June 30, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Biometric Screening Deadline – July 15
The biometric screening deadline is fast approaching**!**

****Share the information below with Partnership Promise members****

Biometric Screening Deadline
You must complete your biometric screening and submit your Physician Screening Form (PSF) by **July 15, 2017.**

To complete the requirement, you have a few options:

- If you have a doctor's appointment, you can download the Physician Screening Form (PSF) **here** and take it to your appointment.

- Download your PSF **here** and take it to an Urgent Care or Convenience Care clinic. First, tell the clinic you have BlueCross BlueShield or Cigna. Then confirm they can perform all of the required screening services (see a list **here**) and ask if they charge a copayment for the visit.

- There are a few onsite screenings left. You can click **here** to sign-up for an onsite screening.

You can check the status of completed requirements by calling 888-741-3390 and selecting option 1. It does take a few days for the screening information to be updated once a form is submitted.

July Preferred Drug List (PDL)
Here is the July 2017 State of Tennessee Preferred Drug List (PDL). Also shown below are the additions and the drugs being removed from the PDL.

In the past four months, there were 139 members who filled a drug moving to tier-3 (non-preferred status) on July 1. CVS Caremark sent letters to these members letting them know about this change. Plan members will need to be in compliance by July 1, 2017, or they face higher copayments or coinsurance from drugs moving to a non-preferred status.

Drugs being added to the PDL July 1, 2017, are as follows:

Drug name	Indication	Options/comments
Abilify Maintena ext-release injection	Schizophrenia	To provide an additional option for the treatment of schizophrenia
Belsomra	Insomnia	To provide an additional option for the treatment of insomnia
Emverm	Pinworms, Hookworms, Roundworms	To provide an additional option for the treatment of pinworms, hookworms, and roundworms
Horizant	Restless Legs Syndrome (RLS); Postherpetic Neuralgia	To provide an additional option for the treatment of RLS and PN
Multaq	Atrial Fibrillation	To provide an additional option for the treatment of A-fib
Namzaric	Alzheimer's Disease	To provide an additional option for the treatment of Alzheimer's disease
Nuedexta	Pseudobulbar Effect	To provide an additional option for the treatment of

		psedobulbar effect
Onzetra Xsail	Migraines in adults	To provide an additional option for the treatment of migraines in adults
Zembrace SymTouch	Migraines in adults	To provide an additional option for the treatment of migraines in adults
ezetimibe tablet	high cholesterol	To provide an additional option for the treatment of elevated levels of cholesterol
pindolol tablet	hypertension	To provide an additional option for the treatment of hypertension
prenisolone acetate 1%	Eye inflammation	To provide an additional option for the treatment of occular inflammation
Cabometyx	Renal Cell Carcinoma (RCC)	To provide an additional option for the treatment of renal cell carcinoma
Dupixent	Adults with moderate-to-severe atopic dermatitis	To provide an additional option for the treatment of atopic dermatitis
Juxtapid	To reduce bad cholesterol (LDL) in adults with HoFH	To provide an additional option for the treatment of homozygous familial hypercholesterolemia
Ruconest	Hereditary angioedema (HAE)	To provide an additional option for the treatment of hereditary angioedemda
Vemlidy	Hepatitis B	To provide an additional option for the treatment of Hepatitis B
abacavir/lamivudine tablet	HIV	To provide an additional option for the treatment of HIV infection
Drugs being deleted from the PDL July 1, 2017, are as follows:		
Drug name	**Indication**	**Options/comments**
Albenza	Treatment of various types of worms	Availability of additional anti-infective options for the treatment of worms that are on the State of TN preferred drug list
Moviprep	Colon cleanser prep for adults 18+ before colonoscopy	Availability of additional anti-infective options for the preparation of a colonoscopy that are on the State of TN preferred drug list
Zetia	high cholesterol	Availability of a generic option (ezetimibe) on the State of Tennessee preferred drug list
Kaletra	HIV	Generic available
Epzicom	HIV	Generic available
Berinert	Hereditary angioedema (HAE)	Availability of another option for the treatment hereditary angioedema attacks.
Otrexup	Rheumatoid arthritis	Availability of another methotrexate auto-injector.

Q3 - Wellness Program Challenge - Step It Up!

Attached is a flier you can share with state employees and health plan members about the Wellness Program challenge – Step It Up!

Step it Up! is a fun, four-week challenge that focuses on adding steps to your day. The goal is to walk 10,000 steps every day. But, you can start anywhere! Just get moving. You can also enjoy your favorite activities and convert those to steps using your tracker in Well-Being Connect.

You can sign-up starting July 10. Sign in to **Well-Being Connect (WBC)** at **partnersforhealthtn.embrace.healthways.com**.

- Under **Groups & Challenges**, click **Join This Challenge** under **Step It Up**.
- Set up your steps tracker to record your daily steps and/or activities.
- Come back to WBC **July 17** to start participating.

Enrollment period: July 10 - July 24
Challenge period: July 17 - August 14

Onsite Screening Location Lists

Attached are revised onsite screening location lists for your reference. Of note: we have removed screenings that have already occurred.
Members can find the list organized by county on the **ParTNers for Health website** in the Resources box titled "Onsite Screening Locations."

State Offices Closed Tuesday, July 4

State offices and the Benefits Administration Service Center will be closed on Tuesday, July 4, for the Independence Day holiday. We hope you have a great and safe weekend!

Attachments: Step It Up FAQ
Onsite Screening Locations
Onsite Screening Locations by County

Walk your way to BETTER HEALTH

ABOUT THE CHALLENGE

Step It Up is a fun, 4-week walking challenge that's all about adding more steps to your daily routine while you receive health benefits.

Walking can lower your risk of high blood pressure, heart disease and diabetes. It can strengthen your bones and muscles. It can also help you maintain a healthy weight, as well as good mental health.

THE GOAL

Your goal for the challenge is to walk 10,000 steps every day. You can also enjoy your favorite activities—like swimming, playing basketball or even gardening. And then you convert them to steps using your personal steps tracker on **Well-Being Connect**.

How the Challenge Works

THE *STEP IT UP* GOALS:

1. **Participate** in the 4-week challenge.
2. **Walk** or perform your favorite activities.
3. **Log** your steps in Well-Being Connect.

SIGN UP NOW

1. Sign in to **Well-Being Connect** at **partnersforhealthtn.embrace.healthways.com**.
2. Under **Groups & Challenges**, click **Join This Challenge** under **Step It Up**.
3. Set up your steps tracker to record your daily steps and/or activities.
4. Return **July 17** to start participating.

ParTNers for Health
partnersforhealth@healthways.com • 1.888.741.3390

HEALTHWAYS a sharecare company

PARTNERS FOR HEALTH

Please consult your health care provider before starting this challenge or following its suggestions to determine what is appropriate for you.

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PARTNERS FOR HEALTH

2017 Onsite Screening Location Schedule

SESSION DATE	TIME	SITE NAME	COUNTY	REGION	CITY
July 6 - 7	7a - 12p	Citizens Plaza Building	Davidson	Middle	Nashville
July 6 - 7	7a - 12p	Knoxville TDOT Region 1	Knox	East	Knoxville
July 10	7a - 12p	Turney Center Industrial Complex – Main Site	Hickman	Middle	Only
July 11	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville
July 12 - 14	7a - 1:30p	Tennessee Tower	Davidson	Middle	Nashville
July 12 - 14	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville

**Open to Location Staff and Spouses ONLY*

PARTNERS FOR HEALTH

2017 Onsite Screening Location Schedule

SESSION DATE	TIME	SITE NAME	COUNTY	REGION	CITY
July 6 - 7	7a - 12p	Citizens Plaza Building	Davidson	Middle	Nashville
July 12 - 14	7a - 1:30p	Tennessee Tower	Davidson	Middle	Nashville
July 10	7a - 12p	Turney Center Industrial Complex – Main Site	Hickman	Middle	Only
July 6 - 7	7a - 12p	Knoxville TDOT Region 1	Knox	East	Knoxville
July 11	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville
July 12 - 14	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville

**Open to Location Staff and Spouses ONLY*

July 7, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls
Don't forget – ABC conference calls are next week!
The attached agenda includes the webinar link.

Higher Ed – Tuesday, July 11 at 8:30 a.m. Central time
Local Ed – Tuesday, July 11 at 10 a.m. Central time
Central State – Tuesday, July 11 at 12:30 p.m. Central time
Local Government – Tuesday, July 11 at 2 p.m. Central time

Annual Enrollment ABC Call Schedule
This year, Benefits Administration will start **weekly** agency benefits coordinator (ABC) calls after the Labor Day holiday. Weekly calls will stop two weeks after the annual enrollment period ends. The call dates are below:

Local Ed and Local Gov: Weekly calls every Tuesday, September 12 – November 7
State and Higher Ed: Weekly calls every Tuesday, September 12 – October 24

Regular monthly ABC conference calls will resume on Tuesday, November 14.

ABC Disability Training Webinar - Higher Ed
Higher Education employees will be able to enroll in short term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, will provide training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plan on the dates and times listed below. The same material will be presented at each webinar so choose the one that best fits your schedule. You will not have to register in advance.

July 18
9 a.m. Central time

July 25
9 a.m. Central time

August 1
9 a.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting
1-877-820-7831

Enter Passcode: 217506#

When you click on the link and sign-in, the system can call you back directly, and you will not need to call the number listed above.

You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/

ABC Disability Training Webinar - State

State employees will be able to enroll in short and long term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, will provide training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plans on the dates and times listed below. The same material will be presented at each webinar so choose the one that best fits your schedule. You will not have to register in advance.

July 18
1 p.m. Central time

July 25
1 p.m. Central time

August 1
1 p.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
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Biometric Screening Deadline – July 15
The biometric screening deadline is next week!

****Share the information below with Partnership Promise members****

Biometric Screening Deadline
You must complete your biometric screening and submit your Physician Screening Form (PSF) by **July 15, 2017.**

To complete the requirement, you have a few options:

- If you have a doctor's appointment, you can download the Physician Screening Form (PSF) **here** and take it to your appointment.

- Download your Physician Screening Form and take it to an Urgent Care or Convenience Care clinic. First, tell the clinic you have BlueCross BlueShield or Cigna. Then confirm they can perform all of the required screening services (see a list **here**) and ask if they charge a copayment for the visit.

- There are a few onsite screenings left. You can click **here** to schedule an onsite screening. Note that many of the sites are full. You might be able to walk-in without an appointment, but there is no guarantee.

You can check the status of completed requirements by calling 888-741-3390 and selecting option 1. It does take a few days for the screening information to be updated once a form is submitted.

Onsite Screening Location Lists

Attached are revised onsite screening location lists for your reference. Of note: we have removed screenings that have already occurred.
Members can find the list organized by county on the **ParTNers for Health website** in the Resources box titled "Onsite Screening Locations."

Attachments: Onsite Screening Locations
Onsite Screening Locations by County

PARTNERS FOR HEALTH

2017 Onsite Screening Location Schedule

SESSION DATE	TIME	SITE NAME	COUNTY	REGION	CITY
July 10	7a - 12p	Turney Center Industrial Complex – Main Site	Hickman	Middle	Only
July 11	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville
July 12 - 14	7a - 1:30p	Tennessee Tower	Davidson	Middle	Nashville
July 12 - 14	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville

**Open to Location Staff and Spouses ONLY*

PARTNERS FOR HEALTH

2017 Onsite Screening Location Schedule

SESSION DATE	TIME	SITE NAME	COUNTY	REGION	CITY
July 12 - 14	7a - 1:30p	Tennessee Tower	Davidson	Middle	Nashville
July 10	7a - 12p	Turney Center Industrial Complex – Main Site	Hickman	Middle	Only
July 11	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville
July 12 - 14	7a - 1p	TDEC Knoxville Environmental Field Office	Knox	East	Knoxville

**Open to Location Staff and Spouses ONLY*

July 14, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes
The combined notes from the July 11 ABC conference calls are attached.

State/Higher Ed: Attached are the 2018 plan design and benefits, life insurance and vision slides from this week's ABC call presentation.

Local Ed/Local Gov: Attached are the vision slides from this week's ABC call presentation.

ABC Annual Trainings - Higher Ed
Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Thursday, August 10, or one of our regional trainings. Please see the attached list for the locations of all trainings.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSdVHh2USnFouOsZJMUr6XD1XZUhRnXFzpMuW3a34AflEzs_eQ/viewform?c=0&w=1

ABC Annual Trainings - State
Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Friday, August 11, or one of our regional trainings. Please see the attached list for the locations of all trainings.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up

and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSfQuz-M0A42rgFC0K5_uD6bPO2w1TkRZaDPqSM0g4xtEM9eKg/viewform?c=0&w=1

ABC Annual Trainings - Local Education

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings.

The meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSczk92J_nc_SJy3TA2ezv8Yu1XNgEG5g_U55PZar-74PoQucA/viewform?c=0&w=1

ABC Annual Trainings - Local Government

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings.

The meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLScirKuqnhhgJwJBH1AY6ZP-tDv-0GFpKLmw7XCJhi3yo-ODOQ/viewform?c=0&w=1

ABC Disability Training Webinar - Higher Ed
Higher Education employees will be able to enroll in short term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, will provide training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plan on the dates and times listed below. The same material will be presented at each webinar so choose the one that best fits your schedule. You will not have to register in advance.

July 18
9 a.m. Central time

July 25
9 a.m. Central time

August 1
9 a.m. Central time

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You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/

ABC Disability Training Webinar - State
State employees will be able to enroll in short and long term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, will provide training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plans on the dates and times listed below. The same material will be presented at each webinar so choose the one that best fits your schedule. You will not have to register in advance.

July 18
1 p.m. Central time

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1 p.m. Central time

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Webinar Info (This is the same link and phone number you use for ABC monthly calls):
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Attachments: Local Ed and Local Gov Presentation
Higher Ed and State Presentation
Local Ed Meeting Schedule
Local Gov Meeting Schedule
Higher Ed Meeting Schedule
State Meeting Schedule

Benefits - Vision

Vision Benefits: The state will offer vision benefits through a new vendor in 2018, Davis Vision. The network will change. The new network is the Davis Vision Network for the State of Tennessee Group Insurance Program. It is important to check the network for your provider. You can look for your provider by going to https://idoc.davisvision.com/davis/sharedfiles/memberhandoff.asp?GroupMember=8152&Group=ZZZ&DestinationURL=/davis/member/member_menu.asp

Benefits - Vision

Vision Benefits:

- 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

Benefits - Vision

Vision Benefits: There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses. Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis's "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis's "The Exclusive Collection" under the in-network Basic Plan.

Benefits - Vision

Vision Benefits:

- Free pair of frames at Visionworks retail locations.
- Forty percent (40%) discount off retail under the in-network Expanded Plan and thirty percent (30%) discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- Twenty percent (20%) discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

Vision Insurance Benefit Plan Provisions January 1, 2018

Frequency plan design:

Vision Exam	**Once every calendar year**	
Eyeglass Lenses	**Once every calendar year**	
Frames	**Once every two (2) calendar years**	
Contact Lenses	**Once every calendar year (in lieu of eyeglass lenses and/or frames)**	
Contact Lens Evaluation, Fitting & Follow-up Care	**Once every calendar year (in lieu of eyeglasses)**	

Vision Insurance Benefit Plan Provisions January 1, 2018

BASIC PLAN BENEFITS	In-network Member Pays*	Out-of-Network Member Pays*
Exam with Dilation as Necessary	**$0.00 copay**	**100% of balance over $35**
Retinal Imaging	**$39 copay**	**100% of charge**
Contact Lens Fit and Follow-up:		
Standard	**80% of charge**	**100% of charge**
Premium	**80% of charge**	**100% of charge**
Frames(Retail)	**80% of balance over $55****	**100% of charge over $55 for frames and lenses combined**
Frames – The "Exclusive Collection" (in lieu of $55 Allowance and 20% Discount)		
Fashion Selection	**$0 copay**	
Designer Selection	**$15 copay**	
Premier Selection	**$40 copay**	

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

Standard Lenses:		
Single Vision	$0 copay	See above
Bifocal	$0 copay	See above
Trifocal	$0 copay	See above
Lenticular	$0 copay	See above
Standard Progressive	80% of balance over $55; Not to exceed $65 copay	See above
Premium Progressive	80% of balance over $55; Not to exceed $105 copay	See above
Ultra Progressive	80% of balance over $55; Not to exceed $140 copay	100% of charge
High-Index Lenses	80% of charge not to exceed $60 copay	100% of charge

*Member pay will not be greater than the copay, but could be less based upon the actual charge.
** Zero copay for eyeglass frames at Visionworks
***If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.

Vision Insurance Benefit Plan Provisions January 1, 2018

Lens Options:		
UV Treatment	80% of Charge up to $15 copay	100% of charge
Tint (Solid and Gradient)	80% of Charge up to $15 copay	100% of charge
Standard Plastic Scratch Coating	$0 copay	100% of charge
Standard Polycarbonate-Adults	80% of Charge up to $35 copay	100% of charge
Standard Polycarbonate-Children	$0 copay	100% of charge
Standard Anti-Reflective Coating	80% of Charge up to $40 copay	100% of charge
Premium Anti-Reflective Coating	80% of Charge up to $55 copay	100% of charge
Ultra Anti-Reflective Coating	80% of Charge up to $69 copay	100% of charge
Polarized	80% of Charge up to $75 copay	100% of charge
Plastic Photochromic Lenses	80% of charge up to $70 copay	100% of charge
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 copay | $40 copay	100% of charge
Other Add-Ons and Services	80% of Charge	100% of charge

Vision Insurance Benefit Plan Provisions January 1, 2018

Contact Lenses:		
Conventional	**80% of balance over $55**	**100% of charge over $30**
Disposable	**80% of balance over $55**	**100% of charge over $30**
Medically Necessary* **	**Balance over $155**	**100% of charge over $80**
Laser Vision Correction (for select providers)	**85% of retail price; 95% of promotional price**	**100% of charge**

Additional Pair of Eyeglasses	**70% of Charge**	**100% of charge**
Additional Pair of Conventional or Disposable Lenses	**80% of Charge**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

EXPANDED PLAN BENEFITS	In-network Member Pays*	Out-of-Network Member Pays*
Exam with Dilation as Necessary	**$10.00 copay**	**100% of balance over $50**
Retinal Imaging	**$39 copay**	**100% of charge**
Contact Lens Fit and Follow-up:		
Standard	**$50 copay**	**100% of charge**
Premium	**$60 copay**	**100% of charge**
Frames (Retail)	**80% of balance over $150****	**100% of balance over $75**
Frames – The "Exclusive Collection" (in lieu of $150 allowance and 20% discount)		
Fashion Selection	**$0 copay**	
Designer Selection	**$0 copay**	
Premier Selection	**$0 copay**	

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

PARTNERS FOR HEALTH

Vision Insurance Benefit Plan Provisions
January 1, 2018

Standard Lenses:		
Single Vision	**$0 copay**	**100% of balance over $35**
Bifocal	**$0 copay**	**100% of balance over $55**
Trifocal	**$0 copay**	**100% of balance over $70**
Lenticular	**$0 copay**	**100% of balance over $70**
Standard Progressive	**$50 copay**	**100% of balance over $55**
Premium Progressive:		
Tier 1	**$50 copay**	**100% of balance over $55**
Tier 2	**$90 copay**	**100% of balance over $55**
Tier 3	**$140 copay**	**100% of balance over $55**
Tier 4	**$140 copay**	**100% of balance over $55**
Ultra Progressive Lenses	**$140 copay**	**100% of charge**
High-Index Lenses	**$60 copay**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

Lens Options:		
UV Treatment	$10 copay	100% of balance over $10
Tint (Solid and Gradient)	$15 copay	100% of charge over $10
Standard Plastic Scratch Coating	$0 copay	100% of charge over $10
Standard Polycarbonate-Adults	$30 copay	100% of balance over $10
Standard Polycarbonate-Children	$0 copay	100% of balance over $10
Standard Anti-Reflective Coating	$40 copay	100% of charge over $10
Premium Anti-Reflective Coating		
Tier 1	$40 copay	100% of charge
Tier 2	$55 copay	100% of charge
Tier 3	$69 copay	100% of charge
Ultra Anti-Reflective Coating	$69 copay	100% of charge
Polarized	80% of charge up to $75 copay	100% of charge
Plastic Photochromic Lenses	80% of charge up to $70 copay	100% of charge
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 copay | $40 copay	100% of charge
Other Add-Ons and Services	80% of charge	100% of charge

Vision Insurance Benefit Plan Provisions January 1, 2018

Contact Lenses:		
Conventional	**80% of balance over $140**	**100% of charge over $55**
Disposable	**80% of balance over $140**	**100% of charge over $55**
Medically Necessary* **	**$0 copay**	**100% of charge over $200**
Laser Vision Correction (for select providers)	**85% of retail price; 95% of promotional price**	**100% of charge**
Additional Pair of Eyeglasses	**60% of charge**	**100% of charge**
Additional Pair of Conventional or Disposable Lenses	**80% of charge**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

PARTNERS FOR HEALTH

Benefits – 2018 Vision Premiums

2018 Monthly 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68

2018 Monthly Premiums	BASIC PLAN	EXPANDED PLAN
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$4.61	$8.34
Employee + Child(ren)	$9.20	$16.68
Employee + Spouse	$8.73	$15.86
Employee + Spouse + Child(ren)	$13.52	$24.53
RETIREE PARTICIPANTS		
Retiree Only	$3.07	$5.56
Retiree + Child(ren)	$6.13	$11.12
Retiree + Spouse	$5.82	$10.57
Retiree + Spouse + Child(ren)	$9.01	$16.35
Spouse only	$3.07	$5.56
One Child only	$3.07	$5.56
Two or More Children only	$6.13	$11.12
Spouse + Children (only)	$6.13	$11.12

Benefits Administration Update

Presentation for
State and Higher Education
Agency Benefits Coordinators
July, 2017

Agenda

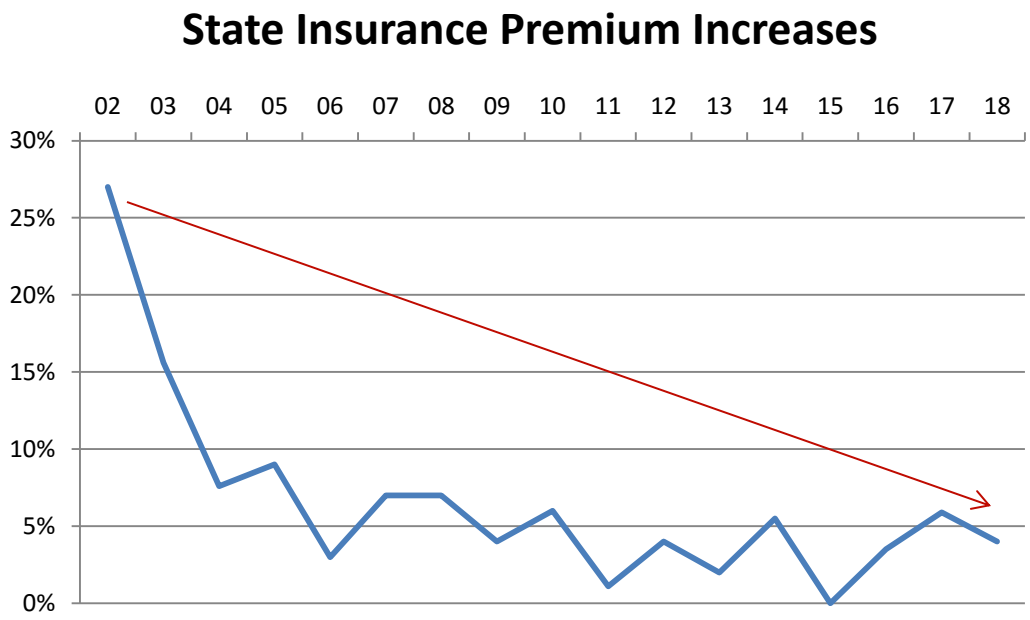
- Premium Setting Process and Benefit Design
- 2018 Health Insurance Benefits
  - Wellness changes
- 2018 Voluntary Benefit Updates
  - Dental
  - Vision
  - Disability
  - Life

Premium Setting Process - Funding Levels

- Factors considered in setting premiums
  - Prior years' performance
  - Projected medical trend (cost and utilization)
  - Program goals (e.g., incentives, value-based benefit design, wellness)
  - Plan reserves and incurred but not reported (IBNR) claims
  - Available State funds
- Process
  - Evaluate detailed month-to-month revenue and expense information
  - Project current and future years' expenses using historical information, market trend data and future regulatory requirements
  - Evaluate benefit design against market benchmarks and program goals
  - Project cost of proposed benefit design with changes (if any)
  - Balance benefit design changes with existing fund balances, funding required to support benefit, and target ending reserve levels

Average Per Annum Increase 2013 - 2017

- Kept cost increases below market trend
  - Use of reserve
  - Re-procurement to achieve best pricing
  - Benefit design
  - Population health



Benefit Design Considerations

- Plan cost-drivers
  - Which services
  - Specific diagnoses
  - Utilization patterns
- Best practices
  - Diabetes Prevention Program
  - Value-based insurance design
- Balance choice of benefit design and price points with simplicity of offerings

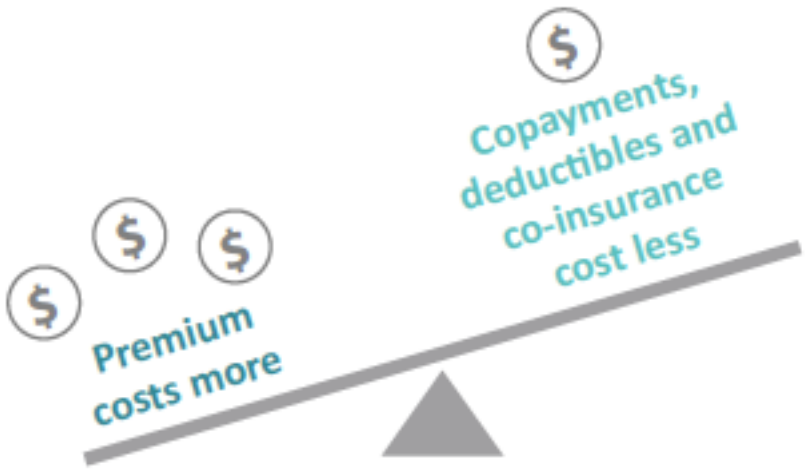
Wellness Program Results

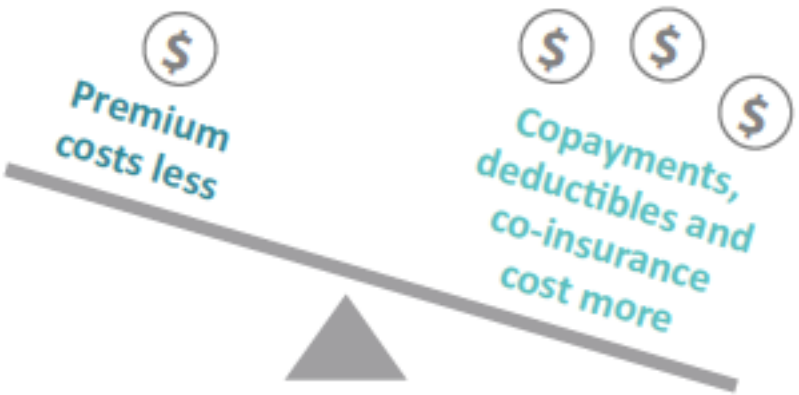
- Positive results with current population health program
  - 5 :1 ROI for Disease Management (DM)
    - DM focused on chronic diseases (diabetes, CHF, COPD, Asthma, CAD)
  - 1.2 :1 ROI for Lifestyle Management (LM)
    - LM focused on changing lifestyle behaviors such as nutrition and physical activity
  - Members in a “Partnership” plan are receiving more appropriate care

2018 Wellness Program Changes

- No wellness program available through the medical benefit
  - Wellness program costs removed
  - **No wellness activities required**
  - **No wellness premium incentive /surcharge on any plan**
- In the process of procuring new wellness vendor for **voluntary program**
  - All Wellness activities will be completely voluntary
  - Rewards paid based upon completion of certain requirements
  - Will include Disease Management, Diabetes Prevention Program, Weight Management and other population health management supports
- More information at August in-person meetings

Benefit Design Considerations





The higher the premium is for your insurance plan, the less you'll pay for health care services. If you know you'll need a lot of health care, like taking several medications or seeing your doctor often, you may save money by choosing a plan with a higher premium.

The lower the premium is for your insurance plan, the more you'll pay for health care services. If you are healthy and only need routine health care, you may save money by choosing a plan with a lower premium.

2018 Plan Options

Maintain the same plans with varying levels of benefit value and price

- **Premier PPO,** formerly Partnership PPO
  - Highest premium; you pay the least in out of pocket costs
  - Same plan design as 2017 Partnership PPO plan
  - Renamed due to elimination of wellness partnership requirement
- Standard PPO
  - Lower premium; you pay more in out of pocket costs than Premier PPO
  - Same plan design as 2017
- CDHP/HSA
  - Lowest premium; you pay the most if you have out of pocket costs
  - Same plan design as 2017 but State HSA funding will be **$250** employee only; **$500** for all other tiers due to elimination of wellness partnership requirement

2017 **Current** State & Higher Education Plans

	Partnership PPO		Wellness HealthSavings CDHP		Standard PPO		HealthSavings CDHP	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Actuarial Value	84.6%		84.2%		79.2%		78.2%	
Health Saving Account (Ind/Fam)	N/A		$500/$1,000		N/A		0	
Deductible (Individual/Family)	$500/$1,250	$1,000/$2,500	$1,500/$3,000	$3,000/$6,000	$1,000/$2,500	$2,000/$5,000	$1,500/$3,000	$3,000/$6,000
OOPM (Ind/Fam) Medical&Rx Combined	$3,600/$9,000	$4,000/$10,000	$2,500/$5,000	$4,500/$9,000	$4,000/$10,000	$4,500/$11,250	$2,500/$5,000	$4,500/$9,000
Coinsurance Max	10%	40%	20%	40%	20%	40%	20%	40%
Primary Care Physician	$25	$45	20%	40%	$30	$50	20%	40%
Specialist Office Visit	$45	$70	20%	40%	$50	$75	20%	40%
X-Ray, Lab and Diagnostics -Reading and interpretation	10% Coinsurance		20%	40%	20% Coinsurance		20%	40%
Convenient Care	$25	$45	20%	40%	$30	$50	20%	40%
Urgent Care	$45	$70	20%	40%	$50	$75	20%	40%
Emergency Room	$150	$150	20%	20%	$175	$175	20%	20%
Prescription Drug Benefits								
Prescription Drug Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Drug Network								
Generic	$7	Copay plus amount exceeding MAC	20%	40% coinsurance plus amount exceeding MAC.	$14	Copay plus amount exceeding MAC	20%	40% coinsurance plus amount exceeding MAC.
Brand	$40		20%		$50		20%	
Non-Preferred Brand	$90		20%		$100		20%	
Mail Order Prescription (90 day supply)								
Generic	$14	N/A - no network	20%	N/A - no network	$28	N/A - no network	20%	N/A - no network
Brand	$80		20%		$100		20%	
Non-Preferred Brand	$180		20%		$200		20%	
Maintenance Drug								
Generic	$7	N/A - no network	10% coinsurance without first having to meet deductible	N/A - no network	$14	N/A - no network	10% coinsurance without first having to meet deductible	N/A - no network
Brand	$40				$50			
Non-Preferred Brand	$160				$180			

2018 State & Higher Education Plans

	Premier PPO		CDHP/HSA		Standard PPO	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Actuarial Value	84.6%		81.2%		79.2%	
Health Saving Account (Ind/Fam)	N/A		$250/$500		N/A	
Deductible (Individual/Family)	$500/$1,250	$1,000/$2,500	$1,500/$3,000	$3,000/$6,000	$1,000/$2,500	$2,000/$5,000
OOPM (Ind/Fam) Medical&Rx Combined	$3,600/$9,000	$4,000/$10,000	$2,500/$5,000	$4,500/$9,000	$4,000/$10,000	$4,500/$11,250
Coinsurance Max	10%	40%	20%	40%	20%	40%
Primary Care Physician	$25	$45	20%	40%	$30	$50
Specialist Office Visit	$45	$70	20%	40%	$50	$75
X-Ray, Lab and Diagnostics -Reading and interpretation	10% Coinsurance		20%	40%	20% Coinsurance	
Convenient Care	$25	$45	20%	40%	$30	$50
Urgent Care	$45	$70	20%	40%	$50	$75
Emergency Room	$150	$150	20%	20%	$175	$175
Prescription Drug Benefits						
Prescription Drug Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A	N/A
Retail Drug Network						
Generic	$7	Copay plus amount exceeding MAC	20%	40% coinsurance plus amount exceeding MAC.	$14	Copay plus amount exceeding MAC
Brand	$40		20%		$50	
Non-Preferred Brand	$90		20%		$100	
Mail Order Prescription (90 day supply)						
Generic	$14	N/A - no network	20%	N/A - no network	$28	N/A - no network
Brand	$80		20%		$100	
Non-Preferred Brand	$180		20%		$200	
Maintenance Drug						
Generic	$7	N/A - no network	10% coinsurance without first having to meet deductible	N/A - no network	$14	N/A - no network
Brand	$40				$50	
Non-Preferred Brand	$160				$180	

Premium Rate Setting Considerations

- Ensure integrity of insurance fund and long term premium increases
- Price each plan option in accordance with its actuarial value; the richest plan option costs the most
- Rate increases/decrease will vary by plan option due to elimination of the wellness incentives and aligning premiums with the actuarial value

2018 Premium Surcharge for Cigna OAP

- The same 3 networks will be offered across the state:
  - BCBST Network S
  - Cigna LocalPlus
  - Cigna Open Access Plus (OAP)
    - Cigna OAP is a broader network

- If a member selects the Cigna OAP network, the 2018 surcharge will remain the same: $40/$80

2018 State Premiums

- Premium changes: Aggregate average increase of 4.8% in employer contributions and 1.1% in employee contributions for a combined aggregate increase of 4% across all three plans

- Member Share of Premium: Employee only
  - Partnership (no wellness) to Premier PPO: decrease 18%
  - Partnership to Premier PPO: increase 13%
  - Standard PPO: decrease 22%
  - CDHP/HSA: decrease 21%

2018 State & Higher Ed Monthly Rates

State						
	Current 2017 Premium		2018 Premium		EE Premium Change	
	EE Premium	ER Premium	EE Premium	ER Premium	$ Change	% Change
Premier PPO vs.Partnership PPO (no Wellness)						
Employee	$183	$572	$150	$599	($33)	-18%
Employee+Child(ren)	$250	$857	$225	$898	($25)	-10%
Employee+Spouse	$380	$1,200	$314	$1,258	($66)	-17%
Employee+Spouse+Child(ren)	$446	$1,486	$389	$1,557	($57)	-13%
Premier PPO vs.Partnership PPO						
Employee	$133	$572	$150	$599	$17	13%
Employee+Child(ren)	$200	$857	$225	$898	$25	12%
Employee+Spouse	$280	$1,200	$314	$1,258	$34	12%
Employee+Spouse+Child(ren)	$346	$1,486	$389	$1,557	$43	12%
Standard PPO						
Employee	$130	$572	$102	$599	($28)	-21%
Employee+Child(ren)	$197	$857	$153	$898	($44)	-22%
Employee+Spouse	$275	$1,200	$215	$1,258	($60)	-22%
Employee+Spouse+Child(ren)	$340	$1,486	$266	$1,557	($74)	-22%
HealthSavings CDHP						
Employee	$84	$572	$66	$599	($18)	-22%
Employee+Child(ren)	$127	$857	$98	$898	($29)	-23%
Employee+Spouse	$177	$1,200	$138	$1,258	($39)	-22%
Employee+Spouse+Child(ren)	$219	$1,486	$170	$1,557	($49)	-22%

2018 – Dental

- Dental Premium Increases
  - Cigna (DHMO) : 3.5%
  - MetLife (PPO) : 3.6%
- Increases driven by plan experience and dental trend

2018 – Vision

- Re-procured new vision contract
- **Davis Vision** is new vendor – premiums a bit lower

2018 Monthly 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68
RETIREE PARTICIPANTS		
Retiree Only	$3.07	$5.56
Retiree + Child(ren)	$6.13	$11.12
Retiree + Spouse	$5.82	$10.57
Retiree + Spouse + Child(ren)	$9.01	$16.35

2018 Disability Insurance

- Provided by MetLife
- Guaranteed Issue (no health questions asked) ONLY for this annual enrollment period and new hires
- State employees
  - Short Term and Long Term Disability plans available
- Higher Ed employees
  - Short Term - offered through State
  - Long Term - offered separately through TBR/UT
- ABC trainings and employee education webinars have been scheduled

Life Insurance

- Rebid the contract for basic life and AD&D, voluntary AD&D and voluntary term life insurance

- Minnesota Life was awarded the contract for all life insurance products:
  - Effective 2018 – voluntary term life insurance
  - Effective 2019 – all other life insurance products

- Bob Smith will provide more information when it becomes available

Benefits – Life Insurance

Higher Ed/State - Vendor Update – Life Insurance

- Through a competitive procurement process, Securian (Minnesota Life) has been awarded a new five year contract for the voluntary term life insurance program beginning January 1, 2018.

- All benefits will remain the same, except for the portability (continuation) option. A member upon leaving active employment (retirement, termination) may only port (continue) ½ of his/her active coverage up to a maximum of $250,000 and no lower than $5,000. Also, a spouse may only port ½ of his/her coverage, but no lower than $5,000.

- The premium rates for the employee and spouse coverage will increase. The monthly administrative fee and the premium rate for a child term rider will be lower in 2018.

Benefits – Life Insurance

Voluntary Employee and Spouse Term Life Insurance Premium Rates - Effective January 1, 2018

Active and Ported Coverage	Rates per $1,000 per month*	
AGE	**RATE**	
Under 29	$	0.049
30-34	$	0.053
35-39	$	0.065
40-44	$	0.099
45-49	$	0.167
50-54	$	0.282
55-59	$	0.440
60-64	$	0.685
65-69	$	1.136
70-74	$	1.585
75-79	$	2.435
80 & Over	$	4.399

*Rates are per individual and increase with age. Age is as of January 1 each year.

ADMINISTRATIVE CHARGE	MONTHLY RATE	
Fee per employee or spouse certificate of coverage	$	0.24

Optional Child Term Life Rider Insurance Premium Rates

COVERAGE LEVELS	MONTHLY RATE	
$2,500**	$	0.20
$5,000	$	0.40
$10,000	$	0.80

**New riders not available for this amount.

PARTNERS FOR HEALTH

Benefits - Vision

Vision Benefits: The state will offer vision benefits through a new vendor in 2018, Davis Vision. The network will change. The new network is the Davis Vision Network for the State of Tennessee Group Insurance Program. It is important to check the network for your provider. You can look for your provider by going to https://idoc.davisvision.com/davis/sharedfiles/memberhandoff.asp?GroupMember=8152&Group=ZZZ&DestinationURL=/davis/member/member_menu.asp

Benefits - Vision

Vision Benefits:

- 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

Benefits - Vision

Vision Benefits: There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses. Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis's "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis's "The Exclusive Collection" under the in-network Basic Plan.

Benefits - Vision

Vision Benefits:

- Free pair of frames at Visionworks retail locations.
- Forty percent (40%) discount off retail under the in-network Expanded Plan and thirty percent (30%) discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- Twenty percent (20%) discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

Vision Insurance Benefit Plan Provisions January 1, 2018

Frequency plan design:

Vision Exam	**Once every calendar year**	
Eyeglass Lenses	**Once every calendar year**	
Frames	**Once every two (2) calendar years**	
Contact Lenses	**Once every calendar year (in lieu of eyeglass lenses and/or frames)**	
Contact Lens Evaluation, Fitting & Follow-up Care	**Once every calendar year (in lieu of eyeglasses)**	

Vision Insurance Benefit Plan Provisions January 1, 2018

BASIC PLAN BENEFITS	In-network Member Pays*	Out-of-Network Member Pays*
Exam with Dilation as Necessary	**$0.00 copay**	**100% of balance over $35**
Retinal Imaging	**$39 copay**	**100% of charge**
Contact Lens Fit and Follow-up:		
Standard	**80% of charge**	**100% of charge**
Premium	**80% of charge**	**100% of charge**
Frames(Retail)	**80% of balance over $55****	**100% of charge over $55 for frames and lenses combined**
Frames – The "Exclusive Collection" (in lieu of $55 Allowance and 20% Discount)		
Fashion Selection	**$0 copay**	
Designer Selection	**$15 copay**	
Premier Selection	**$40 copay**	

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

Standard Lenses:		
Single Vision	$0 copay	See above
Bifocal	$0 copay	See above
Trifocal	$0 copay	See above
Lenticular	$0 copay	See above
Standard Progressive	80% of balance over $55; Not to exceed $65 copay	See above
Premium Progressive	80% of balance over $55; Not to exceed $105 copay	See above
Ultra Progressive	80% of balance over $55; Not to exceed $140 copay	100% of charge
High-Index Lenses	80% of charge not to exceed $60 copay	100% of charge

*Member pay will not be greater than the copay, but could be less based upon the actual charge.
** Zero copay for eyeglass frames at Visionworks
***If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.

Vision Insurance Benefit Plan Provisions January 1, 2018

Lens Options:		
UV Treatment	80% of Charge up to $15 copay	100% of charge
Tint (Solid and Gradient)	80% of Charge up to $15 copay	100% of charge
Standard Plastic Scratch Coating	$0 copay	100% of charge
Standard Polycarbonate-Adults	80% of Charge up to $35 copay	100% of charge
Standard Polycarbonate-Children	$0 copay	100% of charge
Standard Anti-Reflective Coating	80% of Charge up to $40 copay	100% of charge
Premium Anti-Reflective Coating	80% of Charge up to $55 copay	100% of charge
Ultra Anti-Reflective Coating	80% of Charge up to $69 copay	100% of charge
Polarized	80% of Charge up to $75 copay	100% of charge
Plastic Photochromic Lenses	80% of charge up to $70 copay	100% of charge
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 copay | $40 copay	100% of charge
Other Add-Ons and Services	80% of Charge	100% of charge

Vision Insurance Benefit Plan Provisions January 1, 2018

Contact Lenses:		
Conventional	**80% of balance over $55**	**100% of charge over $30**
Disposable	**80% of balance over $55**	**100% of charge over $30**
Medically Necessary* **	**Balance over $155**	**100% of charge over $80**
Laser Vision Correction (for select providers)	**85% of retail price; 95% of promotional price**	**100% of charge**

Additional Pair of Eyeglasses	**70% of Charge**	**100% of charge**
Additional Pair of Conventional or Disposable Lenses	**80% of Charge**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

EXPANDED PLAN BENEFITS	In-network Member Pays*	Out-of-Network Member Pays*
Exam with Dilation as Necessary	**$10.00 copay**	**100% of balance over $50**
Retinal Imaging	**$39 copay**	**100% of charge**
Contact Lens Fit and Follow-up:		
Standard	**$50 copay**	**100% of charge**
Premium	**$60 copay**	**100% of charge**
Frames (Retail)	**80% of balance over $150****	**100% of balance over $75**
Frames – The "Exclusive Collection" (in lieu of $150 allowance and 20% discount)		
Fashion Selection	**$0 copay**	
Designer Selection	**$0 copay**	
Premier Selection	**$0 copay**	

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

PARTNERS FOR HEALTH

Vision Insurance Benefit Plan Provisions
January 1, 2018

Standard Lenses:		
Single Vision	**$0 copay**	**100% of balance over $35**
Bifocal	**$0 copay**	**100% of balance over $55**
Trifocal	**$0 copay**	**100% of balance over $70**
Lenticular	**$0 copay**	**100% of balance over $70**
Standard Progressive	**$50 copay**	**100% of balance over $55**
Premium Progressive:		
Tier 1	**$50 copay**	**100% of balance over $55**
Tier 2	**$90 copay**	**100% of balance over $55**
Tier 3	**$140 copay**	**100% of balance over $55**
Tier 4	**$140 copay**	**100% of balance over $55**
Ultra Progressive Lenses	**$140 copay**	**100% of charge**
High-Index Lenses	**$60 copay**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

Vision Insurance Benefit Plan Provisions January 1, 2018

Lens Options:		
UV Treatment	$10 copay	100% of balance over $10
Tint (Solid and Gradient)	$15 copay	100% of charge over $10
Standard Plastic Scratch Coating	$0 copay	100% of charge over $10
Standard Polycarbonate-Adults	$30 copay	100% of balance over $10
Standard Polycarbonate-Children	$0 copay	100% of balance over $10
Standard Anti-Reflective Coating	$40 copay	100% of charge over $10
Premium Anti-Reflective Coating		
Tier 1	$40 copay	100% of charge
Tier 2	$55 copay	100% of charge
Tier 3	$69 copay	100% of charge
Ultra Anti-Reflective Coating	$69 copay	100% of charge
Polarized	80% of charge up to $75 copay	100% of charge
Plastic Photochromic Lenses	80% of charge up to $70 copay	100% of charge
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20 copay | $40 copay	100% of charge
Other Add-Ons and Services	80% of charge	100% of charge

Vision Insurance Benefit Plan Provisions January 1, 2018

Contact Lenses:		
Conventional	**80% of balance over $140**	**100% of charge over $55**
Disposable	**80% of balance over $140**	**100% of charge over $55**
Medically Necessary* **	**$0 copay**	**100% of charge over $200**
Laser Vision Correction (for select providers)	**85% of retail price; 95% of promotional price**	**100% of charge**
Additional Pair of Eyeglasses	**60% of charge**	**100% of charge**
Additional Pair of Conventional or Disposable Lenses	**80% of charge**	**100% of charge**

***Member pay will not be greater than the copay, but could be less based upon the actual charge.**
**** Zero copay for eyeglass frames at Visionworks**
*****If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.**

PARTNERS FOR HEALTH

Benefits – 2018 Vision Premiums

2018 Monthly 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68

2018 Monthly Premiums	BASIC PLAN	EXPANDED PLAN
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$4.61	$8.34
Employee + Child(ren)	$9.20	$16.68
Employee + Spouse	$8.73	$15.86
Employee + Spouse + Child(ren)	$13.52	$24.53
RETIREE PARTICIPANTS		
Retiree Only	$3.07	$5.56
Retiree + Child(ren)	$6.13	$11.12
Retiree + Spouse	$5.82	$10.57
Retiree + Spouse + Child(ren)	$9.01	$16.35
Spouse only	$3.07	$5.56
One Child only	$3.07	$5.56
Two or More Children only	$6.13	$11.12
Spouse + Children (only)	$6.13	$11.12

2017 In-Person ABC Meeting Schedule

Local Education

Meeting Location	Date of Meeting	Time
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, Suite 212 Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
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Premier Place 174 Fairway Blvd. Jackson, TN 38305	August 23	8:30 – 4:00 Central
MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

Local Government

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2017 In-Person ABC Meeting Schedule

Higher Education

Meeting Location	Date of Meeting	Time
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MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

July 21, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Annual Enrollment Conference Call Schedule
Attached is the schedule of weekly annual enrollment ABC calls, and the remaining 2017 monthly calls. The schedule is also posted on the **ABC webpage under Conference Call Notes**.

As a reminder, we will **not** have any ABC conference calls in August due to the statewide ABC trainings.

Submitting Documents in Zendesk
We have attached instructions on how ABCs can submit documents in Zendesk.

Updated Vendor Contact List - Vision
Attached is an updated Vendor Contact List that is also posted on the **ABC webpage under Conference Call Notes.** The revised list includes contact information for Davis Vision, the new 2018 voluntary vision vendor. These contacts can assist with member materials and/or for vendor representatives to participate in your benefits fairs.

ABC Annual Trainings - Higher Ed
Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Thursday, August 10, or one of our regional trainings. Please see the attached list for the locations of all trainings.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSdVHh2USnFouOsZJMUr6XD1XZUhRnXFzpMuW3a34AflEzs_eQ/viewform?c=0&w=1

ABC Annual Trainings - State

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Friday, August 11, or one of our regional trainings. Please see the attached list for the locations of all trainings.

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ABC Annual Trainings - Local Education

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings.

The meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

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ABC Annual Trainings - Local Government

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings.

The meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up

and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLScirKuqnhhgJwJBH1AY6ZP-tDv-0GFpKLmw7XCJhi3yo-ODOQ/viewform?c=0&w=1

ABC Disability Training Webinar - Higher Ed

Higher Education employees will be able to enroll in short term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, is providing training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plan.

There are two remaining webinars available at the dates and times listed below. The same material will be presented during each webinar, but you are welcome to attend multiple sessions. You do not have to register in advance.

July 25
9 a.m. Central time

August 1
9 a.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting
1-877-820-7831
Enter Passcode: 217506#

When you click on the link and sign-in, the system can call you back directly, and you will not need to call the number listed above.

You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/

ABC Disability Training Webinar - State

State employees will be able to enroll in short and long term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, is providing training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plans.

