

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

Local Education Employees & COBRA Participants

Join a Webinar ...

to learn more about 2021 benefits:

Wed., Sept. 23: 2:30-3:30 p.m.

Thurs., Oct. 1: 3:30-4:30 p.m.

Fri., Oct. 9: 1-2 p.m.

Wed., Oct. 14: 2:30-3:30 p.m.

Wed., Oct. 21: 3:30-4:30 p.m.

Mon., Oct. 26: 10-11 a.m.

All Central time.

See page 2 for instructions.

Medical benefit improvements

Certain osteoporosis

medications will be added to the maintenance tier drug list. The maintenance tier allows you to receive a 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost. See Pharmacy on page 3 for details.



It's Annual Enrollment Time!

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 plans, and premium charts on our website at tn.gov/PartnersForHealth.

Your annual chance to ...

- Choose or update your benefits for 2021. Changes will be effective Jan. 1, 2021.
- Enroll or re-enroll in a health savings account (HSA) if enrolled in the Local Consumer-driven Health Plan (CDHP). If your agency offers payroll deduction, tell them how much you want to contribute to your HSA in 2021. HSA details are on page 2. Local CDHP/HSA and flexible spending account (FSA) restrictions are on page 6.

Important 2021 updates

- **Health insurance premiums will increase by 2%.** See page 3 for details.
- **Other benefits premiums:** See Other Benefits on pages 5-6.
 - » **No premium increases for vision insurance plan options.**
 - » **Dental Prepaid premiums will increase by 3%. Dental DPPO premiums will not increase** (pending final approval).
- **To see all premiums, go to tn.gov/PartnersForHealth/insurance-premiums.**
- **Same health plans** as last year—Premier preferred provider organization (PPO), Standard PPO, Limited PPO and Local CDHP/HSA.
- **Same network options**—BlueCross BlueShield Network S, Cigna LocalPlus, Cigna Open Access Plus (OAP). See pages 2-3 for details.
- **Health insurance copays, coinsurance and deductibles are staying the same.**
- **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 5. 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.

Networks and benefits may change and impact you. It's a good idea to review your enrollment selections each year. If you don't make changes, your current medical, dental and vision insurance choices will stay the same.

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**.

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:

Enroll or make changes online in Edison (unless otherwise noted): www.edison.tn.gov

- **To enroll:** On the Edison homepage, look for the green “Benefits Annual Enrollment” button.
- You can enroll on your computer or mobile device. (Use the web browser native to its operating system.)
- If you haven’t recently logged in to Edison, you must click the Acceptable User Policy “I Accept” button to access the Edison system.
- Find step-by-step login instructions at tn.gov/PartnersForHealth on the **Annual Enrollment** webpage. **For password reset help, call Edison at 866.376.0104.**
- **Watch videos on how to enroll and more.**
 - » On the tn.gov/PartnersForHealth homepage – click the **Videos** link at the top.
- **Enrolling new dependents?** 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 or fax to 615.741.8196.
 - » 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>
- A green **help button** to CHAT with a customer service representative during business hours.

Join an employee webinar:

- Dates and times are on page 1.
- Go to tn.gov/PartnersForHealth and click on the **Annual Enrollment** page. Scroll down for instructions.

Join these webinars where our insurance carriers will present their products and you can ask questions about your insurance choices. **Webinar at 11 a.m. CT will repeat at 3 p.m. CT each day.**

- September 11 — Medical options (BCBST & Cigna)
- September 17 — Vision plan options
- September 18 — Optum Bank HSA option
- September 25 — Dental options (Prepaid & DPPO)
- Go to tn.gov/PartnersForHealth and click on the **Annual Enrollment** page for more information.

Call Benefits Administration at 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

Health Benefits

You have a choice of four health plans (costs 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:** Lower monthly premiums than the other PPOs - higher out-of-pocket costs than the other PPOs.
- **Local CDHP/HSA:** Lowest monthly premium - but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

HSA: The HSA can help you save for healthcare costs. You get tax benefits, the money rolls over each year and you keep it if you leave. You can put your premium savings into your HSA to pay your deductible! Visit tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options** for more information.

