.**

> You will be taken to a confirmation screen. Click **OK**.

> You can view confirmation of your selections on the Welcome to Employee Self Service page by logging back in and selecting **View** in the View/Print Confirmation Statement box.

Remember to keep your contact information, including mailing address, updated in Edison.

To add dependents

> You may add dependents in the medical, dental and vision sections. Look for the **Enroll Your Dependents** section. Click **Add/Review Dependents** to add a dependent.

> Click **Add a Dependent** on the Add/Review Dependents page.

> Add the dependent's personal information and click **Save**, then **OK** on the next screen. Then click the **Return to Dependent Summary** link.

> To add additional dependents, click **Add a Dependent** on the Add/Review Dependents page. When done, click **Return to Event Selection**.

> Click the **Enroll** boxes under **Enroll Your Dependents**. Then click **Update Elections**.

> To add a dependent to dental or vision, click on the **Enroll** boxes under **Enroll Your Dependents**.

> You will see an Action Needed page after clicking **Continue** on the Benefits Enrollment page. Click **Continue** to add dependent verification.

> You can upload your dependent documentation into ESS. Scan your document and click **Upload Documents**. Click **Browse**, find the file and upload.

> You can upload as many documents as needed. When complete, click **Finished Uploading, Continue to Next Step**.

- If faxing hard copies, send to 615.741.8196 and include your name and employee ID (found on the front of your CVS/caremark card) on each page.

There is a link to a list of acceptable documentation on the ESS **Upload Dependent Verification Documents** page and the Benefits Administration website.

All dependent verification documents must be received by 4:30 p.m. Central time on October 14. If you do not submit proper documents, your dependents WILL NOT be enrolled.

HEALTH BENEFITS

Important! Some health insurance options, benefits and costs have changed. Please review your choices carefully. This year, two Partnership Promise options can save you money. If you choose the Partnership Promise PPO, you will pay $50 to $100 less than the No Partnership Promise PPO each month. Or, if you choose the Promise HealthSavings CDHP, the state will deposit $500 or $1,000 into your HSA.

All health insurance options offer in-network preventive care at no additional cost and access to the ParTNers for Health Wellness Program.

Enrollment decision steps

1 Choose your insurance option (if eligible)

- Partnership PPO
  - Partnership Promise PPO
  - No Partnership Promise PPO
- Standard PPO
- HealthSavings CDHP
  - Promise HealthSavings CDHP
  - No Promise HealthSavings CDHP

All healthcare options cover the same services and treatments, but medical necessity decisions may vary by carrier.

2 Add your dependents

What type of coverage do you need?

- Employee only
- Employee + child(ren)
- Employee + spouse
- Employee + spouse + child(ren)

3 Choose your insurance carrier and network

- BlueCross BlueShield of Tennessee Network S
- Cigna LocalPlus
- **New** Cigna Open Access Plus — this is a large network and will cost you more each month. The following surcharges will apply:
  - $40 more for employee only and employee + child(ren) coverage
  - $80 more for employee + spouse and employee + spouse + child(ren) coverage

Each network has providers across Tennessee and across the country. Doctors and facilities move in and out of networks from time to time. **Check the networks carefully for your preferred doctor or hospital when making your choice.**

NETWORK OPTIONS	
BCBS Network S	Offered last year. Smaller network than Cigna Open Access Plus.
Cigna LocalPlus	Offered last year. Smaller network than Cigna Open Access Plus.
Cigna Open Access Plus	Large network with more doctors and hospitals. Monthly surcharge applies.

Note: If you use providers outside of the network, you will be charged out-of-network rates.

4 Choose your voluntary benefits

- Dental
- Vision
- Life
- Flexible spending accounts (FSA)
- Long-term care (not available in Edison)

Visit ALEX, your online benefits expert, available at partnersforhealthtn.gov

Member Cost at a Glance — In-Network Comparison

EMPLOYEE ONLY	PARTNERSHIP PPO		STANDARD PPO		HEALTHSAVINGS CDHP	
Deductible	$500		$1,000		$1,500	
Out-of-Pocket Maximum (medical and pharmacy)	$3,600		$4,000		$2,500	
Medical Coinsurance	10%		20%		20%	
Monthly Premium	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
	$183	$223	$130	$170	$84	$124
PARTNERSHIP PROMISE DISCOUNT/DEPOSIT	- $50 premium discount =		None		$500 deposit to your HSA	
	$133	$173				

EMPLOYEE + CHILD(REN)	PARTNERSHIP PPO		STANDARD PPO		HEALTHSAVINGS CDHP	
Deductible	$750		$1,500		$3,000	
Out-of-Pocket Maximum (medical and pharmacy)	$5,400		$6,000		$5,000	
Medical Coinsurance	10%		20%		20%	
Monthly Premium	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
	$250	$290	$197	$237	$127	$167
PARTNERSHIP PROMISE DISCOUNT/DEPOSIT	- $50 premium discount =		None		$1,000 deposit to your HSA	
	$200	$240				

EMPLOYEE + SPOUSE	PARTNERSHIP PPO		STANDARD PPO		HEALTHSAVINGS CDHP	
Deductible	$1,000		$2,000		$3,000	
Out-of-Pocket Maximum (medical and pharmacy)	$7,200		$8,000		$5,000	
Medical Coinsurance	10%		20%		20%	
Monthly Premium	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
	$380	$460	$275	$355	$177	$257
PARTNERSHIP PROMISE DISCOUNT/DEPOSIT	- $100 premium discount =		None		$1,000 deposit to your HSA	
	$280	$360				

EMPLOYEE + SPOUSE + CHILD(REN)	PARTNERSHIP PPO		STANDARD PPO		HEALTHSAVINGS CDHP	
Deductible	$1,250		$2,500		$3,000	
Out-of-Pocket Maximum (medical and pharmacy)	$9,000		$10,000		$5,000	
Medical Coinsurance	10%		20%		20%	
Monthly Premium	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
	$446	$526	$340	$420	$219	$299
PARTNERSHIP PROMISE DISCOUNT/DEPOSIT	- $100 premium discount =		None		$1,000 deposit to your HSA	
	$346	$426				

Is a HealthSavings CDHP right for you?