We apologize for the dropped call on the July 18 State disability training at 1 pm. There are two more opportunities to receive this same training, and we welcome you to attend multiple sessions.

You do not have to register in advance.

July 25
1 p.m. Central time

August 1
1 p.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting
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You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/

Edison Down for Maintenance
Edison will down for maintenance this Sunday, July 23, from 6 a.m. until 10 p.m. Central time.

Attachments: State Meeting Schedule
Local Gov Meeting Schedule
Local Ed Meeting Schedule
Higher Ed Meeting Schedule
Submitting Documents in Zendesk
2017 Vendor Contact List
2017 ABC Conference Call Schedule

2017 In-Person ABC Meeting Schedule

State

Meeting Location	Date of Meeting	Time
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	August 11	8:30 – 4:00 Central
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
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2017 In-Person ABC Meeting Schedule

Local Government

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Local Education

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2017 In-Person ABC Meeting Schedule

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Meeting Location	Date of Meeting	Time
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MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Long-Term Care Insurance		
MedAmerica		
Angela Hoteling-Rodriguez	(800) 544-0327	Angela.hoteling-rodriguez@medamericaltc.com
Vision		
Davis Vision – 2018 Vendor		
Larry Sheehan (benefits fairs and materials) Jay Storey (benefits fairs and materials)	(508) 813-4211 (315) 884-0479	lsheehan@davisvision.com jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com

2017 ABC Conference Call Schedule – August through December
No August ABC calls due to Statewide Trainings
Annual Enrollment calls will be held weekly beginning September 12
September 12 Higher Education – Tuesday, Sept. 12 at 8:30 a.m. Central time Local Education – Tuesday, Sept. 12 at 10 a.m. Central time Central State – Tuesday, Sept. 12 at 12:30 p.m. Central time Local Government – Tuesday, Sept. 12 at 2 p.m. Central time
September 19 Higher Education – Tuesday, Sept. 19 at 8:30 a.m. Central time Local Education – Tuesday, Sept. 19 at 10 a.m. Central time Central State – Tuesday, Sept. 19 at 12:30 p.m. Central time Local Government – Tuesday, Sept. 19 at 2 p.m. Central time
September 26 Higher Education – Tuesday, Sept. 26 at 8:30 a.m. Central time Local Education – Tuesday, Sept. 26 at 10 a.m. Central time Central State – Tuesday, Sept. 26 at 12:30 p.m. Central time Local Government – Tuesday, Sept. 26 at 2 p.m. Central time
October 3 Higher Education – Tuesday, Oct. 3 at 8:30 a.m. Central time Local Education – Tuesday, Oct. 3 at 10 a.m. Central time Central State – Tuesday, Oct. 3 at 12:30 p.m. Central time Local Government – Tuesday, Oct. 3 at 2 p.m. Central time
October 10 Higher Education – Tuesday, Oct. 10 at 8:30 a.m. Central time Local Education – Tuesday, Oct. 10 at 10 a.m. Central time Central State – Tuesday, Oct. 10 at 12:30 p.m. Central time Local Government – Tuesday, Oct. 10 at 2 p.m. Central time
October 17 Higher Education – Tuesday, Oct. 17 at 8:30 a.m. Central time Local Education – Tuesday, Oct. 17 at 10 a.m. Central time Central State – Tuesday, Oct. 17 at 12:30 p.m. Central time Local Government – Tuesday, Oct. 17 at 2 p.m. Central time
October 24 Higher Education – Tuesday, Oct. 24 at 8:30 a.m. Central time Local Education – Tuesday, Oct. 24 at 10 a.m. Central time Central State – Tuesday, Oct. 24 at 12:30 p.m. Central time Local Government – Tuesday, Oct. 24 at 2 p.m. Central time
October 31 (No Central State or Higher Ed ABC calls this week) Local Education – Tuesday, Oct. 31 at 10 a.m. Central time Local Government – Tuesday, Oct. 31 at 2 p.m. Central time
November 7 (No Central State and Higher Ed ABC calls this week) Local Education – Tuesday, Nov. 7 at 10 a.m. Central time Local Government – Tuesday, Nov. 7 at 2 p.m. Central time
Monthly ABC calls resume
November 14 Higher Education – Tuesday, Nov. 14 at 8:30 a.m. Central time Local Education – Tuesday, Nov. 14 at 10 a.m. Central time State – Tuesday, Nov. 14 at 12:30 p.m. Central time Local Government – Tuesday, Nov. 14 at 2 p.m. Central time
December 12 Higher Education – Tuesday, Dec. 12 at 8:30 a.m. Central time Local Education – Tuesday, Dec. 12 at 10 a.m. Central time State – Tuesday, Dec. 12 at 12:30 p.m. Central time Local Government – Tuesday, Dec. 12 at 2 p.m. Central time

July 28, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Using Current Materials
It is very important to use current materials created for ABCs and members found on the **ABC website** and/or dated 2017. Older materials could include dated information or links. We have to make sure we are supplying the correct information to our members.

You may need to **clear your cache** so the right forms and documents found on the ABC website are appearing. Instructions on how to do this are below.

If you have questions about a document, form or guide, please do not hesitate to contact Benefits Administration.

State: The **Pre-Enrollment Benefits Information** letter has been updated (removed the link to ALEX) and is posted on the **ABC website**. This letter is a word document that is customizable for your department. You can send it to your new hires prior to their start date to help them learn about their benefits. You will need to download and save the current word document and enter your department information.

Clearing Your Cache
Attached are instructions on how to clear your cache for three different browsers.
Note: For Internet Explorer (IE), where you go to clear your history, there is a box at the top (Preserve Favorites website data) that is very important to uncheck when you are clearing your cache.

ABC Annual Trainings - Higher Ed
Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Thursday, August 10, or one of our regional trainings. Please see the attached list for the locations of all trainings.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

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*The deadline to register is August 4
*Please note address changes at the Knoxville and Jackson locations

ABC Annual Trainings - State

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ABC Annual Trainings - Local Government

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*The deadline to register is August 4
*Please note address changes at the Knoxville and Jackson locations

ABC Disability Training Webinar - Higher Ed

Higher Education employees will be able to enroll in short term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, is providing training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plan.

There is one webinar available at the date and time listed below. You do not have to register in advance.

August 1
9 a.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting
1-877-820-7831
Enter Passcode: 217506#

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You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/

*After the August 1 training, we will send the Disability Presentation as well as Q and A in an ABC email.

ABC Disability Training Webinar - State

State employees will be able to enroll in short and long term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, is providing training for primary and back up Agency Benefit Coordinators on the state's new disability insurance plans.

There is one webinar available at the date and time listed below. You do not have to register in advance.

August 1
1 p.m. Central time

Webinar Info (This is the same link and phone number you use for ABC monthly calls):
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*After the August 1 training, we will send the Disability Presentation as well as Q and A in an ABC email.

Attachments: ABC Pre-Employment
Clearing History in Firefox
Clearing History in Chrome
Clearing History in IE
Higher Ed Meeting Schedule
Local Ed Meeting Schedule
Local Gov Meeting Schedule
State Meeting Schedule

State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 1-800-253-9981 • www.tn.gov/finance

[insert date here]

Dear (New Employee's Name),

The Department of [insert department here] is pleased to welcome you as a new employee of the State of Tennessee.

Please review the health benefits available to you and make note of questions to ask during your orientation. Taking these steps now should allow you to enroll in benefits during your first week at work and eliminate two months of premium payments from being withdrawn from your first paycheck.

- **New Hire Presentation** – http://www.tn.gov/assets/entities/finance/benefits/attachments/new_employee_presentation_st_he_notes_2017.pdf
- **Compare Health Options** – http://www.partnersforhealthtn.gov/health_options.shtml
- **Partnership Promise** – http://www.partnersforhealthtn.gov/promise.shtml
- **Compare Dental Options** – http://www.partnersforhealthtn.gov/dental.shtml
- **Compare Vision Options** – http://www.partnersforhealthtn.gov/vision.shtml

You can also find all of this information and more at www.tn.gov/finance. Go to **"Employee Resources,"** "**Insurance and Benefits**" and "**For New Employees.**" The new employees' page also provides information about other voluntary benefits, including life insurance and long-term care insurance.

Be sure to bring any applicable healthcare-related documents, including:

- **Dependent Verification Documents** – if you are adding dependents (spouse and/or children), please bring documents to prove their relationship to you. A list of acceptable documents can be found here: http://www.tn.gov/assets/entities/finance/benefits/attachments/deva_eligible_docs.pdf

We hope this information is helpful and allows you to make timely benefits decisions.

Sincerely,

Benefits Administration & [insert your office here]

Clearing History/Cache in

- Click the button in the top right corner
- Click *History*
- Click on *Clear Recent History*
- Select *Everything* from the drop down menu
- Check all of the boxes
- Click *Clear Now*

Alternatively, you can use the keyboard shortcut “Ctrl + Shift + Del” and skip the first three steps.

PARTNERS FOR HEALTH℠

Clearing History/Cache in

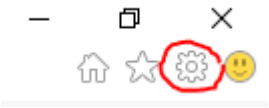
- Click the button in the top right corner
- Hover over and then click *History*
- Click on *Clear browsing data*
- Select *the beginning of time* from the drop down menu
- Make sure all of the boxes are checked
- Click *Clear browsing data*

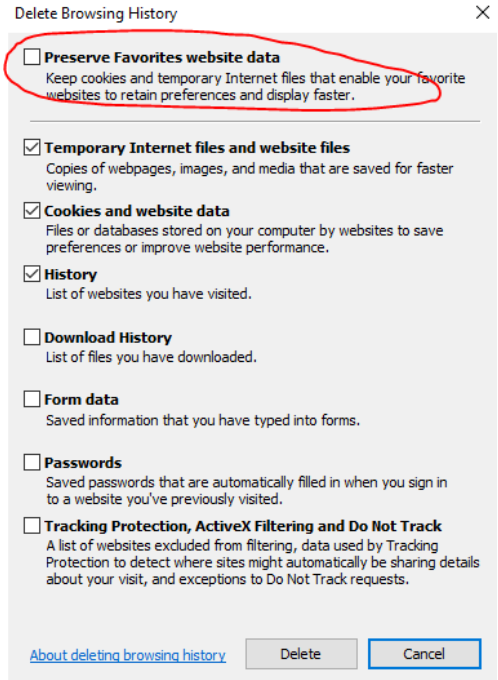
Alternatively, you can use the keyboard shortcut “Ctrl + Shift + Del” to skip the first three steps above.

PARTNERS FOR HEALTH℠

Clearing History/Cache in

Internet Explorer

- Click the  button in the top right corner
- Click on *Internet options*
- On the *General* tab, click the *Delete* button
- Make at least the following selections:



Notice the selected box at the top – it is highly important that this is unchecked!

- Click *Delete*

Alternatively, you can use the keyboard shortcut “Ctrl + Shift + Del” to skip the first three steps above.

2017 In-Person ABC Meeting Schedule

Higher Education

Meeting Location	Date of Meeting	Time
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	August 10	8:30 – 4:00 Central
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
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Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
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2017 In-Person ABC Meeting Schedule

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August 4, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Annual Trainings - Higher Ed

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville, on Thursday, August 10, or one of our regional trainings. Please see the attached list for the locations of all trainings.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

We will email all registered participants with more details as we get closer to the date.

If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSdVHh2USnFouOsZJMUr6XD1XZUhRnXFzpMuW3a34AfIEzs_eQ/viewform?c=0&w=1

*The deadline to register is August 4
*Please note address changes at the Knoxville and Jackson locations

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*The deadline to register is August 4
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Attachments: Higher Ed Meeting Schedule

Local Ed Meeting Schedule
Local Gov Meeting Schedule
State Meeting Schedule
Vendor List
Higher Ed Disability Presentation
State Disability Presentation

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Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Long-Term Care Insurance		
MedAmerica		
Angela Hoteling-Rodriguez	(800) 544-0327	Angela.hoteling-rodriguez@medamericaltc.com
Vision		
Davis Vision – 2018 Vendor		
Larry Sheehan (benefits fairs and materials) Jay Storey (benefits fairs and materials)	(508) 813-4211 (315) 884-0479	lsheehan@davisvision.com jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com

MetLife

Short Term Disability

State of Tennessee – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

ABC Training, July/August 2017

PARTNERS FOR HEALTH

ADF# DI1289.16

MetLife

DISABILITY BENEFITS – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

PARTNERS FOR HEALTH

ADF# DI1289.16

WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?

- **Replaces a portion of income** lost due to sickness, pregnancy or accidental injury

- Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.

- **Short Term Disability** insurance replaces a portion of your income during disability for up to 26 weeks.

LET'S ANSWER THESE QUESTIONS…

Is Disability Insurance right for me?

Disability insurance might be right for you if you…

- Are part of a single income home
- Have little or no sick leave saved up
- Don't have much in the way of savings or an emergency fund
- Participate in high-risk activities

Just over 1-in-4 of today's 20 year-olds will likely become disabled before reaching age 67[1]

The average 20 year-old is **twice as likely** to become disabled than die before age 67[1]

1 Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfact.htm.

LET'S ANSWER THESE QUESTIONS…

How is Short Term Disability Defined?

Short Term Disability (STD) is insurance designed to insure your income. For The State of Tennessee, it replaces 60% of your weekly salary, up to a maximum benefit of $2,500 per week. After satisfying either a 14 or 30 calendar day Elimination Period during the initial weeks of a disability, the benefit will pay up to a maximum duration of 26 weeks. A Member is considered Disabled, if due to an illness or accidental injury, he or she is unable to perform the duties of his or her Own Job at the State of Tennessee, and unable to earn 80% or more of his or her Pre-Disability Salary.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All full-time employees working not less than 30 hours/week or is a seasonal employee hired prior to July 1, 2015 with 24 months of service and certified by his or her appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary[1] Paid Weekly	60% paid weekly	
Maximum Weekly Benefit	$2,500	
Minimum Weekly Benefit[2]	$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks (180 days)	
Evidence of Insurability (EOI) [3]	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and New Hires who enroll within 31 days of eligibility date; EOI required for Late Enrollees and participants electing a higher plan of benefits during the 2019 Annual Enrollment period.	
Pre-Existing Condition	None	

1 For 2018 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.
2 The Minimum Monthly Benefit will not apply if You are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy.
3 Enrollment during 2018 Annual Enrollment period is guarantee issue (no health questions asked) for benefits that begin Jan 1, 2018,. After the 2018 Annual Enrollment, MetLife will review your information and evaluate your request for coverage based upon your answers to health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

SHORT TERM DISABILITY (STD) AND ACCRUED SICK LEAVE

You must use all of your accrued leave, both sick and annual, before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment from MetLife will begin after your pay from any accrued leave ends.

Example: You chose Option A for your STD policy. This means your Elimination Period is 14 calendar days. Your benefit is 60% of your gross annual base salary, and the duration of your STD benefit is 26 weeks. Now let's say that you have 20 days of accrued annual and sick leave, and your gross weekly salary is $1,250. You are approved for disability starting Monday, October 30, 2017 and you continue to meet the definition of disability for 26 weeks.

	Date Last Worked	**14 Calendar Day Elimination Period**	**Short Term Disability Benefit Start Date**	
Dates	**10/29/2017**	**10/30/2017-11/12/2017**	**11/13/2017-11/18/2017**	**11/19/2017-5/18/2018**
Work Status	**AAW**	**Short Term Disability Approved 10/30/2017-5/18/2018**		
Weekly Earnings	$1,250 per week			
Accrued Annual and Sick Leave Pay		$1,250 per week	Although the STD Benefit Start Date is 11/13/2017, the employee continues to receive 100% of pay ($1,250) received per week of accrued leave pay. No STD benefits will be paid until the accrued leave time is exhausted	(As of 11/19/2017 accrued leave pay is exhausted)
Disability Pay		The STD claim is approved starting 10/30/2017. 10/30/2017 - 11/12/2017 is the 14 calendar day elimination period. No STD benefits are payable during the elimination period.	The STD Benefit Start Date is 11/13/2017. The STD benefit is offset by the 100% of pay ($1,250) per week received through accrued leave time. Therefore, no STD benefit is paid 11/13/2017-11/18/2017	Starting 11/19/2017, the employee will receive 60% STD benefit, which is $750 per week

SHORT TERM DISABILITY (STD) PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER $100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	$1.34
Option B: 60%, 30 day elimination period	$1.08

CALCULATE YOUR MONTHLY PREMIUM FOR SHORT TERM DISABILITY

For this example, we're using an employee with a salary of $45,000 annually, selecting Option A

STEPS	EXAMPLE
1. Determine your Covered Monthly Salary *(Annual Salary[1] divided by 12.)* *If your Annual Salary exceeds $216,666.84 enter $18,055.57 as your Covered Monthly Salary.* [2]	$45,000 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750÷ 100 = **$37.50**
3. Calculate your approximate monthly premium *(Multiply your per $100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)*	$37.50 x $1.34 = **$50.25**

[1] For 2017 annual enrollment, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.

[2] The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of $2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is $18,055.57, or $216,666.84 annually. This will be the same for Option A or B

REHABILITATION PROGRAM TO ASSIST WITH RETURN TO WORK

MetLife's Rehabilitation Programs focus on helping disabled employees become employable once again. Our claim and clinical specialists will collaborate with the employer, the doctor and the employee to promote an appropriate return-to-work plan.

MetLife's specialized services vary depending on our assessment of the employee's needs. If it is determined the employee is capable, but does not participate in the Rehabilitation Program, Disability benefits may cease.

Rehabilitation Program means a program that has been approved by MetLife for the purpose of helping you return to work. It may include, but is not limited to, your participation in one or more of the following activities:

- ✓ Return to work on a modified basis with a goal of resuming employment for which you are reasonably qualified by training, education, experience and past salary;
- ✓ On-site job analysis;
- ✓ Job modification/accommodation;
- ✓ Training to improve job-seeking skills;
- ✓ Vocational assessment;
- ✓ Short-term skills enhancement;
- ✓ Vocational training; or
- ✓ Restorative therapies to improve functional capacity to return to work.

REHABILITATION INCENTIVES TO FURTHER HELP EASE YOUR BURDEN

MetLife's Short Term Disability plans are designed to provide clear advantages and financial incentives for participating in a rehabilitation program to assist with returning to work either full-time or part-time while still receiving a Disability Benefit.

Work Incentive Benefit

Lets you receive up to 100% of your predisability salary including your disability benefit, rehabilitative work salary, rehabilitation incentives and other income sources.

Rehabilitation Benefit

Boosts your benefit by up to 10% when you work within a MetLife approved rehabilitation program.

Family Care Expense Reimbursement

Get reimbursed for eligible expenses incurred for the care of each qualified family member when working or participating in a MetLife approved rehabilitation program.

Moving Expense Benefit

Provides reimbursement for your move to a different address you make as part of an approved rehabilitation program.

Two employees with an identical injury, a broken right ankle

John

40-year-old TDOT technician - requires walking 6 hours per day, lifting 10-25 lbs. frequently and 50 lbs. occasionally

John submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates John's inability to perform his job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist certifies that there is no possibility for accommodations at John's place of employment. John will be certified disabled and receive his benefits until he is able to perform his job/occ requirements safely and effectively.

Susan

38-year-old Administrative Assistant- walks occasionally to file paperwork, otherwise is seated at a desk using the phone and computer.

Susan submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates Susan's inability to perform her job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist determines the Susan's supervisor can make a job accommodation wherein another coworker will complete the walking and filing tasks for Susan while her ankle is healing. Although Susan has been diagnosed with a medical condition, the medical condition does not prevent her from being able to perform her job/occ requirements or result in any loss of income. Susan would not qualify for disability.

A medical diagnosis does not necessarily mean an inability to perform job/occupational requirements or a loss of income, especially when supervisors are willing to make accommodations. When an employee files a claim for any medical diagnosis, the case specialist's focus will be determining whether the diagnosis prevents an ability to perform job/occupational requirements or results in a loss of income.

STATE OF TENNESSEE OFFERS STD INSURANCE COVERAGE

Annual Enrollment Period

As an important benefit offering with the State of Tennessee, eligible employees may enroll for MetLife's STD insurance coverage with **no health questions** if enrolled during the annual enrollment period, October 2 – 13, 2017.

IT'S EASY TO TAKE THE FIRST STEP

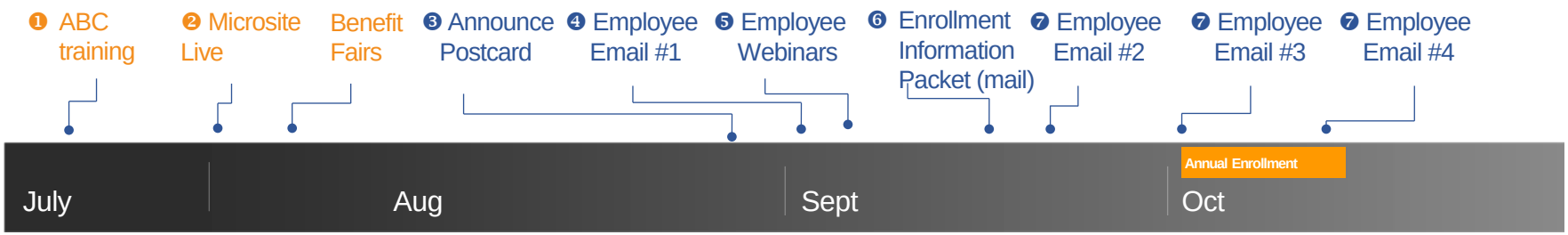
1. Enroll online in ESS in Edison with no health questions during your enrollment period, October 2 – 13, 2017

2. Effective Date – January 1, 2018

3. For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri or visit https://metlife.com/StateofTN

4. Online tools and educational materials can be found on the State of TN microsite https://metlife.com/StateofTN

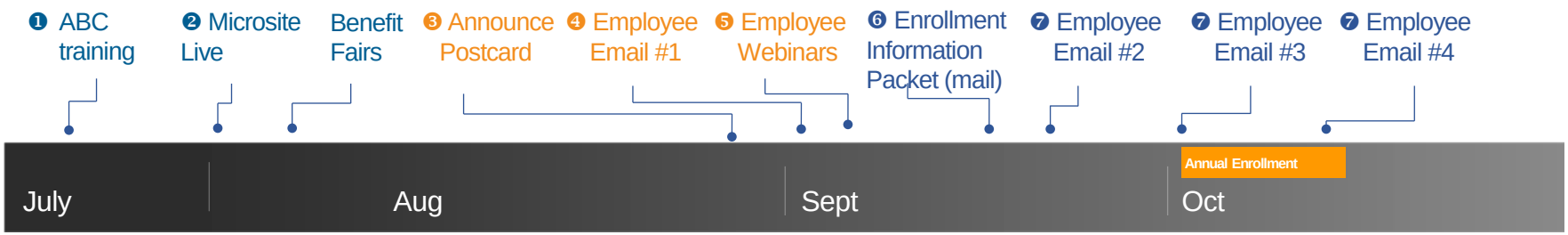
Communication Timeline



Microsite (will be live August 1, 2017)

Acts as a repository for employees to access all Disability materials created (plan overviews, case studies, FAQs, rates and calculator, coordination with Leave and Sick Bank, how to file a claim, etc.).

Communication Timeline



Announcement Postcard (mailed mid to late August)

65% of working Americans say they could not cover normal living expenses even for a year if their employment income was lost.[1]

Protect your income.

Coming Fall 2017: New Disability Insurance from MetLife

PARTNERS FOR HEALTH

ADF#DI1256.16

Announcement Email #1 (sent in early September)

ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit: **Short Term Disability Insurance, effective January 1, 2018.**

Eligible employees can enroll this fall in Edison during the fall Annual Enrollment period, and during this time only, they can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Why is having Disability insurance important?
While many people think that disabilities are typically caused by accidents, the majority of long-term absences are actually due to illness. Did you know that the average 20-year-old is twice as likely to become disabled than die before age 67?[2]

- **Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.**
- **Payments are made directly to you, and you decide how to spend the money.**

From October 2-October 13, you can enroll in Short Term Disability Insurance to protect your income during a disability.

Watch your email for more information!

Learn more by visiting https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfacts.htm

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.
LXXXXXXXXX [exp1217][All States]
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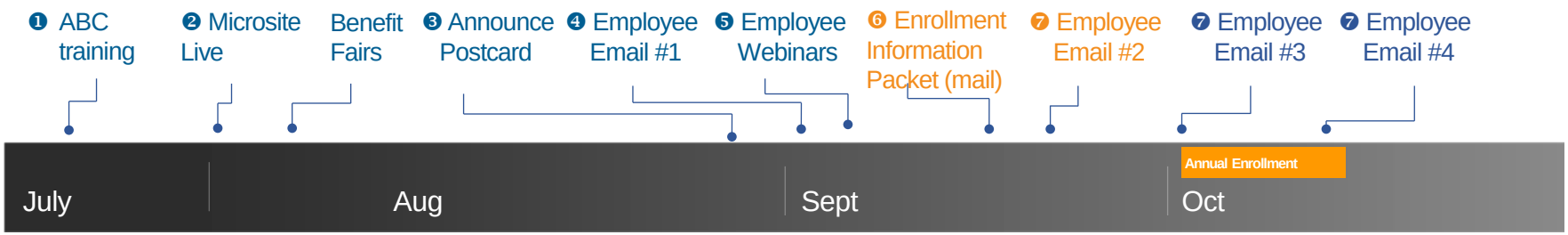
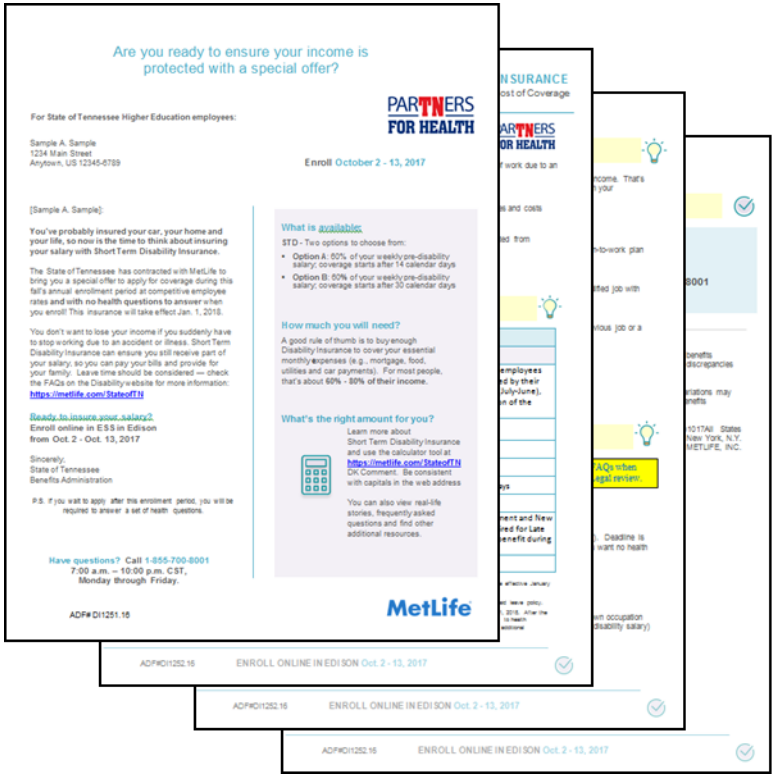
ADF# DI791.15

Communication Timeline



Enrollment Information Packet (mailed early September)



Are you ready to ensure your income is protected with a special offer?

PARTNERS FOR HEALTH

For State of Tennessee Higher Education employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789

Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you a special offer to apply for coverage during this fall's annual enrollment period at competitive employee rates and with no health questions to answer when you enroll! This insurance will take effect Jan. 1, 2018.

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term Disability Insurance can ensure you still receive part of your salary, so you can pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability website for more information: https://metlife.com/StateofTN

Ready to insure your salary?
Enroll online in ESS in Edison from Oct. 2 - Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF#DI1251.16

What is available:
STD - Two options to choose from:
- Option A: 60% of your weekly pre-disability salary; coverage starts after 14 calendar days
- Option B: 60% of your weekly pre-disability salary; coverage starts after 30 calendar days

How much you will need?
A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about 60% - 80% of their income.

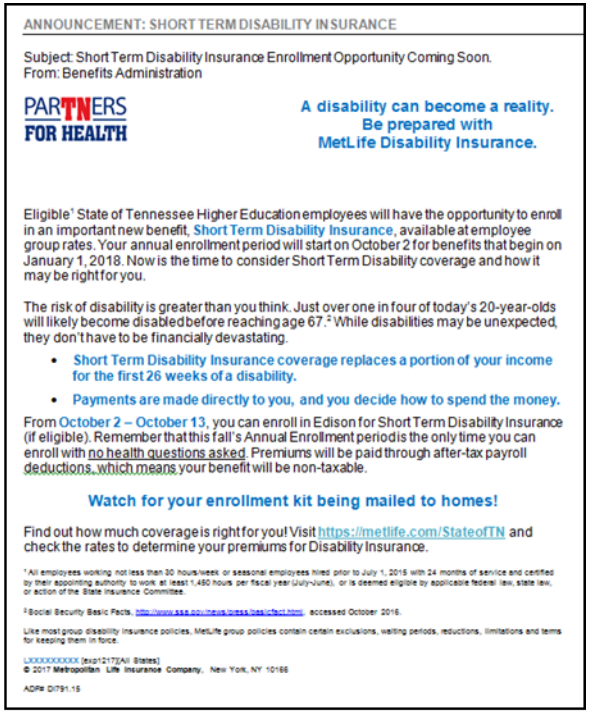
What's the right amount for you?
Learn more about Short Term Disability Insurance and use the calculator tool at https://metlife.com/StateofTN
DK Comment. Be consistent with capitals in the web address

You can also view real-life stories, frequently asked questions and find other additional resources.

MetLife

ENROLL ONLINE IN EDISON Oct. 2 - 13, 2017

Announcement Email #2 (sent in mid-September)



ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.
From: Benefits Administration

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit, Short Term Disability Insurance, available at employee group rates. Your annual enrollment period will start on October 2 for benefits that begin on January 1, 2018. Now is the time to consider Short Term Disability coverage and how it may be right for you.

The risk of disability is greater than you think. Just over one in four of today's 20-year-olds will likely become disabled before reaching age 67.[2] While disabilities may be unexpected, they don't have to be financially devastating.

- Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.
- Payments are made directly to you, and you decide how to spend the money.

From October 2 – October 13, you can enroll in Edison for Short Term Disability Insurance (if eligible). Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Watch for your enrollment kit being mailed to homes!

Find out how much coverage is right for you! Visit https://metlife.com/StateofTN and check the rates to determine your premiums for Disability Insurance.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Basic Facts. http://www.ssa.gov/news/press/basicfact.html, accessed October 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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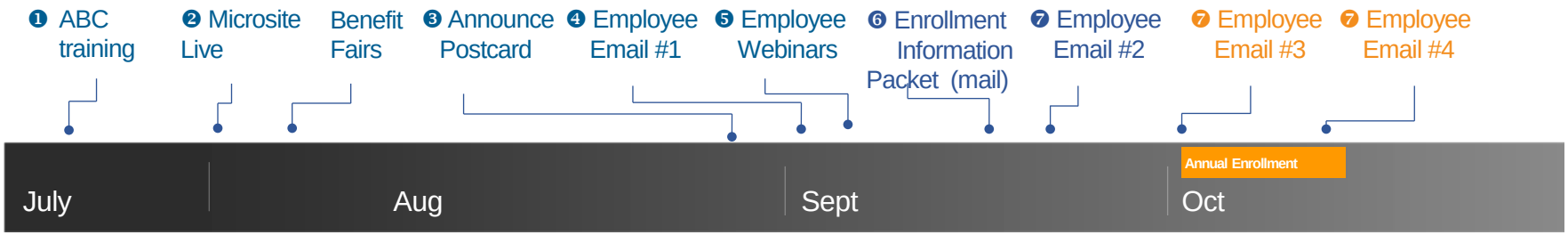
ADF# DI791.15

Communication Timeline



Employee Email #3 (sent October 2)

SHORT TERM DISABILIY INSURANCE – LAUNCH EMAIL

Subject: Short Term Disability Insurance Enrollment is here.
From: Benefits Administration

PARTNERS FOR HEALTH

Insure Your Salary With MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees now have the opportunity to enroll in Short Term Disability Insurance. If you are unable to work due to a disability, this insurance can help pay your living expenses.

Fifty-eight percent of employees report that they are worried about financial security if someone in their household loses their job or is unable to work due to a disability[2]. Disability Insurance can help provide income whether you experience a disability that lasts for a short or extended period of time.

While disabilities are typically unexpected, you can be prepared. Learn more about Short Term Disability Insurance and whether or not it might be right for you. Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked for benefits that begin January 1, 2018.

Here are some facts to consider:

- Short Term Disability Insurance replaces 60% of your income for the first 26 weeks of a disability.
- You may continue to receive benefits when you return to work on a modified basis, or for as long as you remain disabled and are unable to work, up to the maximum 26 weeks, as defined in your plan.
- You can also earn financial incentives by participating in MetLife's Rehabilitation Programs.

It's your money!

- Benefit payments are made directly to you. You decide how to spend it.

Don't worry about missing your premium payments!

- Premiums will be automatically deducted from your paycheck, making this coverage more convenient for you.

Enrollment period: October 2-13, 2017

Visit: https://metlife.com/StateofTN

Questions: Call 1-855-700-8001

Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time

Enroll in Edison ESS: October 2-13, 2017.
To learn more, visit https://metlife.com/StateofTN

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] The 14th Annual MetLife Study of Employee Benefits Trends, 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI832.15

Employee Email #4 (sent one week before enrollment ends)

SHORT TERM DISABILITY INSURANCE – REMINDER EMAIL

Subject: Opportunity to Enroll in Short Term Disability Insurance is Ending Soon.
From: Human Resources

PARTNERS FOR HEALTH

Don't miss out on this opportunity to protect your income with MetLife Disability Insurance.

Only a few days left to enroll in Disability Insurance! Let's review why this benefit is important for you:

- No one knows how long a disability may last. Make sure your income is protected during a disability with Short Term Disability Insurance.
  - Short Term Disability Insurance replaces 60% of your income for up to 26 weeks of a disability.
  - You can also take advantage of MetLife's Rehabilitation Programs with financial incentives.
- Monthly benefit payments are made directly to you, and you decide how to spend the money.
- This fall's Annual Enrollment period is the only time you can enroll with no health questions asked.

  You qualify for employee group rates offered through the State.

Enrollment ends on October 13, 2017
Find out if Disability Insurance is right for you today!

To learn more, visit https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

Eligible employees include all employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI833.15

HOW TO FILE A CLAIM

How to file a claim…

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available 7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online** at https://mybenefits.metlife.com/MyBenefits
- You can file a **Paper Claim** by downloading a form from https://mybenefits.metlife.com/MyBenefits. Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

  Metropolitan Insurance Company
  PO Box 14590
  Lexington, KY 40512

  Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the employee…

- **Personal Information -** name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information -** workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information -** last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information -** Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information -** the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.

MetLife

DISABILITY BENEFITS – FAQ

Insuring Your Income. Protecting Your Financial Security.

ADF# DI1289.16

What do the terms “Disabled” and “Disability” mean? How are they defined?

For Short Term Disability

“Disabled” or “Disability” means that, due to sickness, or as a direct result of accidental injury, you cannot perform the duties of your Own Job and cannot earn more than 80% of your Pre-Disability Salary.

You will need to receive Appropriate Care and Treatment from a doctor and comply with this treatment.

For a full list of FAQ’s please visit the microsite

The Value of Disability / FAQ page

What is my Pre-Disability Salary, and when is it determined?

Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.

For new hires, annual salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.

Every year there will be a benefit and premium level adjustment on September 1. If your salary has changed from the prior year, your benefit and premium will change accordingly. This adjustment will become effective on October 1.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

Am I required to enroll in the Short Term Disability plan?

No. However, if you think that enrolling in the STD plans may be an option you will consider later, be aware of the following.

If you do not enroll during the 2017 Annual Enrollment Period, you cannot enroll until the 2018 Annual Enrollment Period, except in cases of a Special Qualifying Event. During the 2018 Annual Enrollment Period, you must answer questions about your health and submit Proof of Good Health to the disability vendor to be covered.

Here are two examples that will show you how 2017 will differ from future enrollment periods:

Example 1: Employee is currently pregnant and chooses Short Term Disability Insurance during the 2017 Annual Enrollment Period. When her baby is born, she is eligible for Short Term Disability benefits

Example 2: Employee waived coverage during the 2017 Annual Enrollment Period. She now wants to enroll during a future Annual Enrollment Period and is pregnant during the Annual Enrollment Period. She would need to submit an application to the disability vendor to be reviewed for medical evidence of insurability (EOI). A question on the EOI form is 'Are you now pregnant?' Since she would answer 'yes' to this question, her EOI would be denied and therefore she would not be allowed to enroll for the Short Term Disability coverage.

For a full list of FAQ's please visit the microsite

When do Short Term Disability benefits begin and how long do they continue?

Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Short Term Disability are as follows and will depend on which plan is chosen:

- Option A: 14 calendar days;
- Option B: 30 calendar days;

The maximum benefit period is 26 weeks. Please note – because every disability is different, not every disability may last for the maximum period.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

I have "Leave" time accrued. Does this affect my Short Term Disability benefit?

Yes. You must use all of your accrued leave. This includes all sick, annual, and any compensatory leave before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment will begin after your pay from any accrued leave ends.

Every Employee's situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term Disability Insurance.

Will using days from the "Sick Leave Bank" impact my STD benefit payments?

Yes. If you withdraw days from a sick leave bank, there will not be a disability benefit paid for the number of days withdrawn since you will be receiving full pay from the sick leave bank. You will not receive pay from two different sources for your disability. Your disability payment will begin after your pay from the sick leave bank ends.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

How does Short Term Disability work with FMLA?

If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member, for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Dental or Life.

Can I receive benefits if I return to work part-time?

Yes, as long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Are there any Limitations for Pre-Existing Conditions?

No.

For a full list of FAQ's please visit the microsite

Are there any exclusions to my Short Term Disability coverage?

Yes. Short Term Disability insurance does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony;
- We will not pay any Disability caused or contributed to by elective treatment or procedures, such as:
  - Cosmetic surgery or treatment primarily to change appearance;
  - Reversal of sterilization;
  - Liposuction;
  - Visual correction surgery; and
  - In vitro fertilization, embryo transfer procedure or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a Sickness.

For a complete list of exclusions, please see the Certificate of Insurance.

For a full list of FAQ's please visit the microsite

MetLife

MetLife

Short Term Disability

State of Tennessee – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

ABC Training, July/August 2017

PARTNERS FOR HEALTH

ADF# DI1289.16

MetLife

DISABILITY BENEFITS – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

PARTNERS FOR HEALTH

ADF# DI1289.16

WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?

- **Replaces a portion of income** lost due to sickness, pregnancy or accidental injury

- Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.

- **Short Term Disability** insurance replaces a portion of your income during disability for up to 26 weeks.

LET'S ANSWER THESE QUESTIONS…

Is Disability Insurance right for me?

Disability insurance might be right for you if you…

- Are part of a single income home
- Have little or no sick leave saved up
- Don't have much in the way of savings or an emergency fund
- Participate in high-risk activities

Just over 1-in-4 of today's 20 year-olds will likely become disabled before reaching age 67[1]

The average 20 year-old is **twice as likely** to become disabled than die before age 67[1]

1 Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfact.htm.

LET'S ANSWER THESE QUESTIONS…

How is Short Term Disability Defined?

Short Term Disability (STD) is insurance designed to insure your income. For The State of Tennessee, it replaces 60% of your weekly salary, up to a maximum benefit of $2,500 per week. After satisfying either a 14 or 30 calendar day Elimination Period during the initial weeks of a disability, the benefit will pay up to a maximum duration of 26 weeks. A Member is considered Disabled, if due to an illness or accidental injury, he or she is unable to perform the duties of his or her Own Job at the State of Tennessee, and unable to earn 80% or more of his or her Pre-Disability Salary.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All full-time employees working not less than 30 hours/week or is a seasonal employee hired prior to July 1, 2015 with 24 months of service and certified by his or her appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary[1] Paid Weekly	60% paid weekly	
Maximum Weekly Benefit	$2,500	
Minimum Weekly Benefit[2]	$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks (180 days)	
Evidence of Insurability (EOI) [3]	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and New Hires who enroll within 31 days of eligibility date; EOI required for Late Enrollees and participants electing a higher plan of benefits during the 2019 Annual Enrollment period.	
Pre-Existing Condition	None	

1 For 2018 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.
2 The Minimum Monthly Benefit will not apply if You are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy.
3 Enrollment during 2018 Annual Enrollment period is guarantee issue (no health questions asked) for benefits that begin Jan 1, 2018,. After the 2018 Annual Enrollment, MetLife will review your information and evaluate your request for coverage based upon your answers to health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

SHORT TERM DISABILITY (STD) AND ACCRUED SICK LEAVE

You must use all of your accrued leave, both sick and annual, before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment from MetLife will begin after your pay from any accrued leave ends.

Example: You chose Option A for your STD policy. This means your Elimination Period is 14 calendar days. Your benefit is 60% of your gross annual base salary, and the duration of your STD benefit is 26 weeks. Now let's say that you have 20 days of accrued annual and sick leave, and your gross weekly salary is $1,250. You are approved for disability starting Monday, October 30, 2017 and you continue to meet the definition of disability for 26 weeks.

	Date Last Worked	**14 Calendar Day Elimination Period**	**Short Term Disability Benefit Start Date**	
Dates	**10/29/2017**	**10/30/2017-11/12/2017**	**11/13/2017-11/18/2017**	**11/19/2017-5/18/2018**
Work Status	**AAW**	**Short Term Disability Approved 10/30/2017-5/18/2018**		
Weekly Earnings	$1,250 per week			
Accrued Annual and Sick Leave Pay		$1,250 per week	Although the STD Benefit Start Date is 11/13/2017, the employee continues to receive 100% of pay ($1,250) received per week of accrued leave pay. No STD benefits will be paid until the accrued leave time is exhausted	(As of 11/19/2017 accrued leave pay is exhausted)
Disability Pay		The STD claim is approved starting 10/30/2017. 10/30/2017 - 11/12/2017 is the 14 calendar day elimination period. No STD benefits are payable during the elimination period.	The STD Benefit Start Date is 11/13/2017. The STD benefit is offset by the 100% of pay ($1,250) per week received through accrued leave time. Therefore, no STD benefit is paid 11/13/2017-11/18/2017	Starting 11/19/2017, the employee will receive 60% STD benefit, which is $750 per week

SHORT TERM DISABILITY (STD) PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER $100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	$1.34
Option B: 60%, 30 day elimination period	$1.08

CALCULATE YOUR MONTHLY PREMIUM FOR SHORT TERM DISABILITY

For this example, we're using an employee with a salary of $45,000 annually, selecting Option A

STEPS	EXAMPLE
1. Determine your Covered Monthly Salary *(Annual Salary[1] divided by 12.)* *If your Annual Salary exceeds $216,666.84 enter $18,055.57 as your Covered Monthly Salary.* [2]	$45,000 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750÷ 100 = **$37.50**
3. Calculate your approximate monthly premium *(Multiply your per $100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)*	$37.50 x $1.34 = **$50.25**

[1] For 2017 annual enrollment, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.

[2] The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of $2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is $18,055.57, or $216,666.84 annually. This will be the same for Option A or B

REHABILITATION PROGRAM TO ASSIST WITH RETURN TO WORK

MetLife's Rehabilitation Programs focus on helping disabled employees become employable once again. Our claim and clinical specialists will collaborate with the employer, the doctor and the employee to promote an appropriate return-to-work plan.

MetLife's specialized services vary depending on our assessment of the employee's needs. If it is determined the employee is capable, but does not participate in the Rehabilitation Program, Disability benefits may cease.

Rehabilitation Program means a program that has been approved by MetLife for the purpose of helping you return to work. It may include, but is not limited to, your participation in one or more of the following activities:

- ✓ Return to work on a modified basis with a goal of resuming employment for which you are reasonably qualified by training, education, experience and past salary;
- ✓ On-site job analysis;
- ✓ Job modification/accommodation;
- ✓ Training to improve job-seeking skills;
- ✓ Vocational assessment;
- ✓ Short-term skills enhancement;
- ✓ Vocational training; or
- ✓ Restorative therapies to improve functional capacity to return to work.

REHABILITATION INCENTIVES TO FURTHER HELP EASE YOUR BURDEN

MetLife's Short Term Disability plans are designed to provide clear advantages and financial incentives for participating in a rehabilitation program to assist with returning to work either full-time or part-time while still receiving a Disability Benefit.

Work Incentive Benefit

Lets you receive up to 100% of your predisability salary including your disability benefit, rehabilitative work salary, rehabilitation incentives and other income sources.

Rehabilitation Benefit

Boosts your benefit by up to 10% when you work within a MetLife approved rehabilitation program.

Family Care Expense Reimbursement

Get reimbursed for eligible expenses incurred for the care of each qualified family member when working or participating in a MetLife approved rehabilitation program.

Moving Expense Benefit

Provides reimbursement for your move to a different address you make as part of an approved rehabilitation program.

Two employees with an identical injury, a broken right ankle

John

40-year-old TDOT technician - requires walking 6 hours per day, lifting 10-25 lbs. frequently and 50 lbs. occasionally

John submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates John's inability to perform his job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist certifies that there is no possibility for accommodations at John's place of employment. John will be certified disabled and receive his benefits until he is able to perform his job/occ requirements safely and effectively.

Susan

38-year-old Administrative Assistant- walks occasionally to file paperwork, otherwise is seated at a desk using the phone and computer.

Susan submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates Susan's inability to perform her job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist determines the Susan's supervisor can make a job accommodation wherein another coworker will complete the walking and filing tasks for Susan while her ankle is healing. Although Susan has been diagnosed with a medical condition, the medical condition does not prevent her from being able to perform her job/occ requirements or result in any loss of income. Susan would not qualify for disability.

A medical diagnosis does not necessarily mean an inability to perform job/occupational requirements or a loss of income, especially when supervisors are willing to make accommodations. When an employee files a claim for any medical diagnosis, the case specialist's focus will be determining whether the diagnosis prevents an ability to perform job/occupational requirements or results in a loss of income.

STATE OF TENNESSEE OFFERS STD INSURANCE COVERAGE

Annual Enrollment Period

As an important benefit offering with the State of Tennessee, eligible employees may enroll for MetLife's STD insurance coverage with **no health questions** if enrolled during the annual enrollment period, October 2 – 13, 2017.

IT'S EASY TO TAKE THE FIRST STEP

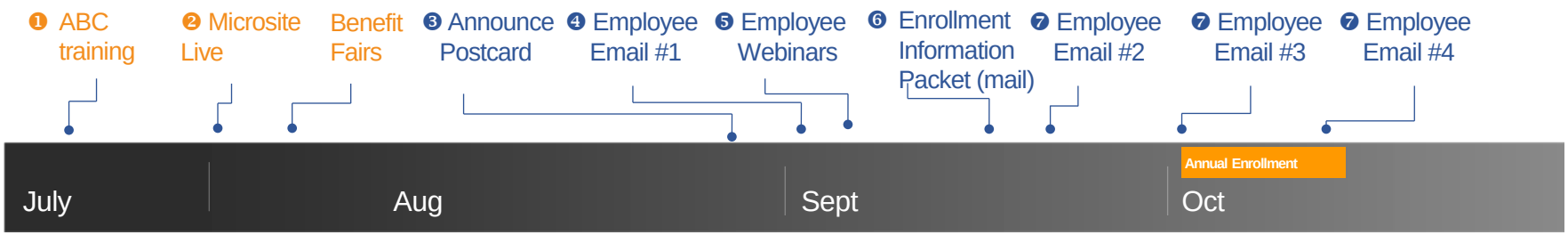
1. Enroll online in ESS in Edison with no health questions during your enrollment period, October 2 – 13, 2017

2. Effective Date – January 1, 2018

3. For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri or visit https://metlife.com/StateofTN

4. Online tools and educational materials can be found on the State of TN microsite https://metlife.com/StateofTN

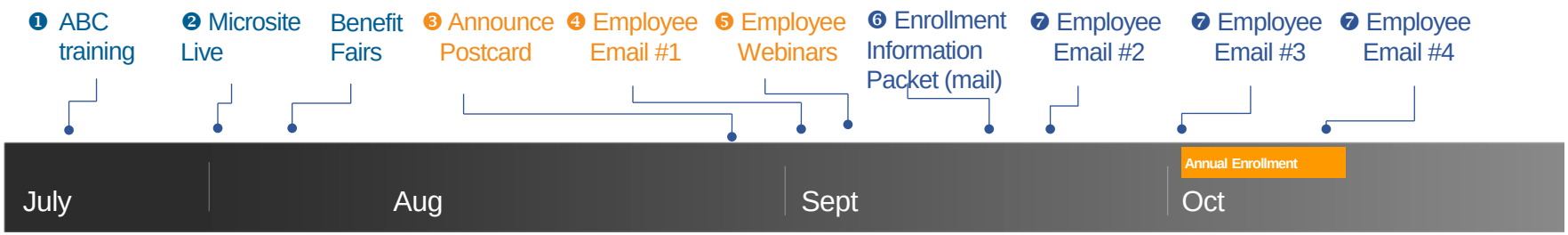
Communication Timeline



Microsite (will be live August 1, 2017)

Acts as a repository for employees to access all Disability materials created (plan overviews, case studies, FAQs, rates and calculator, coordination with Leave and Sick Bank, how to file a claim, etc.).