HSA IRS maximum contributions: There are limits on how much money you can put in your HSA for 2021: \$3,600 for employee only coverage and \$7,200 for all other family tiers. Members 55+ can add \$1,000 more each year. These amounts include any contributions that your employer may make to your HSA.

Debit card: Local 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 Local CDHP and you stay enrolled in the 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! Your total HSA contribution is **not** available upfront at the beginning of the year or after you enroll. Your pledged amount is taken out of each paycheck, each pay period if your employer offers payroll deduction. Otherwise, you will need to fund your HSA on your own with after-tax dollars, and then take an above-the-line tax credit when you file your taxes to receive the tax deduction. You may only spend the money that is in your HSA at the time of service or care. But you can pay out of your own pocket and pay yourself back later with funds from your HSA.

Local education employees who enroll in the Local CDHP will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.

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 Employee only / Employee + child(ren) tiers

- » \$80 for Employee + spouse / Employee + spouse + child(ren) tiers

Cigna members can also access the **Surgical and Treatment Support Program** which offers 100% coverage (after deductible for 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

Or, go to tn.gov/PartnersForHealth under **Health Options** and **Carrier Information** to find network hospital lists and directories.

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, or Local CDHP/HSA) determines your out-of-pocket prescription costs (copay or coinsurance, deductible, and out-of-pocket maximum).

2021 MONTHLY HEALTH PREMIUMS		
	BCBST & CIGNA LOCAL PLUS	CIGNA OPEN ACCESS
PREMIER PPO		
Employee Only	\$640	\$680
Employee + Child(ren)	\$1,055	\$1,095
Employee + Spouse	\$1,247	\$1,327
Employee + Spouse + Child(ren)	\$1,663	\$1,743
STANDARD PPO		
Employee Only	\$599	\$639
Employee + Child(ren)	\$988	\$1,028
Employee + Spouse	\$1,169	\$1,249
Employee + Spouse + Child(ren)	\$1,557	\$1,637
LIMITED PPO		
Employee Only	\$548	\$588
Employee + Child(ren)	\$903	\$943
Employee + Spouse	\$1,068	\$1,148
Employee + Spouse + Child(ren)	\$1,423	\$1,503
LOCAL CDHP/HSA		
Employee Only	\$465	\$505
Employee + Child(ren)	\$766	\$806
Employee + Spouse	\$907	\$987
Employee + Spouse + Child(ren)	\$1,208	\$1,288

The premium amounts shown reflect the total monthly premium. Please see your agency benefits coordinator for your monthly deduction, the state's contribution and your employer's contribution, if applicable.

*Premium charts, including COBRA, are found at tn.gov/PartnersForHealth. Click on **Premiums** in the top navigation.*

- How much you pay depends on three things: the drug tier - if 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 how to save 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, 24/7.

Telehealth: virtual medical care

More and more members are using Telehealth. You can 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**.

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. 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.

IN-NETWORK 2021 HEALTH PLAN COMPARISON

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

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.

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.

Employee Assistance Program (EAP)—managed by Optum
EAP services are available to all enrolled health plan members and eligible dependents – even if your dependents are not enrolled in a health plan. COBRA participants are also eligible.

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

Wellness program—managed by ActiveHealth

In 2021, two programs will continue to be offered to enrolled health plan members 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**.

Other Benefits

Dental coverage—see if your agency participates

Two different Dental plans are offered. You pay the full monthly premium.