> Do you want health insurance with a lower monthly premium?

> Can you pay for your routine medical services up front?

> Do you have income/savings to cover medical care (up to the deductible)?

> Do you have income/savings to cover the out-of-pocket maximum in case of injury or illness?

If you answered yes to the questions above, the HealthSavings CDHP may be right for you.

In a HealthSavings CDHP with a HSA you have…

> A lower monthly premium, but a higher deductible.

> A tax-free health savings account (HSA) which you own. The HSA offers a triple tax advantage on money in your account:
  - Employer and employee contributions are tax free
  - Withdrawals for qualified medical expenses are tax free
  - Collects tax-free interest on HSA balance

If you are eligible, enroll in the Promise HealthSavings CDHP, and the state will deposit money in your HSA — $500 for employee only coverage or $1,000 for family coverage.

How does a CDHP work?

> You pay for costs up to your deductible before the plan starts paying for anything, but you can use the money in your HSA to pay for your deductible and qualified medical costs.

> After meeting the deductible, you pay coinsurance (a set percentage of the discounted network cost) instead of copays (a set amount) for medical and pharmacy, until you reach your out-of-pocket maximum.
  - For certain 90-day maintenance drugs (e.g., hypertension, high cholesterol, etc.), you do not have to meet your deductible first. You pay your reduced coinsurance amount when you fill maintenance drugs in a 90-day supply either through Caremark Mail Order or through a participating Retail-90 network pharmacy.

HSA benefits

> Money in your HSA rolls over each year, and you keep it when you leave or retire.

> Your HSA earns interest.

> You can invest your HSA money (when HSA is over $1,000).

> You can use your HSA card to pay for your qualified medical expenses (from payroll deductions and other contributions) and your deductible.
  - Qualified expenses include items such as hearing aids, contact lenses, acupuncture, etc., that may not be covered by your plan

> HSA funds can also serve as a retirement savings account. Money in the account can be used tax free for health costs when you retire. And, when you turn 65, it can be used for non-medical expenses. Non-medical expenses are taxed prior to age 65.

How does a HSA work?

Once you enroll in a CDHP, a HSA is set up for you. You can put money in your HSA by taking money from your paycheck and/or putting money directly into your account. There is a maximum amount you can contribute each year.

How much money can I contribute to a HSA each year?

In 2017, IRS guidelines allow total annual tax-free contributions up to $3,400 for individuals and $6,750 for families. At age 55 and older, you can make an additional $1,000/year contribution ($4,400 for individuals or $7,750 for families). The maximum includes any employer contribution.

HSA vs. FSA

If you enroll in a HealthSavings CDHP, you cannot use a FSA for medical costs. You can enroll in a limited-purpose FSA to use for dental and vision costs. Remember, HSA dollars are not "use-it-or-lose-it" like a FSA, so you may put the maximum amount allowed in your HSA without fear of losing those dollars.

Important: Do you have money in your FSA and are thinking about choosing a HealthSavings CDHP with the HSA? You must spend all of your FSA money by December 31, 2016, or your HSA will not open and neither you nor your employer can put money in your account until April 1, 2017.

CDHP restrictions

You cannot enroll in a HealthSavings CDHP if you are enrolled in another plan, including the PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid). Retirees and COBRA participants are not eligible for the state HSA contribution.

If you are eligible for VA medical benefits and did not get benefits during the past three months, you can enroll in and put money in your HSA. If you get VA benefits in the future, then you CANNOT put money in your account for another three months. Restrictions may apply. Go to IRS.gov to learn more.

Pharmacy Benefits

All health insurance options include pharmacy benefits managed by CVS/caremark. The covered drug list is the same in each option but costs differ.

Did you know? CVS/caremark has website tools to help you compare costs for your prescriptions. You can also find out what you have spent in the past. Learn more by calling 877.522.8679 or visit info.caremark.com/stateoftn. You must register to view your prescription history and costs.

Behavioral Health/Substance Abuse Services

Optum Health is your new behavioral health and substance abuse vendor, replacing Magellan. **This is a different network, and your doctor may or may not be in it.** You need to check the network carefully. You will also have the option of telebehavioral health counseling services. You can have a counseling session with a provider over the phone. To get maximum benefits, you should use an in-network provider and some services require prior authorization. Learn more by visiting HERE4TN.com.

Additional Resources

Employee Assistance Program (EAP)

The EAP helps you and your family with both workplace and personal issues. EAP services are offered at **no cost** to all benefits-eligible state and higher education employees and their eligible family members, even if they don't have medical insurance with the state group insurance program. COBRA participants are also eligible. Benefits are administered by **Optum Health.**

- Services are confidential and available at no cost to you and your dependents
- Services are available 24 hours a day, 365 days a year
- **New** TeleBehavioral Health — talk to a provider over the phone
- You may use up to five counseling sessions per problem episode

The EAP can help with issues such as:

- Family and relationships
- Anxiety and depression
- Dealing with addiction
- Legal and financial
- Child and elder care
- Workplace conflicts
- Grief and loss
- Work/life balance

PHARMACY (IN-NETWORK)	PARTNERSHIP PPO*	STANDARD PPO	HEALTHSAVINGS CDHP**
30-DAY SUPPLY			
Generic	$7	$14	20% coinsurance after deductible is met
Brand	$40	$50	
Non-preferred brand	$90	$100	
90-DAY SUPPLY (90-day network pharmacy or mail order)			
Generic	$14	$28	20% coinsurance after deductible is met
Brand	$80	$100	
Non-preferred brand	$180	$200	
90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)			
Generic	$7	$14	10% coinsurance without having to meet deductible
Brand	$40	$50	
Non-preferred brand	$160	$180	
SPECIALITY PHARMACY			
Coinsurance	10% (min $50; max $150)	10% (min $50; max $150)	20% after deductible