Communication Timeline



Announcement Postcard (mailed mid to late August)

65% of working Americans say they could not cover normal living expenses even for a year if their employment income was lost.[1]

Protect your income.

Coming Fall 2017: New Disability Insurance from MetLife

PARTNERS FOR HEALTH

ADF#DI1256.16

Announcement Email #1 (sent in early September)

ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit: **Short Term Disability Insurance, effective January 1, 2018.**

Eligible employees can enroll this fall in Edison during the fall Annual Enrollment period, and during this time only, they can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Why is having Disability insurance important?
While many people think that disabilities are typically caused by accidents, the majority of long-term absences are actually due to illness. Did you know that the average 20-year-old is twice as likely to become disabled than die before age 67?[2]

- **Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.**
- **Payments are made directly to you, and you decide how to spend the money.**

From October 2-October 13, you can enroll in Short Term Disability Insurance to protect your income during a disability.

Watch your email for more information!

Learn more by visiting https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

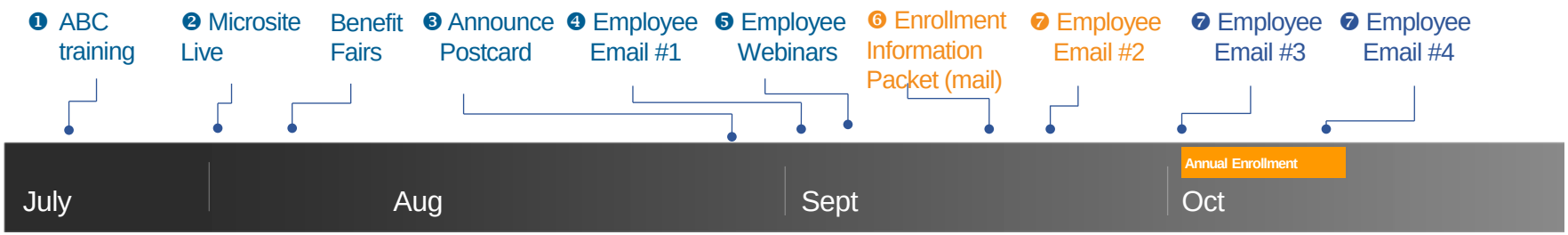
[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfacts.htm

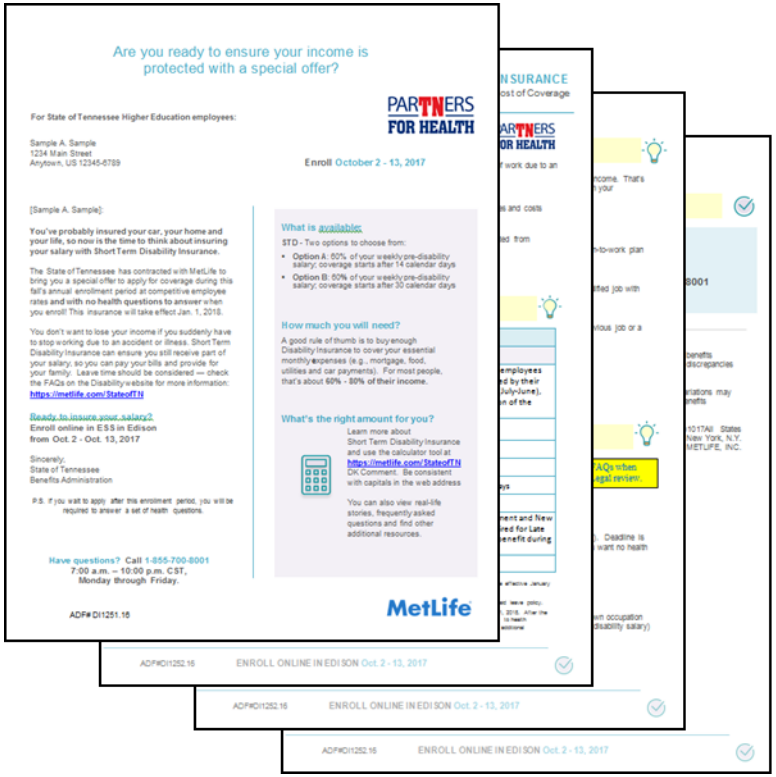
Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.
LXXXXXXXXX [exp1217][All States]
© 2017 Metropolitan Life Insurance Company, New York, NY 10166

ADF# DI791.15

Communication Timeline



Enrollment Information Packet (mailed early September)



Are you ready to ensure your income is protected with a special offer?

PARTNERS FOR HEALTH

For State of Tennessee Higher Education employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789

Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you a special offer to apply for coverage during this fall's annual enrollment period at competitive employee rates and with no health questions to answer when you enroll! This insurance will take effect Jan. 1, 2018.

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term Disability Insurance can ensure you still receive part of your salary, so you can pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability website for more information: https://metlife.com/StateofTN

Ready to insure your salary?
Enroll online in ESS in Edison from Oct. 2 - Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF#DI1251.16

What is available:
STD - Two options to choose from:
- Option A: 60% of your weekly pre-disability salary; coverage starts after 14 calendar days
- Option B: 60% of your weekly pre-disability salary; coverage starts after 30 calendar days

How much you will need?
A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about 60% - 80% of their income.

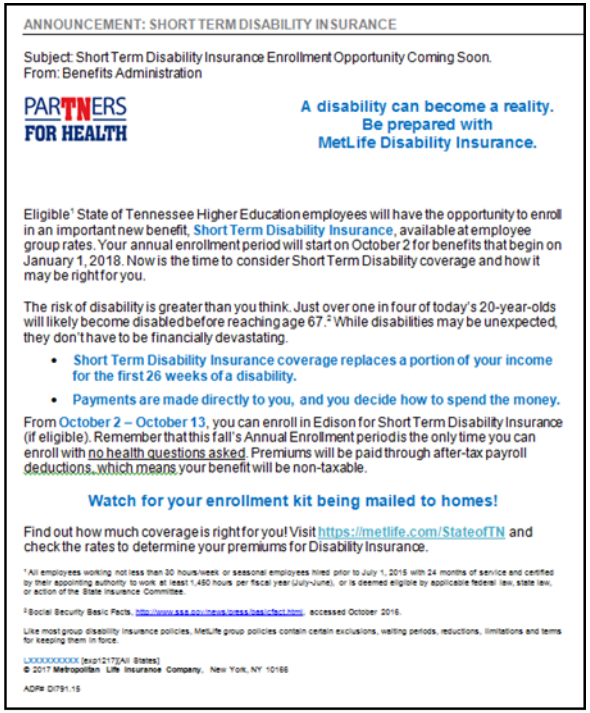
What's the right amount for you?
Learn more about Short Term Disability Insurance and use the calculator tool at https://metlife.com/StateofTN
DK Comment. Be consistent with capitals in the web address

You can also view real-life stories, frequently asked questions and find other additional resources.

MetLife

ENROLL ONLINE IN EDISON Oct. 2 - 13, 2017

Announcement Email #2 (sent in mid-September)



ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.
From: Benefits Administration

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit, Short Term Disability Insurance, available at employee group rates. Your annual enrollment period will start on October 2 for benefits that begin on January 1, 2018. Now is the time to consider Short Term Disability coverage and how it may be right for you.

The risk of disability is greater than you think. Just over one in four of today's 20-year-olds will likely become disabled before reaching age 67.[2] While disabilities may be unexpected, they don't have to be financially devastating.

- Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.
- Payments are made directly to you, and you decide how to spend the money.

From October 2 – October 13, you can enroll in Edison for Short Term Disability Insurance (if eligible). Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Watch for your enrollment kit being mailed to homes!

Find out how much coverage is right for you! Visit https://metlife.com/StateofTN and check the rates to determine your premiums for Disability Insurance.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Basic Facts. http://www.ssa.gov/news/press/basicfact.html, accessed October 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXXX [exp1217][All States]
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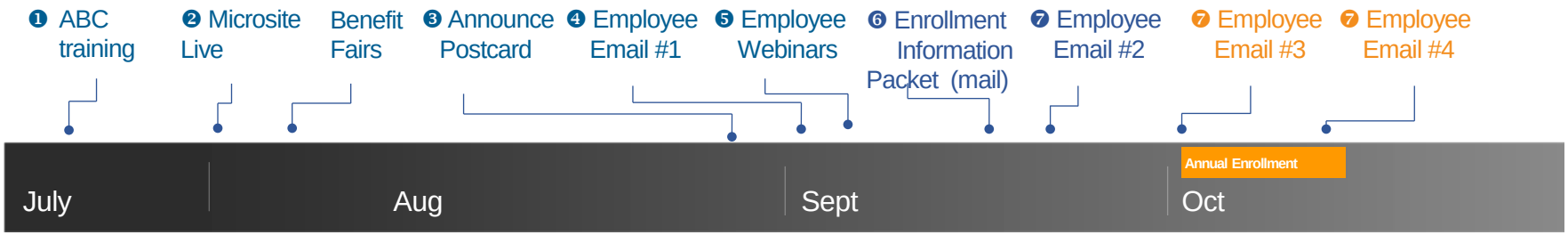
ADF# DI791.15

Communication Timeline



Employee Email #3 (sent October 2)

SHORT TERM DISABILIY INSURANCE – LAUNCH EMAIL

Subject: Short Term Disability Insurance Enrollment is here.
From: Benefits Administration

PARTNERS FOR HEALTH

Insure Your Salary With MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees now have the opportunity to enroll in Short Term Disability Insurance. If you are unable to work due to a disability, this insurance can help pay your living expenses.

Fifty-eight percent of employees report that they are worried about financial security if someone in their household loses their job or is unable to work due to a disability[2]. Disability Insurance can help provide income whether you experience a disability that lasts for a short or extended period of time.

While disabilities are typically unexpected, you can be prepared. Learn more about Short Term Disability Insurance and whether or not it might be right for you. Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked for benefits that begin January 1, 2018.

Here are some facts to consider:

- Short Term Disability Insurance replaces 60% of your income for the first 26 weeks of a disability.
- You may continue to receive benefits when you return to work on a modified basis, or for as long as you remain disabled and are unable to work, up to the maximum 26 weeks, as defined in your plan.
- You can also earn financial incentives by participating in MetLife's Rehabilitation Programs.

It's your money!

- Benefit payments are made directly to you. You decide how to spend it.

Don't worry about missing your premium payments!

- Premiums will be automatically deducted from your paycheck, making this coverage more convenient for you.

Enrollment period: October 2-13, 2017

Visit: https://metlife.com/StateofTN

Questions: Call 1-855-700-8001

Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time

Enroll in Edison ESS: October 2-13, 2017.
To learn more, visit https://metlife.com/StateofTN

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] The 14th Annual MetLife Study of Employee Benefits Trends, 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI832.15

Employee Email #4 (sent one week before enrollment ends)

SHORT TERM DISABILITY INSURANCE – REMINDER EMAIL

Subject: Opportunity to Enroll in Short Term Disability Insurance is Ending Soon.
From: Human Resources

PARTNERS FOR HEALTH

Don't miss out on this opportunity to protect your income with MetLife Disability Insurance.

Only a few days left to enroll in Disability Insurance! Let's review why this benefit is important for you:

- No one knows how long a disability may last. Make sure your income is protected during a disability with Short Term Disability Insurance.
  - Short Term Disability Insurance replaces 60% of your income for up to 26 weeks of a disability.
  - You can also take advantage of MetLife's Rehabilitation Programs with financial incentives.
- Monthly benefit payments are made directly to you, and you decide how to spend the money.
- This fall's Annual Enrollment period is the only time you can enroll with no health questions asked.

  You qualify for employee group rates offered through the State.

Enrollment ends on October 13, 2017
Find out if Disability Insurance is right for you today!

To learn more, visit https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

Eligible employees include all employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI833.15

HOW TO FILE A CLAIM

How to file a claim…

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available 7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online** at https://mybenefits.metlife.com/MyBenefits
- You can file a **Paper Claim** by downloading a form from https://mybenefits.metlife.com/MyBenefits. Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

  Metropolitan Insurance Company
  PO Box 14590
  Lexington, KY 40512

  Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the employee…

- **Personal Information -** name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information -** workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information -** last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information -** Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information -** the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.

MetLife

DISABILITY BENEFITS – FAQ

Insuring Your Income. Protecting Your Financial Security.

ADF# DI1289.16

What do the terms “Disabled” and “Disability” mean? How are they defined?

For Short Term Disability

“Disabled” or “Disability” means that, due to sickness, or as a direct result of accidental injury, you cannot perform the duties of your Own Job and cannot earn more than 80% of your Pre-Disability Salary.

You will need to receive Appropriate Care and Treatment from a doctor and comply with this treatment.

For a full list of FAQ’s please visit the microsite

The Value of Disability / FAQ page

What is my Pre-Disability Salary, and when is it determined?

Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.

For new hires, annual salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.

Every year there will be a benefit and premium level adjustment on September 1. If your salary has changed from the prior year, your benefit and premium will change accordingly. This adjustment will become effective on October 1.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

Am I required to enroll in the Short Term Disability plan?

No. However, if you think that enrolling in the STD plans may be an option you will consider later, be aware of the following.

If you do not enroll during the 2017 Annual Enrollment Period, you cannot enroll until the 2018 Annual Enrollment Period, except in cases of a Special Qualifying Event. During the 2018 Annual Enrollment Period, you must answer questions about your health and submit Proof of Good Health to the disability vendor to be covered.

Here are two examples that will show you how 2017 will differ from future enrollment periods:

Example 1: Employee is currently pregnant and chooses Short Term Disability Insurance during the 2017 Annual Enrollment Period. When her baby is born, she is eligible for Short Term Disability benefits

Example 2: Employee waived coverage during the 2017 Annual Enrollment Period. She now wants to enroll during a future Annual Enrollment Period and is pregnant during the Annual Enrollment Period. She would need to submit an application to the disability vendor to be reviewed for medical evidence of insurability (EOI). A question on the EOI form is 'Are you now pregnant?' Since she would answer 'yes' to this question, her EOI would be denied and therefore she would not be allowed to enroll for the Short Term Disability coverage.

For a full list of FAQ's please visit the microsite

When do Short Term Disability benefits begin and how long do they continue?

Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Short Term Disability are as follows and will depend on which plan is chosen:

- Option A: 14 calendar days;
- Option B: 30 calendar days;

The maximum benefit period is 26 weeks. Please note – because every disability is different, not every disability may last for the maximum period.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

I have "Leave" time accrued. Does this affect my Short Term Disability benefit?

Yes. You must use all of your accrued leave. This includes all sick, annual, and any compensatory leave before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment will begin after your pay from any accrued leave ends.

Every Employee's situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term Disability Insurance.

Will using days from the "Sick Leave Bank" impact my STD benefit payments?

Yes. If you withdraw days from a sick leave bank, there will not be a disability benefit paid for the number of days withdrawn since you will be receiving full pay from the sick leave bank. You will not receive pay from two different sources for your disability. Your disability payment will begin after your pay from the sick leave bank ends.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

How does Short Term Disability work with FMLA?

If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member, for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Dental or Life.

Can I receive benefits if I return to work part-time?

Yes, as long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Are there any Limitations for Pre-Existing Conditions?

No.

For a full list of FAQ's please visit the microsite

Are there any exclusions to my Short Term Disability coverage?

Yes. Short Term Disability insurance does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony;
- We will not pay any Disability caused or contributed to by elective treatment or procedures, such as:
  - Cosmetic surgery or treatment primarily to change appearance;
  - Reversal of sterilization;
  - Liposuction;
  - Visual correction surgery; and
  - In vitro fertilization, embryo transfer procedure or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a Sickness.

For a complete list of exclusions, please see the Certificate of Insurance.

For a full list of FAQ's please visit the microsite

MetLife

August 4, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Decision Guide Order Form

The form for ABCs to order extra Decision Guides is available, here, at the top of the ABC webpage. Remember, all eligible employees will get a guide in the mail prior to annual enrollment. You should order guides for any new hires you will have from September through December 2017. Go ahead and submit your form as soon as you can. We will take it off the ABC page on August 31, 2017.

ABC Annual Trainings - Higher Ed

Today is the last day to register. If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSdVHh2USnFouOsZJMUr6XD1XZUhRnXFzpMuW3a34AfIEzs_eQ/viewform?c=0&w=1

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Thursday, August 10, or one of our regional trainings. Please see the attached list for the locations of all trainings. *Please note address changes at the Knoxville and Jackson locations. Due to the size of our group, the Murfreesboro location may change as well.

We will email all registered participants with more details as we get closer to the date.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

ABC Annual Trainings - State

Today is the last day to register. If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSfQuz-M0A42rgFC0K5_uD6bPO2w1TkRZaDPqSM0g4xtEM9eKg/viewform?c=0&w=1

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August.

This year, you may choose to attend the training in Nashville on Friday, August 11, or one of our regional trainings. Please see the attached list for the locations of all trainings. *Please note address changes at the Knoxville and Jackson locations. Due to the size of our group, the Murfreesboro location may change as well.

We will email all registered participants with more details as we get closer to the date.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

ABC Annual Trainings - Local Education

Today is the last day to register. If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLSczk92J_nc_SJy3TA2ezv8Yu1XNgEG5g_U55PZar-74PoQucA/viewform?c=0&w=1

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings. *Please note address changes at the Knoxville and Jackson locations. Due to the size of our group, the Murfreesboro location may change as well.

We will email all registered participants with more details as we get closer to the date.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

ABC Annual Trainings - Local Government

Today is the last day to register. If you plan to attend, please register below for the location that best fits your schedule:

https://docs.google.com/forms/d/e/1FAIpQLScirKuqnhhgJwJBH1AY6ZP-tDv-0GFpKLmw7XCJhi3yo-ODOQ/viewform?c=0&w=1

Whether you are the primary or a backup agency benefits coordinator, we hope you can join us for our annual ABC training in August. Please see the attached list for the locations of all trainings. *Please note address changes at the Knoxville and Jackson locations. Due to the size of our group, the Murfreesboro location may change as well.

We will email all registered participants with more details as we get closer to the date.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

ABC Disability Training Higher Ed

Higher Education employees will be able to enroll in short term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, provided training for primary and back-up agency benefits coordinators on the state's new short term disability insurance plan.

The presentation, along with some FAQs from the sessions, is attached.

The MetLife Disability website is now live so feel free to explore it. Learn more by visiting **https://metlife.com/StateofTN**

ABC Disability Training State

State employees will be able to enroll in short and long term disability insurance during the Annual Enrollment period this fall. MetLife, our vendor, provided training for primary and back up agency benefits coordinators on the state's new disability insurance plans.

The presentation is attached. We will have additional FAQs in later emails.

The MetLife Disability website is now live so feel free to explore it. Learn more by visiting **https://metlife.com/StateofTN**

OPEB Reporting Requirement - Local Education

Other Post Employment Benefits (or OPEB) are benefits (other than pensions) that U.S. state and local governments provide to their retired employees. The Government Standard Accounting Board (GASB) requires that U.S. state and local governments evaluate and report every two (2) years on the financial effects of employers' commitments and actions related to OPEB. The state contracts with an actuarial consulting firm to calculate these obligations for the local education agencies.

Benefits Administration's Program Integrity Group will be sending an email to all primary local education agency benefits coordinators **on August 11th** to facilitate the collection of the needed information. We will be requesting the service requirements and amount

your agency contributes toward retiree premiums. There will be a form and instructions attached which must be completed and returned by **September 1, 2017.**

OPEB Reporting Requirement – Local Government

Other Post Employment Benefits (or OPEB) are benefits (other than pensions) that U.S. state and local governments provide to their retired employees. The Government Standard Accounting Board (GASB) requires that U.S. state and local governments evaluate and report every two (2) years on the financial effects of employers' commitments and actions related to OPEB. The state contracts with an actuarial consulting firm to calculate these obligations for the local government agencies.

Benefits Administration's Program Integrity Group will be sending an email to all primary local government agency benefits coordinators **on August 11th** to facilitate the collection of the needed information. We will be requesting the service requirements and amount your agency contributes toward retiree premiums. There will be a form and instructions attached which must be completed and returned by **September 1, 2017.**

Updated Vendor Contact List - Vision

Attached is an updated Vendor Contact List that is also posted on the **ABC webpage under Conference Call Notes.** The revised list includes contact information for Davis Vision, the new 2018 voluntary vision vendor. These contacts can assist with member materials and/or for vendor representatives to participate in your benefits fairs.

Attachments: Higher Ed Meeting Schedule
Local Ed Meeting Schedule
Local Gov Meeting Schedule
State Meeting Schedule
Higher Ed Disability Presentation
State Disability Presentation
Vendor List

2017 In-Person ABC Meeting Schedule

Local Government

Meeting Location	Date of Meeting	Time
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

Local Education

Meeting Location	Date of Meeting	Time
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
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2017 In-Person ABC Meeting Schedule

Local Government

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MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

State

Meeting Location	Date of Meeting	Time
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	August 11	8:30 – 4:00 Central
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
MTSU Training Center Sam Ingram Building 2269 Middle Tennessee Blvd. Murfreesboro, TN 37132	August 29	8:30 – 4:00 Central

MetLife

Short Term Disability

State of Tennessee – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

ABC Training, July/August 2017

PARTNERS FOR HEALTH

ADF# DI1289.16

MetLife

DISABILITY BENEFITS – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

PARTNERS FOR HEALTH

ADF# DI1289.16

WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?

- **Replaces a portion of income** lost due to sickness, pregnancy or accidental injury

- Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.

- **Short Term Disability** insurance replaces a portion of your income during disability for up to 26 weeks.

LET'S ANSWER THESE QUESTIONS…

Is Disability Insurance right for me?

Disability insurance might be right for you if you…

- Are part of a single income home
- Have little or no sick leave saved up
- Don't have much in the way of savings or an emergency fund
- Participate in high-risk activities

Just over 1-in-4 of today's 20 year-olds will likely become disabled before reaching age 67[1]

The average 20 year-old is **twice as likely** to become disabled than die before age 67[1]

1 Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfact.htm.

LET'S ANSWER THESE QUESTIONS…

How is Short Term Disability Defined?

Short Term Disability (STD) is insurance designed to insure your income. For The State of Tennessee, it replaces 60% of your weekly salary, up to a maximum benefit of $2,500 per week. After satisfying either a 14 or 30 calendar day Elimination Period during the initial weeks of a disability, the benefit will pay up to a maximum duration of 26 weeks. A Member is considered Disabled, if due to an illness or accidental injury, he or she is unable to perform the duties of his or her Own Job at the State of Tennessee, and unable to earn 80% or more of his or her Pre-Disability Salary.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All full-time employees working not less than 30 hours/week or is a seasonal employee hired prior to July 1, 2015 with 24 months of service and certified by his or her appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary[1] Paid Weekly	60% paid weekly	
Maximum Weekly Benefit	$2,500	
Minimum Weekly Benefit[2]	$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks (180 days)	
Evidence of Insurability (EOI) [3]	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and New Hires who enroll within 31 days of eligibility date; EOI required for Late Enrollees and participants electing a higher plan of benefits during the 2019 Annual Enrollment period.	
Pre-Existing Condition	None	

1 For 2018 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.
2 The Minimum Monthly Benefit will not apply if You are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy.
3 Enrollment during 2018 Annual Enrollment period is guarantee issue (no health questions asked) for benefits that begin Jan 1, 2018,. After the 2018 Annual Enrollment, MetLife will review your information and evaluate your request for coverage based upon your answers to health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

SHORT TERM DISABILITY (STD) AND ACCRUED SICK LEAVE

You must use all of your accrued leave, both sick and annual, before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment from MetLife will begin after your pay from any accrued leave ends.

Example: You chose Option A for your STD policy. This means your Elimination Period is 14 calendar days. Your benefit is 60% of your gross annual base salary, and the duration of your STD benefit is 26 weeks. Now let's say that you have 20 days of accrued annual and sick leave, and your gross weekly salary is $1,250. You are approved for disability starting Monday, October 30, 2017 and you continue to meet the definition of disability for 26 weeks.

	Date Last Worked	**14 Calendar Day Elimination Period**	**Short Term Disability Benefit Start Date**	
Dates	**10/29/2017**	**10/30/2017-11/12/2017**	**11/13/2017-11/18/2017**	**11/19/2017-5/18/2018**
Work Status	**AAW**	**Short Term Disability Approved 10/30/2017-5/18/2018**		
Weekly Earnings	$1,250 per week			
Accrued Annual and Sick Leave Pay		$1,250 per week	Although the STD Benefit Start Date is 11/13/2017, the employee continues to receive 100% of pay ($1,250) received per week of accrued leave pay. No STD benefits will be paid until the accrued leave time is exhausted	(As of 11/19/2017 accrued leave pay is exhausted)
Disability Pay		The STD claim is approved starting 10/30/2017. 10/30/2017 - 11/12/2017 is the 14 calendar day elimination period. No STD benefits are payable during the elimination period.	The STD Benefit Start Date is 11/13/2017. The STD benefit is offset by the 100% of pay ($1,250) per week received through accrued leave time. Therefore, no STD benefit is paid 11/13/2017-11/18/2017	Starting 11/19/2017, the employee will receive 60% STD benefit, which is $750 per week

SHORT TERM DISABILITY (STD) PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER $100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	$1.34
Option B: 60%, 30 day elimination period	$1.08

CALCULATE YOUR MONTHLY PREMIUM FOR SHORT TERM DISABILITY

For this example, we're using an employee with a salary of $45,000 annually, selecting Option A

STEPS	EXAMPLE
1. Determine your Covered Monthly Salary *(Annual Salary[1] divided by 12.)* *If your Annual Salary exceeds $216,666.84 enter $18,055.57 as your Covered Monthly Salary.* [2]	$45,000 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750÷ 100 = **$37.50**
3. Calculate your approximate monthly premium *(Multiply your per $100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)*	$37.50 x $1.34 = **$50.25**

[1] For 2017 annual enrollment, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.

[2] The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of $2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is $18,055.57, or $216,666.84 annually. This will be the same for Option A or B

REHABILITATION PROGRAM TO ASSIST WITH RETURN TO WORK

MetLife's Rehabilitation Programs focus on helping disabled employees become employable once again. Our claim and clinical specialists will collaborate with the employer, the doctor and the employee to promote an appropriate return-to-work plan.

MetLife's specialized services vary depending on our assessment of the employee's needs. If it is determined the employee is capable, but does not participate in the Rehabilitation Program, Disability benefits may cease.

Rehabilitation Program means a program that has been approved by MetLife for the purpose of helping you return to work. It may include, but is not limited to, your participation in one or more of the following activities:

- ✓ Return to work on a modified basis with a goal of resuming employment for which you are reasonably qualified by training, education, experience and past salary;
- ✓ On-site job analysis;
- ✓ Job modification/accommodation;
- ✓ Training to improve job-seeking skills;
- ✓ Vocational assessment;
- ✓ Short-term skills enhancement;
- ✓ Vocational training; or
- ✓ Restorative therapies to improve functional capacity to return to work.

REHABILITATION INCENTIVES TO FURTHER HELP EASE YOUR BURDEN

MetLife's Short Term Disability plans are designed to provide clear advantages and financial incentives for participating in a rehabilitation program to assist with returning to work either full-time or part-time while still receiving a Disability Benefit.

Work Incentive Benefit

Lets you receive up to 100% of your predisability salary including your disability benefit, rehabilitative work salary, rehabilitation incentives and other income sources.

Rehabilitation Benefit

Boosts your benefit by up to 10% when you work within a MetLife approved rehabilitation program.

Family Care Expense Reimbursement

Get reimbursed for eligible expenses incurred for the care of each qualified family member when working or participating in a MetLife approved rehabilitation program.

Moving Expense Benefit

Provides reimbursement for your move to a different address you make as part of an approved rehabilitation program.

Two employees with an identical injury, a broken right ankle

John

40-year-old TDOT technician - requires walking 6 hours per day, lifting 10-25 lbs. frequently and 50 lbs. occasionally

John submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates John's inability to perform his job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist certifies that there is no possibility for accommodations at John's place of employment. John will be certified disabled and receive his benefits until he is able to perform his job/occ requirements safely and effectively.

Susan

38-year-old Administrative Assistant- walks occasionally to file paperwork, otherwise is seated at a desk using the phone and computer.

Susan submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates Susan's inability to perform her job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist determines the Susan's supervisor can make a job accommodation wherein another coworker will complete the walking and filing tasks for Susan while her ankle is healing. Although Susan has been diagnosed with a medical condition, the medical condition does not prevent her from being able to perform her job/occ requirements or result in any loss of income. Susan would not qualify for disability.

A medical diagnosis does not necessarily mean an inability to perform job/occupational requirements or a loss of income, especially when supervisors are willing to make accommodations. When an employee files a claim for any medical diagnosis, the case specialist's focus will be determining whether the diagnosis prevents an ability to perform job/occupational requirements or results in a loss of income.

STATE OF TENNESSEE OFFERS STD INSURANCE COVERAGE

Annual Enrollment Period

As an important benefit offering with the State of Tennessee, eligible employees may enroll for MetLife's STD insurance coverage with **no health questions** if enrolled during the annual enrollment period, October 2 – 13, 2017.

IT'S EASY TO TAKE THE FIRST STEP

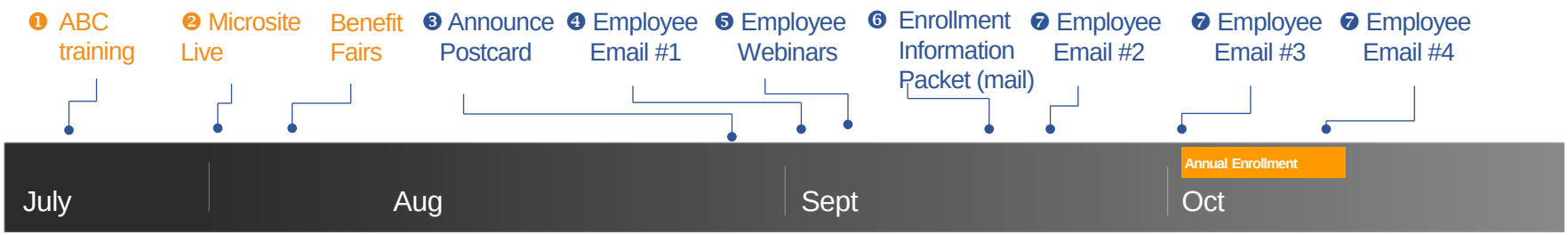
1. Enroll online in ESS in Edison with no health questions during your enrollment period, October 2 – 13, 2017

2. Effective Date – January 1, 2018

3. For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri or visit https://metlife.com/StateofTN

4. Online tools and educational materials can be found on the State of TN microsite https://metlife.com/StateofTN

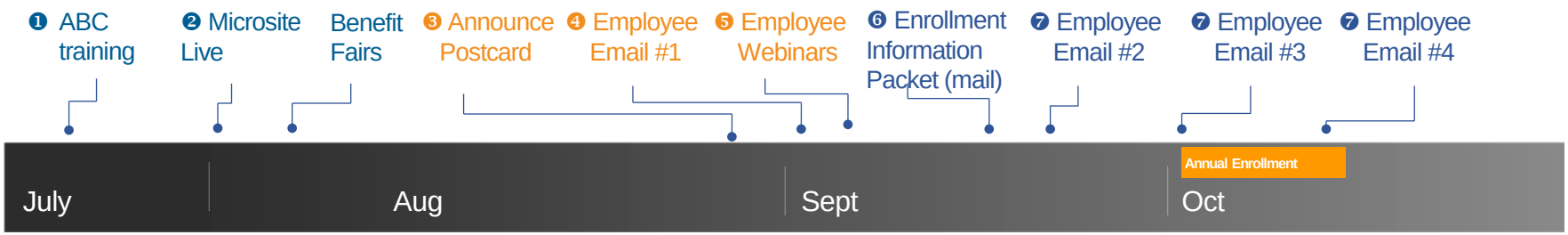
Communication Timeline



Microsite (will be live August 1, 2017)

Acts as a repository for employees to access all Disability materials created (plan overviews, case studies, FAQs, rates and calculator, coordination with Leave and Sick Bank, how to file a claim, etc.).

Communication Timeline



Announcement Postcard (mailed mid to late August)

65% of working Americans say they could not cover normal living expenses even for a year if their employment income was lost.[1]

Protect your income.

Coming Fall 2017: New Disability Insurance from MetLife

PARTNERS FOR HEALTH

ADF#DI1256.16

Announcement Email #1 (sent in early September)

ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit: **Short Term Disability Insurance, effective January 1, 2018.**

Eligible employees can enroll this fall in Edison during the fall Annual Enrollment period, and during this time only, they can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Why is having Disability insurance important?
While many people think that disabilities are typically caused by accidents, the majority of long-term absences are actually due to illness. Did you know that the average 20-year-old is twice as likely to become disabled than die before age 67?[2]

- **Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.**
- **Payments are made directly to you, and you decide how to spend the money.**

From October 2-October 13, you can enroll in Short Term Disability Insurance to protect your income during a disability.

Watch your email for more information!

Learn more by visiting https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfacts.htm

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.
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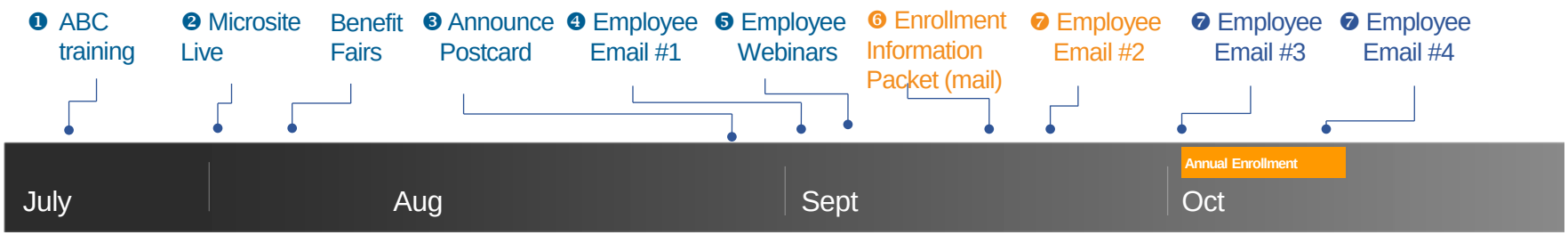
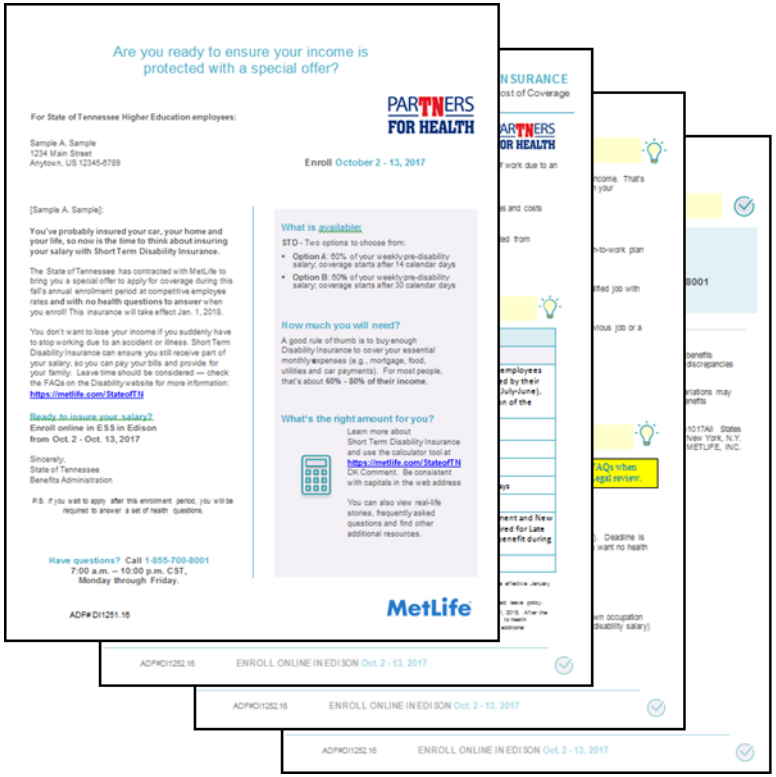
ADF# DI791.15

Communication Timeline



Enrollment Information Packet (mailed early September)



Are you ready to ensure your income is protected with a special offer?

PARTNERS FOR HEALTH

For State of Tennessee Higher Education employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789

Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you a special offer to apply for coverage during this fall's annual enrollment period at competitive employee rates and with no health questions to answer when you enroll! This insurance will take effect Jan. 1, 2018.

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term Disability Insurance can ensure you still receive part of your salary, so you can pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability website for more information: https://metlife.com/StateofTN

Ready to insure your salary?
Enroll online in ESS in Edison from Oct. 2 - Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF#DI1251.16

What is available:
STD - Two options to choose from:
- Option A: 60% of your weekly pre-disability salary; coverage starts after 14 calendar days
- Option B: 60% of your weekly pre-disability salary; coverage starts after 30 calendar days

How much you will need?
A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about 60% - 80% of their income.

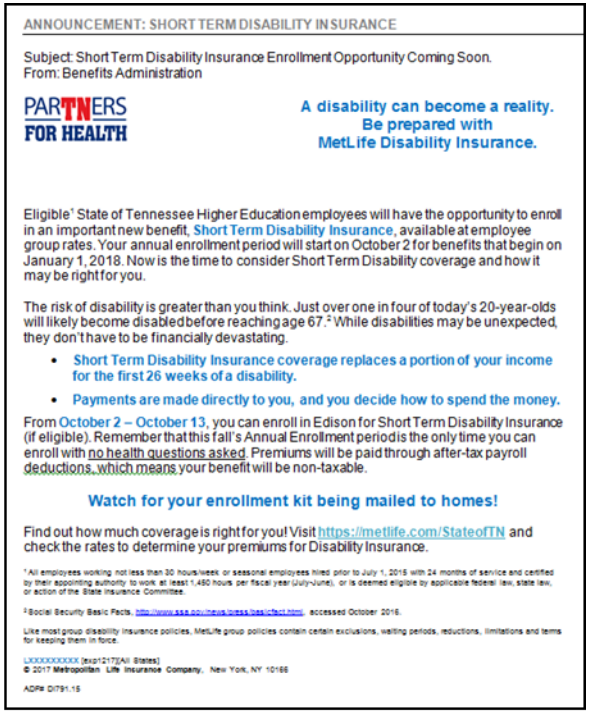
What's the right amount for you?
Learn more about Short Term Disability Insurance and use the calculator tool at https://metlife.com/StateofTN
DK Comment. Be consistent with capitals in the web address

You can also view real-life stories, frequently asked questions and find other additional resources.

MetLife

ENROLL ONLINE IN EDISON Oct. 2 - 13, 2017

Announcement Email #2 (sent in mid-September)



ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.
From: Benefits Administration

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit, Short Term Disability Insurance, available at employee group rates. Your annual enrollment period will start on October 2 for benefits that begin on January 1, 2018. Now is the time to consider Short Term Disability coverage and how it may be right for you.

The risk of disability is greater than you think. Just over one in four of today's 20-year-olds will likely become disabled before reaching age 67.[2] While disabilities may be unexpected, they don't have to be financially devastating.

- Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.
- Payments are made directly to you, and you decide how to spend the money.

From October 2 – October 13, you can enroll in Edison for Short Term Disability Insurance (if eligible). Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Watch for your enrollment kit being mailed to homes!

Find out how much coverage is right for you! Visit https://metlife.com/StateofTN and check the rates to determine your premiums for Disability Insurance.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Basic Facts. http://www.ssa.gov/news/press/basicfact.html, accessed October 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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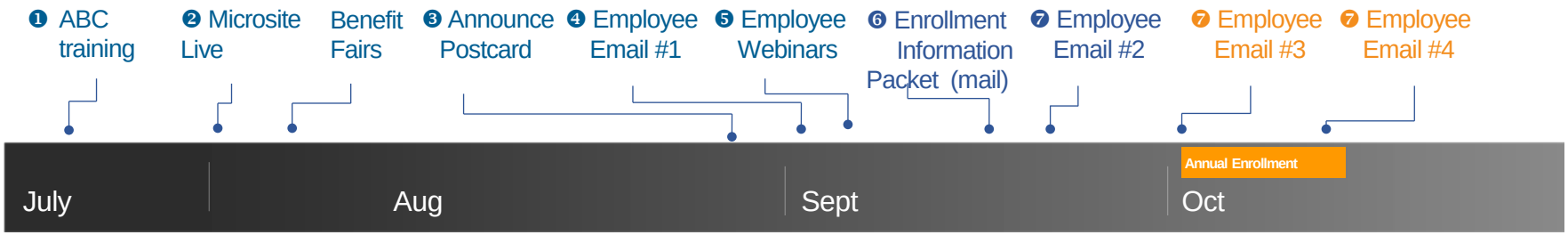
ADF# DI791.15

Communication Timeline



Employee Email #3 (sent October 2)

SHORT TERM DISABILIY INSURANCE – LAUNCH EMAIL

Subject: Short Term Disability Insurance Enrollment is here.
From: Benefits Administration

PARTNERS FOR HEALTH

Insure Your Salary With MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees now have the opportunity to enroll in Short Term Disability Insurance. If you are unable to work due to a disability, this insurance can help pay your living expenses.

Fifty-eight percent of employees report that they are worried about financial security if someone in their household loses their job or is unable to work due to a disability[2]. Disability Insurance can help provide income whether you experience a disability that lasts for a short or extended period of time.

While disabilities are typically unexpected, you can be prepared. Learn more about Short Term Disability Insurance and whether or not it might be right for you. Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked for benefits that begin January 1, 2018.

Here are some facts to consider:

- Short Term Disability Insurance replaces 60% of your income for the first 26 weeks of a disability.
- You may continue to receive benefits when you return to work on a modified basis, or for as long as you remain disabled and are unable to work, up to the maximum 26 weeks, as defined in your plan.
- You can also earn financial incentives by participating in MetLife's Rehabilitation Programs.

It's your money!

- Benefit payments are made directly to you. You decide how to spend it.

Don't worry about missing your premium payments!

- Premiums will be automatically deducted from your paycheck, making this coverage more convenient for you.

Enrollment period: October 2-13, 2017

Visit: https://metlife.com/StateofTN

Questions: Call 1-855-700-8001

Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time

Enroll in Edison ESS: October 2-13, 2017.
To learn more, visit https://metlife.com/StateofTN

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] The 14th Annual MetLife Study of Employee Benefits Trends, 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI832.15

Employee Email #4 (sent one week before enrollment ends)

SHORT TERM DISABILITY INSURANCE – REMINDER EMAIL

Subject: Opportunity to Enroll in Short Term Disability Insurance is Ending Soon.
From: Human Resources

PARTNERS FOR HEALTH

Don't miss out on this opportunity to protect your income with MetLife Disability Insurance.

Only a few days left to enroll in Disability Insurance! Let's review why this benefit is important for you:

- No one knows how long a disability may last. Make sure your income is protected during a disability with Short Term Disability Insurance.
  - Short Term Disability Insurance replaces 60% of your income for up to 26 weeks of a disability.
  - You can also take advantage of MetLife's Rehabilitation Programs with financial incentives.
- Monthly benefit payments are made directly to you, and you decide how to spend the money.
- This fall's Annual Enrollment period is the only time you can enroll with no health questions asked.

  You qualify for employee group rates offered through the State.

Enrollment ends on October 13, 2017
Find out if Disability Insurance is right for you today!

To learn more, visit https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

Eligible employees include all employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI833.15

HOW TO FILE A CLAIM

How to file a claim…

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available 7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online** at https://mybenefits.metlife.com/MyBenefits
- You can file a **Paper Claim** by downloading a form from https://mybenefits.metlife.com/MyBenefits. Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

  Metropolitan Insurance Company
  PO Box 14590
  Lexington, KY 40512

  Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the employee…

- **Personal Information -** name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information -** workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information -** last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information -** Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information -** the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.

MetLife

DISABILITY BENEFITS – FAQ

Insuring Your Income. Protecting Your Financial Security.

ADF# DI1289.16

What do the terms “Disabled” and “Disability” mean? How are they defined?

For Short Term Disability

“Disabled” or “Disability” means that, due to sickness, or as a direct result of accidental injury, you cannot perform the duties of your Own Job and cannot earn more than 80% of your Pre-Disability Salary.

You will need to receive Appropriate Care and Treatment from a doctor and comply with this treatment.

For a full list of FAQ’s please visit the microsite

The Value of Disability / FAQ page

What is my Pre-Disability Salary, and when is it determined?

Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.

For new hires, annual salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.

Every year there will be a benefit and premium level adjustment on September 1. If your salary has changed from the prior year, your benefit and premium will change accordingly. This adjustment will become effective on October 1.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

Am I required to enroll in the Short Term Disability plan?

No. However, if you think that enrolling in the STD plans may be an option you will consider later, be aware of the following.

If you do not enroll during the 2017 Annual Enrollment Period, you cannot enroll until the 2018 Annual Enrollment Period, except in cases of a Special Qualifying Event. During the 2018 Annual Enrollment Period, you must answer questions about your health and submit Proof of Good Health to the disability vendor to be covered.

Here are two examples that will show you how 2017 will differ from future enrollment periods:

Example 1: Employee is currently pregnant and chooses Short Term Disability Insurance during the 2017 Annual Enrollment Period. When her baby is born, she is eligible for Short Term Disability benefits

Example 2: Employee waived coverage during the 2017 Annual Enrollment Period. She now wants to enroll during a future Annual Enrollment Period and is pregnant during the Annual Enrollment Period. She would need to submit an application to the disability vendor to be reviewed for medical evidence of insurability (EOI). A question on the EOI form is 'Are you now pregnant?' Since she would answer 'yes' to this question, her EOI would be denied and therefore she would not be allowed to enroll for the Short Term Disability coverage.

For a full list of FAQ's please visit the microsite

When do Short Term Disability benefits begin and how long do they continue?

Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Short Term Disability are as follows and will depend on which plan is chosen:

- Option A: 14 calendar days;
- Option B: 30 calendar days;

The maximum benefit period is 26 weeks. Please note – because every disability is different, not every disability may last for the maximum period.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

I have "Leave" time accrued. Does this affect my Short Term Disability benefit?

Yes. You must use all of your accrued leave. This includes all sick, annual, and any compensatory leave before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment will begin after your pay from any accrued leave ends.

Every Employee's situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term Disability Insurance.

Will using days from the "Sick Leave Bank" impact my STD benefit payments?

Yes. If you withdraw days from a sick leave bank, there will not be a disability benefit paid for the number of days withdrawn since you will be receiving full pay from the sick leave bank. You will not receive pay from two different sources for your disability. Your disability payment will begin after your pay from the sick leave bank ends.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

How does Short Term Disability work with FMLA?

If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member, for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Dental or Life.

Can I receive benefits if I return to work part-time?

Yes, as long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Are there any Limitations for Pre-Existing Conditions?

No.

For a full list of FAQ's please visit the microsite

Are there any exclusions to my Short Term Disability coverage?

Yes. Short Term Disability insurance does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony;
- We will not pay any Disability caused or contributed to by elective treatment or procedures, such as:
  - Cosmetic surgery or treatment primarily to change appearance;
  - Reversal of sterilization;
  - Liposuction;
  - Visual correction surgery; and
  - In vitro fertilization, embryo transfer procedure or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a Sickness.

For a complete list of exclusions, please see the Certificate of Insurance.

For a full list of FAQ's please visit the microsite

MetLife

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Short Term Disability

State of Tennessee – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

ABC Training, July/August 2017

PARTNERS FOR HEALTH

ADF# DI1289.16

MetLife

DISABILITY BENEFITS – Higher Ed

Insuring Your Income. Protecting Your Financial Security.

PARTNERS FOR HEALTH

ADF# DI1289.16

WHY IS DISABILITY INCOME INSURANCE SO IMPORTANT?

- **Replaces a portion of income** lost due to sickness, pregnancy or accidental injury

- Helps you to **cover your essential living expenses** if you are sick or hurt and cannot work. An example of expenses are car payments, mortgage payments, groceries, child care, tuition and more.

- **Short Term Disability** insurance replaces a portion of your income during disability for up to 26 weeks.

LET'S ANSWER THESE QUESTIONS…

Is Disability Insurance right for me?

Disability insurance might be right for you if you…

- Are part of a single income home
- Have little or no sick leave saved up
- Don't have much in the way of savings or an emergency fund
- Participate in high-risk activities

Just over 1-in-4 of today's 20 year-olds will likely become disabled before reaching age 67[1]

The average 20 year-old is **twice as likely** to become disabled than die before age 67[1]

1 Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfact.htm.