- **MetLife Preferred (DPPO) (pending final approval). Note: if currently enrolled and you do not change your plan, you will automatically be enrolled in the Dental DPPO vendor available on Jan. 1, 2021:**
 - » **Monthly premium rates will not increase** (pending final approval). Use any Dentist, but save money staying in-network. Review MetLife’s network directory at metlife.com/stateoftn. Discuss estimated expenses with your dentist/specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and co-insurance. Waiting periods apply to select procedures. If currently enrolled, time applied to waiting periods will transfer.
- **Cigna Prepaid (DHMO):**
 - » **3% monthly premium rate increase.** Now covering dental implants. Members pay copays, and they may have changed for dental procedures. Review the Patient Charge Schedule at tn.gov/PartnersForHealth under **Publications**, then **Dental** before procedures are performed. Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment in progress on a new member’s effective date will not be covered. You must select and use a Cigna Network General Dentist and notify Cigna of your choice. See the list of Dentists at cigna.com/stateoftn.

Information, including a comparison of the two plan options, is at tn.gov/PartnersForHealth under **Other Benefits** and **Dental**.

Contact: **MetLife**, 855.700.8001, M-F, 7 a.m. - 10 p.m. CT, metlife.com/stateoftn

Contact: **Cigna**, 800.997.1617, 24/7, cigna.com/stateoftn

2021 MONTHLY DENTAL PREMIUMS	CIGNA PREPAID PLAN	METLIFE DPPO PLAN*
ACTIVE MEMBERS		
Employee Only	\$13.84	\$23.64
Employee + Child(ren)	\$28.75	\$54.36
Employee + Spouse	\$24.54	\$44.72
Employee + Spouse + Child(ren)	\$33.74	\$87.50

*Pending final approval.

Vision insurance—see if your agency participates

Vision benefits are offered through **Davis Vision**.

You pay the full monthly premium. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials such as eyeglass frames, lenses, contact lenses, etc.
- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

In both plans, you pay copays and coinsurance on materials or other services when the cost exceeds the allowed dollar amount.

- **Premiums will stay the same in 2021.** You’ll save money when using in-network providers.
- **All members in both vision plans get:**
 - » Routine eye exam every calendar year
 - » Frames once every two calendar years
 - » Choice of eyeglass lenses or contact lenses once every calendar year

Information is at tn.gov/PartnersForHealth under **Other Benefits** and **Vision**. New lens and coating benefits were added in 2020. Go to the website for a comparison of the plans’ benefits.

Contact: **Davis Vision**, 800.208.6404, M-F, 7 a.m. - 10 p.m., Sat, 8 a.m. - 3 p.m., Sun, 11 a.m. - 3 p.m. CT, davisvision.com/stateofTN

2021 MONTHLY VISION PREMIUMS	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.07	\$5.56
Employee + Child(ren)	\$6.13	\$11.12
Employee + Spouse	\$5.82	\$10.57
Employee + Spouse + Child(ren)	\$9.01	\$16.35

Local CDHP/HSA restrictions:

You cannot enroll 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 the Local CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if 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 Local CDHP/HSA if either you or your spouse have a medical flexible spending account (FSA) or health reimbursement account (HRA) at either employer. But if your employer offers one, you can have a limited purpose FSA (L-FSA) for vision or dental expenses along with your HSA.

Legal Notices

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615-532-9617.

If you think you have been treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697 **OR** U. S. Office for Civil Rights, Office of Justice Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 **OR** Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you speak a language other than English, help in your language is available for free.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).

866-576-0029- قور) 1-800-848-0298- قورب لصتا. نجاج ملاب كل رفاوتت قىوغلال

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (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 kалан- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክላውቲር ዶ.ድ.ው.ሉ 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 છો, તો નિ:શુલ્ક 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 दे: यदि आप हंदी बोलते है तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 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).

ئارباب ناگهيار تروصب ىنابز تالاهست ،دىنك ىم وگتفگ ىسراف نابز هب رگا: هجوت دىرىگب سامت اب. دشاب ىم 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
 BENEFITS ADMINISTRATION
 DEPARTMENT OF FINANCE AND ADMINISTRATION

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Questions? Go to tn.gov/PartnersForHealth

WHAT YOU'LL FIND INSIDE

- Details on available benefits
- Premiums
- Helpful resources, including websites, webinars and videos
- How to enroll

Local Education Employees

IT'S ANNUAL ENROLLMENT TIME!