*includes Partnership Promise PPO and No Partnership Promise PPO
**includes Promise HealthSavings CDHP and No Promise HealthSavings CDHP

ParTNers for Health Wellness Program

We care about your health and wellbeing. **All members have access to the ParTNers for Health Wellness Program,** which gives you the tools, information and support you need to take charge of your health and feel your best. The ParTNers for Health Wellness Program is provided at **no additional cost to all members.**

- **Coaching** offers professional support to create and meet goals to improve your health. All members can voluntarily talk to a coach by calling 888.741.3390.
- An **online questionnaire** can help you learn more about your health and any potential health risks. Login to your Well-Being Account and complete the Well-Being Assessment (WBA). Partnership Promise PPO and Promise HealthSavings CDHP members must complete the WBA between January 1 and March 15.
- The **nurse advice line** gives you medical information and support 24/7 at no cost to you. Call 888.741.3390 and select Option 3 to reach the nurse advice line.
- Quarterly **wellness challenges** offer a fun way to help you develop a healthier lifestyle while providing group support. Login into your Well-Being Account to join a challenge.
- **Weight Watchers at Work** and **fitness center discounts** offer affordable ways to improve your health. Go to partnersforhealthtn.gov for more information.
- Additional **wellness and fitness discounts** are available through the health insurance carriers. Go to partnersforhealthtn.gov and select the Wellness Program page.

PARTNERSHIP PROMISE

Take Action — Improve Health — Save Money

The goal of the Partnership Promise is to help you get and stay healthy — while saving you money.

We can cut healthcare costs with our own personal choices. Members who agree to the 2017 Partnership Promise are not only taking steps toward better health, they are saving money. If you choose the Partnership Promise PPO, you will be rewarded by paying $50 to $100 less in monthly premiums than if enrolled in the No Partnership Promise PPO. If you choose the Promise HealthSavings CDHP, the state will deposit money, either $500 or $1,000, into your health savings account (HSA).

2017 Partnership Promise Requirements

You and your covered spouse agree to: [1]

- Complete the online Healthways Well-Being Assessment (WBA) **between January 1 and March 15, 2017**
- Complete a biometric health screening **by July 15, 2017**
- Update your contact information with your employer, or if a covered spouse with Healthways, **if it changes**
- Actively participate in coaching **if you are called**

[1] The benefits of the Partnership Promise are open to all plan members. If you think you might be unable to fulfill the Partnership Promise, call our ParTNers for Health Wellness Program at 888.741.3390. They will work with you and/or your physician, if you wish, to find an alternate way for you to meet the Promise. Enrolled employees and covered spouses (if applicable) are required to complete the requirements. Children are not required to complete Partnership Promise requirements.

A person who knowingly gives false information to get Partnership Promise benefits may have to pay more next year, or may not get HSA funds from the state.

The state insurance plans have the right to recover the costs of benefits from any member who received these benefits through false information.

If you or your covered spouse fails to fulfill any requirement of the 2017 Partnership Promise, you can enroll in any healthcare option offered, but you may have to pay more next year.

Online Well-Being Assessment (WBA)

The online WBA looks at your overall health and offers steps you can take to improve. Complete the online Healthways WBA **between January 1 and March 15, 2017.**

To complete the WBA, visit partnersforhealthtn.gov and click on the "My Wellness Login" button.

Biometric Health Screening

Complete a biometric health screening **by July 15, 2017** (all members must get a screening).

- **Worksite screening:** Screening sites will be open in select cities across the state beginning in the spring of 2017. You can see a complete list of worksite screening locations on the ParTNers for Health website in January 2017.
- **Healthcare provider:** Healthways will accept screening results from a doctor's visit between July 16, 2016, and July 15, 2017. Visit the Quick Links box on the ParTNers for Health website to print a Physician Screening Form. **You must use this form.** Take it with you when you visit your doctor. You and your doctor will need to complete and sign the form and send it by fax, mail or upload it as directed on the form.

Updating Contact Information

Make sure that your phone number, mailing address and email address, if you have one, are up-to-date.

- **State employees:** Change your contact information yourself in Edison or by contacting your agency's human resources office.
- **Higher education employees:** Change your contact information yourself in Edison, by contacting your agency benefits coordinator or by calling the Benefits Administration service center.
- **Covered spouses:** Must keep contact information current with Healthways.

Coaching

If called by a coach during 2017, you must participate in coaching. Coaching programs include case management and disease management.

Members who are currently enrolled in lifestyle management coaching will not be required to coach in 2017. But you can voluntarily continue to coach.

Coaches include licensed registered nurses, licensed dietitians and those with degrees in exercise physiology, exercise science, health promotion and psychology. All calls with your coach are private and are not shared with the state.

In 2017, lifestyle management coaching will not be required, but you can voluntarily participate.

Case Management

Case management helps coordinate care for members with complex medical needs, chronic conditions and catastrophic illness or injuries. This program is managed by BlueCross, Cigna and Optum Health.

New Employees and Newly Covered Members

New employees and newly covered employees or spouses (after January 1, 2017) who agree to the Partnership Promise must complete the online WBA and biometric screening within 120 days of their insurance coverage effective date.

New members (excluding children) who do not complete the WBA and get a biometric screening within 120 days may have to pay more next year.

Healthways Customer Service and Coaching Hours

Monday – Friday 8 a.m. to 8 p.m. Central time

Coaches are also available on Saturday 8 a.m. to 6:30 p.m. Central time.

NOTE: The state group insurance program determines the Partnership Promise requirements and Healthways administers the Partnership Promise.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program available to all employees eligible for health insurance coverage. 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 Partnership Promise/wellness program, you will be asked to complete a voluntary Well-Being Assessment or "WBA" 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 will also be asked to complete a biometric screening, which will include a sample of your blood to determine blood sugar and cholesterol levels, blood pressure, height, weight and BMI. You are not required to complete the WBA or to participate in the biometric screening or other medical examinations.