LET'S ANSWER THESE QUESTIONS…

How is Short Term Disability Defined?

Short Term Disability (STD) is insurance designed to insure your income. For The State of Tennessee, it replaces 60% of your weekly salary, up to a maximum benefit of $2,500 per week. After satisfying either a 14 or 30 calendar day Elimination Period during the initial weeks of a disability, the benefit will pay up to a maximum duration of 26 weeks. A Member is considered Disabled, if due to an illness or accidental injury, he or she is unable to perform the duties of his or her Own Job at the State of Tennessee, and unable to earn 80% or more of his or her Pre-Disability Salary.

SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

	Option A	Option B
Eligibility	All full-time employees working not less than 30 hours/week or is a seasonal employee hired prior to July 1, 2015 with 24 months of service and certified by his or her appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
% of Gross Annual Base Salary[1] Paid Weekly	60% paid weekly	
Maximum Weekly Benefit	$2,500	
Minimum Weekly Benefit[2]	$25	
Elimination Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks (180 days)	
Evidence of Insurability (EOI) [3]	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and New Hires who enroll within 31 days of eligibility date; EOI required for Late Enrollees and participants electing a higher plan of benefits during the 2019 Annual Enrollment period.	
Pre-Existing Condition	None	

1 For 2018 Annual Enrollment period, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.
2 The Minimum Monthly Benefit will not apply if You are receiving 100% of Your Predisability Salary under the Policyholder's paid leave policy.
3 Enrollment during 2018 Annual Enrollment period is guarantee issue (no health questions asked) for benefits that begin Jan 1, 2018,. After the 2018 Annual Enrollment, MetLife will review your information and evaluate your request for coverage based upon your answers to health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

SHORT TERM DISABILITY (STD) AND ACCRUED SICK LEAVE

You must use all of your accrued leave, both sick and annual, before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment from MetLife will begin after your pay from any accrued leave ends.

Example: You chose Option A for your STD policy. This means your Elimination Period is 14 calendar days. Your benefit is 60% of your gross annual base salary, and the duration of your STD benefit is 26 weeks. Now let's say that you have 20 days of accrued annual and sick leave, and your gross weekly salary is $1,250. You are approved for disability starting Monday, October 30, 2017 and you continue to meet the definition of disability for 26 weeks.

	Date Last Worked	**14 Calendar Day Elimination Period**	**Short Term Disability Benefit Start Date**	
Dates	**10/29/2017**	**10/30/2017-11/12/2017**	**11/13/2017-11/18/2017**	**11/19/2017-5/18/2018**
Work Status	**AAW**	**Short Term Disability Approved 10/30/2017-5/18/2018**		
Weekly Earnings	$1,250 per week			
Accrued Annual and Sick Leave Pay		$1,250 per week	Although the STD Benefit Start Date is 11/13/2017, the employee continues to receive 100% of pay ($1,250) received per week of accrued leave pay. No STD benefits will be paid until the accrued leave time is exhausted	(As of 11/19/2017 accrued leave pay is exhausted)
Disability Pay		The STD claim is approved starting 10/30/2017. 10/30/2017 - 11/12/2017 is the 14 calendar day elimination period. No STD benefits are payable during the elimination period.	The STD Benefit Start Date is 11/13/2017. The STD benefit is offset by the 100% of pay ($1,250) per week received through accrued leave time. Therefore, no STD benefit is paid 11/13/2017-11/18/2017	Starting 11/19/2017, the employee will receive 60% STD benefit, which is $750 per week

SHORT TERM DISABILITY (STD) PLAN RATES

SHORT TERM DISABILITY RATES

STD COST: PER $100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14 day elimination period	$1.34
Option B: 60%, 30 day elimination period	$1.08

CALCULATE YOUR MONTHLY PREMIUM FOR SHORT TERM DISABILITY

For this example, we're using an employee with a salary of $45,000 annually, selecting Option A

STEPS	EXAMPLE
1. Determine your Covered Monthly Salary *(Annual Salary[1] divided by 12.)* *If your Annual Salary exceeds $216,666.84 enter $18,055.57 as your Covered Monthly Salary.* [2]	$45,000 ÷ 12 = **$3,750**
2. Divide Covered Monthly Salary by $100 to get your per $100 of Covered Monthly Salary	$3,750÷ 100 = **$37.50**
3. Calculate your approximate monthly premium *(Multiply your per $100 of Covered Monthly Salary by the appropriate cost from the chart above based on Option elected)*	$37.50 x $1.34 = **$50.25**

[1] For 2017 annual enrollment, annual salary will be based on your salary as of September 1, 2017, and coverage will be effective January 1, 2018. See FAQs for new hire and annual adjustment information.

[2] The amount of STD benefit may not exceed the Maximum Weekly Benefit established under the plan of $2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is $18,055.57, or $216,666.84 annually. This will be the same for Option A or B

REHABILITATION PROGRAM TO ASSIST WITH RETURN TO WORK

MetLife's Rehabilitation Programs focus on helping disabled employees become employable once again. Our claim and clinical specialists will collaborate with the employer, the doctor and the employee to promote an appropriate return-to-work plan.

MetLife's specialized services vary depending on our assessment of the employee's needs. If it is determined the employee is capable, but does not participate in the Rehabilitation Program, Disability benefits may cease.

Rehabilitation Program means a program that has been approved by MetLife for the purpose of helping you return to work. It may include, but is not limited to, your participation in one or more of the following activities:

- ✓ Return to work on a modified basis with a goal of resuming employment for which you are reasonably qualified by training, education, experience and past salary;
- ✓ On-site job analysis;
- ✓ Job modification/accommodation;
- ✓ Training to improve job-seeking skills;
- ✓ Vocational assessment;
- ✓ Short-term skills enhancement;
- ✓ Vocational training; or
- ✓ Restorative therapies to improve functional capacity to return to work.

REHABILITATION INCENTIVES TO FURTHER HELP EASE YOUR BURDEN

MetLife's Short Term Disability plans are designed to provide clear advantages and financial incentives for participating in a rehabilitation program to assist with returning to work either full-time or part-time while still receiving a Disability Benefit.

Work Incentive Benefit

Lets you receive up to 100% of your predisability salary including your disability benefit, rehabilitative work salary, rehabilitation incentives and other income sources.

Rehabilitation Benefit

Boosts your benefit by up to 10% when you work within a MetLife approved rehabilitation program.

Family Care Expense Reimbursement

Get reimbursed for eligible expenses incurred for the care of each qualified family member when working or participating in a MetLife approved rehabilitation program.

Moving Expense Benefit

Provides reimbursement for your move to a different address you make as part of an approved rehabilitation program.

Two employees with an identical injury, a broken right ankle

John

40-year-old TDOT technician - requires walking 6 hours per day, lifting 10-25 lbs. frequently and 50 lbs. occasionally

John submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates John's inability to perform his job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist certifies that there is no possibility for accommodations at John's place of employment. John will be certified disabled and receive his benefits until he is able to perform his job/occ requirements safely and effectively.

Susan

38-year-old Administrative Assistant- walks occasionally to file paperwork, otherwise is seated at a desk using the phone and computer.

Susan submits confirmation of the injury from a licensed medical provider, which satisfies the first requirement of providing clinical evidence of an impairment.

MetLife Claims Specialist evaluates Susan's inability to perform her job/occupation requirements depending on the plan definition, as well as evaluates the loss of income incurred.

The MetLife Claims Specialist determines the Susan's supervisor can make a job accommodation wherein another coworker will complete the walking and filing tasks for Susan while her ankle is healing. Although Susan has been diagnosed with a medical condition, the medical condition does not prevent her from being able to perform her job/occ requirements or result in any loss of income. Susan would not qualify for disability.

A medical diagnosis does not necessarily mean an inability to perform job/occupational requirements or a loss of income, especially when supervisors are willing to make accommodations. When an employee files a claim for any medical diagnosis, the case specialist's focus will be determining whether the diagnosis prevents an ability to perform job/occupational requirements or results in a loss of income.

STATE OF TENNESSEE OFFERS STD INSURANCE COVERAGE

Annual Enrollment Period

As an important benefit offering with the State of Tennessee, eligible employees may enroll for MetLife's STD insurance coverage with **no health questions** if enrolled during the annual enrollment period, October 2 – 13, 2017.

IT'S EASY TO TAKE THE FIRST STEP

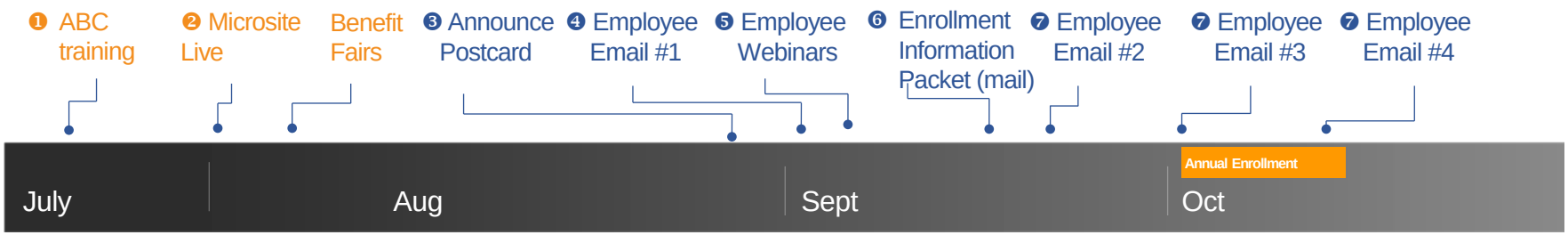
1. Enroll online in ESS in Edison with no health questions during your enrollment period, October 2 – 13, 2017

2. Effective Date – January 1, 2018

3. For questions and additional information, please call MetLife's State of Tennessee service line at 1-855-700-8001 (7am-10pm CT, Mon – Fri or visit https://metlife.com/StateofTN

4. Online tools and educational materials can be found on the State of TN microsite https://metlife.com/StateofTN

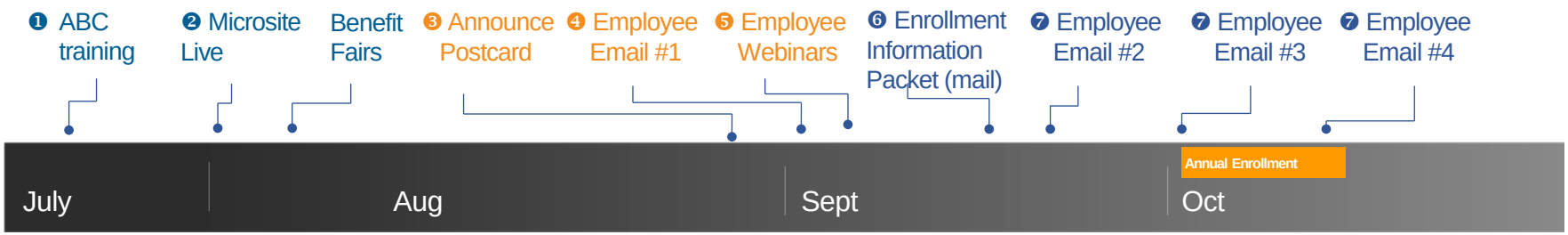
Communication Timeline



Microsite (will be live August 1, 2017)

Acts as a repository for employees to access all Disability materials created (plan overviews, case studies, FAQs, rates and calculator, coordination with Leave and Sick Bank, how to file a claim, etc.).

Communication Timeline



Announcement Postcard (mailed mid to late August)

65% of working Americans say they could not cover normal living expenses even for a year if their employment income was lost.[1]

Protect your income.

Coming Fall 2017: New Disability Insurance from MetLife

PARTNERS FOR HEALTH

ADF#DI1256.16

Announcement Email #1 (sent in early September)

ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit: **Short Term Disability Insurance, effective January 1, 2018.**

Eligible employees can enroll this fall in Edison during the fall Annual Enrollment period, and during this time only, they can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Why is having Disability insurance important?
While many people think that disabilities are typically caused by accidents, the majority of long-term absences are actually due to illness. Did you know that the average 20-year-old is twice as likely to become disabled than die before age 67?[2]

- **Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.**
- **Payments are made directly to you, and you decide how to spend the money.**

From October 2-October 13, you can enroll in Short Term Disability Insurance to protect your income during a disability.

Watch your email for more information!

Learn more by visiting https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Fact Sheet, August 2016, http://www.ssa.gov/pressoffice/basicfacts.htm

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.
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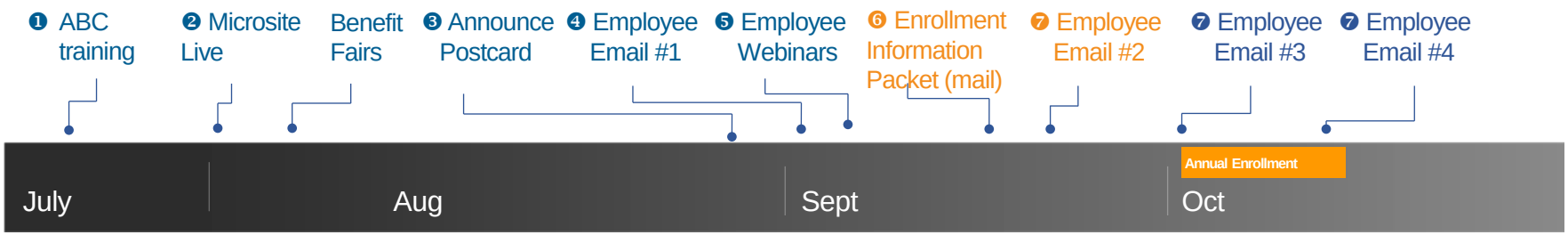
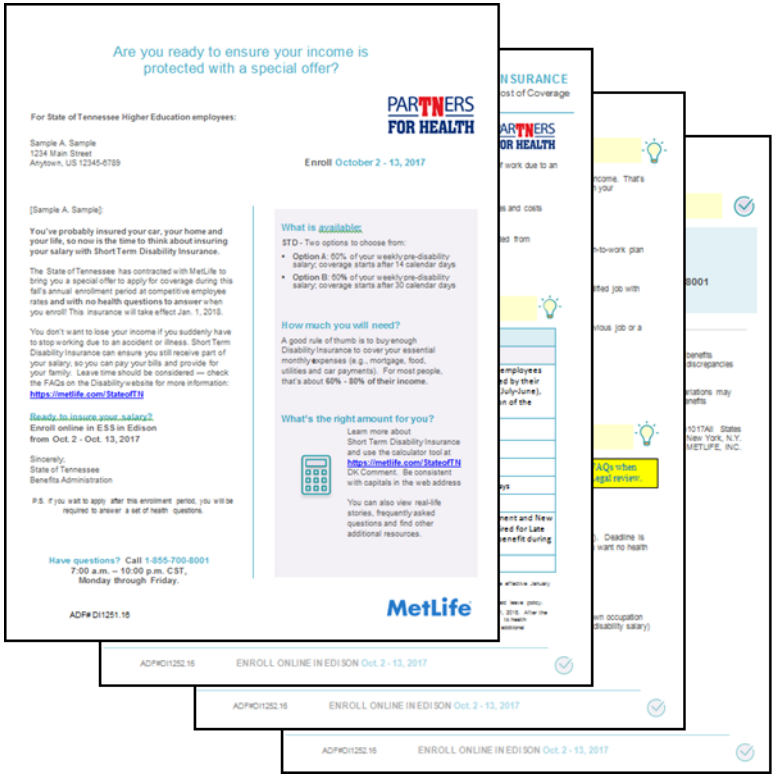
ADF# DI791.15

Communication Timeline



Enrollment Information Packet (mailed early September)



Are you ready to ensure your income is protected with a special offer?

PARTNERS FOR HEALTH

For State of Tennessee Higher Education employees:

Sample A. Sample
1234 Main Street
Anytown, US 12345-6789

Enroll October 2 - 13, 2017

[Sample A. Sample]:

You've probably insured your car, your home and your life, so now is the time to think about insuring your salary with Short Term Disability Insurance.

The State of Tennessee has contracted with MetLife to bring you a special offer to apply for coverage during this fall's annual enrollment period at competitive employee rates and with no health questions to answer when you enroll! This insurance will take effect Jan. 1, 2018.

You don't want to lose your income if you suddenly have to stop working due to an accident or illness. Short Term Disability Insurance can ensure you still receive part of your salary, so you can pay your bills and provide for your family. Leave time should be considered — check the FAQs on the Disability website for more information: https://metlife.com/StateofTN

Ready to insure your salary?
Enroll online in ESS in Edison from Oct. 2 - Oct. 13, 2017

Sincerely,
State of Tennessee
Benefits Administration

P.S. If you wait to apply after this enrollment period, you will be required to answer a set of health questions.

Have questions? Call 1-855-700-8001
7:00 a.m. – 10:00 p.m. CST,
Monday through Friday.

ADF#DI1251.16

What is available:
STD - Two options to choose from:
- Option A: 60% of your weekly pre-disability salary; coverage starts after 14 calendar days
- Option B: 60% of your weekly pre-disability salary; coverage starts after 30 calendar days

How much you will need?
A good rule of thumb is to buy enough Disability Insurance to cover your essential monthly expenses (e.g., mortgage, food, utilities and car payments). For most people, that's about 60% - 80% of their income.

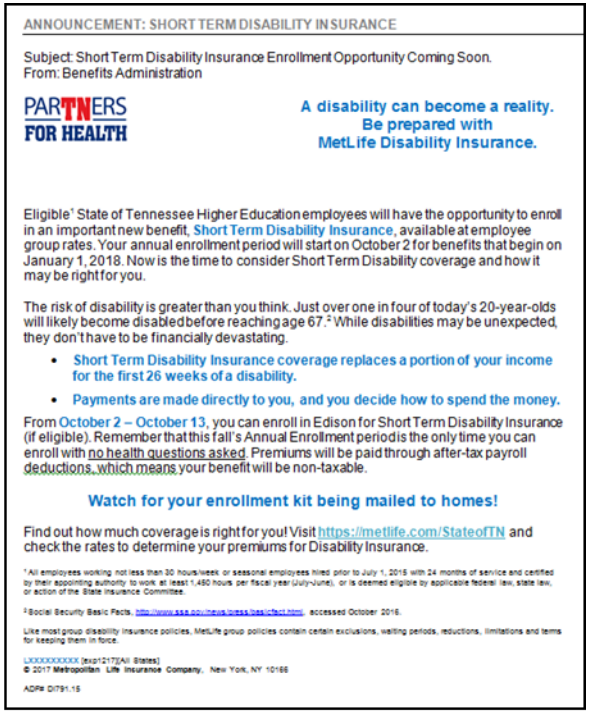
What's the right amount for you?
Learn more about Short Term Disability Insurance and use the calculator tool at https://metlife.com/StateofTN
DK Comment. Be consistent with capitals in the web address

You can also view real-life stories, frequently asked questions and find other additional resources.

MetLife

ENROLL ONLINE IN EDISON Oct. 2 - 13, 2017

Announcement Email #2 (sent in mid-September)



ANNOUNCEMENT: SHORT TERM DISABILITY INSURANCE

Subject: Short Term Disability Insurance Enrollment Opportunity Coming Soon.
From: Benefits Administration

PARTNERS FOR HEALTH

A disability can become a reality. Be prepared with MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees will have the opportunity to enroll in an important new benefit, Short Term Disability Insurance, available at employee group rates. Your annual enrollment period will start on October 2 for benefits that begin on January 1, 2018. Now is the time to consider Short Term Disability coverage and how it may be right for you.

The risk of disability is greater than you think. Just over one in four of today's 20-year-olds will likely become disabled before reaching age 67.[2] While disabilities may be unexpected, they don't have to be financially devastating.

- Short Term Disability Insurance coverage replaces a portion of your income for the first 26 weeks of a disability.
- Payments are made directly to you, and you decide how to spend the money.

From October 2 – October 13, you can enroll in Edison for Short Term Disability Insurance (if eligible). Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked. Premiums will be paid through after-tax payroll deductions, which means your benefit will be non-taxable.

Watch for your enrollment kit being mailed to homes!

Find out how much coverage is right for you! Visit https://metlife.com/StateofTN and check the rates to determine your premiums for Disability Insurance.

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] Social Security Basic Facts. http://www.ssa.gov/news/press/basicfact.html, accessed October 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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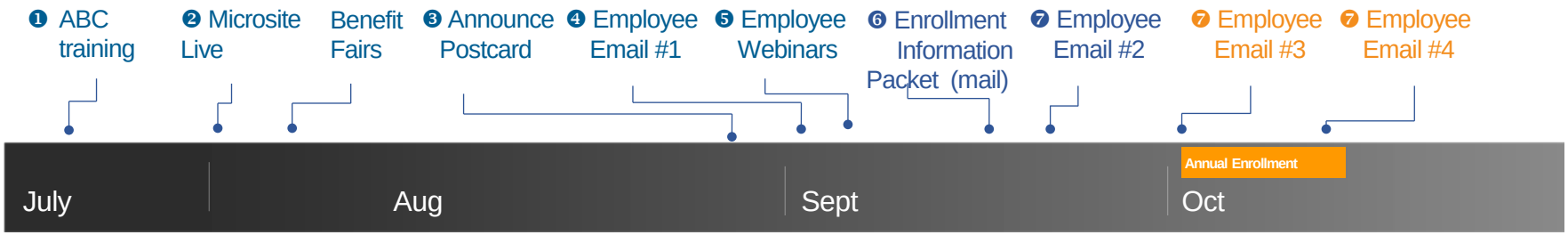
ADF# DI791.15

Communication Timeline



Employee Email #3 (sent October 2)

SHORT TERM DISABILIY INSURANCE – LAUNCH EMAIL

Subject: Short Term Disability Insurance Enrollment is here.
From: Benefits Administration

PARTNERS FOR HEALTH

Insure Your Salary With MetLife Disability Insurance.

Eligible[1] State of Tennessee Higher Education employees now have the opportunity to enroll in Short Term Disability Insurance. If you are unable to work due to a disability, this insurance can help pay your living expenses.

Fifty-eight percent of employees report that they are worried about financial security if someone in their household loses their job or is unable to work due to a disability[2]. Disability Insurance can help provide income whether you experience a disability that lasts for a short or extended period of time.

While disabilities are typically unexpected, you can be prepared. Learn more about Short Term Disability Insurance and whether or not it might be right for you. Remember that this fall's Annual Enrollment period is the only time you can enroll with no health questions asked for benefits that begin January 1, 2018.

Here are some facts to consider:

- Short Term Disability Insurance replaces 60% of your income for the first 26 weeks of a disability.
- You may continue to receive benefits when you return to work on a modified basis, or for as long as you remain disabled and are unable to work, up to the maximum 26 weeks, as defined in your plan.
- You can also earn financial incentives by participating in MetLife's Rehabilitation Programs.

It's your money!

- Benefit payments are made directly to you. You decide how to spend it.

Don't worry about missing your premium payments!

- Premiums will be automatically deducted from your paycheck, making this coverage more convenient for you.

Enrollment period: October 2-13, 2017

Visit: https://metlife.com/StateofTN

Questions: Call 1-855-700-8001

Monday through Friday from 7:00 a.m. to 10:00 p.m. Central time

Enroll in Edison ESS: October 2-13, 2017.
To learn more, visit https://metlife.com/StateofTN

[1] All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

[2] The 14th Annual MetLife Study of Employee Benefits Trends, 2016.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

LXXXXXXXX(exp1217)(All States)
Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI832.15

Employee Email #4 (sent one week before enrollment ends)

SHORT TERM DISABILITY INSURANCE – REMINDER EMAIL

Subject: Opportunity to Enroll in Short Term Disability Insurance is Ending Soon.
From: Human Resources

PARTNERS FOR HEALTH

Don't miss out on this opportunity to protect your income with MetLife Disability Insurance.

Only a few days left to enroll in Disability Insurance! Let's review why this benefit is important for you:

- No one knows how long a disability may last. Make sure your income is protected during a disability with Short Term Disability Insurance.
  - Short Term Disability Insurance replaces 60% of your income for up to 26 weeks of a disability.
  - You can also take advantage of MetLife's Rehabilitation Programs with financial incentives.
- Monthly benefit payments are made directly to you, and you decide how to spend the money.
- This fall's Annual Enrollment period is the only time you can enroll with no health questions asked.

  You qualify for employee group rates offered through the State.

Enrollment ends on October 13, 2017
Find out if Disability Insurance is right for you today!

To learn more, visit https://metlife.com/StateofTN
or call the State of Tennessee Dedicated Customer Service Line at **1-855-700-8001**.

Eligible employees include all employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,480 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

Like most group disability insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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Metropolitan Life Insurance Company, New York, NY 10166

ADP# DI833.15

HOW TO FILE A CLAIM

How to file a claim…

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001
- The **Claims Center** is available 7:00 am – 10:00 pm CT, Monday – Friday
- You can also file on claim **online** at https://mybenefits.metlife.com/MyBenefits
- You can file a **Paper Claim** by downloading a form from https://mybenefits.metlife.com/MyBenefits. Send your completed claim form to the MetLife Claim's office address and / or fax number below.:

  Metropolitan Insurance Company
  PO Box 14590
  Lexington, KY 40512

  Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search "MetLife" on iTunes® App Store or Google Play to download the app.

Information we may need from the employee…

- **Personal Information -** name, address, telephone number, Social Security number, Employee Identification Number and job title.
- **Job Information -** workplace location and address, work schedule, supervisor's name and telephone number, and date of hire
- **Sickness/Injury Information -** last day worked, nature of the illness/absence, how, when, and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).
- **Treatment provider information -** Name, address, telephone number, and fax number for each treating Health Care Provider.
- **Authorization to Release Your Medical Information -** the release of your medical information to MetLife may be required. You should inform your Health Care Provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.

MetLife

DISABILITY BENEFITS – FAQ

Insuring Your Income. Protecting Your Financial Security.

ADF# DI1289.16

What do the terms “Disabled” and “Disability” mean? How are they defined?

For Short Term Disability

“Disabled” or “Disability” means that, due to sickness, or as a direct result of accidental injury, you cannot perform the duties of your Own Job and cannot earn more than 80% of your Pre-Disability Salary.

You will need to receive Appropriate Care and Treatment from a doctor and comply with this treatment.

For a full list of FAQ’s please visit the microsite

The Value of Disability / FAQ page

What is my Pre-Disability Salary, and when is it determined?

Your gross base annual salary is defined as your Pre-Disability Salary. The gross base annual salary you make on September 1 of each calendar year determines the benefit you are eligible for beginning October 1 of each calendar year.

For new hires, annual salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.

Every year there will be a benefit and premium level adjustment on September 1. If your salary has changed from the prior year, your benefit and premium will change accordingly. This adjustment will become effective on October 1.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

Am I required to enroll in the Short Term Disability plan?

No. However, if you think that enrolling in the STD plans may be an option you will consider later, be aware of the following.

If you do not enroll during the 2017 Annual Enrollment Period, you cannot enroll until the 2018 Annual Enrollment Period, except in cases of a Special Qualifying Event. During the 2018 Annual Enrollment Period, you must answer questions about your health and submit Proof of Good Health to the disability vendor to be covered.

Here are two examples that will show you how 2017 will differ from future enrollment periods:

Example 1: Employee is currently pregnant and chooses Short Term Disability Insurance during the 2017 Annual Enrollment Period. When her baby is born, she is eligible for Short Term Disability benefits

Example 2: Employee waived coverage during the 2017 Annual Enrollment Period. She now wants to enroll during a future Annual Enrollment Period and is pregnant during the Annual Enrollment Period. She would need to submit an application to the disability vendor to be reviewed for medical evidence of insurability (EOI). A question on the EOI form is 'Are you now pregnant?' Since she would answer 'yes' to this question, her EOI would be denied and therefore she would not be allowed to enroll for the Short Term Disability coverage.

For a full list of FAQ's please visit the microsite

When do Short Term Disability benefits begin and how long do they continue?

Benefits begin after the end of the elimination period and once all accrued paid leave is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Short Term Disability are as follows and will depend on which plan is chosen:

- Option A: 14 calendar days;
- Option B: 30 calendar days;

The maximum benefit period is 26 weeks. Please note – because every disability is different, not every disability may last for the maximum period.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

I have "Leave" time accrued. Does this affect my Short Term Disability benefit?

Yes. You must use all of your accrued leave. This includes all sick, annual, and any compensatory leave before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment will begin after your pay from any accrued leave ends.

Every Employee's situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase Short Term Disability Insurance.

Will using days from the "Sick Leave Bank" impact my STD benefit payments?

Yes. If you withdraw days from a sick leave bank, there will not be a disability benefit paid for the number of days withdrawn since you will be receiving full pay from the sick leave bank. You will not receive pay from two different sources for your disability. Your disability payment will begin after your pay from the sick leave bank ends.

For a full list of FAQ's please visit the microsite

The Value of Disability / FAQ page

How does Short Term Disability work with FMLA?

If you are on FMLA due to your own disability you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA for any other reason, such as care of a family member, for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for Disability coverage just as you are for other benefits, such as Dental or Life.

Can I receive benefits if I return to work part-time?

Yes, as long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Are there any Limitations for Pre-Existing Conditions?

No.

For a full list of FAQ's please visit the microsite

Are there any exclusions to my Short Term Disability coverage?

Yes. Short Term Disability insurance does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony;
- We will not pay any Disability caused or contributed to by elective treatment or procedures, such as:
  - Cosmetic surgery or treatment primarily to change appearance;
  - Reversal of sterilization;
  - Liposuction;
  - Visual correction surgery; and
  - In vitro fertilization, embryo transfer procedure or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a Sickness.

For a complete list of exclusions, please see the Certificate of Insurance.

For a full list of FAQ's please visit the microsite

MetLife

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Long-Term Care Insurance		
MedAmerica		
Angela Hoteling-Rodriguez	(800) 544-0327	Angela.hoteling-rodriguez@medamericaltc.com
Vision		
Davis Vision – 2018 Vendor		
Larry Sheehan (benefits fairs and materials) Jay Storey (benefits fairs and materials)	(508) 813-4211 (315) 884-0479	lsheehan@davisvision.com jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com

August 11, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Phone Scam Involving Health Insurance

There are reports of a phone scam involving health insurance. The caller identifies him or herself as a representative from the member's insurance carrier. The caller states that they need to update the member's medical records. Some of the questions include: name of physician, date of birth or address. The calls are coming from 547-818-4222. These calls are **NOT** from representatives of BCBST or Cigna or any of the state's other insurance companies. Do not give any information to the caller. Hang up and report the call to the Federal Trade Commission at www.ftccomplaintassistant.gov.

Please make your employees aware of this reported scam.

ABC Annual Trainings

Regional trainings start next week. We are looking forward to seeing you!

Please see the attached list for the locations of all trainings. **New this week: The Murfreesboro location has changed.** As a reminder, the Knoxville and Jackson locations have changed as well.

All meetings will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day at each location.

Decision Guide Order Form

The form for ABCs to order extra Decision Guides is available **here** at the top of the ABC webpage. Remember, all eligible employees will get guides in the mail prior to annual enrollment.

You should order guides for any new hires you will have from September through December 2017. Please submit your form as soon as you can. We will take the form off the ABC page on August 31, 2017.

Updated Vendor Contact List

Attached is an updated Vendor Contact List that is also posted on the **ABC webpage under Conference Call Notes.** The email address for MedAmerica has been changed, and the wellness program contact is listed as TBD as this information is still being finalized.

As a reminder, these contacts can assist with member materials and/or for vendor representatives to participate in your benefits fairs.

Annual Enrollment PowerPoint for ABCs (state/higher education)

The PowerPoint presentation for annual enrollment you can use to present the 2018 benefits to your employees and use during benefits fairs will be posted on the **ABC webpage** on Monday, August 14 under **State Plan**.

As a reminder, you can customize this presentation for your group (state or higher education), so please feel free to adjust according to your needs. But please do not change the premium or key benefit information. The notes section is the "script" you can use when you give this presentation. You will need to download the PowerPoint for your use.

If you have any questions or need assistance, please email us at **benefits.info@tn.gov**

Attachments: 2017 Vendor Contact List
Higher Ed Meeting Schedule
Local Ed Meeting Schedule
Local Gov Meeting Schedule
State Meeting Schedule

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets/materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA (questions)		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com
Wellness Program		
TBD		
TBD		
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Securian (Minnesota Life)		
Michael Kretman	(651) 665-3935 (651) 665-4128	GroupMarketingRequest@securian.com
Long-Term Care Insurance		
MedAmerica		
Angela Shire	(800) 544-0327	Angela.Shire@MedAmericaLTC.com
Vision		
Davis Vision – 2018 Vendor		
Larry Sheehan (benefits fairs and materials) Jay Storey (benefits fairs and materials)	(508) 813-4211 (315) 884-0479	lsheehan@davisvision.com jstorey@davisvision.com
Disability (state and higher education)		
MetLife		
Julie Salomone	(770) 407-2495 (fax number)	StateofTennessee@metlife.com

2017 In-Person ABC Meeting Schedule

Higher Education

Meeting Location	Date of Meeting	Time
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	August 10	8:30 – 4:00 Central
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
Holiday Inn 1453 Silohill Lane Murfreesboro, TN 37129	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

Local Education

Meeting Location	Date of Meeting	Time
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
Holiday Inn 1453 Silohill Lane Murfreesboro, TN 37129	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

Local Government

Meeting Location	Date of Meeting	Time
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street, 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
Holiday Inn 1453 Silohill Lane Murfreesboro, TN 37129	August 29	8:30 – 4:00 Central

2017 In-Person ABC Meeting Schedule

State

Meeting Location	Date of Meeting	Time
Tennessee Tower, Tennessee Room 312 Rosa L. Parks Ave. Nashville, TN 37243	August 11	8:30 – 4:00 Central
Meadow View Convention Center 1901 Meadowview Pkwy. Kingsport, TN 37660	August 15	8:30 – 4:00 Eastern
UT Conference Center 600 Henley Street 4th floor Conference Ballroom Knoxville, TN 37902	August 16	8:30 – 4:00 Eastern
Fall Creek Falls State Park 2536 Lakeside Dr. Spencer, TN 38585	August 17	8:30 – 4:00 Central
Paris Landing State Park 400 Lodge Rd. Buchanan, TN 38222	August 22	8:30 – 4:00 Central
Premier Place 2628 Highland Ave. Jackson, TN 38305	August 23	8:30 – 4:00 Central
Holiday Inn 1453 Silohill Lane Murfreesboro, TN 37129	August 29	8:30 – 4:00 Central

August 18, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

2018 Network Facility Lists

There will be some facility changes in the carrier networks in 2018. While we wish that networks would always stay the same, sometimes providers move in and out of networks. Attached are lists of 2018 facilities for BCBST Network S, Cigna LocalPlus and Cigna OAP that show which facilities are coming in and out of networks. We've also included a list of 2018 West Tennessee facilities for all networks where there are some significant changes in the Memphis area. **Note: These lists could change.**

It is important for members to search for their preferred providers when making decisions about their network. Members can call the carriers, BCBST and Cigna directly and ask about 2018 providers. Contact information for our vendors is on the **ParTNers for Health website** under "**Contact Us**." They can also search for facilities and doctors in the networks by going to the **BCBST website** and the **Cigna website**.

Benefits Administration will send a letter in mid-September to impacted BCBST and Cigna OAP members in West Tennessee alerting them of the network changes. The letter will include the lists of network hospitals available to these members. We will share a copy of the letter with ABCs when it is available.

ABC Workshop

We will be holding an ABC Workshop on Annual Enrollment Dos and Don'ts on Thursday, August 31, 2017, at 1 p.m. Central time.

Please register in Edison ELM. If you are unable to register, you can join the meeting via the WebEx link below:

1. Go to https://tngov.webex.com/tngov/k2/j.php?MTID=t18b1850add76541fa61dffd43535060b
2. Enter your name and email address.
3. Enter the session password: workshop.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

Session number: 647 020 894
Session password: workshop

Screening Non-Participation Letter

On Monday, August 21, Healthways will mail 12,305 letters to members who have not completed a biometric screening. These letters will notify members of the missing requirement. A copy of the letter is attached. Members will not be penalized for the missed requirement, but we are encouraging them to complete the missed requirement as soon as possible.

HSA, FSA and L-FSA Emails (state and higher education)
The attached emails were sent to HSA, FSA and L-FSA enrollees as a reminder on how to handle documentation for their PayFlex purchases.

HSA Email (local ed/local gov)
The attached HSA email was sent to CDHP/HSA enrollees as a reminder to retain receipts from their HSA purchases.

Annual Enrollment PowerPoint for ABCs (local ed/local gov)
The PowerPoint presentation for annual enrollment you can use to present 2018 benefits to your employees has been posted on the **ABC webpage** under your plan type, **Local Education or Local Government**.

As a reminder, you can customize this presentation for your group (local education or local government), but please do not change the premium or key benefit information. The notes section is the "script" you can use when you give this presentation. You will need to download the PowerPoint for your use.

If you have any questions or need assistance, please email us at **benefits.info@tn.gov**

Annual Enrollment PowerPoint for ABCs (state/higher ed)
The PowerPoint presentation for annual enrollment you can use to present 2018 benefits to your employees has been revised and is posted on the **ABC webpage** under **State Plan**. Note: We added the west Tennessee network changes and a slide with voluntary term life premium information. You should download this revised version for your use.

As a reminder, you can customize this presentation for your group (state or higher education), but please do not change the premium or key benefit information. The notes section is the "script" you can use when you give this presentation.

If you have any questions or need assistance, please email us at **benefits.info@tn.gov**

Decision Guide Order Form
The form for ABCs to order extra Decision Guides is available **here** at the top of the ABC webpage. Remember, all eligible employees will get guides in the mail prior to annual enrollment.

You should order guides for any new hires you will have from September through December 2017. Please submit your form as soon as you can. **We will take the form off the ABC webpage on August 31, 2017.**

Attachments: 2018 Cigna Open Access Plus Hospitals
2018 Cigna Local Plus Hospitals
2018 BCBST Network S Hospitals (rev. 7/17)
2018 West Tennessee Hospital List

2017 Screening Non-Participation Letter
Keeping Receipts for HSA Purchases
Verifying FSA PayFlex Purchases
Verifying L-FSA PayFlex Purchases

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/4/2017

Cigna OpenAccessPlus	City	County
Middle Tennessee		
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Cookeville Regional Medical Center	Cookeville	Putnam
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Hendersonville Medical Center	Hendersonville	Sumner
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
Medical Center of Manchester	Manchester	Coffee
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Riverview Regional Medical Center	Carthage	Smith
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Hickman Hospital	Centerville	Hickman
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas Hospital for Specialty Surgery	Nashville	Davidson
Saint Thomas Midtown Hospital	Nashville	Davidson
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Rutherford Hospital	Murfreesboro	Rutherford
Saint Thomas Stones River Hospital	Woodbury	Cannon
Saint Thomas West Hospital	Nashville	Davidson
Select Specialty Hospital - Nashville	Nashville	Davidson
Skyline Medical Center	Nashville	Davidson
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Sumner Regional Medical Center	Hartsville	Sumner
Tennova Healthcare Clarksville	Clarksville	Montgomery

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/4/2017

Cigna OpenAccessPlus	City	County
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
United Regional Medical Center	Manchester	Coffee
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson
Memphis - West Tennessee		
Baptist Memorial Hospital Desoto (Out of Network as of 12/31/2017)	Southaven	DeSoto
Baptist Memorial Hospital Memphis (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Memorial Restorative Care Hospital (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Rehabilitation Germantown (Out of Network as of 12/31/2017)	Germantown	Shelby
Delta Medical Center	Memphis	Shelby
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Regional Medical Center of Memphis	Memphis	Shelby
Saint Francis Hospital	Memphis	Shelby
Saint Francis Hospital Bartlett	Bartlett	Shelby
St. Jude Children's Research Hospital	Memphis	Shelby
Rural - West Tennessee		
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Bolivar General Hospital	Bolivar	Hardeman
Camden General Hospital	Camden	Benton
Decatur County General Hospital	Parsons	Decatur
Hardin County General Hospital	Savannah	Hardin
Henderson County Community Hospital	Lexington	Henderson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/4/2017

Cigna OpenAccessPlus	City	County
Henry County Medical Center	Paris	Henry
Jackson Madison County General Hospital	Jackson	Madison
Lauderdale Community Hospital	Ripley	Lauderdale
McKenzie Regional Hospital	Mc Kenzie	Carroll
Milan General Hospital	Milan	Gibson
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Volunteer	Martin	Weakley
Chattanooga - East Tennessee		
Copper Basin Medical Center	Copperhill	Polk
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Memorial Hospital	Chattanooga	Hamilton
Memorial North Park Hospital (Hixson)	Hixson	Hamilton
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Rhea Medical Center	Dayton	Rhea
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
Sweetwater Hospital	Sweetwater	Monroe
T C Thompson Children's Hospital	Chattanooga	Hamilton
Tennova Cleveland	Cleveland	Bradley
Tri-Cities - East Tennessee		
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Dickenson Community Hospital	Clintwood	Dickenson
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hawkins County Memorial Hospital	Rogersville	Hawkins
Indian Path Medical Center	Kingsport	Sullivan
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/4/2017

Cigna OpenAccessPlus	City	County
Johnston Memorial Hospital	Abingdon	Washington
Laughlin Memorial Hospital	Greenville	Greene
Lonesome Pine Hospital	Big Stone Gap	Wise
Mountain View Regional Medical Center	Norton	Wise
Norton Community Hospital	Norton	Wise
Russell County Medical Center	Lebanon	Russell
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Smyth County Community Hospital	Marion	Smyth
Sycamore Shoals Hospital	Elizabethton	Carter
Takoma Regional Hospital	Greenville	Greene
Unicoi County Memorial Hospital	Erwin	Unicoi
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Knoxville - East Tennessee		
Blount Memorial Hospital	Maryville	Blount
Claiborne County Hospital	Tazewell	Claiborne
Cumberland Medical Center	Crossville	Cumberland
East Tennessee Childrens Hospital	Knoxville	Knox
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Jellico Community Hospital	Jellico	Campbell
Lakeway Regional Hospital	Morristown	Hamblen
LeConte Medical Center	Sevierville	Sevier
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Morristown Hamblen Hospital	Morristown	Hamblen
Parkwest Medical Center	Knoxville	Knox
Roane Medical Center	Harriman	Roane
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - North Knoxville	Powell	Knox
Tennova Healthcare - North Knoxville Medical Center	Powell	Knox
Tennova Healthcare - Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare - Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson	Jefferson City	Jefferson
Tennova Healthcare LaFollette	La Follette	Campbell
Tennova Healthcare Newport	Newport	Cocke
University of Tennessee Medical Center	Knoxville	Knox

Cigna LocalPlus Hospitals for 2018

Updated 8/4/2017

Cigna LocalPlus	City	County
Middle Tennessee		
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Cookeville Regional Medical Center	Cookeville	Putnam
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Hendersonville Medical Center	Hendersonville	Sumner
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
Medical Center of Manchester	Manchester	Coffee
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Riverview Regional Medical Center	Carthage	Smith
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital - Nashville	Nashville	Davidson
Skyline Medical Center	Nashville	Davidson
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Three Rivers Hospital	Waverly	Humphreys

Cigna LocalPlus Hospitals for 2018

Updated 8/4/2017

Cigna LocalPlus	City	County
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
United Regional Medical Center	Manchester	Coffee
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson
Memphis - West Tennessee		
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Regional Medical Center of Memphis	Memphis	Shelby
St. Jude Children's Research Hospital	Memphis	Shelby
Rural - West Tennessee		
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Bolivar General Hospital	Bolivar	Hardeman
Camden General Hospital	Camden	Benton
Decatur County General Hospital	Parsons	Decatur
Hardin County General Hospital	Savannah	Hardin
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Jackson Madison County General Hospital	Jackson	Madison
Lauderdale Community Hospital	Ripley	Lauderdale
McKenzie Regional Hospital	Mc Kenzie	Carroll
Milan General Hospital	Milan	Gibson
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Volunteer	Martin	Weakley

Cigna LocalPlus Hospitals for 2018

Updated 8/4/2017

Cigna LocalPlus	City	County
Chattanooga - East Tennessee		
Copper Basin Medical Center	Copperhill	Polk
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Rhea Medical Center	Dayton	Rhea
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
Sweetwater Hospital	Sweetwater	Monroe
T C Thompson Children's Hospital	Chattanooga	Hamilton
Tennova Cleveland	Cleveland	Bradley
Tri-Cities - East Tennessee		
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Dickenson Community Hospital	Clintwood	Dickenson
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hawkins County Memorial Hospital	Rogersville	Hawkins
Indian Path Medical Center	Kingsport	Sullivan
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Johnston Memorial Hospital	Abingdon	Washington
Laughlin Memorial Hospital	Greenville	Greene
Lonesome Pine Hospital	Big Stone Gap	Wise
Mountain View Regional Medical Center	Norton	Wise
Norton Community Hospital	Norton	Wise
Russell County Medical Center	Lebanon	Russell
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Smyth County Community Hospital	Marion	Smyth

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2018

Updated 8/4/2017

Cigna LocalPlus	City	County
Sycamore Shoals Hospital	Elizabethton	Carter
Takoma Regional Hospital	Greenville	Greene
Unicoi County Memorial Hospital	Erwin	Unicoi
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Knoxville - East Tennessee		
Blount Memorial Hospital	Maryville	Blount
Claiborne County Hospital	Tazewell	Claiborne
Cumberland Medical Center	Crossville	Cumberland
East Tennessee Childrens Hospital	Knoxville	Knox
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Jellico Community Hospital	Jellico	Campbell
LeConte Medical Center	Sevierville	Sevier
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Morristown Hamblen Hospital	Morristown	Hamblen
Parkwest Medical Center	Knoxville	Knox
Roane Medical Center	Harriman	Roane
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - North Knoxville	Powell	Knox
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson (In Network as of 8/1/2017)	Jefferson City	Jefferson
Tennova Healthcare LaFollette (In Network as of 8/1/2017)	La Follette	Campbell
Tennova Healthcare Newport	Newport	Cocke
University of Tennessee Medical Center	Knoxville	Knox

BCBST Network S Hospitals for 2018

Updated 7/17/2017

BlueCross BlueShield of TN - Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Baptist Memorial Hospital, in-network, effective 1/1/2018	Memphis	Shelby
Baptist Memorial Hospital Tipton, in-network, effective 1/1/2018	Covington	Tipton
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton

BCBST Network S Hospitals for 2018

Updated 7/17/2017

BlueCross BlueShield of TN - Network S	City	County
Kindred Hospital of Nashville is now Curahealth Nashville	Nashville	Davidson
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene
Lebonheur Childrens Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Extended Care Hospital terminating 12/31/2017	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Extended Care Hospital terminating 12/31/2017	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South terminating 12/31/2017	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Unicoi County Memorial Hospital Inc		
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Tennova Regional Hospital of Jackson, name changed to Tennova	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Saint Francis Hospital- Memphis	Memphis	Shelby
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital LLC	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox

BCBST Network S Hospitals for 2018

Updated 7/17/2017

BlueCross BlueShield of TN - Network S	City	County
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Southern Tennessee Medical Center- Sewannee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn
Sumner Regional Medical Center	Gallatin	Sumner
Sweetwater Hospital Association	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Childrens Hosp	Chattanooga	Hamilton
Takoma Regional Hospital	Greeneville	Greene
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Cleveland	Cleveland	Bradley
Tennova Healthcare Dyersburg Regional	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Martin	Martin	Weakley
Tennova Healthcare Newport Medical Center	Newport	Cocke
Tennova Healthcare North Knoxville Medical Center	Powell	Knox
Tennova Healthcare Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Volunteer Martin	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital Inc (Mountain States Health Alliance)	Erwin	Unicoi
Unity Medical Center (Coffee Medical Group)	Manchester	Coffee
University of Tennessee Medical Center (State, HE, LEA, LG Members Only)	Knoxville	Knox
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt Univ Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

BCBST Network S Hospitals for 2018

Updated 7/17/2017

BlueCross BlueShield of TN - Network S	City	County

When searching for out of state on our website: bcbst.com/members/TN_state
Select: Bluecard PPO – outside of TN as your network

Network S or BlueCard PPO Border State Facilities
Eliza Coffee Memorial Hospital, Florence, AL
Highlands Medical Center, Scottsboro, AL
Dekalb Regional Medical Center, Fort Payne, AL
Marshall Medical Center North, Guntersville, AL
Gordon Hospital Calhoun, GA
Adventist Health System GA, Murray Medical Center, Chatsworth, GA
Hamilton Medical Center, Inc, Dalton, GA
Cornerstone Medical Center, Fort Oglethorpe, GA
Hutcheson Medical Center in Fort Oglethorpe, GA
Marshall County Hospital, Benton, KY
Cumberland Co Hospital, Burkesville, KY
T J Samson Community Hospital, Glasgow, KY
Lourdes Inc., Paducah, KY
Jackson Purchase Medical Center, Mayfield, KY
Murray Calloway County Hospital, Murray, KY
Monroe County Medical Center, Tompkinsville, KY
Alliance Healthcare System, Inc. Holly Springs, MS
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS
North Oak Regional Medical Center Senatobia, MS
Baptist Memorial Hospital Desoto, Southaven, MS
Northern Hospital of Surry County, Mount Airy, NC
Hugh Chatam Memorial Hospital, Elkin, NC
Pioneer Health Services Hospital, Stuart, VA

West Tennessee

Updated 8/15/2017

BCBST Network S - West Tennessee	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Baptist Memorial Hospital (In Network as of 1/1/2018)	Memphis	Shelby
Baptist Memorial Hospital Tipton (In Network as of 1/1/2018)	Covington	Tipton
Bolivar General Hospital	Bolivar	Hardeman
Camden General Hospital	Camden	Benton
Decatur County General Hospital	Parsons	Decatur
Hardin Medical Center	Savannah	Hardin
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Jackson Madison County General Hospital	Jackson	Madison
Lauderdale Community Hospital	Ripley	Lauderdale
Lebonheur Childrens Medical Center	Memphis	Shelby
McKenzie Regional Hospital	Mc Kenzie	Carroll
Methodist Extended Care Hospital (Out of Network as of 12/31/2017)	Memphis	Shelby
Methodist Extended Care Hospital (Out of Network as of 12/31/2017)	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South (Out of Network as of 12/31/2017)	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Tennova Regional Hospital of Jackson (name change)	Jackson	Madison
Regional One Health	Memphis	Shelby
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Saint Francis Hospital- Memphis	Memphis	Shelby
Select Specialty Hospital Memphis	Memphis	Shelby
St Jude Childrens Research Hospital	Memphis	Shelby
Tennova Healthcare Dyersburg Regional	Dyersburg	Dyer
Tennova Healthcare Martin	Martin	Weakley
Tennova Healthcare Volunteer Martin	Martin	Weakley
Alliance Healthcare System, Inc.	Holly Springs	Mississippi
Methodist Healthcare Olive Branch Hospital	Olive Branch	Mississippi
North Oak Regional Medical Center	Senatobia	Mississippi
Baptist Memorial Hospital Desoto	Southaven	Mississippi

PARTNERS FOR HEALTH℠

West Tennessee

Updated 8/15/2017

Cigna OpenAccessPlus* - West Tennessee (*network surcharge applies)		
Baptist Memorial Hospital Desoto (Out of Network as of 12/31/2017)	Southaven	DeSoto
Baptist Memorial Hospital Memphis (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Memorial Restorative Care Hospital (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Rehabilitation Germantown (Out of Network as of 12/31/2017)	Germantown	Shelby
Delta Medical Center	Memphis	Shelby
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Regional Medical Center of Memphis	Memphis	Shelby
Saint Francis Hospital	Memphis	Shelby
Saint Francis Hospital Bartlett	Bartlett	Shelby
St. Jude Children's Research Hospital	Memphis	Shelby
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Bolivar General Hospital	Bolivar	Hardeman
Camden General Hospital	Camden	Benton
Decatur County General Hospital	Parsons	Decatur
Hardin County General Hospital	Savannah	Hardin
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Jackson Madison County General Hospital	Jackson	Madison
Lauderdale Community Hospital	Ripley	Lauderdale
McKenzie Regional Hospital	Mc Kenzie	Carroll
Milan General Hospital	Milan	Gibson
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Volunteer	Martin	Weakley

PARTNERS FOR HEALTH

West Tennessee

Updated 8/15/2017

Cigna LocalPlus - West Tennessee		
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Regional Medical Center of Memphis	Memphis	Shelby
St. Jude Children's Research Hospital	Memphis	Shelby
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Bolivar General Hospital	Bolivar	Hardeman
Camden General Hospital	Camden	Benton
Decatur County General Hospital	Parsons	Decatur
Hardin County General Hospital	Savannah	Hardin
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Jackson Madison County General Hospital	Jackson	Madison
Lauderdale Community Hospital	Ripley	Lauderdale
McKenzie Regional Hospital	Mc Kenzie	Carroll
Milan General Hospital	Milan	Gibson
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Volunteer	Martin	Weakley

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

Per our records, you **did not meet the 2017 Partnership Promise requirement to complete the Biometric Screening by the July 15, 2017 deadline**.