However, employees who choose to participate in the wellness program will receive lower monthly premiums or state funds contributed to their HSA for agreeing to the Partnership Promise. Although you are not required to complete the WBA, participate in the biometric screening or health coaching, only employees who do so will receive lower cost monthly premiums or state HSA funds.

If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ParTNers for Health Wellness Program at 888.741.3390.

The information from your WBA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. 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 may 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 and the biometric screening vendor) in order to provide you with services under the wellness program.

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

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

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

2017 Benefit Comparison

PPO services in this table ARE NOT subject to a deductible and costs DO APPLY to the annual out-of-pocket maximum. CDHP services in this table ARE subject to a deductible with the exception of preventive care and 90-day supply maintenance medications. Costs DO APPLY to the annual out-of-pocket maximum.

HEALTHCARE OPTION AND ACTUARIAL VALUE (see page 3)	**PARTNERSHIP PPO 83.9%**		**STANDARD PPO 78.2%**	
COVERED SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK [1]**	**IN-NETWORK**	**OUT-OF-NETWORK [1]**
PREVENTIVE CARE — OFFICE VISITS				
• Well-baby, well-child visits as recommended by the Centers for Disease Control and Prevention (CDC) • Adult annual physical exam • Annual well-woman exam • Immunizations as recommended by CDC • Annual hearing and non-refractive vision screening • Screenings including colonoscopy, mammogram and colorectal, Pap smears, labs, bone density scans, nutritional guidance, tobacco cessation counseling and other services as recommended by the US Preventive Services Task Force	No charge	$45 copay	No charge	$50 copay
OUTPATIENT SERVICES				
Primary Care Office Visit • Family practice, general practice, internal medicine, OB/GYN and pediatrics • Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider • Including surgery in office setting and initial maternity visit	$25 copay	$45 copay	$30 copay	$50 copay
Specialist Office Visit • Including surgery in office setting	$45 copay	$70 copay	$50 copay	$75 copay
Behavioral Health and Substance Abuse [2]	$25 copay	$45 copay	$30 copay	$50 copay
X-Ray, Lab and Diagnostics • Including reading, interpretation and results (not including advanced x-rays, scans and imaging)	10% coinsurance		20% coinsurance	
Telehealth	$15 copay	N/A	$15 copay	N/A
Allergy Injection	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC
Allergy Injection with Office Visit	$25 copay primary; $45 copay specialist	$45 copay primary; $70 copay specialist	$30 copay primary; $50 copay specialist	$50 copay primary; $75 copay specialist
Chiropractors • Limit of 50 visits per year	Visits 1-20: $25 copay Visits 21-50: $45 copay	Visits 1-20: $45 copay Visits 21-50: $70 copay	Visits 1-20: $30 copay Visits 21-50: $50 copay	Visits 1-20: $50 copay Visits 21-50: $75 copay
PHARMACY				
30-Day Supply	$7 copay generic; $40 copay preferred brand; $90 copay non-preferred	copay plus amount exceeding MAC	$14 copay generic; $50 copay preferred brand; $100 copay non-preferred	copay plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	$14 copay generic; $80 copay preferred brand; $180 copay non-preferred	N/A - no network	$28 copay generic; $100 copay preferred brand; $200 copay non-preferred	N/A - no network
90-Day Supply (certain maintenance medications from 90-day network pharmacy or mail order) [3]	$7 copay generic; $40 copay preferred brand; $160 copay non-preferred	N/A - no network	$14 copay generic; $50 copay preferred brand; $180 copay non-preferred	N/A - no network
Specialty Medications (30-day supply from a specialty network pharmacy)	10% coinsurance; min $50; max $150	N/A - no network	10% coinsurance; min $50; max $150	N/A - no network
CONVENIENCE CLINIC AND URGENT CARE				
Convenience Clinic	$25 copay	$45 copay	$30 copay	$50 copay
Urgent Care Facility	$45 copay	$70 copay	$50 copay	$75 copay
EMERGENCY ROOM				
Emergency Room Visit	$150 copay (services subject to coinsurance may be extra)		$175 copay (services subject to coinsurance may be extra)	

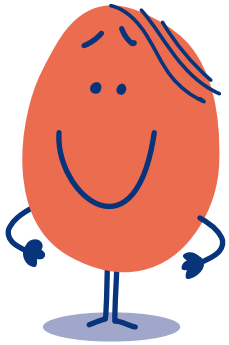
HEALTHSAVINGS CDHP 83.9% (promise) 77% (no promise)	
IN-NETWORK	OUT-OF-NETWORK [1]
No charge	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	N/A
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance plus amount exceeding MAC
20% coinsurance	N/A - no network
10% coinsurance without first having to meet deductible	N/A - no network
20% coinsurance	N/A - no network
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	

2017 Monthly Premiums — Active Employees

ALL REGIONS				
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS	EMPLOYER SHARE
PARTNERSHIP PROMISE PPO				
Employee Only	$133	$133	$173	$572
Employee + Child(ren)	$200	$200	$240	$857
Employee + Spouse	$280	$280	$360	$1,200
Employee + Spouse + Child(ren)	$346	$346	$426	$1,486
NO PARTNERSHIP PROMISE PPO				
Employee Only	$183	$183	$223	$572
Employee + Child(ren)	$250	$250	$290	$857
Employee + Spouse	$380	$380	$460	$1,200
Employee + Spouse + Child(ren)	$446	$446	$526	$1,486
STANDARD PPO				
Employee Only	$130	$130	$170	$572
Employee + Child(ren)	$197	$197	$237	$857
Employee + Spouse	$275	$275	$355	$1,200
Employee + Spouse + Child(ren)	$340	$340	$420	$1,486
HEALTHSAVINGS CDHP (PROMISE OR NO PROMISE)				
Employee Only	$84	$84	$124	$572
Employee + Child(ren)	$127	$127	$167	$857
Employee + Spouse	$177	$177	$257	$1,200
Employee + Spouse + Child(ren)	$219	$219	$299	$1,486

ALEX, your confidential, online benefits expert, can help you compare your insurance options based on your own situation. Be sure you are using the most current version of Flash software.

Visit ALEX on **partnersforhealthtn.gov.** He will ask you questions that may help you choose your benefits.



All services in this table ARE subject to a deductible (with the exception of hospice under the PPO options). Eligible expenses DO APPLY to the annual out-of-pocket maximum.

	PARTNERSHIP PPO		STANDARD PPO	
COVERED SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK [1]**	**IN-NETWORK**	**OUT-OF-NETWORK [1]**
Hospital/Facility Services • Inpatient care; outpatient surgery [4] • Inpatient behavioral health and substance abuse [2] [4]	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Home Care [4] • Home health; home infusion therapy	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Rehabilitation and Therapy Services • Inpatient [4]; outpatient • Skilled nursing facility [4]	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Ambulance • Air and ground	10% coinsurance		20% coinsurance	
Hospice Care [4] • Through an approved program	100% covered up to MAC (even if deductible has not been met)		100% covered up to MAC (even if deductible has not been met)	
Equipment and Supplies [4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Dental • Certain limited benefits (extraction of impacted wisdom teeth, excision of solid-based oral tumors, accidental injury, orthodontic treatment for facial hemiatrophy or congenital birth defect)	10% coinsurance for oral surgeons	40% coinsurance for oral surgeons	20% coinsurance for oral surgeons	40% coinsurance for oral surgeons
	10% coinsurance non-contracted providers (i.e., dentists, orthodontists)		20% coinsurance non-contracted providers (i.e., dentists, orthodontists)	
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies [4]	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
• Reading and interpretation	10% coinsurance		20% coinsurance	
Out-of-Country Charges • Non-emergency and non-urgent care	N/A - no network	40% coinsurance	N/A - no network	40% coinsurance
DEDUCTIBLE				
Employee Only	$500	$1,000	$1,000	$2,000
Employee + Child(ren)	$750	$1,500	$1,500	$3,000
Employee + Spouse	$1,000	$2,000	$2,000	$4,000
Employee + Spouse + Child(ren)	$1,250	$2,500	$2,500	$5,000
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED				
Employee Only	$3,600	$4,000	$4,000	$4,500
Employee + Child(ren)	$5,400	$6,000	$6,000	$6,750
Employee + Spouse	$7,200	$8,000	$8,000	$9,000
Employee + Spouse + Child(ren)	$9,000	$10,000	$10,000	$11,250
PARTNERSHIP PROMISE DISCOUNT/DEPOSIT				
For individuals who agree to complete the Partnership Promise	premium discount (reflected in premium chart): $50 for employee only and employee+child(ren) coverage; $100 for employee+spouse and employee+spouse+child(ren) coverage		N/A	

Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted. **For PPO Plans,** no single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. **For CDHP Plans,** the out-of-pocket maximum amount can be met by one or more persons.

[1] Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a service from an in-network provider. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge.

[2] The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization and intensive outpatient therapy. For certain procedures, such as applied behavioral analysis, electroconvulsive therapy, transcranial magnetic stimulation and psychological testing, prior authorization (PA) is required.

[3] Applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications, insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis) and depression.

[4] Prior authorization (PA) required. When using out-of-network providers, benefits for medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided. (For DME, PA only applies to more expensive items.)

HEALTHSAVINGS CDHP	
IN-NETWORK	OUT-OF-NETWORK [1]
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	40% coinsurance
20% coinsurance	
100% covered up to MAC (after the deductible has been met)	
20% coinsurance	40% coinsurance
20% coinsurance for oral surgeons	40% coinsurance for oral surgeons
20% coinsurance non-contracted providers (i.e., dentists, orthodontists)	
20% coinsurance	40% coinsurance
20% coinsurance	
N/A - no network	40% coinsurance
$1,500	$3,000
$3,000	$6,000
$3,000	$6,000
$3,000	$6,000
$2,500	$4,500
$5,000	$9,000
$5,000	$9,000
$5,000	$9,000
State contribution to HSA: $500 for employee only; $1,000 for employee+child(ren), employee+spouse and employee+spouse+child(ren) coverage	

2017 Monthly Premiums — COBRA Participants

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO			
Employee Only/Single	$719.10	$719.10	$759.90
Employee + Child(ren)	$1,078.14	$1,078.14	$1,118.94
Employee + Spouse	$1,509.60	$1,509.60	$1,591.20
Employee + Spouse + Child(ren)	$1,868.64	$1,868.64	$1,950.24
NO PARTNERSHIP PROMISE PPO			
Employee Only/Single	$770.10	$770.10	$810.90
Employee + Child(ren)	$1,129.14	$1,129.14	$1,169.94
Employee + Spouse	$1,611.60	$1,611.60	$1,693.20
Employee + Spouse + Child(ren)	$1,970.64	$1,970.64	$2,052.24
STANDARD PPO			
Employee Only/Single	$716.04	$716.04	$756.84
Employee + Child(ren)	$1,075.08	$1,075.08	$1,115.88
Employee + Spouse	$1,504.50	$1,504.50	$1,586.10
Employee + Spouse + Child(ren)	$1,862.52	$1,862.52	$1,944.12
HEALTHSAVINGS CDHP (PROMISE OR NO PROMISE)			
Employee Only/Single	$669.12	$669.12	$709.92
Employee + Child(ren)	$1,003.68	$1,003.68	$1,044.48
Employee + Spouse	$1,404.54	$1,404.54	$1,486.14
Employee + Spouse + Child(ren)	$1,739.10	$1,739.10	$1,820.70
COBRA participants enrolled in the HealthSavings CDHP do not receive a state contribution to their HSA			

NEW COPAY INSTALLMENT PROGRAM FOR MAINTENANCE MEDICATIONS

You can spread the cost of your 90-day mail order prescriptions over a three-month period — at no additional cost to you. Enroll online or by calling CVS/caremark customer care.