The Partnership Promise requirements were provided to you in the 2017 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

Since January, you have been paying lower monthly premiums, or you may have received HSA funds, in exchange for completing the Partnership Promise requirements. It is important to complete the Biometric Screening as soon as possible to fulfill the 2017 Partnership Promise requirements. It is not too late. Just go to www.partnersforhealthtn.gov and click on "Complete Your Biometric Screening at the top of the page in the Quick Links box. This will take you to the website to complete your Biometric Screening.

If you have questions, please call our Customer Service at 1.888.741.3390. Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central time).

Sincerely,

The ParTNers for Health Wellness Program Team

SAMPLE

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 1.866.576.0029. If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

هاتف -800-848-0298).1 برقم اتصل .بالمجان لك تتوافر ةىاللغو المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة -576-0029- رقم) 866 والبكم الصم: 1

Do I need to keep my receipts for HSA (Health Savings Account) purchases?

You should keep all your receipts from HSA purchases. These will show that you used your HSA funds for qualified medical expenses.

You are responsible for being able to prove to the IRS, in case you are audited, that any funds taken out of the account are for an IRS-approved healthcare expense – regardless of whether the funds were paid by check directly to the provider using the PayFlex website, using your HSA debit card, or if you paid it out of your own funds and then reimbursed yourself from your HSA.

It's a Simple Tap with the PayFlex Mobile App

On both the mobile app and PayFlex website, you can simply upload your receipt or EOB and attach it to the HSA payment for safe and easy storage.

Changing Your Contribution Amount

If you need to change your contribution to your HSA, State employees can do so in Edison and Higher Education employees and Local Education and Local Government employees should see their agency benefits coordinator to do so.

Here are some additional HSA resources from the PayFlex website:

Common Eligible Expenses
HSA Quick Reference Guide
HSA Investments Quick Reference Guide
HSA Road Rules
PayFlex Card Flyer

Please feel free to respond to this email with any questions, and someone from Benefits Administration will be happy to help.

Our email address is:
benefits.info@tn.gov

PARTNERS FOR HEALTH

Verifying Your PayFlex Card Purchases

Thanks to all FSA members who are sending documentation to PayFlex to verify purchases when requested. We appreciate your efforts, and together, we are making great progress. We are sending this reminder again for those who may have missed it the first time around. Remember, you will need to submit the full EOB from your health insurance, dental insurance, or vision insurance carrier – not an abbreviated or estimated charge. PayFlex cannot accept those for claims substantiation, per IRS rules. -Benefits Administration

The Internal Revenue Service (IRS) requires PayFlex to verify that all card purchases are eligible. There may be times during the plan year when PayFlex will ask you to send documentation for a card purchase. If you receive a request, make sure to respond promptly or your card may be suspended.

Common Scenarios when PayFlex may need documentation:

1. You used the PayFlex card for an expense that was "estimated" or "pending."

2. The description PayFlex received from the merchant doesn't list the actual "type" of service/expense.
3. You used your PayFlex card at a merchant that doesn't accept health care needs.

How will I know if PayFlex needs documentation:
If PayFlex needs documentation from you for a card purchase, we'll post an alert message on the PayFlex member website. Or we'll send you a request for documentation notice by e-mail or mail, based on your account settings.

Sign up for PayFlex debit card alerts:
You can sign up to receive e-mail notifications to let you know when we need documentation from you. Log in to your PayFlex member website: https://stateoftn.payflexdirect.com/EmployeeLogin.aspx and click My Settings. Select the notifications link to get started. Be sure to sign up for the Debit Card Substantiation Notification and Request for Documentation letter.

Also, please check out this how-to video on verifying a debit card purchase.

Please feel free to respond to this email with any questions, and someone from Benefits Administration will be happy to help.

Our email address is:
benefits.info@tn.gov

Verifying Your PayFlex Card Purchases

Thanks to all Limited Purpose FSA members who are sending documentation to PayFlex to verify purchases when requested. We appreciate your efforts, and together, we are making great progress. We are sending this reminder again for those who may have missed it the first time around. Remember, you will need to submit the full EOB from your health insurance, dental insurance, or vision insurance carrier – not an abbreviated or estimated charge. PayFlex cannot accept those for claims substantiation, per IRS rules. -Benefits Administration

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3. You used your PayFlex card at a merchant that doesn't accept health care needs.

How will I know if PayFlex needs documentation:
If PayFlex needs documentation from you for a card purchase, we'll post an alert message on the PayFlex member website. Or we'll send you a request for documentation notice by e-mail or mail, based on your account settings.

Sign up for PayFlex debit card alerts:
You can sign up to receive e-mail notifications to let you know when we need documentation from you. Log in to your PayFlex member website: https://stateoftn.payflexdirect.com/EmployeeLogin.aspx and click My Settings. Select the notifications link to get started. Be sure to sign up for the Debit Card Substantiation Notification and Request for Documentation letter.

Also, please check out this how-to video on verifying a debit card purchase.

Please feel free to respond to this email with any questions, and someone from Benefits Administration will be happy to help.

Our email address is:
benefits.info@tn.gov

August 25, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Revised - 2018 Network Facility Lists

Some facilities were not included on the network lists sent to ABCs last Friday. Attached are updated lists of 2018 facilities for BCBST Network S, Cigna LocalPlus, Cigna OAP that show which facilities are coming in and out of networks. **Note: These lists could change.**

As a reminder - it is important for members to search for their preferred providers when making decisions about their network. Members should call the carriers, BCBST and Cigna directly to ask about 2018 providers. Contact information for our vendors is on the **ParTNers for Health website** under "**Contact Us**."

Benefits Administration will send a letter in mid-September to impacted BCBST and Cigna OAP members in West Tennessee alerting them of the network changes. The letter will include the lists of network hospitals available to these members. We will share a copy of the letter with agency benefits coordinators (ABCs) when it is available.

2018 Medicare Supplement Rates

There will be no premium increase for Medicare Supplement members in 2018. The total monthly premium rate remains $138.47 for plan year 2018. Letters will be mailed to members at the end of September.

Current Medicare Supplement plan members will continue to use the same ID card they have now in 2018.

Here are the rates approved by the Insurance Committee:

PREMIUMS EFFECTIVE JANUARY 2018		
Base Monthly Premium	$ 138.47	
	State Support	Retiree Pays
30+ years of service	$ 50.00	$ 88.47
20-29 years of service	$ 37.50	$ 100.97
15-19 years of service	$ 25.00	$ 113.47
Less than 15 years of service	$ 0.00	$ 138.47
Dependents (spouses)	$ 0.00	$ 138.47
Local education support staff	$ 0.00	$ 138.47
Local government	$ 0.00	$ 138.47

ABC Workshop Is Next Week

We will be holding an ABC Workshop on Annual Enrollment Dos and Don'ts on Thursday, August 31, 2017, at 1 p.m. Central time.

Please register in Edison ELM. If you are unable to register, you can join the meeting via the WebEx link below:

1. Go to https://tngov.webex.com/tngov/k2/j.php?MTID=t18b1850add76541fa61dffd43535060b
2. Enter your name and email address.
3. Enter the session password: workshop.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

Session number: 647 020 894
Session password: workshop

2018 Annual Enrollment Dates
As a reminder, annual enrollment will take place the following dates:

State and Higher Education:
Monday, Oct. 2, 2017-Friday, Oct. 13, 2017. Deadline is 4:30 p.m. Central on Oct. 13.

Local Education, Local Government and Retirees:
Monday, Oct. 2, 2017-Friday, Oct. 27, 2017. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail mid-September
- 2018 benefits information, including NEW animated videos, will be on **partnersforhealthtn.gov** on **September 1**

Reminder – Weekly Annual Enrollment ABC Conference Calls
As a reminder, Benefits Administration will start **weekly** ABC calls after the Labor Day holiday. Weekly calls will stop two weeks after the annual enrollment period ends. The call dates are below:

Local Ed and Local Gov: Weekly calls every Tuesday, September 12 – November 7
State and Higher Ed: Weekly calls every Tuesday, September 12 – October 24

Regular monthly ABC conference calls will resume on Tuesday, November 14.

Decision Guide Order Form
The form for ABCs to order extra Decision Guides is available **here** at the top of the ABC webpage. Remember, all eligible employees will get guides in the mail prior to annual enrollment.

You should order guides for any new hires you will have from September through December 2017. Please submit your form as soon as you can. **We will take the form off the ABC webpage on August 31, 2017.**

State Offices Closed Monday, September 4

State offices and the Benefits Administration Service Center will be closed on Monday, Sept. 4, for the Labor Day holiday.

The Healthways call center will also be closed on Monday, Sept. 4.

Attachments: 2018 Cigna LocalPlus Hospitals_082317
2018 Cigna Open Access Plus Hospitals_082317
BCBST Network S Hospitals_revised_082517

Cigna LocalPlus Hospitals for 2018

Updated 8/23/2017

Cigna LocalPlus	City	County
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Blount Memorial Hospital	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne County Hospital	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
Dickenson Community Hospital	Clintwood	Dickenson
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston

Cigna LocalPlus Hospitals for 2018

Updated 8/23/2017

Cigna LocalPlus	City	County
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Johnston Memorial Hospital	Abingdon	Washington
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greenville	Greene
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Lonesome Pine Hospital	Big Stone Gap	Wise
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Medical Center of Manchester	Manchester	Coffee
Methodist Germantown Hospital	Germantown	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center	Norton	Wise
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Norton Community Hospital	Norton	Wise
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Parkwest Medical Center	Knoxville	Knox

Cigna LocalPlus Hospitals for 2018

Updated 8/23/2017

Cigna LocalPlus	City	County
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Medical Center of Memphis	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Russell County Medical Center	Lebanon	Russell
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - Nashville	Nashville	Davidson
Select Specialty Hospital - North Knoxville	Powell	Knox
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Skyline Medical Center	Nashville	Davidson
Smyth County Community Hospital	Marion	Smyth
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
St. Jude Children's Research Hospital	Memphis	Shelby
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Sweetwater Hospital	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Children's Hospital	Chattanooga	Hamilton
Takoma Regional Hospital	Greenville	Greene
Tennova Cleveland	Cleveland	Bradley
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson (In Network as of 8/1/2017)	Jefferson City	Jefferson
Tennova Healthcare LaFollette (In Network as of 8/1/2017)	La Follette	Campbell

Cigna LocalPlus Hospitals for 2018

Updated 8/23/2017

Cigna LocalPlus	City	County
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Newport (In Network as of 8/1/2017)	Newport	Cocke
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Volunteer	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi
Unityl Medical Center	Manchester	Coffee
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Williamson Medical Center	Franklin	Williamson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Baptist Memorial Hospital Desoto (Out of Network as of 12/31/2017)	Southaven	DeSoto
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Memphis (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Rehabilitation Germantown (Out of Network as of 12/31/2017)	Germantown	Shelby
Blount Memorial Hospital	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne County Hospital	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
Delta Medical Center	Memphis	Shelby
Dickenson Community Hospital	Clintwood	Dickenson
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Johnston Memorial Hospital	Abingdon	Washington
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greenville	Greene
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Lonesome Pine Hospital	Big Stone Gap	Wise
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Medical Center of Manchester	Manchester	Coffee
Memorial Hospital	Chattanooga	Hamilton
Memorial North Park Hospital (Hixson)	Hixson	Hamilton
Methodist Germantown Hospital	Germantown	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center	Norton	Wise
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Norton Community Hospital	Norton	Wise
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Medical Center of Memphis	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Russell County Medical Center	Lebanon	Russell
Saint Francis Hospital	Memphis	Shelby
Saint Francis Hospital Bartlett	Bartlett	Shelby
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Hickman Hospital	Centerville	Hickman
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas Hospital for Specialty Surgery	Nashville	Davidson
Saint Thomas Midtown Hospital	Nashville	Davidson
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Rutherford Hospital	Murfreesboro	Rutherford
Saint Thomas Stones River Hospital	Woodbury	Cannon
Saint Thomas West Hospital	Nashville	Davidson
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - Nashville	Nashville	Davidson
Select Specialty Hospital - North Knoxville	Powell	Knox
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Skyline Medical Center	Nashville	Davidson
Smyth County Community Hospital	Marion	Smyth
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
St. Jude Children's Research Hospital	Memphis	Shelby
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Sumner Regional Medical Center	Hartsville	Sumner

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Sweetwater Hospital	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Children's Hospital	Chattanooga	Hamilton
Takoma Regional Hospital	Greenville	Greene
Tennova Cleveland	Cleveland	Bradley
Tennova Healthcare - North Knoxville Medical Center	Powell	Knox
Tennova Healthcare - Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare - Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson	Jefferson City	Jefferson
Tennova Healthcare LaFollette	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Newport	Newport	Cocke
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Volunteer	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi
Unity Medical Center	Manchester	Coffee
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Williamson Medical Center	Franklin	Williamson

BCBST Network S Hospitals for 2018

Updated 08/25/2017

BlueCross BlueShield of TN - Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Baptist Memorial Hospital, in-network, effective 1/1/2018	Memphis	Shelby
Baptist Memorial Hospital Tipton, in-network, effective 1/1/2018	Covington	Tipton
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Kindred Hospital of Nashville is now Curahealth Nashville	Nashville	Davidson
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene

BCBST Network S Hospitals for 2018

Updated 08/25/2017

BlueCross BlueShield of TN - Network S	City	County
Lebonheur Childrens Medical Center - will remain in-network	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Extended Care Hospital terminating 12/31/2017	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Extended Care Hospital terminating 12/31/2017	Germantown	Shelby
Methodist Germantown Hospital - terminating 12/31/2017	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South terminating 12/31/2017	Memphis	Shelby
Methodist North Hospital - terminating 12/31/2017	Memphis	Shelby
Methodist University Hospital, doing business as Methodist Memphis Healthcare - terminating 12/31/2017	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Unicoi County Memorial Hospital Inc	Erwin	Unicoi
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Tennova Regional Hospital of Jackson, name changed to Tennova	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Saint Francis Hospital- Memphis	Memphis	Shelby
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital LLC	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Southern Tennessee Medical Center- Sewannee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby

PARTNERS FOR HEALTH℠

BCBST Network S Hospitals for 2018

Updated 08/25/2017

BlueCross BlueShield of TN - Network S	City	County
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn
Sumner Regional Medical Center	Gallatin	Sumner
Sweetwater Hospital Association	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Childrens Hosp	Chattanooga	Hamilton
Takoma Regional Hospital	Greeneville	Greene
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Cleveland	Cleveland	Bradley
Tennova Healthcare Dyersburg Regional	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Martin	Martin	Weakley
Tennova Healthcare Newport Medical Center	Newport	Cocke
Tennova Healthcare North Knoxville Medical Center	Powell	Knox
Tennova Healthcare Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Volunteer Martin	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital Inc (Mountain States Health Alliance)	Erwin	Unicoi
Unity Medical Center (Coffee Medical Group)	Manchester	Coffee
University of Tennessee Medical Center (State, HE, LEA, LG Members Only)	Knoxville	Knox
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt Univ Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

When searching for out of state on our website: bcbst.com/members/TN_state
Select: Bluecard PPO – outside of TN as your network

Network S or BlueCard PPO Border State Facilities
Eliza Coffee Memorial Hospital, Florence, AL
Highlands Medical Center, Scottsboro, AL

BCBST Network S Hospitals for 2018

Updated 08/25/2017

BlueCross BlueShield of TN - Network S	City	County
Dekalb Regional Medical Center, Fort Payne, AL		
Marshall Medical Center North, Guntersville, AL		
Gordon Hospital Calhoun, GA		
Adventist Health System GA, Murray Medical Center, Chatsworth, GA		
Hamilton Medical Center, Inc, Dalton, GA		
Cornerstone Medical Center, Fort Oglethorpe, GA		
Hutcheson Medical Center in Fort Oglethorpe, GA		
Marshall County Hospital, Benton, KY		
Cumberland Co Hospital, Burkesville, KY		
T J Samson Community Hospital, Glasgow, KY		
Lourdes Inc., Paducah, KY		
Jackson Purchase Medical Center, Mayfield, KY		
Murray Calloway County Hospital, Murray, KY		
Monroe County Medical Center, Tompkinsville, KY		
Alliance Healthcare System, Inc. Holly Springs, MS		
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS		
North Oak Regional Medical Center Senatobia, MS		
Baptist Memorial Hospital Desoto, Southaven, MS		
Northern Hospital of Surry County, Mount Airy, NC		
Hugh Chatam Memorial Hospital, Elkin, NC		
Pioneer Health Services Hospital, Stuart, VA		

September 1, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

2018 Decision Guides

A PDF of the 2018 Decision Guide for your plan is attached. Note: This version does include a few minor edits that were completed after the guide was sent to the printer. These minor edits will NOT be in the printed versions mailed to eligible employees. If possible, we have noted where we have added information or made an edit in red font.

State: We made an edit on page 15 in the Long Term Disability Insurance Options chart. Under "% of Gross Annual Salary Paid Monthly", under Option 1, we made a correction and changed the last word from weekly to monthly. Also, on page 20 in the FSA section, we have corrected a link to the Benefits Administration publication webpage. These changes are not in red font.

Links to digital PDFs of all of the guides have been posted on the **ParTNers for Health website under the Enrollment tab, Enrollment Material**.

Ordering Decision Guides

Benefits Administration is no longer accepting pre-orders for 2018 Decision Guides. If you did not submit a pre-order but need copies, please complete a regular order form and mail or fax it to our office. Links to the order forms are available on the **ABC webpage** by plan. Please write in 2018 Decision Guide on the form.

Remember, you should order guides for any new hires you will have from Sept. through Dec. 2017.

2018 Annual Enrollment Dates

As a reminder, annual enrollment will take place the following dates:

State and Higher Education:

Monday, Oct. 2, 2017-Friday, Oct. 13, 2017. Deadline is 4:30 p.m. Central on Oct. 13.

Local Education, Local Government and Retirees:

Monday, Oct. 2, 2017-Friday, Oct. 27, 2017. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail mid-September
- 2018 benefits information and links to NEW animated videos are on **partnersforhealthtn.gov**

Weekly Annual Enrollment ABC Conference Calls

Benefits Administration will start **weekly** ABC conference calls on Sept. 12. Weekly calls will stop two weeks after the annual enrollment period ends. The call dates are below:

Local Ed and Local Gov: Weekly calls every Tuesday, Sept. 12 through Nov. 7
State and Higher Ed: Weekly calls every Tuesday, Sept. 12 through Oct. 24

Regular monthly ABC conference calls will resume on Tuesday, Nov. 14.

State Offices Closed Monday, September 4
State offices and the Benefits Administration Service Center will be closed on Monday, Sept. 4, for the Labor Day holiday.

The Healthways call center will also be closed on Monday, Sept. 4.

Attachments: 2018 State and Higher Ed Decision Guide
2018 Local Ed Decision Guide
2018 Local Gov Decision guide
2018 Retiree Decision Guide

PARTNERS FOR HEALTH

2018 Decision Guide

State and Higher Education

active employees and COBRA participants

ANNUAL ENROLLMENT PERIOD

Two Weeks

October 2-13, 2017

Revised 08/28/17

Your 2018 benefits

We are pleased to provide you with your 2018 Decision Guide. This guide includes all of the benefit options offered so that you and your family can make informed choices about what best fits your needs.

The State of Tennessee Division of Benefits Administration is committed to providing a wide range of comprehensive, affordable and dependable coverage options among other new benefits. In 2018, we are delighted to offer a voluntary wellness program to replace the Partnership Promise. The voluntary wellness program is not tied to any health plan. All eligible state and higher education members can participate and will be rewarded with money in their paychecks for completing certain requirements. There is more information about the program in the health benefits section. We will share additional wellness program information in late 2017 and throughout 2018.

To help you understand all of your benefits, we have posted links to NEW animated videos on our ParTNers for Health website at partnersforhealthtn.gov. These short videos can help you learn about your plan options and what everything means.

You can also find more information on our website listed above. If you have questions about eligibility and enrollment, call the Benefits Administration Service Center at 800.253.9981, Monday-Friday, 8 a.m. - 4:30 p.m. Central time. We hope you find this guide helpful as you make your important benefits decisions.

Laurie Lee, Executive Director, Benefits Administration
State of Tennessee, Department of Finance & Administration

Want to learn more about your 2018 benefits?

Attend a webinar:

Tuesday, Oct. 3 — 1-2 p.m.

Friday, Oct. 6 — 1-2 p.m.

Monday, Oct. 9 — 11 a.m.-12 p.m.

Wednesday, Oct. 11 — 11 a.m.-12 p.m.

Login instructions can be found at partnersforhealthtn.gov.
All times listed are in the Central Time Zone.

Watch a video:

Insurance 101

Plan versus network

Health insurance options

Voluntary products options

These and more are available at partnersforhealthtn.gov/.

Tennessee Department of Finance and Administration. Authorization Number 317379, 91,000 copies, August 2017.
This public document was promulgated at a cost of $0.31 per copy.

Are you ready?

✓ Enrollment checklist

☐ Read this guide.	At www.partnersforhealthtn.gov you will also find a pdf.
☐ Gather a list of your doctors, hospitals and medications.	Be sure to gather this same information for every family member.
☐ Gather your dependent verification documents if you are adding dependents for the first time.	You will upload documentation in Edison or fax it. Directions are on page 23.
☐ Contact providers.	Ask them if your doctors and hospitals are in-network in 2018. Find out if your prescriptions are on the list of covered drugs.
☐ Visit the ParTNers for Health website, www.partnersforhealthtn.gov.	For benefits information, insurance terms and FAQs.
☐ Watch animated videos at www.partnersforhealthtn.gov.	New this year, they include insurance 101, the difference between a plan and network and why a CDHP might be right for you, to name a few.
☐ Choose your health insurance option, tier and network.	You will enroll using ESS in Edison. Directions are on page 23.
☐ Choose your voluntary benefits — disability, dental, vision and life.	You will enroll using ESS in Edison. Directions are on page 23.
☐ Decide if a flexible spending account (FSA) is right for you.	You can choose from medical, limited purpose, dependent care and transportation and parking. More on page 20.

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Need help?

The Benefits Administration service center is available M-F 8 a.m. - 4:30 p.m. (Central time) at 800.253.9981 or 615.741.3590 to answer questions about eligibility and enrollment. You can also search the help desk, find articles or submit a question at https://benefitssupport.tn.gov/hc/en-us.

Contact the vendor's customer service center or visit their website found on the inside back cover.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

The ParTNers for Health website has a wealth of information on benefits at partnersforhealthtn.gov. It also includes definitions of insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at https://www.tn.gov/finance/section/fa-benefits. This includes brochures and handbooks for all benefits offered. Plan documents, summaries of benefits and coverage (SBC) and sample life insurance certificates are available.

Annual enrollment

Your annual enrollment period for 2018 insurance benefits is October 2 through October 13, 2017, for most programs.

- Deadline to make changes is October 13 at 4:30 p.m. Central time.
- Choices are effective January 1–December 31, 2018.

If you are adding dependents (spouse and/or children) for the first time to coverage:

- You must submit dependent verification documents by October 13 at 4:30 p.m. Central time.
- Proof of dependent's eligibility must show the date of birth, or marriage or placement of adoption as required.
- A list of dependent eligibility verification documents is found on the Benefits Administration website at www.tn.gov/finance/section/fa-benefits under Forms.

After annual enrollment, you can only add or cancel coverage if you:

- Lose eligibility
- Have a qualifying event/family status change (e.g., birth, marriage, adoption, loss of other coverage, divorce, etc.)

Types of coverage (premium tier)

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

Family Coverage — Coverage other than "employee only" is considered family coverage.

What's important in 2018?

Even if you don't make any changes, you should review your enrollment every year. The plans, networks and benefits may change and impact you.

Health Plan Options

Three health plan options will be offered.

1. **Premier PPO** (formerly called the Partnership PPO)
   - » Premier PPO has the same benefits, coverage and out-of-pocket costs (copays, coinsurance, deductibles) as the 2017 Partnership PPO
   - » Premier PPO premiums will be **higher** than in 2017
   - » Partnership PPO (and No Partnership PPO) members **will automatically be moved** to the Premier PPO unless they enroll in a different plan **(members will receive a notice about this change)**
   - » Enrollment is not tied to wellness participation
2. **Standard PPO**
   - » Premiums will be **lower** than in 2017
   - » Benefits will be the same as in 2017
3. **CDHP/HSA**
   - » Premiums will be **lower** than in 2017
   - » The state HSA funding will be **$250/$500 if enrolled prior to 9/2/18**
   - » State HSA funds are not tied to wellness activities

Networks

You will have the choice of three networks of doctors and facilities. Always check the network for your providers as changes can occur.

1. BlueCross BlueShield Network S
2. Cigna LocalPlus
3. Cigna Open Access Plus — this is a larger, broad network but costs more each month. Go to page 5 to learn more.

New

Disability: Disability insurance will be offered to state and higher education employees. Go to page 14 to learn more.

- **State:** Short term disability and long term disability will be offered (employee only).
- **Higher Education:** Short term disability will be offered (employee only).

Changes

Wellness Program: State and higher education members in any plan can earn **cash incentives** for completing certain wellness activities. Go to page 8 to learn more.

- All wellness activities will be voluntary. This means that members are **not required** to complete any wellness program requirements.
- Wellness will no longer be part of any health plan.

Vision: The new vision insurance vendor will be Davis Vision. Premiums will decrease. If you have vision coverage and want to keep it, you do **not** have to reenroll in Davis Vision. It is important for you to check the network for your provider. The network directory may be found at davisvision.com/StateofTN.

Dental: Dental insurance premiums will increase — MetLife premiums by 3.6% and Cigna premiums by 3.5%.

Long Term Care: This program is closing to new members as of December 31, 2017. If enrolled, you can keep this coverage, but you will do so with the insurance company, MedAmerica. MedAmerica will mail information to enrolled members. All eligible employees and dependents can still enroll in this coverage through December 31, 2017. Payroll deductions will stop after November 30, 2017, and after this date, members will pay premiums directly to MedAmerica.

Voluntary term life insurance has been changed to allow a member to port (continue) one half of the coverage value the member had as an active employee or spouse upon leaving employment. The employee maximum is $250,000.

What can I do?

- Review your current enrollment choices
- Enroll in or cancel health insurance for yourself and your eligible dependents
- Choose or change your health insurance plan option
- Choose or change your health insurance vendor & network
- Enroll in, cancel or change dental and vision insurance
- Enroll in or cancel voluntary accidental death and dismemberment (AD&D) coverage
- Apply for, cancel, increase or decrease voluntary term life insurance coverage amounts (if eligible)
- Enroll in NEW short term and long term disability insurance (state employees)
- Enroll in NEW short term disability insurance (higher education employees)
- Enroll in flexibile spending accounts

What do I have to do?

If you want to stay in your current health plan, you don't have to reenroll during annual enrollment. But there are benefit changes. Please review your benefits to make sure they will be the best fit for you in 2018.

Note: Premiums for each plan will change. The benefits and cost sharing for the health plan options (your out-of-pocket costs and what the plan pays) will **not** change in 2018. The state HSA funding will decrease. The Partnership PPO name will change to Premier PPO.

CDHP/HSA: State employees who enroll in the CDHP and contribute to the HSA will need to update this amount each year (in ESS in Edison). **Higher education employees** are not required to update the HSA amount each year, but if you want to change your contribution, contact your ABC.

Flexible Spending Accounts (FSA): You must enroll or reenroll in FSAs. The exception is transportation and parking (state employees only), and you can enroll any time.

- State employees: Enroll in ESS in Edison
- Higher Education employees: Enroll on the PayFlex website (stateoftn.payflexdirect.com)

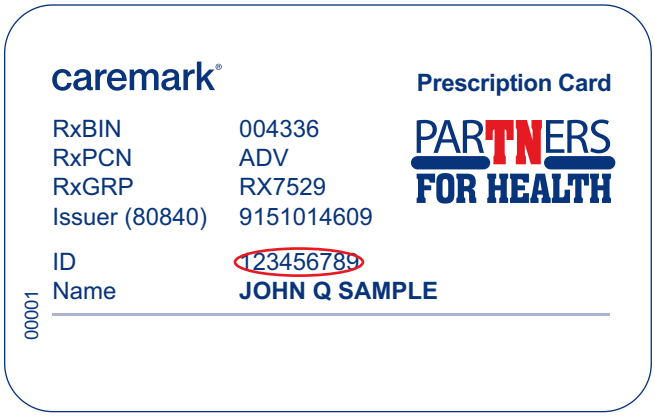
ID cards

- All members will get new medical ID cards.
- If you are new to health insurance, you will get a new pharmacy ID card. Members who are currently enrolled in health insurance but change their plan during annual enrollment will get a Welcome Kit from CVS/caremark, but not an ID card.
- If you are new to dental coverage or make a change to current coverage, you will get a new dental ID card.
- All members enrolled in vision coverage will get new vision ID cards.

Need a new card? You can call your insurance vendor to ask for extra cards or print a temporary card from their website. Some vendors also show ID cards on their mobile apps.

Caremark Pharmacy Card

You can find your Edison ID on your Caremark pharmacy card.



Debit cards

Health Savings Account (HSA) & Flexible Spending Account (FSA)

- If you enroll in a CDHP/HSA, a medical FSA or limited purpose FSA, you will receive a PayFlex debit card for your qualified expenses.
- If you enroll in a CDHP and have a limited purpose FSA, you will use one debit card with all of your information loaded on it. The limited-purpose FSA funds, when applicable, will be used before any of your HSA funds.
- If you received a PayFlex debit card last year, you can use the same card for any FSA or HSA accounts you have in 2018.

2018 health benefits

Health insurance

You get the choice of a health plan and a network.

Health Plan Options

There are three health options — you choose one. Each option has different out-of-pocket costs for copays, deductibles, coinsurance and out-of-pocket maximums. For all options, you won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider.

- **Premier PPO:** Highest premiums, but **you** pay **less** for copays at the doctor's office and pharmacy than the Standard PPO and less in coinsurance than the Standard and CDHP. It has the same coverage and cost sharing as last year's Partnership PPO.
- **Standard PPO:** Lower premiums than the Premier PPO, but **you** pay **more** for copays at the doctor's office and pharmacy. It has the same coverage and cost sharing as last year's Standard PPO.
- **Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA):** Lower premiums and a lower out of pocket maximum, but you have a higher deductible. You get a HSA — to use for qualified healthcare expenses, including your deductible and to save for retirement.
  - » The state contributes to your HSA ($250 employee only/$500 family tiers*), and you can contribute to this account with pre-tax dollars from each paycheck.
  - » Instead of paying a high premium, you could take the money you save in premiums for this plan versus a PPO and put it in your HSA. You can use your HSA money to pay for your deductible and other healthcare costs or save it.
  - » And the account rolls over — you keep your money in your HSA at the end of the year!

***If your insurance coverage starts on or after Sept. 2 through the end of 2018, the state will not contribute funds to your HSA in 2018.**

How does the CDHP/HSA work?

- **You pay for your healthcare differently.** When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum. **For all of your care, as long as you use network providers, you get discounted network rates.**
  - » For certain 90-day maintenance drugs (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy. Check with your pharmacist or CVS/caremark if you have questions.
- **You get a HSA to save!** The state will put money into your account, and you can contribute too. For example, you can put the difference in premiums between the CDHP and PPO (premium savings) into your account each month.

  You can use your HSA money to pay for your out-of-pocket costs like your deductible, coinsurance for doctor's visits and prescription drugs.
  - » Your HSA money rolls over each year — you keep it if you leave or retire.
  - » When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).
  - » There is a limit on how much money you can put in your HSA each year (includes employer contributions):
    - 2018 maximum HSA contribution amounts:

      $3,450 for employee only (includes the $250 state HSA contribution)

      $6,900 for all other tiers (includes the $500 state HSA contribution)

      Members 55 or older can save an extra $1,000 in a catch up contribution during the plan year
- **You save money on taxes!** Your HSA contributions can be pre-tax — put money from your paycheck directly into your account by payroll deduction. This lowers your taxable income, saving you money. Your employer contributions are tax free, and qualified medical expenses are also tax free.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to stateoftn.payflexdirect.com to learn more.
- **Certain restrictions**: You cannot enroll in a CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.
  - » Generally, members eligible to receive free care at any VA facility cannot enroll in the CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if the following applies:
    - Member did not receive any care from a VA facility for three months, or
    - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
    - Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.
  - » You cannot have a HSA if you or your spouse are enrolled in a medical flexible spending account (FSA) or a HRA. Instead, you can enroll in a limited purpose FSA for dental and vision costs.

Member Costs at a Glance

ALL COSTS ARE IN-NETWORK	PREMIER PPO	STANDARD PPO	CDHP/HSA
Primary doctor's visit copays	$25	$30	20% coinsurance (after you meet the deductible)
Coinsurance (after deductible)	10%	20%	20%
Deductible	$500/$1,250	$1,000/$2,500	$1,500/$3,000
Out-of-pocket maximum	$3,600/$9,000	$4,000/$10,000	$2,500/$5,000

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

The state HSA funding will be $250 employee only/$500 for all other tiers. If your insurance coverage starts on or after Sept. 2 through the end of 2018, the state will not contribute funds to your HSA in 2018.

Network Options

You choose one of three networks of doctors and facilities.

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

Each network has providers (doctors and facilities) across Tennessee and the country. Providers can move in and out of networks. It's important to check the networks carefully for the doctor(s) or hospital you want when making your choice. Note: If you use providers outside of the network, you will be charged out-of-network rates.

Did you know? Your network vendor's (BlueCross BlueShield or Cigna) website may have tools and resources to help you find out how much a procedure or test could cost. Contact information for our vendors is found below.

HEALTH INSURANCE VENDORS		
CONTACT	PHONE	WEBSITE
BCBST	800.558.6213 M-F, 7-5	bcbst.com/members/tn_state
Cigna	800.997.1617 24/7	cigna.com/stateoftn

Terms and definitions

CDHP— consumer-driven health plan, a type of medical insurance or plan that generally has a higher deductible and lower monthly premiums. Typically, you take responsibility for covering health care expenses until your deductible is met. Once you meet your deductible, coinsurance applies up to the out-of-pocket maximum.

coinsurance— the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies, depending on the total charge for a service.

copay— a flat dollar amount that you pay for certain services like doctor office visits and prescriptions.

cost sharing— the share of costs covered by your insurance that you pay out of your own pocket.

deductible— a fixed dollar amount you must pay each year before the plan pays for services that require coinsurance.

disability elimination (waiting) period— the length of time between when an injury or illness begins and receiving benefit payments from an insurer.

network— a group of doctors, hospitals and other healthcare providers contracted with a health insurance carrier to provide services to plan members for set fees.

OOPM— out-of-pocket maximum, the most you will pay for services in any given year. The out-of-pocket maximum does not include premiums. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your eligible expenses for the rest of the year. There are separate maximums for in-network and out-of-network services.

plan— provides or pays a portion of the cost of medical care and determines how much you pay in premiums, copays and coinsurance.

PPO— preferred provider organization, gives plan participants access to a network of doctors and facilities that charge pre-negotiated (and typically discounted) fees for the services they provide to members. Plan participants may self-refer to any doctor or specialist in the network. The benefit level covered through the plan typically depends on whether the member visits an in-network or out-of-network provider when seeking care.

Benefits included with health insurance

Pharmacy

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

Maintenance Drugs: There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price for these certain medications, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication. The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD), and diabetes (oral medications, insulins, needles, test strips and lancets).

Certain Low-Dose Statins: Eligible members will be able to receive these medications in-network at zero cost share in 2018. These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

Copay Installment Program: Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at info.caremark.com/stateoftn, register and log in, or by calling CVS/caremark customer care at 877.522.8679. This benefit is only for 90-day mail order prescriptions provided by CVS/Caremark mail order. This does not apply to specialty medications.

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

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

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

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

The following quit aids are FREE under the pharmacy benefit:

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

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

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. To learn more, go to info.caremark.com/stateoftn. You must register to view your prescription history and costs.

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	CDHP/HSA
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

*These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.
**Specialty Pharmacy Tier: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

Telehealth

24/7 Care — When You Need It

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

When to use Telehealth

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

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

Cost

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

More Information

You must pre-register with your network vendor to use Telehealth.

BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at bcbst.com
- Look for PhysicianNow
- 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

Behavioral Health & Substance Use Services

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

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

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

Learn more about your behavioral health benefit by visiting Here4TN.com. A provider directory with a search feature is available on the website.

Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) is also administered by Optum. It is available to all benefits-eligible employees and eligible dependents, as well as COBRA participants. Receive five EAP visits, per situation, per year at no cost to you.

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

Optum knows you are busy, and they want to provide you with information when you need it. All you have to do is call 855. Here4TN (855.437.3486).

Coming Soon! Take Charge at Work: Starting in the fall of 2017, you will have access to a telephonic program that helps you identify your triggers and recognize and manage symptoms of stress and depression. More details to come, including how to see if you qualify for the program.

2018 Wellness Voluntary Rewards Program

In 2018, the wellness program will be voluntary. The "Partnership Promise" will go away and will no longer be part of any health plan. This means that members **will NOT be required** to complete any wellness program activities.

However, state and higher education members and enrolled spouses can get **cash rewards** for participating in the voluntary wellness program. You can get money deposited through payroll* by completing certain activities and programs.

Here's how it works:

Regardless of the health plan you choose, members and enrolled spouses will first complete two requirements that may make them eligible for other programs. These requirements are:

- Health risk assessment (online questionnaire)
- Biometric screening

After members complete these two requirements, they will receive a cash deposit into their paycheck. Then, they'll find out if they qualify for other rewards and programs. Members who qualify can also get cash rewards for completing one or more programs. These additional programs could include:

- Weight loss/weight management program
- Tobacco cessation program
- Wellness counseling (diet, stress, exercise, etc.)
- Disease management program
- Diabetes Prevention Program (DPP)

There will also be wellness challenges, educational tools and other online wellness resources to help members track their results and progress.

The new voluntary wellness program begins on January 1, 2018. All eligible members and spouses will receive more information on how participants qualify for cash rewards **in the mail from the wellness vendor.**

***Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.**

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

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

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

All members have access to wellness and fitness center discounts through your health insurance network vendor (BlueCross BlueShield or Cigna). Go to your vendor's website to learn more.

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Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.

2011-2016 Partnership Promise Wellness Program Successes

- **High participation** - an average of 86% of plan members who agreed to the Partnership Promise consistently completed all requirements since the program began.
- **5:1** Return on Investment (ROI) for Disease Management in 2015 - that means for every one dollar spent, we saved five dollars.
- **Members** in a "Partnership" plan **received more appropriate care.**

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program available to all state and higher education employees and spouses enrolled in health 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 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 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 assessment or to participate in the biometric screening or other medical examinations.

Although you are not required to complete the health questionnaire or participate in the biometric screening, only employees and spouses who do so are eligible to receive cash incentives.

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.

The information from your health questionnaire 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. It may also be used to offer you services through the wellness program such as weight management, 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, weight management vendor 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, you will be notified 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.

2018 benefit comparison

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

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO	
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 Use [2] • Including telebehavioral health	$25 copay	$45 copay	$30 copay	$50 copay
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging)	10% coinsurance		20% coinsurance	
All Reading, Interpretation and Results	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
Chiropractic • 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)	

CDHP/HSA	
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	
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	

Generally, the higher the health plan premium, the less you'll pay out-of-pocket for your healthcare services. The lower the health plan premium, the more you'll pay out-of-pocket for your healthcare services.

2018 Monthly Premiums — Active Employees

ALL REGIONS				
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO				
Employee Only	$150	$150	$190	$599
Employee + Child(ren)	$225	$225	$265	$898
Employee + Spouse	$314	$314	$394	$1,258
Employee + Spouse + Child(ren)	$389	$389	$469	$1,557
STANDARD PPO				
Employee Only	$102	$102	$142	$599
Employee + Child(ren)	$153	$153	$193	$898
Employee + Spouse	$215	$215	$295	$1,258
Employee + Spouse + Child(ren)	$266	$266	$346	$1,557
CDHP/HSA				
Employee Only	$66	$66	$106	$599
Employee + Child(ren)	$98	$98	$138	$898
Employee + Spouse	$138	$138	$218	$1,258
Employee + Spouse + Child(ren)	$170	$170	$250	$1,557

Members who enroll in the CDHP/HSA can put savings from the lower premium into their HSA account to help pay out-of-pocket costs.

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.

	PREMIER 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
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
CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION				
For individuals who enroll in the CDHP/HSA	N/A		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 (MAC) 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 Plan,** the deductible and out-of-pocket maximum amount can be met by one or more persons. **For CDHP Plan,** coinsurance is after deductible is met unless otherwise noted.

[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/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient" prior authorization (PA) is required for certain outpatient services, such as psychological testing, transcranial magnetic stimulation, electro-convulsive treatment, extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management, and Applied Behavior Analysis.

[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.

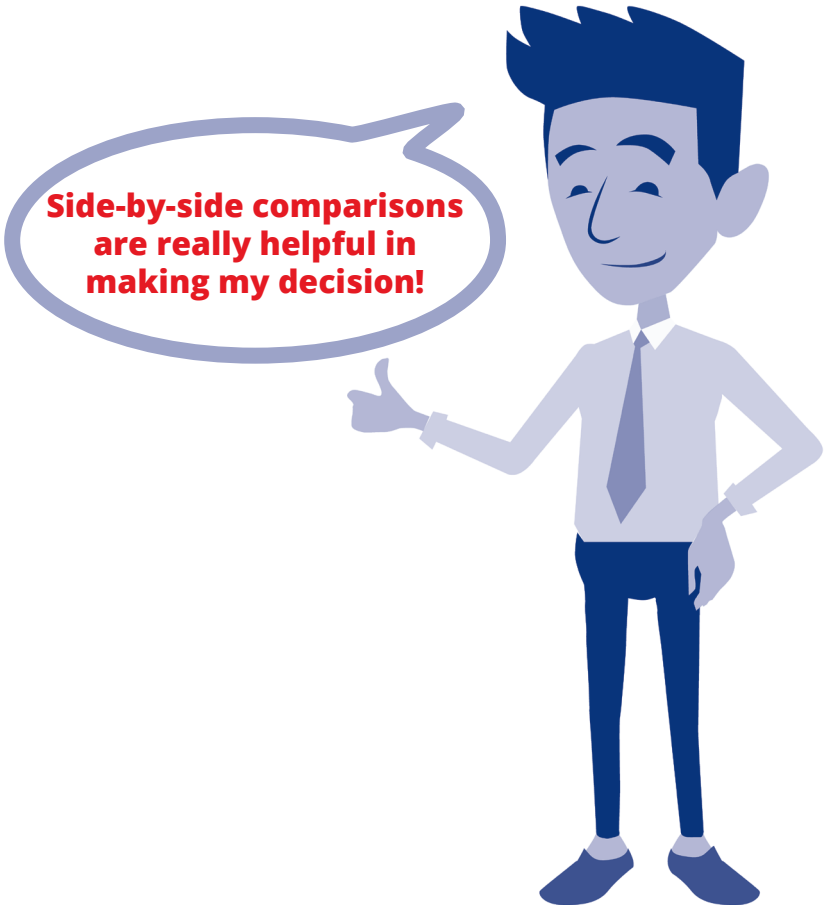
[4] Prior authorization (PA) required. When using out-of-network providers, benefits for medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided. (For DME, PA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

CDHP/HSA	
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
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: $250 for employee only; $500 for employee+child(ren), employee+spouse and employee+spouse+child(ren) coverage	

2018 Monthly Premiums — COBRA Participants

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO			
Employee Only/Single	$763.98	$763.98	$804.78
Employee + Child(ren)	$1,145.46	$1,145.46	$1,186.26
Employee + Spouse	$1,603.44	$1,603.44	$1,685.04
Employee + Spouse + Child(ren)	$1,984.92	$1,984.92	$2,066.52
STANDARD PPO			
Employee Only/Single	$715.02	$715.02	$755.82
Employee + Child(ren)	$1,072.02	$1,072.02	$1,112.82
Employee + Spouse	$1,502.46	$1,502.46	$1,584.06
Employee + Spouse + Child(ren)	$1,859.46	$1,859.46	$1,941.06
CDHP/HSA			
Employee Only/Single	$678.30	$678.30	$719.10
Employee + Child(ren)	$1,015.92	$1,015.92	$1,056.72
Employee + Spouse	$1,423.92	$1,423.92	$1,505.52
Employee + Spouse + Child(ren)	$1,761.54	$1,761.54	$1,843.14

*COBRA participants enrolled in the CDHP/HSA do not receive a state contribution to their HSA



Disability insurance

The state is pleased to offer voluntary disability benefits to full-time state and higher education employees.