877.522.8679 • info.caremark.com/stateoftn > Register and log in

DISABILITY BENEFITS

STATE EMPLOYEES DISABILITY INSURANCE UPDATE — September 21, 2016

The short-term and long-term disability insurance enrollment has been delayed for one year. Enrollment for short-term and long-term disability will be in October 2017 for benefits beginning January 1, 2018.

HIGHER EDUCATION DISABILITY INSURANCE UPDATE — September 21, 2016

Higher education will continue to offer long-term disability insurance in 2017 through their current vendor. Higher education employees will be able to enroll in short-term disability insurance in October 2017 for benefits beginning January 1, 2018.

UT and TBR Human Resources staff will provide information about enrollment to their employees.

DENTAL BENEFITS

Your Dental Insurance Options

The state offers two dental options.

- **Prepaid Dental Plan** provides services at fixed copay amounts. A narrow network of participating dentists and specialists must be used to receive benefits.
- **Dental Preferred Provider Organization (DPPO)** provides services with coinsurance. Any dentist may be used to receive benefits, but you will pay less if you use an in-network provider.

Prepaid Plan — Cigna

- **You must select a general dentist** from the Prepaid Dental Plan list and notify Cigna of your choice.
- You must use your selected dentist to receive benefits. **The network is Cigna Dental Care (HMO).**
- There may be some areas in the state where network dentists are limited or not available. Be sure to carefully review the network for your location.
  - With the prepaid dental plan, you can cancel coverage during the year if there are no network dentists within a 40-mile radius of your home.
- You pay copays for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Preexisting conditions are covered.
- Referrals to specialists are not required.
- **Premiums will increase 3 percent in 2017.**

DPPO — MetLife

- **You can use any dentist,** but you receive maximum benefits when visiting an in-network MetLife DPPO provider. **The network is PDP.**
- Deductible applies for basic and major dental care.
- You pay coinsurance for basic, major, orthodontic and out-of-network covered services.
- You or your dentist will file claims for covered services.
- Some services (e.g., crowns, dentures, implants and complete or partial dentures) require a six-month waiting period from member's effective date before benefits begin.
- There is a 12-month waiting period from the member's effective coverage date on replacement of a missing tooth and for orthodontics.
- Referrals to specialists are not required.
- Pre-treatment estimates are recommended for services with significant expense.
- **Premiums will increase 4 percent in 2017.**

Monthly premiums for Active members

	PREPAID PLAN	DPPO PLAN
Employee Only	$12.99	$22.37
Employee + Child(ren)	$26.97	$51.44
Employee + Spouse	$23.02	$42.32
Employee + Spouse + Child(ren)	$31.65	$82.80

Monthly premiums for COBRA participants

	PREPAID PLAN	DPPO PLAN
Employee Only/Single	$13.25	$22.82
Employee + Child(ren)	$27.51	$52.47
Employee + Spouse	$23.48	$43.17
Employee + Spouse + Child(ren)	$32.28	$84.46

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance under the dental options. Costs represent what the member pays.

	CIGNA PREPAID OPTION		METLIFE DPPO OPTION	
COVERED SERVICES	**GENERAL DENTIST**	**SPECIALIST DENTIST**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible	none		$25 single; $75 family, per policy year [1]	$100 single; $300 family, per policy year [1]
Annual Maximum Benefit	none		$1,500 per person, per policy year	
Pre-existing Conditions	covered		some exclusions	
Office Visit	$10 copay [2]		no charge	20% of MAC
Periodic Oral Evaluation	no charge		no charge	20% of MAC
Routine Cleaning – Adult	no charge		no charge	20% of MAC
Routine Cleaning – Child	no charge	$15 copay	no charge	20% of MAC
X-ray — Intraoral, Complete Series	no charge	$5 copay	no charge	20% of MAC
Amalgam (silver) Filling — 2 Surfaces Permanent	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	50% of MAC	
Major Restorations — Crowns (porcelain fused to high noble metal)	$200 copay, plus lab fees [3]		50% of MAC [4]	
Extraction of Erupted Tooth (minor oral surgery)	$15 copay	$70 copay	20% of MAC	40% of MAC
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	$100 copay	$120 copay	50% of MAC	
Dentures — Complete Upper	$310 copay, plus lab fees [3]		50% of MAC [4]	
Orthodontics	$140 monthly copay for treatment [6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 treatment fee only [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist)

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A six-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures.

VISION BENEFITS

Your Vision Insurance Options

The state offers two vision options.

- **Basic Plan** offers discounted rates and allowances for services.
- **Expanded Plan** provides services with a combination of copays, greater allowances than the Basic Plan and discounted rates.

Both offer the same services, including:

- Routine eye exam once every calendar year
- Frames once every two calendar years
- Choice of eyeglass lenses or contact lenses once every calendar year
- Discount on LASIK/refractive surgery

The basic and expanded plans are both managed by EyeMed Vision Care. In-network and out-of-network benefits are available.

You will receive the maximum benefit when visiting a provider in **EyeMed's Select network.**

Premiums will not increase in 2017.

Additional discounts

- 40 percent off on additional pairs of eyeglasses at any network location, after the vision benefit has been used
- 15 percent off conventional contact lenses after the benefit has been used
- 20 percent off non-covered items such as lens cleaner, accessories and non-prescription sunglasses

Tennessee Board of Regents Vision Plans

The Tennessee Board of Regents (TBR) will no longer offer the TBR-VSP plan. The VSP vision coverage for current 2016 participants will terminate effective December 31, 2016. All current TBR-VSP participants who want vision coverage effective January 1, 2017, must enroll in the state's EyeMed vision plan. To enroll in the state's vision plan, you must enroll using the state's Edison ESS.

Monthly premiums for Active members

	BASIC	EXPANDED
Employee Only	$3.35	$5.86
Employee + Child(ren)	$6.69	$11.72
Employee + Spouse	$6.35	$11.14
Employee + Spouse + Child(ren)	$9.83	$17.23

Monthly premiums for COBRA participants

	BASIC	EXPANDED
Employee Only/Single	$3.42	$5.98
Employee + Child(ren)	$6.82	$11.95
Employee + Spouse	$6.48	$11.36
Employee + Spouse + Child(ren)	$10.03	$17.57

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover.

	BASIC PLAN	EXPANDED PLAN
Routine Eye Exam	$0 copay	$10 copay
Retinal Imaging Benefit	none	up to $39 copay
Frames	$50 allowance; 20% discount off balance above the allowance	$115 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass) • Single, bifocal, trifocal, lenticular • Standard progressive Lens • Premium progressive Lens	$50 allowance; 20% off balance over $50	 $15 copay $55 copay discount on no-line bifocals [1] $55+(20% off retail price-$120 allowance) for other [1]
Eyeglass Lens Options (upgrades) • Anti-reflective • Polycarbonate • Photochromic • Scratch resistance coating • UV coating • Tints • Polarized • Premium anti-reflective • All other eyeglass lens options	20% discount off all options	maximum copayments: $45 copay $30 copay; $0 for children 18 and under discount applied $15 copay $10 copay $25 copay 20% off retail price discount applied 20% discount
Exam for Contact Lenses (fitting and evaluation)	15% discount off retail price	up to $60 copay

Contact Lenses [2]
• Elective
  • Conventional
  • Disposable
• Medically necessary [3]
	
	$50 allowance; 15% off balance over $50
	$50 allowance
	$150 allowance
		
		$130 allowance; 15% off balance over $130
		$130 allowance
		covered at 100%

LASIK/Refractive Surgery (for select providers)	15% discount off retail price or 5% off promotional price	15% discount off retail price or 5% off promotional price

Out-of-Network Benefits
• All eye exams
• Frames
• Eyeglass lenses
  • Single vision
  • Lined bifocal
  • Lined trifocal
• Elective contacts (conventional or disposable)
• Medically necessary contacts [3]
• Lens options-UV, polycarbonate, photochromic/ transitions plastic
	
	up to $30 allowance
	up to $50 allowance (frames and lenses combined)
	
	$25 allowance
	$75 allowance
		
		up to $45 allowance
		up to $70 allowance
		
		up to $30 allowance
		up to $50 allowance
		up to $65 allowance
		up to $50 allowance
		up to $100 allowance
		up to $5 allowance

Frequency • Eye exam • Eyeglass lenses and contacts • Frames	 once every calendar year per person once every calendar year per person once every two calendar years per person	 once every calendar year per person once every calendar year per person once every two calendar years per person

[1] Copays for premium progressive lens are subject to change
[2] Instead of eyeglass lenses
[3] If medically necessary as first contact lenses following cataract surgery or multiple pairs of rigid contact lenses for treatment of keratoconus

OTHER BENEFITS

Basic Term Life and Accidental Death & Dismemberment Insurance

The state provides basic term life insurance ($20,000) and accidental death and dismemberment (AD&D) insurance ($40,000) to all benefits eligible employees. If you are enrolled in health insurance as the head of contract, your coverage automatically increases with your salary — to a maximum of $50,000 for basic term life insurance and $100,000 for accidental death insurance.

> The amount of basic term life and basic AD&D insurance begins to decrease when you reach age 65.

> Dependents enrolled in health insurance have $3,000 of basic term life insurance.

It is very important to keep your life insurance beneficiaries up to date. You can make updates online. Links are available on the Benefits Administration website.

> Additional life insurance resources:
  - Legacy Planning: A resource to assist with organizing important documents, end-of-life planning and funeral arrangements.
  - Travel Assistance: Access to 24-hour emergency travel assistance services and resources when traveling 100 or more miles from home.
  - Beneficiary Financial Counseling: Independent financial counseling to help beneficiaries make sound financial decisions at a difficult time.

Adding or updating beneficiaries

In Edison > Main Menu > HCM > Employee Self Service > Benefits > Dependents and Beneficiaries > Life Insurance Beneficiaries.

Voluntary Accidental Death & Dismemberment Insurance

If you would like additional accident protection, you may enroll in voluntary accidental death and dismemberment insurance for yourself and your dependents.

> Coverage is available at low group rates — no questions asked.

> Premiums vary by salary.

> The maximum benefit available for employees is $60,000.

> You must enroll using Edison ESS.

Adding or updating beneficiaries

In Edison > Main Menu > HCM > Employee Self Service > Benefits > Dependents and Beneficiaries > Life Insurance Beneficiaries.

Voluntary Term Life Insurance

If you qualify, you can purchase additional term life coverage for yourself, your spouse and children.

> You can apply for up to seven times your annual base salary (to a maximum of $500,000) for yourself and up to a maximum of $30,000 for your spouse ($15,000 for ages 55 and older).

> You can also apply for coverage for your children equal to $5,000 or $10,000.

> If you are currently enrolled and are eligible for a guaranteed issue increase, information will be mailed to you. If not presently enrolled, you (and/or your spouse) will be required to present evidence of insurability through a health questionnaire.

Adding or updating beneficiaries

Go to the Securian (MN Life) website: https://web1.lifebenefits.com/sites/lbwcm/pd/tennessee.

Long-Term Care Insurance

Qualified employees, their eligible dependents (spouse and children ages 18 through 25), retirees, parents and parents-in-law can apply for enrollment in long-term care coverage. Applications for enrollment may be submitted at any time during the year.

- Enrollment is subject to medical underwriting.
- Covers certain services required by individuals who are no longer able to care for themselves without the assistance of others.
- Benefits are available through different options based on a daily benefit amount ($100, $150 or $200) for either a three-year or a five-year coverage period.
- Benefits are also available with or without inflation protection, which protects the value of the coverage you buy today to offset future increases in the costs for long-term care.
- You pay 100 percent of the premium.
- Premiums are based on age at the time of enrollment. The younger you are when you apply, the lower your monthly premium will be. You can find premium rates on the Benefits Administration website.