Important information if you are thinking about enrolling in coverage:

- **For this Annual Enrollment Period only, there will be no questions asked about your health.**
- Full-time **state employees** may enroll in short term disability insurance and/or long term disability insurance.
- Full-time **higher education employees** may enroll in short term disability insurance.
  - » Higher education employees should contact their agency benefits coordinators for more information on long term disability insurance available to them.
- Those who enroll will pay 100% of the premium with after-tax dollars. By paying with after-tax dollars, any benefits paid to you will result in a tax free benefit.
- If you intend to enroll in both short term and long term disability, you should consider enrolling in one of the long term disability options with a 180 day elimination period. The 26-week short term disability insurance will best cover the 180 day elimination period for your long term disability, at a lower monthly cost.
- **You must use all of your accumulated leave (sick, annual and comp time) before your disability payments begin.**

Why is having disability insurance important?

If you are unable to work due to illness or injury, disability insurance can help pay your most important expenses. These include:

- Mortgage or rent
- Car payments
- Food
- Child care/tuition
- Utilities

Short term disability insurance (available to state and higher education employees)

Short term disability insurance replaces a portion of your income during a disability, which could last up to 26 weeks. It may be good for those who:

- Have little annual or sick leave
- Take part in high-risk activities
- Don't have six-month emergency funds

To calculate your monthly premium, go to metlife.com/StateofTN, click on state employees or higher education employees, and then click on **Rates** at the top.

2018 Monthly Premiums for Short Term Disability (STD)

STD COST: PER $100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14-day elimination period	$1.34
Option B: 60%, 30-day elimination period	$1.08

Short Term Disability Options

	Option A	Option B
Eligibility	All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015, with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or deemed eligible by applicable federal law, state law or action of the State Insurance Committee.	
% of Gross Annual Base Salary Paid Weekly	60% of salary paid weekly	
Maximum Weekly Benefit	Up to $2,500	
Mimimum Weekly Benefit	$25	
Elimination (Waiting) Period	14 calendar days	30 calendar days
Duration of Benefit	26 weeks	
Evidence of Insurability (EOI)	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and new hires who enroll within 31 days of eligibility date. EOI will be required for late enrollees and 2018 plan participants who choose a higher plan of benefit during the 2019 Annual Enrollment Period.	
Pre-existing Condition	None	

Long term disability insurance (available to state employees only)

Long term disability insurance replaces a portion of your income during a disability that is expected to last for an extended period of time. This period of time is typically longer than 90 or 180 days. It may be good for those who:

- Need their income to pay for housing, food and other bills
- Would have trouble supporting themselves if out of work more than 90 days

The State Group Insurance long term disability and short term disability insurance plans are both managed by MetLife. Please call the MetLife State of Tennessee Dedicated Customer Service Line with questions: 855.700.8001, Mon.-Fri., 7 a.m.-10 p.m., Central time.

Higher Education employees should contact your agency benefits coordinator at your institution for more information on long term disability insurance available to you.

2018 Monthly Premiums for Long Term Disability (LTD)

LTD: EMPLOYEE'S AGE (PER $100 OF COVERED MONTHLY SALARY)										
Benefit %/ Elimination Period	**Under 30**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Option 1 60%/90 days	$.20	$.20	$.40	$.59	$.75	$.92	$1.10	$1.46	$.97	$.97
Option 2 60%/180 days	$.16	$.16	$.31	$.46	$.59	$.72	$.86	$1.14	$.76	$.76
Option 3 63%/90 days	$.24	$.24	$.49	$.72	$.91	$1.12	$1.34	$1.78	$1.18	$1.18
Option 4 63%/180 days	$.19	$.19	$.39	$.57	$.72	$.89	$1.06	$1.41	$.94	$.94

Long Term Disability Options

	Option 1	Option 2	Option 3	Option 4
Eligibility	All employees working not less than 30 hours/week or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June), or is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.			
% of Gross Annual Base Salary Paid Monthly	60% of salary paid monthly		63% of salary paid monthly	
Maximum Monthly Benefit	Up to $7,500 per month (covers annual salary of $150,000)		Up to $10,000 per month (covers annual salary of $190,476.24)	
Minimum Monthly Benefit	Greater of 10% of benefit or $100 per month			
Elimination (Waiting) Period	90 calendar days	180 calendar days	90 calendar days	180 calendar days
Own Occ	24 months	24 months	36 months	36 months
Duration of Benefit	Social Security Normal Retirement Age			
Evidence of Insurability (EOI)	Guaranteed Issue (no health questions asked) for 2018 Annual Enrollment and New Hires who enroll within 31 days of eligibility date. EOI will be required for late enrollees and 2018 plan participants who choose a higher plan of benefit during the 2019 Annual Enrollment Period.			
Pre-existing Condition	Three months prior to effective date and 12 months from effective date			

Disability benefits provided by MetLife. 855.700.8001 metlife.com/StateOfTN

Vision benefits

The state will offer voluntary vision benefits through a new vendor in 2018, Davis Vision. The network will change. It is important to check the network for your provider and other providers in your area. You can look for your provider by going to davisvision.com/stateofTN. There is not a specific name to enter. There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses.

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

Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis' "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis' "The Exclusive Collection" under the in-network Basic Plan.
- Free pair of frames at Visionworks retail locations.
- 40% discount off retail under the in-network Expanded Plan and 30% discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- 20% discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

The basic and expanded plans are both managed by Davis Vision. In-network and out-of-network benefits are available. You will receive the maximum benefit when visiting a provider in Davis Vision's network.

Premium rates will decrease in 2018.

If you have vision coverage and want to keep it, you do **not** have to reenroll in Davis Vision.

New Vision Vendor

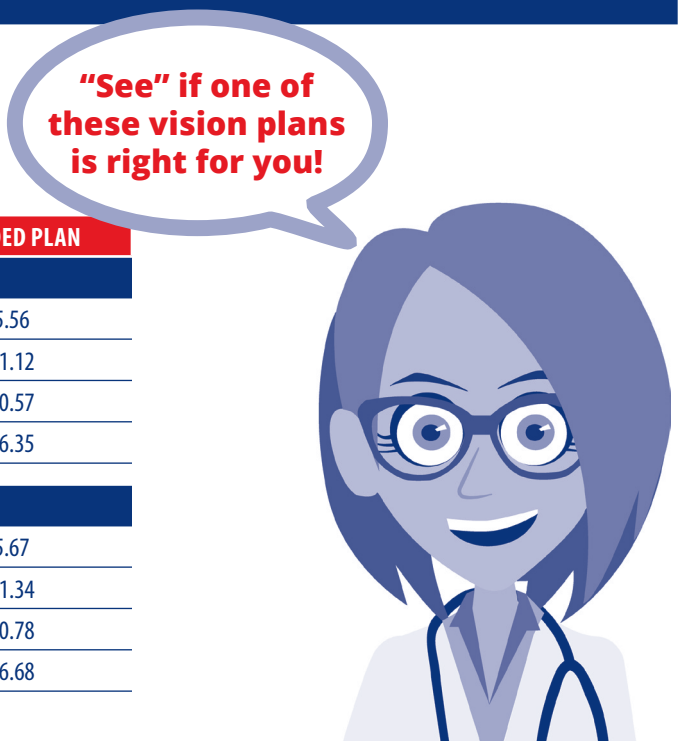
Davis Vision

800.208.6404

M-F, 7-10, Sat, 8-3 Sun, 11-3

Basic Client Code: 8155

Expanded Client Code: 8156
davisvision.com/stateofTN



2018 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2018 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	$39 copay	$39 copay
Frames	$55 allowance; 20% discount off balance above the allowance	$150 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass)		
• Single	$0 copay	$0 copay
• Bifocal, trifocal, lenticular	$0 copay	$0 copay
• Standard progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $65 out-of-pocket	$50 copay
• Premium progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $105 out-of-pocket	$50-140 copay [1]
Eyeglass Lens Options (upgrades)	20% discount off all options with out-of-pocket not to exceed amount shown below	
• Anti-reflective	Up to $40	$40 copay
• Polycarbonate	Adults $35; Children $0	Adults $30; Children $0
• Photochromic	Up to $70	20% off retail price; not to exceed $70 out-of-pocket
• Scratch resistance coating	$0	$0 copay
• UV coating	Up to $15	$10 copay
• Tints	Up to $15	$15 copay
• Polarized	Up to $75	20% off retail; not to exceed $75 out-of-pocket
• Premium anti-reflective	Up to $55	$40-69 copay [1]
• Scratch protection plan: single vision/multifocal lenses	$20 copay/$40 copay	$20 copay/$40 copay
• All other eyeglass lens options		20% discount
Exam for Contact Lenses (fitting and evaluation)	20% discount off retail price	$50-60 copay
Contact Lenses [2]		
• Elective Conventional or disposable	$55 allowance; 20% off balance over $55	$140 allowance; 20% off balance over $140
• Medically necessary [3]	$155 allowance; 20% off balance over $155	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	$35 allowance	up to $50 allowance
• Frames	up to $55 allowance (frames and lenses combined)	up to $75 allowance
• Eyeglass lenses		
• Single vision		up to $35 allowance
• Lined bifocal		up to $55 allowance
• Lined trifocal		up to $70 allowance
• Elective contacts (conventional or disposable)	$30 allowance	up to $55 allowance
• Medically necessary contacts [3]	$80 allowance	up to $200 allowance
• Lens options-UV, polycarbonate, photochromic/ transitions plastic		up to $10 allowance
Frequency		
• Eye exam	once every calendar year per person	once every calendar year per person
• Eyeglass lenses and contacts	once every calendar year per person	once every calendar year per person
• Frames	once every two calendar years per person	once every two calendar years per person

[1] Copays for premium progressive lens and premium anti-reflective coating 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

Dental benefits

The state offers two voluntary dental insurance plans:

Prepaid Dental Plan (Cigna Dental Health Maintenance Organization — DHMO) provides services at fixed copay amounts paid by the member. A narrow network of participating Cigna general dentists and specialists must be used to receive benefits.

Dental Preferred Provider Organization (DPPO — MetLife) provides services with coinsurance paid by the member and MetLife. Any dentist may be used to receive benefits, but you will pay less if you use an in-network provider.

Prepaid (DHMO) Plan — Cigna

- The **network is Cigna Dental Care DHMO.**
- You **must select a general dentist** from the Prepaid (DHMO) Dental Plan list and let Cigna know of your choice.
  - » You may select a network pediatric dentist as the network general dentist for your dependent child under age seven. At age seven, you must switch the child to a network general dentist or pay the full charge from the pediatric dentist.
- You must use your selected general dentist to receive benefits. There may be some areas in the state where network general dentists are limited or not available. Before enrolling, be sure to carefully check the network for your location.
  - » With the prepaid dental plan, you may be able to cancel this coverage if you enroll and later there are no network general dentists within 40 miles 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 required.**
- Orthodontic treatment is not covered if the treatment plan began prior to the member's effective date of coverage with Cigna.
- **Premiums will increase by 3.5% in 2018.**

Dental questions?

Call or go online

Cigna DHMO: 800.997.1617 or cigna.com/stateoftn

MetLife DPPO: 855.700.8001 or metlife.com/StateOfTN

DPPO — MetLife

- **The network is PDP.**
- You can use **any dentist**, but you receive maximum benefits when visiting an in-network MetLife DPPO provider. 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 the member's coverage start date before benefits begin.
- There is a 12-month waiting period from the member's coverage start date on replacement of a missing tooth and for orthodontics.
- Referrals to specialists are **not** required.
- Pre-treatment estimates are recommended for more expensive services.
- Dental treatment in progress at time of member's effective date with MetLife may have pro-rated benefits under the MetLife plan.
- **Premiums will increase by 3.6% in 2018.**

2018 Monthly Dental Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$13.44	$23.18
Employee + Child(ren)	$27.91	$53.29
Employee + Spouse	$23.83	$43.84
Employee + Spouse + Child(ren)	$32.76	$85.78
COBRA PARTICIPANTS		
Employee Only/Single	$13.71	$23.64
Employee + Child(ren)	$28.47	$54.36
Employee + Spouse	$24.31	$44.72
Employee + Spouse + Child(ren)	$33.42	$87.50

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2018 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 Permanent teeth	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	20% of MAC	40 % of MAC
Major Restorations — Crowns	$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 equal or less than 24 months. Then, full charge.[6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 copay ($140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network 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. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.

Flexible spending accounts

Flexible spending accounts (FSAs) help make your money go farther. Here's how they work:

State and higher education employees are eligible for FSAs. They help you decrease your taxable income and increase your take-home pay. It allows you to pay certain expenses from your pre-tax income rather than after-tax income. The maximum amount you can contribute to a FSA is set by the Internal Revenue Service (IRS). The limits are subject to change yearly.

Three FSAs are offered:

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/HSA. Up to $500 of your unused FSA balance can be carried over into the next plan year instead of you "losing it."

Limited Purpose FSA (L-FSA)

May only be used to pay for certain dental and vision costs not covered by insurance. For employees enrolled in the CDHP/HSA, the limited purpose FSA is a great way to save on vision and dental expenses.

Dependent Care FSA (DC-FSA)

Used to pay for certain dependent-care costs, such as after school care, baby-sitting fees, adult or child daycare and preschool. Certain requirements must be met by the eligible employee and/or his or her spouse. For details, review the governing Plan Document located at https://www.tn.gov/finance/article/fa-benefits-publications.

Availability of Funds

Employees who enroll in a medical FSA or L-FSA will have their full election amount available to them the first week of January. DC-FSA funds are only available as they are taken from your paycheck; your full election amount is not available up front.

Transportation and Parking FSA

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

Going forward, state employees who have a transportation/parking FSA must submit current year claims by April 30 of the following year. Claims submitted after that date will be denied. However, you will not lose your funds if you continue to be enrolled. You will only lose funds if you do not spend them or are no longer enrolled in a transportation/parking FSA.

In 2018, PayFlex will continue to manage medical, limited purpose and dependent care FSA programs. Benefits Administration will continue to manage transportation and parking flexible benefits (for state employees only).

Debit Cards

- PayFlex will send all newly enrolled medical and limited purpose FSA participants a debit card in December.
- Plan members who currently have a medical or limited purpose FSA debit card will not receive a new debit card. Your current card will continue to work. You can use it at pharmacies, doctor's offices and other healthcare facilities to pay from your account.
- If you enroll in the CDHP/HSA and a limited purpose FSA, the same debit card will work for both accounts. PayFlex will pull any dental or vision expenses from your limited purpose FSA "purse" on the debit card before using any of your HSA funds. This allows your HSA funds to continue to grow.
- 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 2018 for both your HSA and limited purpose FSA eligible purchases.
- Dependent care and transportation and parking FSA participants will not use a debit card.

You should keep all receipts when using the debit card to pay for eligible healthcare expenses. PayFlex may contact you later and request them. If you cannot provide receipts, use of your debit card may be suspended.

2018 Contribution Limits

- The maximum you may contribute to a medical FSA is $2,600.
- The maximum you may contribute to a limited purpose FSA is also $2,600.
- The maximum that a family may contribute to the dependent care FSA is $5,000 (up to $2,500 each if both spouses are working).
- Please visit IRS.gov for more information.

Enrollment

State employees: To put money in a FSA for 2018, you must do so in Edison.

- Medical, limited purpose or dependent care FSAs: If you were enrolled in 2017 and want to continue, you must take action to reenroll. Enrollment does not continue from year-to-year. You will enter your annual contribution in Edison. The system will calculate the amount to take out of each check based on the number of paychecks you receive each year.
- Transportation and parking: You do not have to reenroll, and employees can enroll at any time.

Higher education employees: To put money in a FSA for 2018, you will do this on PayFlex's website (stateoftn.payflexdirect.com).

Note: Flexible benefits for state and higher education employees are only available to benefits-eligible employees; part-time employees may not enroll in these benefits.

Life insurance

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.
- 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.
- **The basic term life/basic AD&D insurance premium rates will remain unchanged for 2018.**

Note: If you are in the state plan and your spouse is also in the state plan, you can both choose your own health insurance coverage. This allows you to get a higher level of life insurance coverage as the head of contract.

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 and coverage level vary by salary.
- The maximum benefit for employees is $60,000.
- You must enroll using ESS in Edison.
- **The voluntary AD&D insurance premium rates will remain unchanged for 2018.**

Important information about your beneficiaries

Keep your life insurance beneficiaries up to date. For basic term life/AD&D insurance and voluntary AD&D insurance, you can make changes online in ESS in Edison.

Voluntary Term Life Insurance

If you qualify, you can purchase additional voluntary term life insurance 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.
- To apply, go to lifebenefits.com/stateoftn, fill out the Evidence of Insurability form and fax to Securian (Minnesota Life).

Note: Voluntary term life insurance coverage may start on the first of a month later than January 1, depending upon review and approval of health related questions.

- If you are currently enrolled and eligible for a guaranteed issue increase, information will be mailed to you. If not currently enrolled, you (and/or your spouse) will be required to present evidence of insurability by answering health related questions. A child term life insurance rider may be added to your certificate or your spouse's certificate without answering any health related questions for the children.
- **The voluntary term life insurance premium rates for employees and spouses will increase for 2018. The monthly administrative charge and the premium rates for the child term life insurance rider will decrease for 2018.**

Adding or Updating Beneficiaries for Voluntary Term Life:

Go to the Securian (Minnesota Life) website: lifebenefits.com/stateoftn.

- Beginning in 2018, an enrolled employee or spouse may only continue (port) one-half (1/2) of the voluntary term life insurance coverage he or she had at time of leaving active employment due to retirement or termination. The minimum amount of continued coverage is $5,000 and the maximum amount is $250,000. Continuation of coverage is not available if the reason for the cancellation of coverage was due to non-payment of premiums. Also, continuation of coverage is only available to an employee or spouse under the age of 70. If over 70, conversion to an individual policy is available.

All of this insurance coverage is provided through Securian (Minnesota Life).

Questions?

lifebenefits.com/stateoftn or call 866.881.0631 or email LifeBenefits@securian.com

Other benefits

Retire Ready Tennessee Deferred Compensation Program (401(k) & 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 at RetireReadyTN.gov.

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, FAQs and enroll online on the SLB website at http://www.tn.gov/hr/topic/sick-leave-bank.

(higher education employees only)

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

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

1برقم اتصل يالمجان لك تتوافر الخدمات فإن اللغة، انك رتتحدث كتإذ :بملحوظة 866 (رقم-576-0029- 1بوالبكم الصم هاتف-800-848-0298).

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 kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298).

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

સુચના: જો તમે ગુજરાતી બોલતા હો, 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 द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल कर।

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

توجه: تماس با ما شدمی فراهم 866-576-0029 (TTY: 1-800-848-0298) شما برای راین گان بصورت زبان ندیتهیه ملات کنید، می گفتگو فارسی زبان به هاگر بگیرید.

Edison Employee Self Service

Edison is the State of Tennessee's Enterprise Resource Planning (ERP) system. When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may not be able to enroll if you use another browser, a mobile device or a tablet.

Login/passwords

Instructions for 1st Time Login/Password Reset can be found on the Edison homepage, www.edison.tn.gov. There is also a video for first-time users.

State employees should call the Edison help desk at 866.376.0104 for assistance.

Higher education employees should call the Benefits Administration service center at 800.253.9981 for assistance.

How do I make changes?

- Log into Edison, www.edison.tn.gov.
- Click **Self Service** > **Employee Work Center.**
- Click **Benefits Enrollment** under **My Benefits.**
- On the Welcome to Employee Self Service page under **Open Benefit Events** click **Select.**
- Click **Edit** next to the plan to add or change.
- Under **Select an Option**, click your plan choice.
- Under **Enroll Your Dependents**, check the box next to a dependent's name to cover him.
- Click **Update** and **Continue** to confirm your option.
- 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, then click the **Continue** button.
- 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 **Continue** button.
- 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.

How do I add dependents?

- Look for the **Enroll Your Dependents** section. Click **Add/Review Dependents**.
- 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 **Continue**.

You may also fax hard copies to 615.741.8196 and include your name and employee ID (found on the front of your 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.

How do I update my personal information?

- **State employees:** Update information (address, phone number, email) in Edison, or contact your agency human resource office.
- **Higher education employees:** Update information in Edison, or contact your agency benefits coordinator. You can also call the Benefits Administration service center to change your address.
  - » You must provide the last four digits of your Social Security number, Edison ID, date of birth, previous address and confirm authorization of the change before our office can update your information.
  - » It is up to you to keep your address and phone number current with your employer.

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 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits 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, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

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 1-866-576-0029.

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

If you speak a language other than English, help in your language is available for free. (see page 22)

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/finance/section/fa-benefits. 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 has created a Summary of Benefits and Coverage (SBC). The SBC describes your 2018 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 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

Contacts

BENEFITS	CONTACT	PHONE	WEBSITE
Plan Administrator	Benefits Administration	800.253.9981 or 615.741.3590 — M-F, 8-4:30	tn.gov/finance/section/fa-benefits 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 Program	TBD	TBD	TBD
Disability Insurance	MetLife	855.700.8001 — M-F, 7-10	metlife.com/StateOfTN
Dental Insurance	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
	MetLife	855.700.8001 — M-F, 7-10	metlife.com/StateOfTN
Vision Insurance	Davis Vision	800.208.6404 — M-F, 7-10, Sat, 8-3 Sun, 11-3 Basic Client Code: 8155 Expanded Client Code: 8156	davisvision.com/stateofTN
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, 7:30-5	ltc-tn.com
OTHER PROGRAMS			
Edison	Tennessee 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 transportation & parking (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/section/fa-benefits
Deferred Compensation Program (state employees only)	Tennessee Department of Treasury	800.922.7772 — M-F, 8-7	treasury.tn.gov/dc
Employee Sick Leave Bank (state employees only)	Tennessee Department of Human Resources	615.741.5431 — M-F, 8-4:30	tn.gov/hr

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STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
19TH FLOOR, 312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TENNESSEE TOWER
NASHVILLE, TENNESSEE 37243-1102

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PARTNERS FOR HEALTH

OPEN IMMEDIATELY

IMPORTANT BENEFITS INFORMATION ENCLOSED

PARTNERS FOR HEALTH

2018 Decision Guide

Local Education

active employees and COBRA participants

ANNUAL ENROLLMENT PERIOD

October 2-27, 2017

Revised 08/17/17

Your 2018 benefits

We are pleased to provide you with your 2018 Decision Guide. This guide includes all of the benefit options offered so that you and your family can make informed choices about what best fits your needs.

The State of Tennessee Division of Benefits Administration is committed to providing a wide range of comprehensive, affordable and dependable coverage options. In 2018, we are delighted to again offer you the choice of four health insurance plan options. We also want to be sure you know about the wellness program change. Effective January 1, 2018, the "Partnership Promise" will go away. This means members will not be required to complete any wellness activities and wellness will not be tied to any health plan. Local education members and spouses who meet eligibility requirements can participate in disease management and the Diabetes Prevention Program.

To help you understand all of your benefits, we have posted links to NEW animated videos on our ParTNers for Health website at partnersforhealthtn.gov. These short videos can help you learn about your plan options and what everything means.

You can also find more information on our website listed above. If you have questions about eligibility and enrollment, call the Benefits Administration Service Center at 800.253.9981, Monday - Friday, 8 a.m. - 4:30 p.m. Central time. We hope you find this guide helpful as you make your important benefits decisions.

Laurie Lee, Executive Director, Benefits Administration
State of Tennessee, Department of Finance & Administration

Want to learn more about your 2018 benefits?

Attend a webinar:

Wednesday, Oct. 4 — 11 a.m.-12 p.m.

Friday, Oct. 13 — 11 a.m.-12 p.m.

Monday, Oct. 16 — 1-2 p.m.

Monday, Oct. 23 — 1-2 p.m.

Wednesday, Oct. 25 — 11 a.m.-12 p.m.

Login instructions can be found at partnersforhealthtn.gov.
All times listed are in the Central Time Zone.

Watch a video:

Insurance 101

Plan versus network

Health insurance options

Voluntary products options

These and more are available at partnersforhealthtn.gov/.

Tennessee Department of Finance and Administration. Authorization Number 317380, 72,500 copies, August 2017.
This public document was promulgated at a cost of $0.35 per copy.

Are you ready?

✓ Enrollment checklist

☐ Read this guide.	At www.partnersforhealthtn.gov you will also find a pdf.
☐ Gather a list of your doctors, hospitals and medications.	Be sure to gather this same information for every family member.
☐ Gather your dependent verification documents if you are adding dependents for the first time.	You will upload documentation in Edison or fax it. Directions are on page 20.
☐ Contact providers.	Ask them if your doctors and hospitals are in-network in 2018. Find out if your prescriptions are on the list of covered drugs.
☐ Visit the ParTNers for Health website, www.partnersforhealthtn.gov.	For benefits information, insurance terms and FAQs.
☐ Watch animated videos at www.partnersforhealthtn.gov.	New this year, they include insurance 101, the difference between a plan and network and why a CDHP might be right for you, to name a few.
☐ Choose your health insurance option, tier and network.	You will enroll using ESS in Edison. Directions are on page 20.
☐ Choose your voluntary benefits — dental and vision.	You will enroll using ESS in Edison. Directions are on page 20.

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Need help?

The Benefits Administration service center is available M-F 8 a.m. - 4:30 p.m. (Central time) at 800.253.9981 or 615.741.3590 to answer questions about eligibility and enrollment. You can also search the help desk, find articles or submit a question at https://benefitssupport.tn.gov/hc/en-us.

Contact the vendor's customer service center or visit their website found on the inside back cover.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

The ParTNers for Health website has a wealth of information on benefits at partnersforhealthtn.gov. It also includes definitions of insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at https://www.tn.gov/finance/section/fa-benefits. This includes brochures and handbooks for all benefits offered. Plan documents and summaries of benefits and coverage (SBC) are available.

Annual enrollment

Your annual enrollment period for 2018 insurance benefits is October 2 through October 27, 2017, for most programs.

- Deadline to make changes is October 27 at 4:30 p.m. Central time.
- Choices are effective January 1–December 31, 2018.

If you are adding dependents (spouse and/or children) for the first time to coverage:

- You must submit dependent verification documents by October 27 at 4:30 p.m. Central time.
- Proof of dependent's eligibility must show the date of birth, or marriage or placement of adoption as required.
- A list of dependent eligibility verification documents is found on the Benefits Administration website at www.tn.gov/finance/section/fa-benefits under Forms.

After annual enrollment, you can only add or cancel coverage if you:

- Lose eligibility
- Have a qualifying event/family status change (e.g., birth, marriage, adoption, loss of other coverage, divorce, etc.)

Types of coverage (premium tier)

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

Family Coverage — Coverage other than "employee only" is considered family coverage.

What's important in 2018?

Even if you don't make any changes, you should review your enrollment every year. The plans, networks and benefits may change and impact you.

Health Plan Options

Four health plan options will be offered.

1. **Premier PPO** (formerly called the Partnership PPO)
   - » Premier PPO has the same benefits, coverage and out-of-pocket costs (copays, coinsurance, deductibles) as the 2017 Partnership PPO
   - » Premier PPO premiums will be **higher** than in 2017
   - » Partnership PPO (and No Partnership PPO) members **will automatically be moved** to the Premier PPO unless they enroll in a different plan **(members will receive a notice about this change)**
   - » Enrollment is not tied to wellness participation
2. **Standard PPO**
   - » Premiums will be **lower** than in 2017
   - » Benefits will be the same as in 2017
3. **Limited PPO**
   - » Premiums will be **higher** than in 2017
   - » Benefits will be the same as in 2017
4. **Local CDHP/HSA**
   - » Premiums will be **higher** than in 2017
   - » Out-of-pocket maximum is higher than in 2017

Networks

You will have the choice of three networks of doctors and facilities. Always check the network for your providers as changes can occur.

1. BlueCross BlueShield Network S
2. Cigna LocalPlus
3. Cigna Open Access Plus — this is a larger, broad network but costs more each month. Go to page 5 to learn more.

Changes

Wellness Program: Two voluntary programs will be offered to local education employees and spouses: disease management and the Diabetes Prevention Program. Members must meet certain criteria to qualify. Go to page 8 to learn more.

- Members are not required to complete any wellness program requirements.
- Wellness will no longer be part of any health plan.

Vision: The new vision insurance vendor will be Davis Vision. Premiums will decrease. If you have vision coverage (if offered by your agency) and want to keep it, you do **not** have to reenroll in Davis Vision. It is important for you to check the network for your provider. The network directory may be found at davisvision.com/StateofTN. There is not a specific name to enter.

Dental: Dental insurance premiums will increase — MetLife premiums by 3.6% and Cigna premiums by 3.5% (if offered by your agency).

Long-term Care: This program is closing to new members as of December 31, 2017. If enrolled, you can keep this coverage, but you will do so with the insurance company, MedAmerica. MedAmerica will mail information to enrolled members. All eligible employees and dependents can still enroll in this coverage through December 31, 2017. Payroll deductions will stop after premiums are collected for December 2017 coverage. After this date, members will pay premiums directly to MedAmerica.

What can I do?

- Review your current enrollment choices
- Enroll in or cancel health insurance for yourself and your eligible dependents
- Choose or change your health insurance plan option
- Choose or change your health insurance vendor and network
- Enroll in, cancel or change dental and vision insurance

What do I have to do?

If you want to stay in your current health plan, you don't have to reenroll during annual enrollment. But there are benefit changes. Please review your benefits to make sure they will be the best fit for you in 2018.

Note: Premiums for each plan will change. The benefits and cost sharing for the health plan options (your out-of-pocket costs and what the plan pays) will **not** change in 2018, except for the Local CDHP/HSA where the out-of-pocket maximum will increase. The Partnership PPO name will change to Premier PPO.

CDHP/HSA: If you enroll in the CDHP and your employer allows you to contribute to your HSA through payroll deduction, check with your employer if you must update this amount each year. Local education employees provide this amount to their employer.

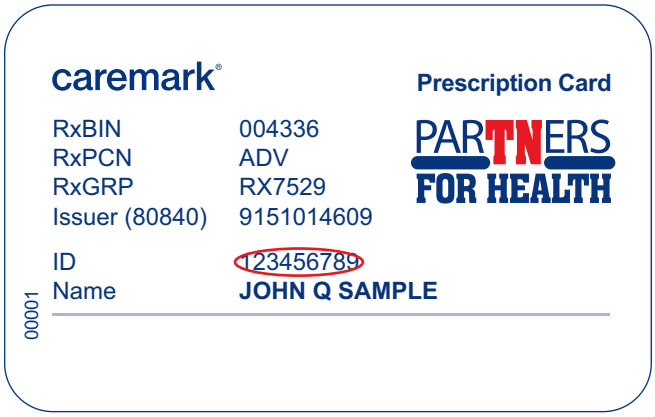
ID cards

- All members will get new medical ID cards.
- If you are new to health insurance, you will get a new pharmacy ID card. Members who are currently enrolled in health insurance but change their plan during annual enrollment will get a Welcome Kit from CVS/caremark, but not an ID card.
- If you are new to dental coverage or make a change to current coverage, you will get a new dental ID card.
- All members enrolled in vision coverage will get new vision ID cards.

Need a new card? You can call your insurance vendor to ask for extra cards or print a temporary card from their website. Some vendors also show ID cards on their mobile apps.

Caremark Pharmacy Card

You can find your Edison ID on your Caremark pharmacy card.



Debit card

Health Savings Account (HSA)

- If you enroll in the Local CDHP/HSA, you will receive a PayFlex debit card for your qualified expenses.
- If you received a card last year and keep your HSA, you can continue to use this same debit card.

2018 health benefits

Health insurance

You get the choice of a health plan and a network.

Health Plan Options

There are four health options — you choose one. Each option has different out-of-pocket costs for copays, deductibles, coinsurance and out-of-pocket maximums. For all options, you won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider.

- **Premier PPO:** Highest premiums, but **you** pay **less** for copays at the doctor's office and pharmacy than the Standard PPO and less coinsurance than the other plans. It has the same coverage and cost sharing as last year's Partnership PPO.
- **Standard PPO:** Lower premiums than the Premier PPO, but **you** pay **more** for copays at the doctor's office and pharmacy than the Premier PPO. It has the same coverage and cost sharing as last year's Standard PPO.
- **Limited PPO:** Lower premiums than the other PPOs, but **you** pay **more** for copays at the doctor's office and pharmacy. It has the same coverage and cost sharing as last year's Limited PPO.
- **Local Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA):** Lower premiums, but you have a higher deductible. You get a HSA — to use for qualified healthcare expenses, including your deductible and to save for retirement.
  - » You can contribute to this account with pre-tax dollars from each paycheck (if offered by your employer) or with post-tax money.
  - » Instead of paying a high premium, you could take the money you save in premiums for this plan versus a PPO and put it in your HSA. You can use your HSA money to pay for your deductible and other healthcare costs or save it.
  - » And the account rolls over — you keep your money in your HSA at the end of the year!

How does the Local CDHP/HSA work?

- **You pay for your healthcare differently.** When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum. **For all of your care, as long as you use network providers, you get discounted network rates.**
  - » For certain 90-day maintenance drugs (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy or mail order to fill a 90-day supply of your medication to receive this lower cost benefit. Check with your pharmacist or CVS/caremark if you have questions.
- **You get a HSA to save!** You can contribute to this account, and some employers do too. Check with your employer on your options. For example, you can put the difference in premiums between the Local CDHP and PPO (premium savings) into your account each month. You can use your HSA money to pay for your out-of-pocket costs like your deductible, coinsurance for doctor's visits and prescription drugs.
  - » Your HSA money rolls over each year — you keep it if you leave or retire.
  - » When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).
  - » There is a limit on how much money you can put in your HSA each year (includes employer contributions):
    - 2018 maximum HSA contribution amounts:

      $3,450 for employee only (includes any employer contribution if available)

      $6,900 for all other tiers (includes any employer contribution if available)

      Members 55 or older can save an extra $1,000 in a catch up contribution during the plan year
- **You save money on taxes!** Your HSA contributions can be pre-tax — put money from your paycheck directly into your account by payroll deduction (if offered by your agency). This lowers your taxable income, saving you money. Any employer contributions are tax free, and qualified medical expenses are also tax free.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to stateoftn.payflexdirect.com to learn more.
- **Certain restrictions**: You cannot enroll in the Local CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.
  - » Generally, members eligible to receive free care at any VA facility cannot enroll in the Local CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if the following applies:
    - Member did not receive any care from a VA facility for three months, or
    - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
    - Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.
  - » You cannot have a HSA if you or your spouse are enrolled in a medical flexible spending account (FSA), or a HRA. Instead, you can enroll in a limited purpose FSA for dental and vision costs if your employer offers one.

Member Costs at a Glance

ALL COSTS ARE IN-NETWORK	PREMIER PPO	STANDARD PPO	LIMITED PPO	LOCAL CDHP/HSA
Primary doctor's visit copays	$25	$30	$35	30% coinsurance (after you meet the deductible)
Coinsurance (after deductible)	10%	20%	30%	30%
Deductible	$500/$1,250	$1,000/$2,500	$1,600/$3,200	$2,000/$4,000
Out-of-pocket maximum	$3,600/$9,000	$4,000/$10,000	$6,600/$13,200	$5,000/$10,000

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

Network Options

You choose one of three networks of doctors and facilities.

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

Each network has providers (doctors and facilities) across Tennessee and the country. Providers can move in and out of networks. It's important to check the networks carefully for the doctor(s) or hospital you want when making your choice. Note: If you use providers outside of the network, you will be charged out-of-network rates.

Did you know? Your network vendor's (BlueCross BlueShield or Cigna) website may have tools and resources to help you find out how much a procedure or test could cost. Contact information for our vendors is found below.

HEALTH INSURANCE VENDORS		
CONTACT	PHONE	WEBSITE
BCBST	800.558.6213 M-F, 7-5	bcbst.com/members/tn_state
Cigna	800.997.1617 24/7	cigna.com/stateoftn

Terms and definitions

CDHP— consumer-driven health plan, a type of medical insurance or plan that generally has a higher deductible and lower monthly premiums. Typically, you take responsibility for covering health care expenses until your deductible is met. Once you meet your deductible, coinsurance applies up to the out-of-pocket maximum.

coinsurance— the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies, depending on the total charge for a service.

copay— a flat dollar amount that you pay for certain services like doctor office visits and prescriptions.

cost sharing— the share of costs covered by your insurance that you pay out of your own pocket.

deductible— a fixed dollar amount you must pay each year before the plan pays for services that require coinsurance.

network— a group of doctors, hospitals and other healthcare providers contracted with a health insurance carrier to provide services to plan members for set fees.

OOPM— out-of-pocket maximum, the most you will pay for services in any given year. The out-of-pocket maximum does not include premiums. Once you reach your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. There are separate maximums for in-network and out-of-network services.

plan— provides or pays a portion of the cost of medical care and determines how much you pay in premiums, copays and coinsurance.

PPO— preferred provider organization, gives plan participants access to a network of doctors and facilities that charge pre-negotiated (and typically discounted) fees for the services they provide to members. Plan participants may self-refer to any doctor or specialist in the network. The benefit level covered through the plan typically depends on whether the member visits an in-network or out-of-network provider when seeking care.

Benefits included with health insurance

Pharmacy

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

Maintenance Drugs: There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price for these certain medications, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication. The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD), and diabetes (oral medications, insulins, needles, test strips and lancets).

Certain Low-Dose Statins: Eligible members will be able to receive these medications in-network at zero cost share in 2018. These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

Copay Installment Program: Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at info.caremark.com/stateoftn, register and log in, or by calling CVS/caremark customer care at 877.522.8679. This benefit is only for 90-day mail order prescriptions provided by CVS/Caremark mail order. This does not apply to specialty medications.

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

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

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

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

The following quit aids are FREE under the pharmacy benefit:

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

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

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. To learn more, go to info.caremark.com/stateoftn. You must register to view your prescription history and costs.

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

*These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.
**Specialty Pharmacy Tier: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

Telehealth

24/7 Care — When You Need It

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

When to use Telehealth

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

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

Cost

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

More Information

You must pre-register with your network vendor to use Telehealth.

BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at bcbst.com
- Look for PhysicianNow
- 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

Behavioral Health & Substance Use Services

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

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

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

Learn more about your behavioral health benefit by visiting Here4TN.com. A provider directory with a search feature is available on the website.

Employee Assistance Program (EAP)

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

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

Optum knows you are busy, and they want to provide you with information when you need it. All you have to do is call 855. Here4TN (855.437.3486).

Coming Soon! Take Charge at Work: Starting in the fall of 2017, you will have access to a telephonic program that helps you identify your triggers and recognize and manage symptoms of stress and depression. More details to come, including how to see if you qualify for the program.

2018 Voluntary Wellness Program

Starting January 1, 2018, the "Partnership Promise" will go away and will no longer be part of any health plan. This means that members **will NOT be required** to complete any wellness program activities.

Two voluntary wellness programs will be offered to enrolled local education employees and spouses. Note: members must meet certain criteria to qualify for these programs:

- **Disease management:** For members with chronic diseases that include asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease (COPD). They will still have access to this program to better manage a chronic condition.
- **Diabetes Prevention Program:** Classes for those who are pre-diabetic. Members must pre-qualify for this program.

More information about who is eligible and how to access these two programs will be shared early next year.

We want to make sure you are aware of available resources if you want to continue or start to improve your health! We recommend **Healthier Tennessee®**, which you may already be involved in through your coordinated school health program. Healthier Tennessee® is an initiative of the Governor's Foundation for Health and Wellness. This initiative promotes a healthy diet, strives to increase the number of Tennesseans who are physically active and works to reduce the number of those who use tobacco.

Healthier Tennessee's wellness tools are built around the concept of Small Starts®: simple, healthy actions you can turn into routine habits in as little as 10 minutes a day. Small Starts® tools are available for individuals. Learn more about the Small Starts® approach, tools and the free Streaks for Small Starts® app at healthiertn.com/streaks-for-small-starts.

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

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

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

Worth noting....

All members have access to wellness and fitness center discounts through your health insurance network vendor (BlueCross BlueShield or Cigna). Go to your vendor's website to learn more.

Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.

2011-2016 Partnership Promise Wellness Program Successes

- **High participation** - an average of 86% of plan members who agreed to the Partnership Promise consistently completed all requirements since the program began.
- **5:1** Return on Investment (ROI) for Disease Management in 2015 - that means for every one dollar spent, we saved five dollars.
- **Members** in a "Partnership" plan **received more appropriate care.**

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. 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.

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 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. 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 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.

2018 benefit comparison

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

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO	
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 Use [2] • Including telebehavioral health	$25 copay	$45 copay	$30 copay	$50 copay
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging)	10% coinsurance		20% coinsurance	
All Reading, Interpretation and Results	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
Chiropractic • 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)	

LIMITED PPO		LOCAL CDHP/HSA	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
No charge	$50 copay	No charge	50% coinsurance
$35 copay	$55 copay	30% coinsurance	50% coinsurance
$55 copay	$80 copay	30% coinsurance	50% coinsurance
$35 copay	$55 copay	30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	
$15 copay	N/A	30% coinsurance	N/A
100% covered	100% covered up to MAC	30% coinsurance	50% coinsurance
$35 copay primary; $55 copay specialist	$55 copay primary; $80 copay specialist	30% coinsurance	50% coinsurance
Visits 1-20: $35 copay Visits 21-50: $55 copay	Visits 1-20: $55 copay Visits 21-50: $80 copay	30% coinsurance	50% coinsurance
$14 copay generic; $60 copay preferred brand; $110 copay non-preferred	copay plus amount exceeding MAC	30% coinsurance	50% coinsurance plus amount exceeding MAC
$28 copay generic; $120 copay preferred brand; $220 copay non-preferred	N/A - no network	30% coinsurance	N/A - no network
$14 copay generic; $60 copay preferred brand; $200 copay non-preferred	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network
10% coinsurance; min $50; max $150	N/A - no network	30% coinsurance	N/A - no network
$35 copay	$55 copay	30% coinsurance	50% coinsurance
$55 copay	$80 copay	30% coinsurance	50% coinsurance
$200 copay (services subject to coinsurance may be extra)		30% coinsurance	

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.

	PREMIER 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
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
separate pharmacy deductible applies	N/A		N/A	
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

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 (MAC) 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 Local CDHP Plan**, the deductible and out-of-pocket maximum amount can be met by one or more persons, depending on premium level, but no one family member may contribute more than $7,350 to the in-network family out-of-pocket maximum total. **For Local CDHP Plan**, coinsurance is after deductible is met unless otherwise noted.

[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/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient" prior authorization (PA) is required for certain outpatient services, such as psychological testing, transcranial magnetic stimulation, electro-convulsive treatment, extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management, and Applied Behavior Analysis.

[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.)

LIMITED PPO		LOCAL CDHP/HSA	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	
100% covered up to MAC (even if deductible has not been met)		100% covered up to MAC (after the deductible has been met)	
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance for oral surgeons	50% coinsurance for oral surgeons	30% coinsurance for oral surgeons	50% coinsurance for oral surgeons
30% coinsurance non-contracted providers (i.e., dentists, orthodontists)		30% coinsurance non-contracted providers (i.e., dentists, orthodontists)	
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
N/A - no network	50% coinsurance	N/A - no network	50% coinsurance
$1,600	$3,000	$2,000	$4,000
$2,200	$4,000	$4,000	$8,000
$2,500	$4,600	$4,000	$8,000
$3,200	$6,000	$4,000	$8,000
$100 per member		N/A	
$6,600	$10,000	$5,000	$8,000
$13,200	$20,000	$10,000	$16,000
$13,200	$20,000	$10,000	$16,000
$13,200	$20,000	$10,000	$16,000

2018 Active Employees Monthly Health Premiums

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO			
Employee Only	$612	$612	$652
Employee + Child(ren)	$1,009	$1,009	$1,049
Employee + Spouse	$1,193	$1,193	$1,273
Employee + Spouse + Child(ren)	$1,590	$1,590	$1,670
STANDARD PPO			
Employee Only	$573	$573	$613
Employee + Child(ren)	$945	$945	$985
Employee + Spouse	$1,118	$1,118	$1,198
Employee + Spouse + Child(ren)	$1,489	$1,489	$1,569
LIMITED PPO			
Employee Only	$524	$524	$564
Employee + Child(ren)	$863	$863	$903
Employee + Spouse	$1,021	$1,021	$1,101
Employee + Spouse + Child(ren)	$1,361	$1,361	$1,441
LOCAL CDHP/HSA			
Employee Only	$445	$445	$485
Employee + Child(ren)	$733	$733	$773
Employee + Spouse	$867	$867	$947
Employee + Spouse + Child(ren)	$1,155	$1,155	$1,235

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.

Of Note

Generally, the higher the health plan premium, the less you'll pay out-of-pocket for your healthcare services. The lower the health plan premium, the more you'll pay out-of-pocket for your healthcare services.

Members who enroll in the Local CDHP/HSA can put savings from the lower premium into their HSA account to help pay out-of-pocket costs.

2018 COBRA Participants Monthly Health Premiums

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO			
Employee Only/Single	$624.24	$624.24	$665.04
Employee + Child(ren)	$1,029.18	$1,029.18	$1,069.98
Employee + Spouse	$1,216.86	$1,216.86	$1,298.46
Employee + Spouse + Child(ren)	$1,621.80	$1,621.80	$1,703.40
STANDARD PPO			
Employee Only/Single	$584.46	$584.46	$625.26
Employee + Child(ren)	$963.90	$963.90	$1,004.70
Employee + Spouse	$1,140.36	$1,140.36	$1,221.96
Employee + Spouse + Child(ren)	$1,518.78	$1,518.78	$1,600.38
LIMITED PPO			
Employee Only/Single	$534.48	$534.48	$575.28
Employee + Child(ren)	$880.26	$880.26	$921.06
Employee + Spouse	$1,041.42	$1,041.42	$1,123.02
Employee + Spouse + Child(ren)	$1,388.22	$1,388.22	$1,469.82
LOCAL CDHP/HSA			
Employee Only/Single	$453.90	$453.90	$494.70
Employee + Child(ren)	$747.66	$747.66	$788.46
Employee + Spouse	$884.34	$884.34	$965.94
Employee + Spouse + Child(ren)	$1,178.10	$1,178.10	$1,259.70

Vision benefits

If offered by your agency

The state will offer voluntary vision benefits through a new vendor in 2018, Davis Vision. The network will change. It is important to check the network for your provider and other providers in your area. You can look for your provider by going to davisvision.com/stateofTN. There is not a specific name to enter. There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses.

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

Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis' "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis' "The Exclusive Collection" under the in-network Basic Plan.
- Free pair of frames at Visionworks retail locations.
- 40% discount off retail under the in-network Expanded Plan and 30% discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- 20% discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

The basic and expanded plans are both managed by Davis Vision. In-network and out-of-network benefits are available. You will receive the maximum benefit when visiting a provider in Davis Vision's network.

Premium rates will decrease in 2018.

If you have vision coverage and want to keep it, you do **not** have to reenroll in Davis Vision.

New Vision Vendor

Davis Vision

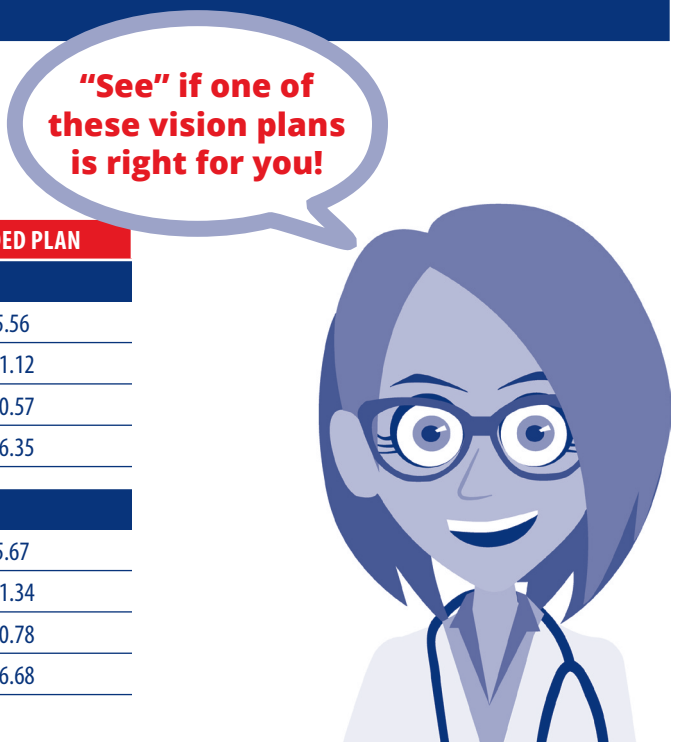
800.208.6404

M-F, 7-10, Sat, 8-3 Sun, 11-3

Basic Client Code: 8155

Expanded Client Code: 8156

davisvision.com/stateofTN



2018 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2018 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	$39 copay	$39 copay
Frames	$55 allowance; 20% discount off balance above the allowance	$150 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass)		
• Single	$0 copay	$0 copay
• Bifocal, trifocal, lenticular	$0 copay	$0 copay
• Standard progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $65 out-of-pocket	$50 copay
• Premium progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $105 out-of-pocket	$50-140 copay [1]
Eyeglass Lens Options (upgrades)	20% discount off all options with out-of-pocket not to exceed amount shown below	
• Anti-reflective	Up to $40	$40 copay
• Polycarbonate	Adults $35; Children $0	Adults $30; Children $0
• Photochromic	Up to $70	20% off retail price; not to exceed $70 out-of-pocket
• Scratch resistance coating	$0	$0 copay
• UV coating	Up to $15	$10 copay
• Tints	Up to $15	$15 copay
• Polarized	Up to $75	20% off retail; not to exceed $75 out-of-pocket
• Premium anti-reflective	Up to $55	$40-69 copay [1]
• Scratch protection plan: single vision/multifocal lenses	$20 copay/$40 copay	$20 copay/$40 copay
• All other eyeglass lens options		20% discount
Exam for Contact Lenses (fitting and evaluation)	20% discount off retail price	$50-60 copay
Contact Lenses [2]		
• Elective Conventional or disposable	$55 allowance; 20% off balance over $55	$140 allowance; 20% off balance over $140
• Medically necessary [3]	$155 allowance; 20% off balance over $155	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	$35 allowance	up to $50 allowance
• Frames	up to $55 allowance (frames and lenses combined)	up to $75 allowance
• Eyeglass lenses		
• Single vision		up to $35 allowance
• Lined bifocal		up to $55 allowance
• Lined trifocal		up to $70 allowance
• Elective contacts (conventional or disposable)	$30 allowance	up to $55 allowance
• Medically necessary contacts [3]	$80 allowance	up to $200 allowance
• Lens options-UV, polycarbonate, photochromic/ transitions plastic		up to $10 allowance
Frequency		
• Eye exam	once every calendar year per person	once every calendar year per person
• Eyeglass lenses and contacts	once every calendar year per person	once every calendar year per person
• Frames	once every two calendar years per person	once every two calendar years per person

[1] Copays for premium progressive lens and premium anti-reflective coating 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

Dental benefits

If offered by your agency

The state offers two voluntary dental insurance plans:

Prepaid Dental Plan (Cigna Dental Health Maintenance Organization — DHMO) provides services at fixed copay amounts paid by the member. A narrow network of participating Cigna general dentists and specialists must be used to receive benefits.