Flexible Spending Accounts (FSA)

In 2017, PayFlex will manage medical, dependent care and limited purpose FSA programs. Parking and transportation flexible benefits (for state employees) will be managed by Benefits Administration. State employees will no longer send medical or dependent care flex claims to Treasury. PayFlex will send all medical FSA participants a debit card in December. You can use it at pharmacies, doctor's offices and other healthcare facilities for instant payment from your medical FSA funds. State employees should file their 2016 FSA claims with Treasury as soon as possible. Claims must be submitted before December 31, 2016.

Medical FSA

Used to pay for certain medical, dental, vision and prescription costs not covered by your insurance. You do NOT qualify for a medical FSA if you are enrolled in the CDHP. However, you can put money in a limited purpose FSA for dental and vision expenses.

Limited Purpose FSA

Only available for employees who enroll in the CDHP with a health savings account (HSA). You can use it to pay for certain dental and vision costs not covered by insurance.

Dependent Care FSA

Used to pay for certain dependent care costs such as after school care, baby-sitting fees, adult or child daycare and preschool.

Transportation and Parking FSA

Available to state employees only. Used to pay for certain work-related commuting and/or parking expenses.

Contribution limits

The maximum amount you can contribute to a flex benefits account is set by the IRS, and the limits are subject to change yearly. Please visit IRS.gov for contribution limits for 2017.

Enrollment

State employees who want to put money in a FSA for 2017 must do so in Edison during annual enrollment this fall from October 3- October 14.

Higher education employees who want to fund a FSA for 2017 will do this on PayFlex's website during the annual enrollment period this fall, from October 1- October 31.

If you were enrolled in a FSA in 2016, you will need to re-enroll for 2017. You do not have to re-enroll in transportation and parking.

DID YOU KNOW?

You can avoid paying income taxes on money you use for certain out-of-pocket health, dependent day care and commuting costs with flexible spending accounts (FSA).

If you currently have a HSA with a debit card and plan to enroll in a limited-purpose FSA, you will use the same debit card in 2017 for both your HSA and limited FSA eligible purchases.

Employee Sick Leave Bank — State employees only

The Employee Sick Leave Bank (SLB) provides sick leave to qualifying members who are medically certified as unable to perform the duties of their jobs.

> Administered by the **Tennessee Department of Human Resources.**

> Members may receive a maximum of 90 days from the Bank for the following:

- A personal illness, injury, accident, disability, medical condition or quarantine
- A condition related to, resulting from or recurring from a previously diagnosed condition for which the Bank granted sick leave

Open enrollment is August 1–October 31 each year. You must be a full-time state employee for 12 consecutive months and have at least six days of sick leave by October 31 of your enrollment year. New members must contribute four sick leave days to enroll. Thereafter, one day of sick leave per year will be assessed each October 1 to maintain membership in the bank. If you are already enrolled, you do not need to take any action.

This information is a summary only. See the SLB guidelines, eligibility requirements, FAQ and enroll online on the SLB website.

Higher education employees have access to their own sick leave program. Please contact your agency benefits coordinator for additional information.

Retire Ready Tennessee Deferred Compensation Program (401(k) and 457) — State employees only

State employees have a retirement plan comprised of the TCRS defined benefit pension and two tax-deferred retirement savings plans, a 401(k) and 457. State employees are eligible for an additional $50 monthly match from the state into their 401(k) accounts.

Those hired after July 1, 2014, are automatically enrolled in the 401(k) plan at 2 percent, but have the option to increase their contribution as needed to help meet their retirement savings goals. These plans are administered by the **Department of Treasury** along with **Empower Retirement**, providing record keeping and financial education to assist you in determining and taking action on your retirement goals. More information is available on the Treasury's website at **treasury.tn.gov/dc.**

Legal Notices

HIPAA Privacy Rules
Privacy rules, part of the Health Insurance Portability and Accountability Act (HIPAA) passed by Congress in 1996, became effective for most health entities on April 14, 2003. HIPAA privacy rules apply to those who provide medical services such as hospitals and doctors, and to insurance companies and health plans. These rules protect your personal information from being inappropriately disclosed. They also give you additional rights concerning your healthcare information. Your privacy is important to us. If you would like a copy of our complete HIPAA privacy policy, please visit the Benefits Administration website.

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.

Title VI
Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color or national origin. If you have a complaint regarding discrimination, please call 866.576.0029 or 615.741.4517.

Summary of Benefits and Coverage (SBC)
As required by law, the State of Tennessee Group Health Plan has created a Summary of Benefits and Coverage. The SBC describes your 2017 health coverage options. You can view it online at tn.gov/finance/article/fa-benefits-sbc 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 decision guide 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 guide and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at tn.gov/finance/article/fa-benefits-publications.

Other Publications
In addition to the documents mentioned above, the Benefits Administration website contains many other important publications at tn.gov/finance/article/fa-benefits-publications, including, but not limited to, a sample basic term life/basic AD&D certificate, sample optional AD&D certificate, Medicare supplement plan document, brochures and handbooks for medical, pharmacy, dental, vision, life insurance, long-term care and the Medicare supplement.

Eligibility Information
The following dependents are eligible for coverage:
- A legally married spouse
- Natural or adopted children
- Stepchildren
- Children for whom you are the legal guardian
- Children for whom the plan has qualified medical child support orders

Individuals not eligible for coverage as a dependent:
- Ex-spouse (even if court ordered)
- Parents of the employee or spouse (with the exception of long-term care)
- Foster children
- Children over age 26 (unless they meet qualifications for incapacitation/disability)
- Live-in companions who are not legally married to the employee

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PARTNERS FOR HEALTH

OPEN IMMEDIATELY

IMPORTANT BENEFITS INFORMATION ENCLOSED