Dental Preferred Provider Organization (DPPO — MetLife) provides services with coinsurance paid by the member and MetLife. Any dentist may be used to receive benefits, but you will pay less if you use an in-network provider.

Prepaid (DHMO) Plan — Cigna

- The **network is Cigna Dental Care DHMO.**
- You **must select a general dentist** from the Prepaid (DHMO) Dental Plan list and let Cigna know of your choice.
  - » You may select a network pediatric dentist as the network general dentist for your dependent child under age seven. At age seven, you must switch the child to a network general dentist or pay the full charge from the pediatric dentist.
- You must use your selected general dentist to receive benefits. There may be some areas in the state where network general dentists are limited or not available. Before enrolling, be sure to carefully check the network for your location.
  - » With the prepaid dental plan, you may be able to cancel this coverage if you enroll and later there are no network general dentists within 40 miles of your home.
- You pay copays for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Pre-existing conditions are covered.
- **Referrals to specialists are required.**
- Orthodontic treatment is not covered if the treatment plan began prior to the member's effective date of coverage with Cigna.
- **Premiums will increase by 3.5% in 2018.**

Dental questions?

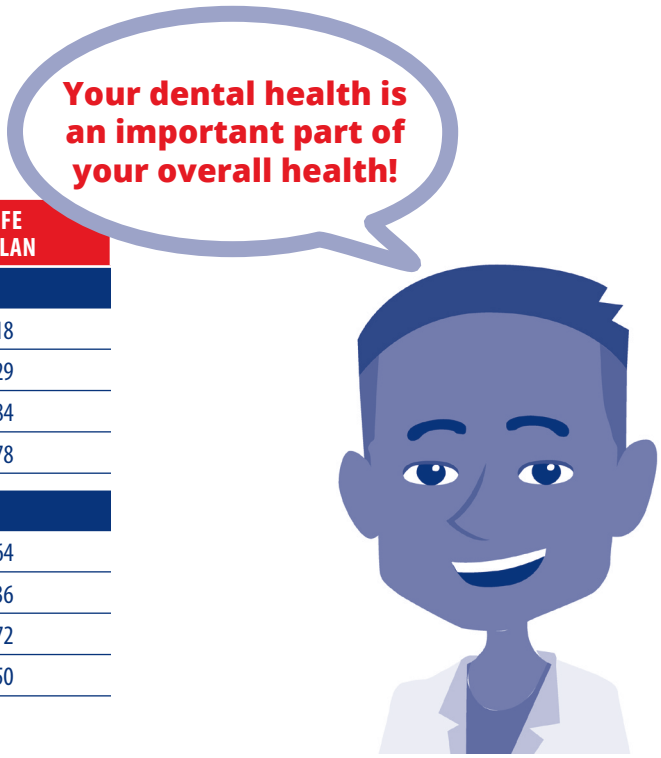
Call or go online

Cigna DHMO: 800.997.1617 or cigna.com/stateoftn

MetLife DPPO: 855.700.8001 or metlife.com/StateOfTN

DPPO — MetLife

- **The network is PDP.**
- You can use **any dentist**, but you receive maximum benefits when visiting an in-network MetLife DPPO provider. 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 the member's coverage start date before benefits begin.
- There is a 12-month waiting period from the member's coverage start date on replacement of a missing tooth and for orthodontics.
- Referrals to specialists are **not** required.
- Pre-treatment estimates are recommended for more expensive services.
- Dental treatment in progress at time of member's effective date with MetLife may have pro-rated benefits under the MetLife plan.
- **Premiums will increase by 3.6% in 2018.**



2018 Monthly Dental Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$13.44	$23.18
Employee + Child(ren)	$27.91	$53.29
Employee + Spouse	$23.83	$43.84
Employee + Spouse + Child(ren)	$32.76	$85.78
COBRA PARTICIPANTS		
Employee Only/Single	$13.71	$23.64
Employee + Child(ren)	$28.47	$54.36
Employee + Spouse	$24.31	$44.72
Employee + Spouse + Child(ren)	$33.42	$87.50

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2018 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 Permanent teeth	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	20% of MAC	40 % of MAC
Major Restorations — Crowns	$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 equal or less than 24 months. Then, full charge.[6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 copay ($140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network 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. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.

Edison employee self service

Edison is the State of Tennessee's Enterprise Resource Planning (ERP) system. When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may not be able to enroll if you use another browser, a mobile device or a tablet.

Login/passwords

Instructions for 1st Time Login/Password Reset can be found on the Edison homepage, www.edison.tn.gov. There is also a video for first-time users.

Local education employees should call the Benefits Administration service center at 800.253.9981 for assistance.

How do I make changes?

- Log into Edison, www.edison.tn.gov.
- Click **Self Service** > **Employee Work Center.**
- Click **Benefits Enrollment** under **My Benefits.**
- On the Welcome to Employee Self Service page under **Open Benefit Events** click **Select.**
- Click **Edit** next to the plan to add or change.
- Under **Select an Option**, click your plan choice.
- Under **Enroll Your Dependents**, check the box next to a dependent's name to cover him.
- Click **Update** and **Continue** to confirm your option.
- 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, then click the **Continue** button.
- 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.

How do I add dependents?

- Look for the **Enroll Your Dependents** section. Click **Add/Review Dependents**.
- 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 **Continue**.

You may also fax hard copies to 615.741.8196 and include your name and employee ID (found on the front of your 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.

How do I update my personal information?

- **Local education employees:** Update information (address, phone number, email) in Edison, or contact your agency benefits coordinator. You can also call the Benefits Administration service center to change your address.
  - » You must provide the last four digits of your Social Security number, Edison ID, date of birth, previous address and confirm authorization of the change before our office can update your information.
  - » It is up to you to keep your address and phone number current with your employer.

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 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits 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, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

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 1-866-576-0029.

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

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

1 برقم اتصل يرجى الملاحظة إذا كنت تتحدث اللغة العربية فإن الخدمات المساعدة متوافرة لك مجانًا. اتصل بالرقم 866-576-0029 (رقم TTY: 1-800-848-0298).

1 ببوالا بكم الصم هاتف.

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 kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (ምስማት 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).

સુચના: જો તમે ગુજરાતી બોલતા હો, 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 द: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।

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

توجه: اگر شما به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می‌باشد. تماس بگیرید با 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/finance/section/fa-benefits. 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 has created a Summary of Benefits and Coverage (SBC). The SBC describes your 2018 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 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

Notes/Questions

Notes/Questions

Contacts

BENEFITS	CONTACT	PHONE	WEBSITE
Plan Administrator	Benefits Administration	800.253.9981 or 615.741.3590 — M-F, 8-4:30	tn.gov/finance/section/fa-benefits 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 Program	TBD	TBD	TBD
Dental Insurance	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
	MetLife	855.700.8001 — M-F, 7-10	metlife.com/StateOfTN
Vision Insurance	Davis Vision	800.208.6404 — M-F, 7-10, Sat, 8-3 Sun, 11-3 Basic Client Code: 8155 Expanded Client Code: 8156	davisvision.com/stateofTN
Long-term Care Insurance	MedAmerica	866.615.5824 — M-F, 7:30-5	ltc-tn.com
OTHER PROGRAMS			
Edison	Tennessee Department of Finance & Administration	password reset for local education 800.253.9981 — M-F, 8-4:30	https://www.edison.tn.gov

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BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
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WILLIAM R. SNODGRASS TENNESSEE TOWER
NASHVILLE, TENNESSEE 37243-1102

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PARTNERS FOR HEALTH

2018 Decision Guide

Local Government

active employees and COBRA participants

ANNUAL ENROLLMENT PERIOD

October 2-27, 2017

Revised 08/17/17

Your 2018 benefits

We are pleased to provide you with your 2018 Decision Guide. This guide includes all of the benefit options offered so that you and your family can make informed choices about what best fits your needs.

The State of Tennessee Division of Benefits Administration is committed to providing a wide range of comprehensive, affordable and dependable coverage options. In 2018, we are delighted to again offer you the choice of four health insurance plan options. We also want to be sure you know about the wellness program change. Effective January 1, 2018, the "Partnership Promise" will go away. This means members will not be required to complete any wellness activities and wellness will not be tied to any health plan. Local government members and spouses who meet eligibility requirements can participate in disease management and the Diabetes Prevention Program.

To help you understand all of your benefits, we have posted links to NEW animated videos on our ParTNers for Health website at partnersforhealthtn.gov. These short videos can help you learn about your plan options and what everything means.

You can also find more information on our website listed above. If you have questions about eligibility and enrollment, call the Benefits Administration Service Center at 800.253.9981, Monday - Friday, 8 a.m. - 4:30 p.m. Central time. We hope you find this guide helpful as you make your important benefits decisions.

Laurie A. Lee

Laurie Lee, Executive Director, Benefits Administration
State of Tennessee, Department of Finance & Administration

Want to learn more about your 2018 benefits?

Attend a webinar:

Wednesday, Oct. 4 — 11 a.m.-12 p.m.

Friday, Oct. 13 — 11 a.m.-12 p.m.

Monday, Oct. 16 — 1-2 p.m.

Monday, Oct. 23 — 1-2 p.m.

Wednesday, Oct. 25 — 11 a.m.-12 p.m.

Login instructions can be found at partnersforhealthtn.gov.
All times listed are in the Central Time Zone.

Watch a video:

Insurance 101

Plan versus network

Health insurance options

Voluntary products options

These and more are available at partnersforhealthtn.gov/.

Tennessee Department of Finance and Administration. Authorization Number 317378, 26,000 copies, August 2017.
This public document was promulgated at a cost of $0.37 per copy.

Are you ready?

✓ Enrollment checklist

☐ Read this guide.	At www.partnersforhealthtn.gov you will also find a pdf.
☐ Gather a list of your doctors, hospitals and medications.	Be sure to gather this same information for every family member.
☐ Gather your dependent verification documents if you are adding dependents for the first time.	You will upload documentation in Edison or fax it. Directions are on page 20.
☐ Contact providers.	Ask them if your doctors and hospitals are in-network in 2018. Find out if your prescriptions are on the list of covered drugs.
☐ Visit the ParTNers for Health website, www.partnersforhealthtn.gov.	For benefits information, insurance terms and FAQs.
☐ Watch animated videos at www.partnersforhealthtn.gov.	New this year, they include insurance 101, the difference between a plan and network and why a CDHP might be right for you, to name a few.
☐ Choose your health insurance option, tier and network.	You will enroll using ESS in Edison. Directions are on page 20.
☐ Choose your voluntary benefits — dental and vision.	You will enroll using ESS in Edison. Directions are on page 20.

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Need help?

The Benefits Administration service center is available M-F 8 a.m. - 4:30 p.m. (Central time) at 800.253.9981 or 615.741.3590 to answer questions about eligibility and enrollment. You can also search the help desk, find articles or submit a question at https://benefitssupport.tn.gov/hc/en-us.

Contact the vendor's customer service center or visit their website found on the inside back cover.

Contact your **agency benefits coordinator (ABC)**. This person is usually in the human resources (HR) office.

The ParTNers for Health website has a wealth of information on benefits at partnersforhealthtn.gov. It also includes definitions of insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at https://www.tn.gov/finance/section/fa-benefits. This includes brochures and handbooks for all benefits offered. Plan documents and summaries of benefits and coverage (SBC) are available.

Annual enrollment

Your annual enrollment period for 2018 insurance benefits is October 2 through October 27, 2017, for most programs.

- Deadline to make changes is October 27 at 4:30 p.m. Central time.
- Choices are effective January 1–December 31, 2018.

If you are adding dependents (spouse and/or children) for the first time to coverage:

- You must submit dependent verification documents by October 27 at 4:30 p.m. Central time.
- Proof of dependent's eligibility must show the date of birth, or marriage or placement of adoption as required.
- A list of dependent eligibility verification documents is found on the Benefits Administration website at www.tn.gov/finance/section/fa-benefits under Forms.

After annual enrollment, you can only add or cancel coverage if you:

- Lose eligibility
- Have a qualifying event/family status change (e.g., birth, marriage, adoption, loss of other coverage, divorce, etc.)

Types of coverage (premium tier)

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

Family Coverage — Coverage other than "employee only" is considered family coverage.

What's important in 2018?

Even if you don't make any changes, you should review your enrollment every year. The plans, networks and benefits may change and impact you.

Health Plan Options

Four health plan options will be offered.

1. **Premier PPO** (formerly called the Partnership PPO)
   - » Premier PPO has the same benefits, coverage and out-of-pocket costs (copays, coinsurance, deductibles) as the 2017 Partnership PPO
   - » Premier PPO premiums will be **higher** than in 2017
   - » Partnership PPO (and No Partnership PPO) members **will automatically be moved** to the Premier PPO unless they enroll in a different plan **(members will receive a notice about this change)**
   - » Enrollment is not tied to wellness participation
2. **Standard PPO**
   - » Premiums will be **lower** than in 2017
   - » Benefits will be the same as in 2017
3. **Limited PPO**
   - » Premiums will be **higher** than in 2017
   - » Benefits will be the same as in 2017
4. **Local CDHP/HSA**
   - » Premiums will be **higher** than in 2017
   - » Out-of-pocket maximum is higher than in 2017

Networks

You will have the choice of three networks of doctors and facilities. Always check the network for your providers as changes can occur.

1. BlueCross BlueShield Network S
2. Cigna LocalPlus
3. Cigna Open Access Plus — this is a larger, broad network but costs more each month. Go to page 5 to learn more.

Changes

Wellness Program: Two voluntary programs will be offered to local government employees and spouses: disease management and the Diabetes Prevention Program. Members must meet certain criteria to qualify. Go to page 8 to learn more.

- Members are not required to complete any wellness program requirements.
- Wellness will no longer be part of any health plan.

Vision: The new vision insurance vendor will be Davis Vision. Premiums will decrease. If you have vision coverage (if offered by your agency) and want to keep it, you do **not** have to reenroll in Davis Vision. It is important for you to check the network for your provider. The network directory may be found at davisvision.com/StateofTN. There is not a specific name to enter.

Dental: Dental insurance premiums will increase — MetLife premiums by 3.6% and Cigna premiums by 3.5% (if offered by your agency).

Long-term Care: This program is closing to new members as of December 31, 2017. If enrolled, you can keep this coverage, but you will do so with the insurance company, MedAmerica. MedAmerica will mail information to enrolled members. All eligible employees and dependents can still enroll in this coverage through December 31, 2017. Payroll deductions will stop after premiums are collected for December 2017 coverage. After this date, members will pay premiums directly to MedAmerica.

What can I do?

- Review your current enrollment choices
- Enroll in or cancel health insurance for yourself and your eligible dependents
- Choose or change your health insurance plan option
- Choose or change your health insurance vendor and network
- Enroll in, cancel or change dental and vision insurance

What do I have to do?

If you want to stay in your current health plan, you don't have to reenroll during annual enrollment. But there are benefit changes. Please review your benefits to make sure they will be the best fit for you in 2018.

Note: Premiums for each plan will change. The benefits and cost sharing for the health plan options (your out-of-pocket costs and what the plan pays) will **not** change in 2018, except for the Local CDHP/HSA where the out-of-pocket maximum will increase. The Partnership PPO name will change to Premier PPO.

CDHP/HSA: If you enroll in the CDHP and your employer allows you to contribute to your HSA through payroll deduction, check with your employer if you must update this amount each year. Local government employees will provide this amount to their employer.

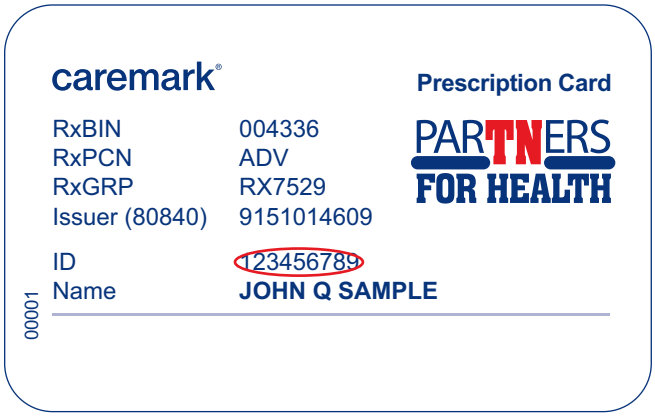
ID cards

- All members will get new medical ID cards.
- If you are new to health insurance, you will get a new pharmacy ID card. Members who are currently enrolled in health insurance but change their plan during annual enrollment will get a Welcome Kit from CVS/caremark, but not an ID card.
- If you are new to dental coverage or make a change to current coverage, you will get a new dental ID card.
- All members enrolled in vision coverage will get new vision ID cards.

Need a new card? You can call your insurance vendor to ask for extra cards or print a temporary card from their website. Some vendors also show ID cards on their mobile apps.

Caremark Pharmacy Card

You can find your Edison ID on your Caremark pharmacy card.



Debit card

Health Savings Account (HSA)

- If you enroll in the Local CDHP/HSA, you will receive a PayFlex debit card for your qualified expenses.
- If you received a card last year and keep your HSA, you can continue to use this same debit card.

2018 health benefits

Health insurance

You get the choice of a health plan and a network.

Health Plan Options

There are four health options — you choose one. Each option has different out-of-pocket costs for copays, deductibles, coinsurance and out-of-pocket maximums. For all options, you won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider.

- **Premier PPO:** Highest premiums, but **you** pay **less** for copays at the doctor's office and pharmacy than the Standard PPO and less coinsurance than the other plans. It has the same coverage and cost sharing as last year's Partnership PPO.
- **Standard PPO:** Lower premiums than the Premier PPO, but **you** pay **more** for copays at the doctor's office and pharmacy than the Premier PPO. It has the same coverage and cost sharing as last year's Standard PPO.
- **Limited PPO:** Lower premiums than the other PPOs, but **you** pay **more** for copays at the doctor's office and pharmacy. It has the same coverage and cost sharing as last year's Limited PPO.
- **Local Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA):** Lower premiums, but you have a higher deductible. You get a HSA — to use for qualified healthcare expenses, including your deductible and to save for retirement.
  - » You can contribute to this account with pre-tax dollars from each paycheck (if offered by your employer) or with post-tax money.
  - » Instead of paying a high premium, you could take the money you save in premiums for this plan versus a PPO and put it in your HSA. You can use your HSA money to pay for your deductible and other healthcare costs or save it.
  - » And the account rolls over — you keep your money in your HSA at the end of the year!

How does the Local CDHP/HSA work?

- **You pay for your healthcare differently.** When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum. **For all of your care, as long as you use network providers, you get discounted network rates.**
  - » For certain 90-day maintenance drugs (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy or mail order to fill a 90-day supply of your medication to receive this lower cost benefit. Check with your pharmacist or CVS/caremark if you have questions.
- **You get a HSA to save!** You can contribute to this account, and some employers do too. Check with your employer on your options. For example, you can put the difference in premiums between the Local CDHP and PPO (premium savings) into your account each month. You can use your HSA money to pay for your out-of-pocket costs like your deductible, coinsurance for doctor's visits and prescription drugs.
  - » Your HSA money rolls over each year — you keep it if you leave or retire.
  - » When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).
  - » There is a limit on how much money you can put in your HSA each year (includes employer contributions):
    - 2018 maximum HSA contribution amounts:

      $3,450 for employee only (includes any employer contribution if available)

      $6,900 for all other tiers (includes any employer contribution if available)

      Members 55 or older can save an extra $1,000 in a catch up contribution during the plan year
- **You save money on taxes!** Your HSA contributions can be pre-tax — put money from your paycheck directly into your account by payroll deduction (if offered by your agency). This lowers your taxable income, saving you money. Any employer contributions are tax free, and qualified medical expenses are also tax free.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to stateoftn.payflexdirect.com to learn more.
- **Certain restrictions**: You cannot enroll in the Local CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.
  - » Generally, members eligible to receive free care at any VA facility cannot enroll in the Local CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if the following applies:
    - Member did not receive any care from a VA facility for three months, or
    - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
    - Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.
  - » You cannot have a HSA if you or your spouse are enrolled in a medical flexible spending account (FSA) or a HRA. Instead, you can enroll in a limited purpose FSA for dental and vision costs if your employer offers one.

Member Costs at a Glance

ALL COSTS ARE IN-NETWORK	PREMIER PPO	STANDARD PPO	LIMITED PPO	LOCAL CDHP/HSA
Primary doctor's visit copays	$25	$30	$35	30% coinsurance (after you meet the deductible)
Coinsurance (after deductible)	10%	20%	30%	30%
Deductible	$500/$1,250	$1,000/$2,500	$1,600/$3,200	$2,000/$4,000
Out-of-pocket maximum	$3,600/$9,000	$4,000/$10,000	$6,600/$13,200	$5,000/$10,000

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

Network Options

You choose one of three networks of doctors and facilities.

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

Each network has providers (doctors and facilities) across Tennessee and the country. Providers can move in and out of networks. It's important to check the networks carefully for the doctor(s) or hospital you want when making your choice. Note: If you use providers outside of the network, you will be charged out-of-network rates.

Did you know? Your network vendor's (BlueCross BlueShield or Cigna) website may have tools and resources to help you find out how much a procedure or test could cost. Contact information for our vendors is found below.

HEALTH INSURANCE VENDORS		
CONTACT	PHONE	WEBSITE
BCBST	800.558.6213 M-F, 7-5	bcbst.com/members/tn_state
Cigna	800.997.1617 24/7	cigna.com/stateoftn

Terms and definitions

CDHP— consumer-driven health plan, a type of medical insurance or plan that generally has a higher deductible and lower monthly premiums. Typically, you take responsibility for covering health care expenses until your deductible is met. Once you meet your deductible, coinsurance applies up to the out-of-pocket maximum.

coinsurance— the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies, depending on the total charge for a service.

copay— a flat dollar amount that you pay for certain services like doctor office visits and prescriptions.

cost sharing— the share of costs covered by your insurance that you pay out of your own pocket.

deductible— a fixed dollar amount you must pay each year before the plan pays for services that require coinsurance.

network— a group of doctors, hospitals and other healthcare providers contracted with a health insurance carrier to provide services to plan members for set fees.

OOPM— out-of-pocket maximum, the most you will pay for services in any given year. The out-of-pocket maximum does not include premiums. Once you reach your out-of-pocket maximum, the plan pays 100 percent of your eligible expenses for the rest of the year. There are separate maximums for in-network and out-of-network services.

plan— provides or pays a portion of the cost of medical care and determines how much you pay in premiums, copays and coinsurance.

PPO— preferred provider organization, gives plan participants access to a network of doctors and facilities that charge pre-negotiated (and typically discounted) fees for the services they provide to members. Plan participants may self-refer to any doctor or specialist in the network. The benefit level covered through the plan typically depends on whether the member visits an in-network or out-of-network provider when seeking care.

Benefits included with health insurance

Pharmacy

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

Maintenance Drugs: There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price for these certain medications, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication. The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD), and diabetes (oral medications, insulins, needles, test strips and lancets).

Certain Low-Dose Statins: Eligible members will be able to receive these medications in-network at zero cost share in 2018. These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

Copay Installment Program: Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at info.caremark.com/stateoftn, register and log in, or by calling CVS/caremark customer care at 877.522.8679. This benefit is only for 90-day mail order prescriptions provided by CVS/Caremark mail order. This does not apply to specialty medications.

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

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

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

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

The following quit aids are FREE under the pharmacy benefit:

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

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

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. To learn more, go to info.caremark.com/stateoftn. You must register to view your prescription history and costs.

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

*These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.
**Specialty Pharmacy Tier: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

Telehealth

24/7 Care — When You Need It

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

When to use Telehealth

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

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

Cost

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

More Information

You must pre-register with your network vendor to use Telehealth.

BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at bcbst.com
- Look for PhysicianNow
- 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

Behavioral Health & Substance Use Services

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

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

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

Learn more about your behavioral health benefit by visiting Here4TN.com. A provider directory with a search feature is available on the website.

Employee Assistance Program (EAP)

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

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

Optum knows you are busy, and they want to provide you with information when you need it. All you have to do is call 855. Here4TN (855.437.3486).

Coming Soon! Take Charge at Work: Starting in the fall of 2017, you will have access to a telephonic program that helps you identify your triggers and recognize and manage symptoms of stress and depression. More details to come, including how to see if you qualify for the program.

2018 Voluntary Wellness Program

Starting January 1, 2018, the "Partnership Promise" will go away and will no longer be part of any health plan. This means that members **will NOT be required** to complete any wellness program activities.

Two voluntary wellness programs will be offered to enrolled local government employees and spouses. Note: members must meet certain criteria to qualify for these programs:

- **Disease management:** For members with chronic diseases that include asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease (COPD). They will still have access to this program to better manage a chronic condition.
- **Diabetes Prevention Program:** In-person classes for those who are pre-diabetic. Members must pre-qualify for this program.

More information about who is eligible and how to access these two programs will be shared early next year.

We want to make sure you are aware of available resources if you want to continue or start to improve your health! We recommend **Healthier Tennessee®**, which you may already be involved in through your community. Healthier Tennessee® is an initiative of the Governor's Foundation for Health and Wellness. This initiative promotes a healthy diet, strives to increase the number of Tennesseans who are physically active and works to reduce the number of those who use tobacco.

Healthier Tennessee's wellness tools are built around the concept of Small Starts®: simple, healthy actions you can turn into routine habits in as little as 10 minutes a day. Small Starts® tools are available for individuals. Learn more about the Small Starts® approach, tools and the free Streaks for Small Starts® app at healthiertn.com/streaks-for-small-starts.

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

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

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

Worth noting....

All members have access to wellness and fitness center discounts through your health insurance network vendor (BlueCross BlueShield or Cigna). Go to your vendor's website to learn more.

Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.

2011-2016 Partnership Promise Wellness Program Successes

- **High participation** - an average of 86% of plan members who agreed to the Partnership Promise consistently completed all requirements since the program began.
- **5:1** Return on Investment (ROI) for Disease Management in 2015 - that means for every one dollar spent, we saved five dollars.
- **Members** in a "Partnership" plan **received more appropriate care.**

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. 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.

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 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. 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 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.

2018 benefit comparison

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

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO	
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 Use [2] • Including telebehavioral health	$25 copay	$45 copay	$30 copay	$50 copay
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging)	10% coinsurance		20% coinsurance	
All Reading, Interpretation and Results	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
Chiropractic • 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)	

LIMITED PPO		LOCAL CDHP/HSA	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
No charge	$50 copay	No charge	50% coinsurance
$35 copay	$55 copay	30% coinsurance	50% coinsurance
$55 copay	$80 copay	30% coinsurance	50% coinsurance
$35 copay	$55 copay	30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	
$15 copay	N/A	30% coinsurance	N/A
100% covered	100% covered up to MAC	30% coinsurance	50% coinsurance
$35 copay primary; $55 copay specialist	$55 copay primary; $80 copay specialist	30% coinsurance	50% coinsurance
Visits 1-20: $35 copay Visits 21-50: $55 copay	Visits 1-20: $55 copay Visits 21-50: $80 copay	30% coinsurance	50% coinsurance
$14 copay generic; $60 copay preferred brand; $110 copay non-preferred	copay plus amount exceeding MAC	30% coinsurance	50% coinsurance plus amount exceeding MAC
$28 copay generic; $120 copay preferred brand; $220 copay non-preferred	N/A - no network	30% coinsurance	N/A - no network
$14 copay generic; $60 copay preferred brand; $200 copay non-preferred	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network
10% coinsurance; min $50; max $150	N/A - no network	30% coinsurance	N/A - no network
$35 copay	$55 copay	30% coinsurance	50% coinsurance
$55 copay	$80 copay	30% coinsurance	50% coinsurance
$200 copay (services subject to coinsurance may be extra)		30% coinsurance	

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.

	PREMIER 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
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
separate pharmacy deductible applies	N/A		N/A	
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

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 (MAC) 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 Local CDHP Plan**, the deductible and out-of-pocket maximum amount can be met by one or more persons, depending on premium level, but no one family member may contribute more than $7,350 to the in-network family out-of-pocket maximum total. **For Local CDHP Plan**, coinsurance is after deductible is met unless otherwise noted.

[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/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient" prior authorization (PA) is required for certain outpatient services, such as psychological testing, transcranial magnetic stimulation, electro-convulsive treatment, extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management, and Applied Behavior Analysis.

[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.)

LIMITED PPO		LOCAL CDHP/HSA	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance		30% coinsurance	
100% covered up to MAC (even if deductible has not been met)		100% covered up to MAC (after the deductible has been met)	
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance for oral surgeons	50% coinsurance for oral surgeons	30% coinsurance for oral surgeons	50% coinsurance for oral surgeons
30% coinsurance non-contracted providers (i.e., dentists, orthodontists)		30% coinsurance non-contracted providers (i.e., dentists, orthodontists)	
30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
N/A - no network	50% coinsurance	N/A - no network	50% coinsurance
$1,600	$3,000	$2,000	$4,000
$2,200	$4,000	$4,000	$8,000
$2,500	$4,600	$4,000	$8,000
$3,200	$6,000	$4,000	$8,000
$100 per member		N/A	
$6,600	$10,000	$5,000	$8,000
$13,200	$20,000	$10,000	$16,000
$13,200	$20,000	$10,000	$16,000
$13,200	$20,000	$10,000	$16,000

2018 Active Employees Monthly Health Premiums

ALL REGIONS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Employee Only	$649	$689	$725	$765	$788	$828
Employee + Child(ren)	$1,007	$1,047	$1,124	$1,164	$1,222	$1,262
Employee + Spouse	$1,396	$1,476	$1,559	$1,639	$1,695	$1,775
Employee + Spouse + Child(ren)	$1,754	$1,834	$1,958	$2,038	$2,129	$2,209
STANDARD PPO						
Employee Only	$608	$648	$679	$719	$738	$778
Employee + Child(ren)	$943	$983	$1,053	$1,093	$1,145	$1,185
Employee + Spouse	$1,308	$1,388	$1,460	$1,540	$1,588	$1,668
Employee + Spouse + Child(ren)	$1,643	$1,723	$1,834	$1,914	$1,994	$2,074
LIMITED PPO						
Employee Only	$472	$512	$527	$567	$574	$614
Employee + Child(ren)	$732	$772	$818	$858	$889	$929
Employee + Spouse	$1,016	$1,096	$1,134	$1,214	$1,233	$1,313
Employee + Spouse + Child(ren)	$1,276	$1,356	$1,424	$1,504	$1,549	$1,629
LOCAL CDHP/HSA						
Employee Only	$425	$465	$474	$514	$515	$555
Employee + Child(ren)	$658	$698	$735	$775	$799	$839
Employee + Spouse	$913	$993	$1,019	$1,099	$1,108	$1,188
Employee + Spouse + Child(ren)	$1,147	$1,227	$1,280	$1,360	$1,392	$1,472

The premium amounts shown reflect the total monthly premium. The different premium levels are based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

Of Note

Generally, the higher the health plan premium, the less you'll pay out-of-pocket for your healthcare services. The lower the health plan premium, the more you'll pay out-of-pocket for your healthcare services.

Members who enroll in the Local CDHP/HSA can put savings from the lower premium into their HSA account to help pay out-of-pocket costs.

2018 COBRA Participants Monthly Health Premiums

ALL REGIONS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Employee Only/Single	$661.98	$702.78	$739.50	$780.30	$803.76	$844.56
Employee + Child(ren)	$1,027.14	$1,067.94	$1,146.48	$1,187.28	$1,246.44	$1,287.24
Employee + Spouse	$1,423.92	$1,505.52	$1,590.18	$1,671.78	$1,728.90	$1,810.50
Employee + Spouse + Child(ren)	$1,789.08	$1,870.68	$1,997.16	$2,078.76	$2,171.58	$2,253.18
STANDARD PPO						
Employee Only/Single	$620.16	$660.96	$692.58	$733.38	$752.76	$793.56
Employee + Child(ren)	$961.86	$1,002.66	$1,074.06	$1,114.86	$1,167.90	$1,208.70
Employee + Spouse	$1,334.16	$1,415.76	$1,489.20	$1,570.80	$1,619.76	$1,701.36
Employee + Spouse + Child(ren)	$1,675.86	$1,757.46	$1,870.68	$1,952.28	$2,033.88	$2,115.48
LIMITED PPO						
Employee Only/Single	$481.44	$522.24	$537.54	$578.34	$585.48	$626.28
Employee + Child(ren)	$746.64	$787.44	$834.36	$875.16	$906.78	$947.58
Employee + Spouse	$1,036.32	$1,117.92	$1,156.68	$1,238.28	$1,257.66	$1,339.26
Employee + Spouse + Child(ren)	$1,301.52	$1,383.12	$1,452.48	$1,534.08	$1,579.98	$1,661.58
LOCAL CDHP/HSA						
Employee Only/Single	$433.50	$474.30	$483.48	$524.28	$525.30	$566.10
Employee + Child(ren)	$671.16	$711.96	$749.70	$790.50	$814.98	$855.78
Employee + Spouse	$931.26	$1,012.86	$1,039.38	$1,120.98	$1,130.16	$1,211.76
Employee + Spouse + Child(ren)	$1,169.94	$1,251.54	$1,305.60	$1,387.20	$1,419.84	$1,501.44

Vision benefits

If offered by your agency

The state will offer voluntary vision benefits through a new vendor in 2018, Davis Vision. The network will change. It is important to check the network for your provider and other providers in your area. You can look for your provider by going to davisvision.com/stateofTN. There is not a specific name to enter. There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses.

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

Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis' "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis' "The Exclusive Collection" under the in-network Basic Plan.
- Free pair of frames at Visionworks retail locations.
- 40% discount off retail under the in-network Expanded Plan and 30% discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- 20% discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

The basic and expanded plans are both managed by Davis Vision. In-network and out-of-network benefits are available. You will receive the maximum benefit when visiting a provider in Davis Vision's network.

Premium rates will decrease in 2018.

If you have vision coverage and want to keep it, you do **not** have to reenroll in Davis Vision.

New Vision Vendor

Davis Vision

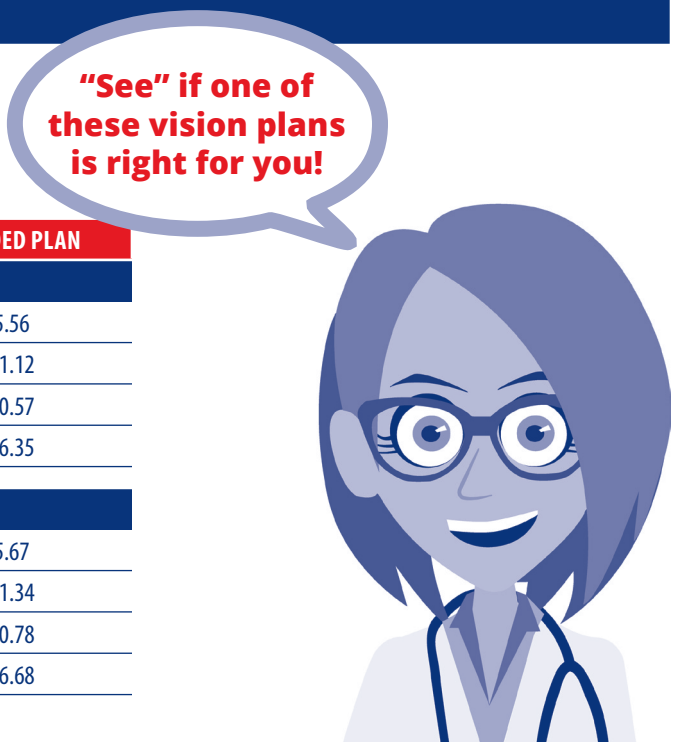
800.208.6404

M-F, 7-10, Sat, 8-3 Sun, 11-3

Basic Client Code: 8155

Expanded Client Code: 8156

davisvision.com/stateofTN



2018 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
COBRA PARTICIPANTS		
Employee Only/Single	$3.13	$5.67
Employee + Child(ren)	$6.25	$11.34
Employee + Spouse	$5.94	$10.78
Employee + Spouse + Child(ren)	$9.19	$16.68

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2018 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	$39 copay	$39 copay
Frames	$55 allowance; 20% discount off balance above the allowance	$150 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass)		
• Single	$0 copay	$0 copay
• Bifocal, trifocal, lenticular	$0 copay	$0 copay
• Standard progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $65 out-of-pocket	$50 copay
• Premium progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $105 out-of-pocket	$50-140 copay [1]
Eyeglass Lens Options (upgrades)	20% discount off all options with out-of-pocket not to exceed amount shown below	
• Anti-reflective	Up to $40	$40 copay
• Polycarbonate	Adults $35; Children $0	Adults $30; Children $0
• Photochromic	Up to $70	20% off retail price; not to exceed $70 out-of-pocket
• Scratch resistance coating	$0	$0 copay
• UV coating	Up to $15	$10 copay
• Tints	Up to $15	$15 copay
• Polarized	Up to $75	20% off retail; not to exceed $75 out-of-pocket
• Premium anti-reflective	Up to $55	$40-69 copay [1]
• Scratch protection plan: single vision/multifocal lenses	$20 copay/$40 copay	$20 copay/$40 copay
• All other eyeglass lens options		20% discount
Exam for Contact Lenses (fitting and evaluation)	20% discount off retail price	$50-60 copay
Contact Lenses [2]		
• Elective Conventional or disposable	$55 allowance; 20% off balance over $55	$140 allowance; 20% off balance over $140
• Medically necessary [3]	$155 allowance; 20% off balance over $155	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	$35 allowance	up to $50 allowance
• Frames	up to $55 allowance (frames and lenses combined)	up to $75 allowance
• Eyeglass lenses		
• Single vision		up to $35 allowance
• Lined bifocal		up to $55 allowance
• Lined trifocal		up to $70 allowance
• Elective contacts (conventional or disposable)	$30 allowance	up to $55 allowance
• Medically necessary contacts [3]	$80 allowance	up to $200 allowance
• Lens options-UV, polycarbonate, photochromic/ transitions plastic		up to $10 allowance
Frequency		
• Eye exam	once every calendar year per person	once every calendar year per person
• Eyeglass lenses and contacts	once every calendar year per person	once every calendar year per person
• Frames	once every two calendar years per person	once every two calendar years per person

[1] Copays for premium progressive lens and premium anti-reflective coating 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

Dental benefits

If offered by your agency

The state offers two voluntary dental insurance plans:

Prepaid Dental Plan (Cigna Dental Health Maintenance Organization — DHMO) provides services at fixed copay amounts paid by the member. A narrow network of participating Cigna general dentists and specialists must be used to receive benefits.

Dental Preferred Provider Organization (DPPO — MetLife) provides services with coinsurance paid by the member and MetLife. Any dentist may be used to receive benefits, but you will pay less if you use an in-network provider.

Prepaid (DHMO) Plan — Cigna

- The **network is Cigna Dental Care DHMO.**
- You **must select a general dentist** from the Prepaid (DHMO) Dental Plan list and let Cigna know of your choice.
  - » You may select a network pediatric dentist as the network general dentist for your dependent child under age seven. At age seven, you must switch the child to a network general dentist or pay the full charge from the pediatric dentist.
- You must use your selected general dentist to receive benefits. There may be some areas in the state where network general dentists are limited or not available. Before enrolling, be sure to carefully check the network for your location.
  - » With the prepaid dental plan, you may be able to cancel this coverage if you enroll and later there are no network general dentists within 40 miles of your home.
- You pay copays for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Pre-existing conditions are covered.
- **Referrals to specialists are required.**
- Orthodontic treatment is not covered if the treatment plan began prior to the member's effective date of coverage with Cigna.
- **Premiums will increase by 3.5% in 2018.**

Dental questions?

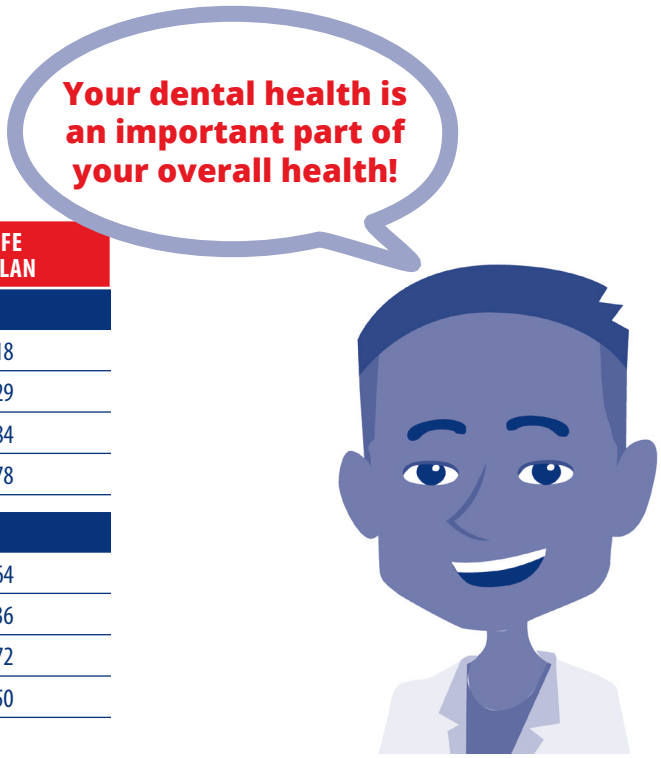
Call or go online

Cigna DHMO: 800.997.1617 or cigna.com/stateoftn

MetLife DPPO: 855.700.8001 or metlife.com/StateOfTN

DPPO — MetLife

- **The network is PDP.**
- You can use **any dentist**, but you receive maximum benefits when visiting an in-network MetLife DPPO provider. 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 the member's coverage start date before benefits begin.
- There is a 12-month waiting period from the member's coverage start date on replacement of a missing tooth and for orthodontics.
- Referrals to specialists are **not** required.
- Pre-treatment estimates are recommended for more expensive services.
- Dental treatment in progress at time of member's effective date with MetLife may have pro-rated benefits under the MetLife plan.
- **Premiums will increase by 3.6% in 2018.**



2018 Monthly Dental Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$13.44	$23.18
Employee + Child(ren)	$27.91	$53.29
Employee + Spouse	$23.83	$43.84
Employee + Spouse + Child(ren)	$32.76	$85.78
COBRA PARTICIPANTS		
Employee Only/Single	$13.71	$23.64
Employee + Child(ren)	$28.47	$54.36
Employee + Spouse	$24.31	$44.72
Employee + Spouse + Child(ren)	$33.42	$87.50

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2018 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 Permanent teeth	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	20% of MAC	40 % of MAC
Major Restorations — Crowns	$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 equal or less than 24 months. Then, full charge.[6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 copay ($140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network 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. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.

Edison employee self service

Edison is the State of Tennessee's Enterprise Resource Planning (ERP) system. When using Employee Self Service (ESS) in Edison to add/make changes to benefits, Internet Explorer 11 is the preferred browser. You may not be able to enroll if you use another browser, a mobile device or a tablet.

You must use ESS in Edison or have your ABC submit your changes online.

Login/passwords

Instructions for 1st Time Login/Password Reset can be found on the Edison homepage, www.edison.tn.gov. There is also a video for first-time users.

Local government employees should call the Benefits Administration service center at 800.253.9981 for assistance.

How do I make changes?

- Log into Edison, www.edison.tn.gov.
- Click **Self Service** > **Employee Work Center.**
- Click **Benefits Enrollment** under **My Benefits.**
- On the Welcome to Employee Self Service page under **Open Benefit Events** click **Select.**
- Click **Edit** next to the plan to add or change.
- Under **Select an Option**, click your plan choice.
- Under **Enroll Your Dependents**, check the box next to a dependent's name to cover him.
- Click **Update** and **Continue** to confirm your option.
- 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, then click the **Continue** button.
- 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.

How do I add dependents?

- Look for the **Enroll Your Dependents** section. Click **Add/Review Dependents**.
- 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 **Continue**.

You may also fax hard copies to 615.741.8196 and include your name and employee ID (found on the front of your 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.

How do I update my personal information?

- **Local government employees:** Update information (address, phone, email) in Edison, or contact your agency benefits coordinator. You can also call the Benefits Administration service center to change your address.
  - » You must provide the last four digits of your Social Security number, Edison ID, date of birth, previous address and confirm authorization of the change before our office can update your information.
  - » It is up to you to keep your address and phone number current with your employer.

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 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits 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, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

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 1-866-576-0029.

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

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

1 برقم اتصل يالمجان لك تتوافر الخدمات اللغوية المساعدة إذا كنت تتحدث اللغة، انك لحوظة: 1-866-576-0029 (رقم 800-848-0298-هاتف الصم بكم الوالد: 1).

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 kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

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

સુચના: જો તમે ગુજરાતી બોલતા હો, 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 द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल कर।

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

توجه: اگر شما بزبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با 866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.

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/finance/section/fa-benefits. 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 has created a Summary of Benefits and Coverage (SBC). The SBC describes your 2018 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 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

Notes/Questions

Notes/Questions

Contacts

BENEFITS	CONTACT	PHONE	WEBSITE
Plan Administrator	Benefits Administration	800.253.9981 or 615.741.3590 — M-F, 8-4:30	tn.gov/finance/section/fa-benefits 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 Program	TBD	TBD	TBD
Dental Insurance	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
	MetLife	855.700.8001 — M-F, 7-10	metlife.com/StateOfTN
Vision Insurance	Davis Vision	800.208.6404 — M-F, 7-10, Sat, 8-3 Sun, 11-3 Basic Client Code: 8155 Expanded Client Code: 8156	davisvision.com/stateofTN
Long-term Care Insurance	MedAmerica	866.615.5824 — M-F, 7:30-5	ltc-tn.com
OTHER PROGRAMS			
Edison	Tennessee Department of Finance & Administration	password reset for local government 800.253.9981 — M-F, 8-4:30	https://www.edison.tn.gov

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STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
19TH FLOOR, 312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TENNESSEE TOWER
NASHVILLE, TENNESSEE 37243-1102

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IMPORTANT BENEFITS INFORMATION ENCLOSED

PARTNERS FOR HEALTH

2018 Decision Guide

Retiree Participants

ANNUAL ENROLLMENT PERIOD

October 2-27, 2017

Revised 08/17/17

Your 2018 benefits

We are pleased to provide you with your 2018 Decision Guide. This guide includes all of the benefit options offered so that you and your family can make informed choices about what best fits your needs.

The State of Tennessee Division of Benefits Administration is committed to providing a wide range of comprehensive, affordable and dependable coverage options. In 2018, we are delighted to again offer you a choice of four health insurance options. We also want you to know about the wellness program change. Effective January 1, 2018, the "Partnership Promise" will go away. This means members will not be required to complete any wellness activities and wellness will not be tied to any health plan. Enrolled retirees and spouses who meet eligibility requirements can participate in disease management and the Diabetes Prevention Program.

To help you understand all of your benefits, we have posted links to NEW animated videos on our ParTNers for Health website at partnersforhealthtn.gov. These short videos can help you learn about your plan options and what everything means.

You can also find more information on our website listed above. If you have questions about eligibility and enrollment, call the Benefits Administration Service Center at 800.253.9981, Monday - Friday, 8 a.m. - 4:30 p.m. Central time. We hope you find this guide helpful as you make your important benefits decisions.

Laurie Lee, Executive Director, Benefits Administration
State of Tennessee, Department of Finance & Administration

Want to learn more about your 2018 benefits?

Watch a video:

Insurance 101

Plan versus network

PPO basics

Intro to CDHP/HSA

These and more are available at partnersforhealthtn.gov/. These videos are for general information purposes only and do not pertain to eligibility.

Tennessee Department of Finance and Administration. Authorization Number 317377, 14,400 copies, August 2017.
This public document was promulgated at a cost of $0.38 per copy.

Are you ready?

✓ Enrollment checklist

☐ Read this guide.	At www.partnersforhealthtn.gov you will also find a pdf.
☐ Gather a list of your doctors, hospitals and medications.	Be sure to gather this same information for every dependent.
☐ Gather your dependent verification documents if you are adding dependents for the first time.	You will mail or fax it with your application (on page 23).
☐ Contact providers.	Ask them if your doctors and hospitals are in-network in 2018. Find out if your prescriptions are on the list of covered drugs.
☐ Visit the ParTNers for Health website, www.partnersforhealthtn.gov.	For benefits information, insurance terms and FAQs.
☐ Watch animated videos at www.partnersforhealthtn.gov.	New this year, they include insurance 101, the difference between a plan and network and why a CDHP might be right for you, to name a few.
☐ Choose your health insurance option, tier and network.	You will enroll using the application on page 23.
☐ Choose your voluntary benefits — dental and vision.	You will enroll using the application on page 23.

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Need help?

The Benefits Administration service center is available M-F 8 a.m. - 4:30 p.m. (Central time) at 800.253.9981 or 615.741.3590 (select option 2 to speak with a retirement representative) to answer questions about eligibility and enrollment. You can also email retirement.insurance@tn.gov or search the help desk, find articles or submit a question at https://benefitssupport.tn.gov/hc/en-us.

Contact the vendor's customer service center or visit their website found on the inside back cover.

The ParTNers for Health website has a wealth of information on benefits at partnersforhealthtn.gov. It also includes definitions of insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at https://www.tn.gov/finance/section/fa-benefits. This includes brochures and handbooks for all benefits offered. Plan documents and summaries of benefits and coverage (SBC) are available.

Annual enrollment

Your annual enrollment period for 2018 insurance benefits is October 2 through October 27, 2017, for most programs.

- Deadline to make changes is October 27 at 4:30 p.m. Central time.
- Choices are effective January 1–December 31, 2018.

After annual enrollment, you can only change or cancel coverage if you:

- Lose eligibility
- Have a qualifying event/family status change (e.g., birth, marriage, adoption, loss of other coverage, divorce, etc.)

Types of coverage (premium tier)

- Retiree only
- Retiree+child(ren)
- Retiree+spouse
- Retiree+spouse+child(ren)
- Spouse only
- Child(ren) only
- Spouse and children only

Family Coverage — Coverage other than "retiree only" or "spouse only" is considered family coverage. Please note that the dependent only tiers are when the retiree has come off of the plan due to becoming Medicare eligible.

What's important in 2018?

Even if you don't make any changes, you should review your enrollment every year. The plans, networks and benefits may change and impact you.

Health Plan Options

Four health plan options will be offered.

1. **Premier PPO** (formerly called the Partnership PPO)
   - » Premier PPO has the same benefits, coverage and out-of-pocket costs (copays, coinsurance, deductibles) as the 2017 Partnership PPO
   - » Premier PPO premiums will be **higher** than in 2017
   - » Partnership PPO (and No Partnership PPO) members **will automatically be moved** to the Premier PPO unless they enroll in a different plan **(members will receive a notice about this change)**
   - » Enrollment is not tied to wellness participation
2. **Standard PPO**
   - » Premiums will be **lower** than in 2017
   - » Benefits will be the same as in 2017
3. **Limited PPO (local education (LE) and local government (LG) retirees only)**
   - » Premiums will be **higher** than in 2017
   - » Benefits will be the same as in 2017
4. **CDHP/HSA (state (ST)/higher education (HE) retirees only) or Local CDHP/HSA (local education/local government retirees only)**
   - » Premiums will be **higher** than in 2017
   - » Out-of-pocket maximum is higher than in 2017

Networks

You will have the choice of three networks of doctors and facilities. Always check the network for your providers as changes can occur.

1. BlueCross BlueShield Network S
2. Cigna LocalPlus
3. Cigna Open Access Plus — this is a larger, broad network but costs more each month. Go to page 5 to learn more.

Changes

Wellness Program: Two voluntary programs will be offered to retirees and spouses: disease management and the Diabetes Prevention Program. Members must meet certain criteria to qualify. Go to page 8 to learn more.

- Members are not required to complete any wellness program requirements.
- Wellness will no longer be part of any health plan.

Vision: The new vision insurance vendor will be Davis Vision. Premiums will decrease. If you have vision coverage, you do **not** have to reenroll in Davis Vision if eligible. It is important for you to check the network for your provider. The network directory may be found at davisvision.com/StateofTN. There is not a specific name to enter.

Dental: Dental insurance premiums will increase — MetLife premiums by 3.6% and Cigna premiums by 3.5%.

Long-term Care: This program is closing to new members as of December 31, 2017. If enrolled, you can keep this coverage, but you will do so with the insurance company, MedAmerica. Deduction of premiums from your TCRS pension will stop after premiums are collected for December 2017 coverage. MedAmerica will mail information to enrolled members to set-up direct payment of premiums. If you are already making direct premium payments to MedAmerica, this will continue. All eligible retirees and dependents can still enroll in this coverage through December 31, 2017.

What can I do?

- Review your current enrollment choices
- Change your health insurance plan option
- Enroll your eligible dependents, if you will remain enrolled as of January 2018
- Cancel health insurance for yourself and your eligible dependents
- Change your health insurance vendor and network

If you are a Tennessee Consolidated Retirement System (TCRS) retiree and receive a monthly pension from the TCRS or you are an optional retirement plan retiree from the University of Tennessee or a TBR higher education agency, you are eligible for the following additional benefits:

- Enroll in, cancel or change dental options
- Enroll in, cancel or change and vision options (must be enrolled in group health coverage)

What do I have to do?

If you want to stay in your current benefits, you don't have to make changes during annual enrollment. But there are benefit changes. Please review your benefits to make sure they will be the best fit for you in 2018.

Note: Premiums for each plan will change. The benefits and cost sharing for the health plan options (your out-of-pocket costs and what the plan pays) will **not** change in 2018, except for the Local CDHP/HSA option (local education and local government retirees only) and the out-of-pocket maximum will increase. The Partnership PPO name will change to Premier PPO.

CDHP/HSA: If you enroll in the CDHP, you may contribute after-tax funds to the HSA by check or by linking your bank account to your HSA.

How do I make changes?

Complete an annual enrollment application and submit it to Benefits Administration. **You can find the application in the back of this guide.**

- Mailed applications must be postmarked no later than October 27, 2017.
- If submitting by fax, the fax must successfully transmit by 11:59 p.m. October 27, 2017. Faxed applications can be sent to 615.741.8196.

If you are adding dependents (spouse and/or children) who have not previously been covered on the state plan in the last 6 months to coverage:

- You can add eligible dependents to medical coverage if you (the retiree) are covered on the medical plan. You may also add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.
- You must submit dependent verification documents by October 27 at 4:30 p.m. Central time.
- Proof of dependent's eligibility must show the date of birth, or marriage or placement of adoption as required.
- A list of dependent eligibility verification documents is found on page 24.

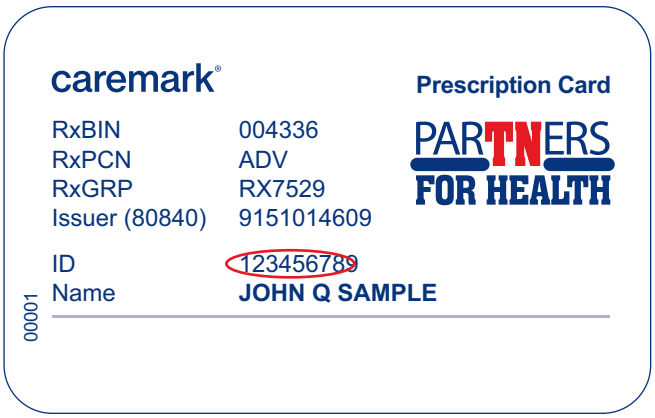
ID cards

- All enrolled members will get new medical ID cards.
- If you are new to health insurance, you will get a new pharmacy ID card. Members who are currently enrolled in health insurance but change their plan during annual enrollment will get a Welcome Kit from CVS/caremark, but not an ID card.
- If you are new to dental coverage or make a change to current coverage, you will get a new dental ID card.
- All members enrolled in vision coverage will get new vision ID cards.

Need a new card? You can call your insurance vendor to ask for extra cards or print a temporary card from their website. Some vendors also show ID cards on their mobile apps.

Caremark Pharmacy Card

You can find your Edison ID on your Caremark pharmacy card.



Debit card

Health Savings Account (HSA)

- If you enroll in a CDHP/HSA option, you will receive a PayFlex debit card for your qualified expenses.
- If you received a PayFlex debit card last year, you can use the same card if you have a HSA account in 2018.

How do I update my personal information?

- **Retiree:** You can call the Benefits Administration service center to change your address.
  - » You must provide the last four digits of your Social Security number and/or your Edison ID, date of birth, previous address and confirm authorization of the change before our office can update your information.

2018 health benefits

Health insurance

You get the choice of a health plan and a network.

Health Plan Options

There are four health options — you choose one. Each option has different out-of-pocket costs for copays, deductibles, coinsurance and out-of-pocket maximums. For all options, you won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider.

- **Premier PPO:** Highest premiums, but **you** pay **less** for copays at the doctor's office and pharmacy than the Standard PPO and pay less coinsurance than the CDHP (or Local CDHP). It has the same coverage and cost sharing as last year's Partnership PPO.
- **Standard PPO:** Lower premiums than the Premier PPO, but **you** pay **more** for copays at the doctor's office and pharmacy and pay more coinsurance than the Premier PPO. It has the same coverage and cost sharing as last year's Standard PPO.
- **Limited PPO (local education/local government retirees only):** Lower premiums than the other PPOs, but **you** pay **more** for copays at the doctor's office and pharmacy and pay more coinsurance than the other PPOs. It has the same coverage and cost sharing as last year's Limited PPO.
- **Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA) (state and higher education retirees only) and the Local CDHP/HSA (local education and local government retirees only):** Lower premiums, but you have a higher deductible. You get a HSA — to use for qualified healthcare expenses, including your deductible.
  - » You can contribute to this account and claim the contribution on your taxes.
  - » Instead of paying a high premium, you could take the money you save in premiums for this plan versus a PPO and put it in your HSA. You can use your HSA money to pay for your deductible and other healthcare costs or save it and invest it.
  - » And the account rolls over — you keep your money in your HSA at the end of the year!

How does a CDHP/HSA work?

- **You pay for your healthcare differently.** When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum. **For all of your care, as long as you use network providers, you get discounted network rates.**
  - » For certain 90-day maintenance drugs (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy or mail order to fill a 90-day supply of your medication to receive this lower cost benefit. Check with your pharmacist or CVS/caremark if you have questions.
- **You get a HSA to save!** You can contribute to this account, and this money can be another savings account. For example, you can put the difference in premiums between the CDHP and PPO (premium savings) into your account each month. You can use your HSA money to pay for your out-of-pocket costs like your deductible, coinsurance for doctor's visits and prescription drugs.
  - » Your HSA money rolls over each year — you get to keep it.
  - » When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).
  - » There is a limit on how much money you can put in your HSA each year:
    - 2018 maximum HSA contribution amounts:

      $3,450 for retiree only

      $6,900 for all other tiers

      Members 55 or older can save an extra $1,000 in a catch up contribution during the plan year
- **You save money on taxes!** You can contribute to your HSA and claim it on your taxes. Qualified medical expenses are tax free and the account collects tax-free interest on the balance.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to stateoftn.payflexdirect.com to learn more.
- **Certain restrictions**: **You should consult your tax professional for assistance on restrictions when considering enrolling in a CDHP/HSA plan.** You cannot enroll in a CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, or 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 eligible to receive free care at any VA facility cannot enroll in a CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if the following applies:
    - Member did not receive any care from a VA facility for three months, or
    - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
    - Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.
  - » You cannot have a HSA if you or your spouse are enrolled in a medical flexible spending account (FSA) or a HRA. Instead, if you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

Member Costs at a Glance

ALL COSTS ARE IN-NETWORK	PREMIER PPO	STANDARD PPO	LIMITED PPO	CDHP/HSA	LOCAL CDHP/HSA
Primary doctor's visit copays	$25	$30	$35	20% coinsurance (after you meet the deductible)	30% coinsurance (after you meet the deductible)
Coinsurance (after deductible)	10%	20%	30%	20%	30%
Deductible	$500/$1,250	$1,000/$2,500	$1,600/$3,200	$1,500/$3,000	$2,000/$4,000
Out-of-pocket maximum	$3,600/$9,000	$4,000/$10,000	$6,600/$13,200	$2,500/$5,000	$5,000/$10,000

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

Network Options

You choose one of three networks of doctors and facilities.

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

Each network has providers (doctors and facilities) across Tennessee and the country. Providers can move in and out of networks. It's important to check the networks carefully for the doctor(s) or hospital you want when making your choice. Note: If you use providers outside of the network, you will be charged out-of-network rates.

Did you know? Your network vendor's (BlueCross BlueShield or Cigna) website may have tools and resources to help you find out how much a procedure or test could cost. Contact information for our vendors is found below.

HEALTH INSURANCE VENDORS		
CONTACT	PHONE	WEBSITE
BCBST	800.558.6213 M-F, 7-5	bcbst.com/members/tn_state
Cigna	800.997.1617 24/7	cigna.com/stateoftn

Terms and definitions

CDHP— consumer-driven health plan, a type of medical insurance or plan that generally has a higher deductible and lower monthly premiums. Typically, you take responsibility for covering health care expenses until your deductible is met. Once you meet your deductible, coinsurance applies up to the out-of-pocket maximum.

coinsurance— the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies, depending on the total charge for a service.

copay— a flat dollar amount that you pay for certain services like doctor office visits and prescriptions.

cost sharing— the share of costs covered by your insurance that you pay out of your own pocket.

deductible— a fixed dollar amount you must pay each year before the plan pays for services that require coinsurance.

network— a group of doctors, hospitals and other healthcare providers contracted with a health insurance carrier to provide services to plan members for set fees.

OOPM— out-of-pocket maximum, the most you will pay for services in any given year. The out-of-pocket maximum does not include premiums. Once you reach your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. There are separate maximums for in-network and out-of-network services.

plan— provides or pays a portion of the cost of medical care and determines how much you pay in premiums, copays and coinsurance.

PPO— preferred provider organization, gives plan participants access to a network of doctors and facilities that charge pre-negotiated (and typically discounted) fees for the services they provide to members. Plan participants may self-refer to any doctor or specialist in the network. The benefit level covered through the plan typically depends on whether the member visits an in-network or out-of-network provider when seeking care.

Benefits included with health insurance

Pharmacy

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

Maintenance Drugs: There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price for these certain medications, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication. The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD), and diabetes (oral medications, insulins, needles, test strips and lancets).

Certain Low-Dose Statins: Eligible members will be able to receive these medications in-network at zero cost share in 2018. These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

Copay Installment Program: Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at info.caremark.com/stateoftn, register and log in, or by calling CVS/caremark customer care at 877.522.8679. This benefit is only for 90-day mail order prescriptions provided by CVS/Caremark mail order. This does not apply to specialty medications.

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

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

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

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

The following quit aids are FREE under the pharmacy benefit:

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

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

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. To learn more, go to info.caremark.com/stateoftn. You must register to view your prescription history and costs.

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

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

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

Telehealth

24/7 Care — When You Need It

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

When to use Telehealth

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

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

Cost

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

More Information

You must pre-register with your network vendor to use Telehealth.

BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at bcbst.com
- Look for PhysicianNow
- 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

Behavioral Health & Substance Use Services

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

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

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

Learn more about your behavioral health benefit by visiting Here4TN.com. A provider directory with a search feature is available on the website.

Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) is also administered by Optum. It is available to all retirees enrolled in health coverage. Your eligible dependents can also use EAP services even if they are not enrolled in health coverage. Receive five EAP visits, per situation, per year at no cost to you.

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

Optum knows you are busy, and they want to provide you with information when you need it. All you have to do is call 855. Here4TN (855.437.3486).

Coming Soon! Take Charge at Work: Starting in the fall of 2017, you will have access to a telephonic program that helps you identify your triggers and recognize and manage symptoms of stress and depression. More details to come, including how to see if you qualify for the program.

2018 Voluntary Wellness Program

Starting January 1, 2018, the "Partnership Promise" will go away and will no longer be part of any health plan. This means that members **will NOT be required** to complete any wellness program activities.

Two voluntary wellness programs will be offered to enrolled retirees and spouses. Note: members must meet certain criteria to qualify for these programs:

- **Disease management:** For members with chronic diseases that include asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease (COPD). They will still have access to this program to better manage a chronic condition.
- **Diabetes Prevention Program:** Classes for those who are pre-diabetic. Members must pre-qualify for this program.

More information about who is eligible and how to access these two programs will be shared early next year.

We want to make sure you are aware of available resources if you want to continue or start to improve your health! We recommend **Healthier Tennessee**®, which you may already be involved in through your community. Healthier Tennessee® is an initiative of the Governor's Foundation for Health and Wellness. This initiative promotes a healthy diet, strives to increase the number of Tennesseans who are physically active and works to reduce the number of those who use tobacco.

Healthier Tennessee's wellness tools are built around the concept of Small Starts®: simple, healthy actions you can turn into routine habits in as little as 10 minutes a day. Small Starts® tools are available for individuals. Learn more about the Small Starts® approach, tools and the free Streaks for Small Starts® app at healthiertn.com/streaks-for-small-starts.

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

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

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

Worth noting....

All members have access to wellness and fitness center discounts through your health insurance network vendor (BlueCross BlueShield or Cigna). Go to your vendor's website to learn more.

Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.

2011-2016 Partnership Promise Wellness Program Successes

- **High participation** - an average of 86% of plan members who agreed to the Partnership Promise consistently completed all requirements since the program began.
- **5:1** Return on Investment (ROI) for Disease Management in 2015 - that means for every one dollar spent, we saved five dollars.
- **Members** in a "Partnership" plan **received more appropriate care.**

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. 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.

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 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. 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 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.

2018 benefit comparison

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

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO	
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 Use [2] • Including telebehavioral health	$25 copay	$45 copay	$30 copay	$50 copay
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging)	10% coinsurance		20% coinsurance	
All Reading, Interpretation and Results	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
Chiropractic • 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)	

LIMITED PPO (LE/LG)		CDHP/HSA (ST/HE)		LOCAL CDHP/HSA (LE/LG)	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
No charge	$50 copay	No charge	40% coinsurance	No charge	50% coinsurance
$35 copay	$55 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$55 copay	$80 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$35 copay	$55 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance		20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance		20% coinsurance		30% coinsurance	
$15 copay	N/A	20% coinsurance	N/A	30% coinsurance	N/A
100% covered	100% covered up to MAC	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$35 copay primary; $55 copay specialist	$55 copay primary; $80 copay specialist	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Visits 1-20: $35 copay Visits 21-50: $55 copay	Visits 1-20: $55 copay Visits 21-50: $80 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$14 copay generic; $60 copay preferred brand; $110 copay non-preferred	copay plus amount exceeding MAC	20% coinsurance	40% coinsurance plus amount exceeding MAC	30% coinsurance	50% coinsurance plus amount exceeding MAC
$28 copay generic; $120 copay preferred brand; $220 copay non-preferred	N/A - no network	20% coinsurance	N/A - no network	30% coinsurance	N/A - no network
$14 copay generic; $60 copay preferred brand; $200 copay non-preferred	N/A - no network	10% coinsurance without first having to meet deductible	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network
10% coinsurance; min $50; max $150	N/A - no network	20% coinsurance	N/A - no network	30% coinsurance	N/A - no network
$35 copay	$55 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$55 copay	$80 copay	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
$200 copay (services subject to coinsurance may be extra)		20% coinsurance		30% coinsurance	

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.

	PREMIER 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
Out-of-Country Charges • Non-emergency and non-urgent care	N/A - no network	40% coinsurance	N/A - no network	40% coinsurance
DEDUCTIBLE				
Retiree Only	$500	$1,000	$1,000	$2,000
Retiree + Child(ren)	$750	$1,500	$1,500	$3,000
Retiree + Spouse	$1,000	$2,000	$2,000	$4,000
Retiree + Spouse + Child(ren)	$1,250	$2,500	$2,500	$5,000
separate pharmacy deductible applies	N/A		N/A	
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED				
Retiree Only	$3,600	$4,000	$4,000	$4,500
Retiree + Child(ren)	$5,400	$6,000	$6,000	$6,750
Retiree + Spouse	$7,200	$8,000	$8,000	$9,000
Retiree + Spouse + Child(ren)	$9,000	$10,000	$10,000	$11,250

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 (MAC) 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 "retiree 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 deductible and out-of-pocket maximum amount can be met by one or more persons. **For CDHP Plans,** coinsurance is after deductible is met unless otherwise noted.

[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/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient" prior authorization (PA) is required for certain outpatient services, such as psychological testing, transcranial magnetic stimulation, electro-convulsive treatment, extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management, and Applied Behavior Analysis.

[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.)

LIMITED PPO (LE/LG)		CDHP/HSA (ST/HE)		LOCAL CDHP/HSA (LE/LG)	
IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]	IN-NETWORK	OUT-OF-NETWORK [1]
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance		20% coinsurance		30% coinsurance	
100% covered up to MAC (even if deductible has not been met)		100% covered up to MAC (after the deductible has been met)		100% covered up to MAC (after the deductible has been met)	
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
30% coinsurance for oral surgeons	50% coinsurance for oral surgeons	20% coinsurance for oral surgeons	40% coinsurance for oral surgeons	30% coinsurance for oral surgeons	50% coinsurance for oral surgeons
30% coinsurance non-contracted providers (i.e., dentists, orthodontists)		20% coinsurance non-contracted providers (i.e., dentists, orthodontists)		30% coinsurance non-contracted providers (i.e., dentists, orthodontists)	
30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
N/A - no network	50% coinsurance	NA - no network	40% coinsurance	N/A - no network	50% coinsurance
$1,600	$3,000	$1,500	$3,000	$2,000	$4,000
$2,200	$4,000	$3,000	$6,000	$4,000	$8,000
$2,500	$4,600	$3,000	$6,000	$4,000	$8,000
$3,200	$6,000	$3,000	$6,000	$4,000	$8,000
$100 per member		N/A		N/A	
$6,600	$10,000	$2,500	$4,500	$5,000	$8,000
$13,200	$20,000	$5,000	$9,000	$10,000	$16,000
$13,200	$20,000	$5,000	$9,000	$10,000	$16,000
$13,200	$20,000	$5,000	$9,000	$10,000	$16,000

Monthly Premiums for State and Higher Education Retirees

ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	$149.80	$189.80	$224.70	$264.70	$299.60	$339.60
Retiree + Child(ren)	$224.60	$264.60	$336.90	$376.90	$449.20	$489.20
Retiree + Spouse	$314.40	$394.40	$471.60	$551.60	$628.80	$708.80
Retiree + Spouse + Child(ren)	$389.20	$469.20	$583.80	$663.80	$778.40	$858.40
Spouse Only	$164.60	$204.60	$246.90	$286.90	$329.20	$369.20
Child(ren) Only	$74.80	$114.80	$112.20	$152.20	$149.60	$189.60
Spouse + Child(ren)	$239.40	$279.40	$359.10	$399.10	$478.80	$518.80
STANDARD PPO						
Retiree Only	$140.20	$180.20	$210.30	$250.30	$280.40	$320.40
Retiree + Child(ren)	$210.20	$250.20	$315.30	$355.30	$420.40	$460.40
Retiree + Spouse	$294.60	$374.60	$441.90	$521.90	$589.20	$669.20
Retiree + Spouse + Child(ren)	$364.60	$444.60	$546.90	$626.90	$729.20	$809.20
Spouse Only	$154.40	$194.40	$231.60	$271.60	$308.80	$348.80
Child(ren) Only	$70.00	$110.00	$105.00	$145.00	$140.00	$180.00
Spouse + Child(ren)	$224.40	$264.40	$336.60	$376.60	$448.80	$488.80
CDHP/HSA						
Retiree Only	$133.00	$173.00	$199.50	$239.50	$266.00	$306.00
Retiree + Child(ren)	$199.20	$239.20	$298.80	$338.80	$398.40	$438.40
Retiree + Spouse	$279.20	$359.20	$418.80	$498.80	$558.40	$638.40
Retiree + Spouse + Child(ren)	$345.40	$425.40	$518.10	$598.10	$690.80	$770.80
Spouse Only	$146.20	$186.20	$219.30	$259.30	$292.40	$332.40
Child(ren) Only	$66.20	$106.20	$99.30	$139.30	$132.40	$172.40
Spouse + Child(ren)	$212.40	$252.40	$318.60	$358.60	$424.80	$464.80

Of Note

Generally, the higher the health plan premium, the less you'll pay out-of-pocket for your healthcare services. The lower the health plan premium, the more you'll pay out-of-pocket for your healthcare services.

Members who enroll in a CDHP/HSA option can put savings from the lower premium into their HSA account to help pay out-of-pocket costs.

Monthly Premiums for Local Education Teacher Retirees

ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	$336.60	$376.60	$397.80	$437.80	$459.00	$499.00
Retiree + Child(ren)	$554.95	$594.95	$655.85	$695.85	$756.75	$796.75
Retiree + Spouse	$656.15	$736.15	$775.45	$855.45	$894.75	$974.75
Retiree + Spouse + Child(ren)	$874.50	$954.50	$1,033.50	$1,113.50	$1,192.50	$1,272.50
Spouse Only	$319.55	$359.55	$377.65	$417.65	$435.75	$475.75
Child(ren) Only	$218.35	$258.35	$258.05	$298.05	$297.75	$337.75
Spouse + Child(ren)	$537.90	$577.90	$635.70	$675.70	$733.50	$773.50
STANDARD PPO						
Retiree Only	$315.15	$355.15	$372.45	$412.45	$429.75	$469.75
Retiree + Child(ren)	$519.75	$559.75	$614.25	$654.25	$708.75	$748.75
Retiree + Spouse	$614.90	$694.90	$726.70	$806.70	$838.50	$918.50
Retiree + Spouse + Child(ren)	$818.95	$898.95	$967.85	$1,047.85	$1,116.75	$1,196.75
Spouse Only	$299.75	$339.75	$354.25	$394.25	$408.75	$448.75
Child(ren) Only	$204.60	$244.60	$241.80	$281.80	$279.00	$319.00
Spouse + Child(ren)	$503.80	$543.80	$595.40	$635.40	$687.00	$727.00
LOCAL CDHP/HSA						
Retiree Only	$244.75	$284.75	$289.25	$329.25	$333.75	$373.75
Retiree + Child(ren)	$403.15	$443.15	$476.45	$516.45	$549.75	$589.75
Retiree + Spouse	$476.85	$556.85	$563.55	$643.55	$650.25	$730.25
Retiree + Spouse + Child(ren)	$635.25	$715.25	$750.75	$830.75	$866.25	$946.25
Spouse Only	$232.10	$272.10	$274.30	$314.30	$316.50	$356.50
Child(ren) Only	$158.40	$198.40	$187.20	$227.20	$216.00	$256.00
Spouse + Child(ren)	$390.50	$430.50	$461.50	$501.50	$532.50	$572.50
LIMITED PPO						
Retiree Only	$288.20	$328.20	$340.60	$380.60	$393.00	$433.00
Retiree + Child(ren)	$474.65	$514.65	$560.95	$600.95	$647.25	$687.25
Retiree + Spouse	$561.55	$641.55	$663.65	$743.65	$765.75	$845.75
Retiree + Spouse + Child(ren)	$748.55	$828.55	$884.65	$964.65	$1,020.75	$1,100.75
Spouse Only	$273.35	$313.35	$323.05	$363.05	$372.75	$412.75
Child(ren) Only	$186.45	$226.45	$220.35	$260.35	$254.25	$294.25
Spouse + Child(ren)	$460.35	$500.35	$544.05	$584.05	$627.75	$667.75

Monthly Premiums for Local Education Support Staff Retirees

ALL REGIONS		
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO		
Retiree Only	$612	$652
Retiree + Child(ren)	$1,009	$1,049
Retiree + Spouse	$1,193	$1,273
Retiree + Spouse + Child(ren)	$1,590	$1,670
Spouse Only	$581	$621
Child(ren) Only	$397	$437
Spouse + Child(ren)	$978	$1,018
STANDARD PPO		
Retiree Only	$573	$613
Retiree + Child(ren)	$945	$985
Retiree + Spouse	$1,118	$1,198
Retiree + Spouse + Child(ren)	$1,489	$1,569
Spouse Only	$545	$585
Child(ren) Only	$372	$412
Spouse + Child(ren)	$916	$956
LOCAL CDHP/HSA		
Retiree Only	$445	$485
Retiree + Child(ren)	$733	$773
Retiree + Spouse	$867	$947
Retiree + Spouse + Child(ren)	$1,155	$1,235
Spouse Only	$422	$462
Child(ren) Only	$288	$328
Spouse + Child(ren)	$710	$750
LIMITED PPO		
Retiree Only	$524	$564
Retiree + Child(ren)	$863	$903
Retiree + Spouse	$1,021	$1,101
Retiree + Spouse + Child(ren)	$1,361	$1,441
Spouse Only	$497	$537
Child(ren) Only	$339	$379
Spouse + Child(ren)	$837	$877

Monthly Premiums for Local Government Retirees

ALL REGIONS						
	LEVEL 1		LEVEL 2		LEVEL 3	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PREMIER PPO						
Retiree Only	$649	$689	$725	$765	$788	$828
Retiree + Child(ren)	$1,007	$1,047	$1,124	$1,164	$1,222	$1,262
Retiree + Spouse	$1,396	$1,476	$1,559	$1,639	$1,695	$1,775
Retiree + Spouse + Child(ren)	$1,754	$1,834	$1,958	$2,038	$2,129	$2,209
Spouse Only	$747	$787	$834	$874	$907	$947
Child(ren) Only	$358	$398	$399	$439	$434	$474
Spouse + Child(ren	$1,105	$1,145	$1,233	$1,273	$1,341	$1,381
STANDARD PPO						
Retiree Only	$608	$648	$679	$719	$738	$778
Retiree + Child(ren)	$943	$983	$1,053	$1,093	$1,145	$1,185
Retiree + Spouse	$1,308	$1,388	$1,460	$1,540	$1,588	$1,668
Retiree + Spouse + Child(ren)	$1,643	$1,723	$1,834	$1,914	$1,994	$2,074
Spouse Only	$700	$740	$781	$821	$850	$890
Child(ren) Only	$335	$375	$374	$414	$407	$447
Spouse + Child(ren	$1,035	$1,075	$1,155	$1,195	$1,256	$1,296
LOCAL CDHP/HSA						
Retiree Only	$425	$465	$474	$514	$515	$555
Retiree + Child(ren)	$658	$698	$735	$775	$799	$839
Retiree + Spouse	$913	$993	$1,019	$1,099	$1,108	$1,188
Retiree + Spouse + Child(ren)	$1,147	$1,227	$1,280	$1,360	$1,392	$1,472
Spouse Only	$488	$528	$545	$585	$593	$633
Child(ren) Only	$233	$273	$261	$301	$284	$324
Spouse + Child(ren	$722	$762	$806	$846	$877	$917
LIMITED PPO						
Retiree Only	$472	$512	$527	$567	$574	$614
Retiree + Child(ren)	$732	$772	$818	$858	$889	$929
Retiree + Spouse	$1,016	$1,096	$1,134	$1,214	$1,233	$1,313
Retiree + Spouse + Child(ren)	$1,276	$1,356	$1,424	$1,504	$1,549	$1,629
Spouse Only	$544	$584	$607	$647	$659	$699
Child(ren) Only	$260	$300	$291	$331	$315	$355
Spouse + Child(ren	$804	$844	$897	$937	$975	$1,015

Vision benefits

The state will offer voluntary vision benefits to eligible retirees* through a new vendor in 2018, Davis Vision. The network will change. It is important to check the network for your provider and other providers in your area. You can look for your provider by going to davisvision.com/stateofTN. There is not a specific name to enter. There are many added values to this year's vision benefits, including an increased allowance for frames, lenses and contact lenses.

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

Davis Vision offers some additional values which include:

- Zero ($0.00) copay for single vision, bifocal, trifocal or lenticular lenses purchased at an in-network location.
- Free pair of eyeglass frames from Davis' "The Exclusive Collection" under the in-network Expanded Plan.
- Free pair of "Fashion Selection" eyeglass frames from Davis' "The Exclusive Collection" under the in-network Basic Plan.
- Free pair of frames at Visionworks retail locations.
- 40% discount off retail under the in-network Expanded Plan and 30% discount off retail under the in-network Basic Plan for an additional pair of eyeglasses, except at Walmart, Sam's Club or Costco locations.
- 20% discount off retail cost of an additional pair of conventional or disposable contact lenses under the in-network Expanded Plan.
- One year warranty for breakage of most eyeglasses.

2018 Monthly Vision Premiums

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

The basic and expanded plans are both managed by Davis Vision. In-network and out-of-network benefits are available. You will receive the maximum benefit when visiting a provider in Davis Vision's network.

Premium rates will decrease in 2018. If you have vision coverage, you do **not** have to reenroll in Davis Vision if eligible.

*Eligible retirees are those who are enrolled in the retiree group health plan and who are receiving a monthly pension from the Tennessee Consolidated Retirement System or an optional retirement plan retiree from the University of Tennessee or a TBR Higher Education agency.

Dependents enrolled in spouse only, spouse + children or children only group health coverage are eligible to enroll in dependent only vision coverage if the retiree is no longer enrolled in the group health plan.

New Vision Vendor

Davis Vision

800.208.6404

M-F, 7-10, Sat, 8-3 Sun, 11-3

Basic Client Code: 8155

Expanded Client Code: 8156

davisvision.com/stateofTN

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2018 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	$39 copay	$39 copay
Frames	$55 allowance; 20% discount off balance above the allowance	$150 allowance; 20% discount off balance above the allowance
Eyeglass Lenses (includes plastic or glass)		
• Single	$0 copay	$0 copay
• Bifocal, trifocal, lenticular	$0 copay	$0 copay
• Standard progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $65 out-of-pocket	$50 copay
• Premium progressive Lens	$55 allowance; 20% off balance over $55; not to exceed $105 out-of-pocket	$50-140 copay [1]
Eyeglass Lens Options (upgrades)	20% discount off all options with out-of-pocket not to exceed amount shown below	
• Anti-reflective	Up to $40	$40 copay
• Polycarbonate	Adults $35; Children $0	Adults $30; Children $0
• Photochromic	Up to $70	20% off retail price; not to exceed $70 out-of-pocket
• Scratch resistance coating	$0	$0 copay
• UV coating	Up to $15	$10 copay
• Tints	Up to $15	$15 copay
• Polarized	Up to $75	20% off retail; not to exceed $75 out-of-pocket
• Premium anti-reflective	Up to $55	$40-69 copay [1]
• Scratch protection plan: single vision/multifocal lenses	$20 copay/$40 copay	$20 copay/$40 copay
• All other eyeglass lens options		20% discount
Exam for Contact Lenses (fitting and evaluation)	20% discount off retail price	$50-60 copay
Contact Lenses [2]		
• Elective Conventional or disposable	$55 allowance; 20% off balance over $55	$140 allowance; 20% off balance over $140
• Medically necessary [3]	$155 allowance; 20% off balance over $155	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	$35 allowance	up to $50 allowance
• Frames	up to $55 allowance (frames and lenses combined)	up to $75 allowance
• Eyeglass lenses		
• Single vision		up to $35 allowance
• Lined bifocal		up to $55 allowance
• Lined trifocal		up to $70 allowance
• Elective contacts (conventional or disposable)	$30 allowance	up to $55 allowance
• Medically necessary contacts [3]	$80 allowance	up to $200 allowance
• Lens options-UV, polycarbonate, photochromic/ transitions plastic		up to $10 allowance
Frequency		
• Eye exam	once every calendar year per person	once every calendar year per person
• Eyeglass lenses and contacts	once every calendar year per person	once every calendar year per person
• Frames	once every two calendar years per person	once every two calendar years per person

[1] Copays for premium progressive lens and premium anti-reflective coating 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

Dental benefits

The state offers two voluntary dental insurance plans to eligible retirees*:

Prepaid Dental Plan (Cigna Dental Health Maintenance Organization — DHMO) provides services at fixed copay amounts paid by the member. A narrow network of participating Cigna general dentists and specialists must be used to receive benefits.

Dental Preferred Provider Organization (DPPO — MetLife) provides services with coinsurance paid by the member and MetLife. Any dentist may be used to receive benefits, but you will pay less if you use an in-network provider.

Dental questions?

Call or go online

Cigna DHMO: 800.997.1617 or cigna.com/stateoftn

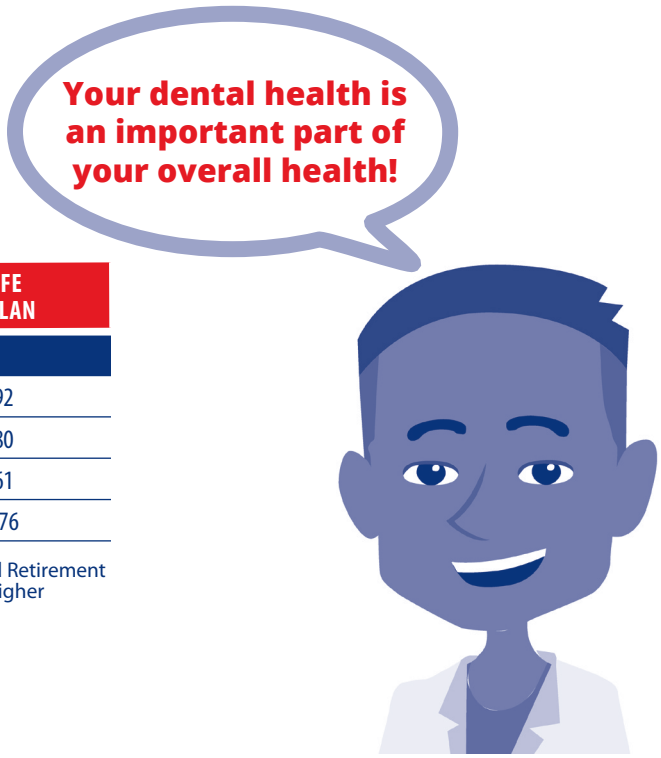
MetLife DPPO: 855.700.8001 or metlife.com/StateOfTN

Prepaid (DHMO) Plan — Cigna

- The **network is Cigna Dental Care DHMO.**
- You **must select a general dentist** from the Prepaid (DHMO) Dental Plan list and let Cigna know of your choice.
  - » You may select a network pediatric dentist as the network general dentist for your dependent child under age seven. At age seven, you must switch the child to a network general dentist or pay the full charge from the pediatric dentist.
- You must use your selected general dentist to receive benefits. There may be some areas in the state where network general dentists are limited or not available. Before enrolling, be sure to carefully check the network for your location.
  - » With the prepaid dental plan, you may be able to cancel this coverage if you enroll and later there are no network general dentists within 40 miles of your home.
- You pay copays for dental treatments.
- No deductibles to meet, no claims to file, no waiting periods, no annual dollar maximum.
- Pre-existing conditions are covered.
- **Referrals to specialists are required.**
- Orthodontic treatment is not covered if the treatment plan began prior to the member's effective date of coverage with Cigna.
- **Premiums will increase by 3.5% in 2018.**

DPPO — MetLife

- **The network is PDP.**
- You can use **any dentist**, but you receive maximum benefits when visiting an in-network MetLife DPPO provider. 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 the member's coverage start date before benefits begin.
- There is a 12-month waiting period from the member's coverage start date on replacement of a missing tooth and for orthodontics.
- Referrals to specialists are **not** required.
- Pre-treatment estimates are recommended for more expensive services.
- Dental treatment in progress at time of member's effective date with MetLife may have pro-rated benefits under the MetLife plan.
- **Premiums will increase by 3.6% in 2018.**



2018 Monthly Dental Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
RETIREE PARTICIPANTS		
Retiree Only	$14.79	$29.92
Retiree + Child(ren)	$30.71	$68.80
Retiree + Spouse	$26.22	$56.61
Retiree + Spouse + Child(ren)	$36.02	$110.76

*Eligible retirees are those receiving a monthly pension from the Tennessee Consolidated Retirement System or an optional retirement plan retiree from the University of Tennessee or a TBR higher education agency.

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2018 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 Permanent teeth	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	20% of MAC	40 % of MAC
Major Restorations — Crowns	$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 equal or less than 24 months. Then, full charge.[6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 copay ($140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge is the lesser of the amount charged by the dentist or the maximum payment amount that in-network dentists have agreed to accept in full for the dental service. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the MAC. The participant is then responsible for everything over the percentage of MAC reimbursed up to the charge submitted by the out-of-network 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. Orthodontic treatment after a member's effective date will not be covered under the Cigna plan if it began prior to the member's effective date.

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 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits 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, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

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 1-866-576-0029.

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

If you speak a language other than English, help in your language is available for free. (see inside back cover)

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/finance/section/fa-benefits. 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 has created a Summary of Benefits and Coverage (SBC). The SBC describes your 2018 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 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 retiree 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 retiree

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

ANNUAL ENROLLMENT APPLICATION FOR RETIREE PARTICIPANT

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

PARTNERS FOR HEALTH

PART 1: RETIREE INFORMATION

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER OR EDISON ID

DATE OF BIRTH	GENDER	MARITAL STATUS	ARE YOU THE SURVIVING SPOUSE OF A DECEASED RETIREE?	AGENCY RETIRED FROM
	❑ M ❑ F		❑ Yes ❑ No	

HOME ADDRESS	CITY	ST	ZIP CODE	COUNTY

PART 2: HEALTH COVERAGE SELECTION

❑ Add
❑ Change
❑ Cancel

❑ Retiree
❑ Spouse
❑ Child

SELECT A BENEFIT OPTION
❑ Premier PPO
❑ Standard PPO
❑ CDHP/HSA or Local CDHP/HSA
❑ Limited PPO (local education and local government only)

SELECT A CARRIER
❑ BlueCross BlueShield Network S
❑ Cigna LocalPlus
❑ Cigna Open Access (surcharge applies)

SELECT A PREMIUM LEVEL
❑ retiree only
❑ retiree + child(ren)
❑ retiree + spouse
❑ retiree + spouse + child(ren)
❑ spouse ONLY
❑ child(ren) ONLY
❑ spouse + child(ren) ONLY

PART 3: DENTAL COVERAGE SELECTION

❑ Add
❑ Change
❑ Cancel

❑ Retiree
❑ Spouse
❑ Child

SELECT PLAN
❑ MetLife DPPO
❑ Cigna Prepaid DHMO

SELECT A PREMIUM LEVEL
❑ retiree only
❑ retiree + child(ren)
❑ retiree + spouse
❑ retiree + spouse + child(ren)

PART 4: VISION COVERAGE SELECTION (must be on health coverage)

❑ Add
❑ Change
❑ Cancel

❑ Retiree
❑ Spouse
❑ Child

SELECT PLAN
❑ Basic
❑ Expanded

SELECT A PREMIUM LEVEL
❑ retiree only
❑ retiree + child(ren)
❑ retiree + spouse
❑ retiree + spouse + child(ren)
❑ spouse ONLY
❑ child(ren) ONLY
❑ spouse + child(ren) ONLY

PART 5: DEPENDENT INFORMATION — LIST ALL DEPENDENTS YOU WISH TO COVER (attach a separate sheet if necessary)

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, MI)	BIRTHDATE	GENDER	RELATIONSHIP	ACQUIRE DATE *	HEALTH	DENTAL	VISION
			❑ M ❑ F			❑	❑	❑
			❑ M ❑ F			❑	❑	❑
			❑ M ❑ F			❑	❑	❑

* The acquire date is the date of marriage, birth, adoption or guardianship.
PROOF OF A DEPENDENT'S ELIGIBILITY MUST BE SUBMITTED WITH THIS APPLICATION FOR ALL NEW DEPENDENTS.
❑ A separate sheet with more dependents is attached

PART 6: RETIREE AUTHORIZATION

I confirm that all of the information above is true. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell Benefits Administration within one calendar month. If I do not, then I will have to pay the plan back for all of my dependent's healthcare bills. Finally, I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents.

RETIREE SIGNATURE	DATE	HOME PHONE

Complete in blue or black ink
Completed form must be postmarked or faxed to Benefits Administration by 10/27/17 — Attention: Retirement

Dependent Eligibililty Definitions and Required Documentation

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document proving marital relationship **AND** a document proving joint ownership
		Proof of Marital Relationship • Government issued marriage certificate or license • Naturalization papers indicating marital status
		Proof of Joint Ownership • Bank Statement issued within the last six months with both names; **or** • Mortgage Statement issued within the last six months with both names; **or** • Residential Lease Agreement within the current terms with both names; **or** • Credit Card Statement issued within the last six months with both names; **or** • Property Tax Statement issued within the last 12 months with both names; **or** • The first page of most recent Federal Tax Return filed showing "married filing jointly" (if married filing separately, submit page 1 of both returns) or form 8879 (electronic filing)
		If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child's birth certificate; **or**
		Certificate of Report of Birth (DS-1350); **or**
		Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); **or**
		Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	Court documents signed by a judge showing that the participant has adopted the child; **or**
		International adoption papers from country of adoption; **or**
		Papers from the adoption agency showing intent to adopt
Child for whom the participant is legal guardian	A child for whom the participant is the legal guardian	Any legal document that establishes guardianship
Stepchild under age 26	A stepchild	Verification of marriage between retiree and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse; **or**
		Any legal document that establishes relationship between the stepchild and the spouse or the member
Child for whom the plan has received a qualified medical child support order	A child who is named as an alternate recipient with respect to the participant under a qualified medical child support order (QMCSO)	Court documents signed by a judge; **or**
		Medical support orders issued by a state agency
Disabled dependent	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	Documentation will be provided by the insurance carrier at the time incapacitation is determined

1/2016

Never send original documents. Please mark out or black out any social security numbers and any personal financial information on the copies of your documents BEFORE you send them.

Contacts

BENEFITS	CONTACT	PHONE	WEBSITE
Plan Administrator	Benefits Administration	800.253.9981 or 615.741.3590 — M-F, 8-4:30	tn.gov/finance/section/fa-benefits 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 Program	TBD	TBD	TBD
Dental Insurance	Cigna	800.997.1617 — 24/7	cigna.com/stateoftn
	MetLife	855.700.8001 — M-F, 7-10	metlife.com/StateOfTN
Vision Insurance	Davis Vision	800.208.6404 — M-F, 7-10, Sat, 8-3 Sun, 11-3 Basic Client Code: 8155 Expanded Client Code: 8156	davisvision.com/stateofTN
Long-term Care Insurance	MedAmerica	866.615.5824 — M-F, 7:30-5	ltc-tn.com

Follow us on social media

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

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

1 برقم اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، انك رتتحدث كنت إذا :ملحوظة -576-0029 (رقم 866-
.(800-848-0298- هاتف الصم بكم الوالي 1

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 kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298).

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

સુચના: જો તમે ગુજરાતી બોલતા હો, 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 द: यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल कर।

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

توجه: اگر به زبان فارسی گفتگو می‌کنید، خدمات کمک زبانی به صورت رایگان برای شما فراهم می‌باشد. با 866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.

STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
19TH FLOOR, 312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TENNESSEE TOWER
NASHVILLE, TENNESSEE 37243-1102

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PARTNERS FOR HEALTH

OPEN IMMEDIATELY

IMPORTANT BENEFITS INFORMATION ENCLOSED

September 8, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Weekly Annual Enrollment ABC Conference Calls Start Next Tuesday!
Weekly annual enrollment ABC calls start next Tuesday, Sept. 12. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Sept. 12 at 8:30 a.m. Central time
Local Ed – Tuesday, Sept. 12 at 10 a.m. Central time
Central State – Tuesday, Sept. 12 at 12:30 p.m. Central time
Local Government – Tuesday, Sept. 12 at 2 p.m. Central time

Network Facility Update – Cigna LocalPlus
As we have relayed the past few weeks, the network facilities can change. Benefits Administration (BA) recently learned that in the **Cigna LocalPlus network, Baptist Memorial Hospital Tipton will remain in-network.**

We have attached the current Cigna LocalPlus, Cigna OAP and BCBST Network S facility lists showing which facilities are coming in and out of networks. **Note: These lists could change.**

Members should search for their preferred providers when making decisions about their network. Members can call the carriers BCBST and Cigna directly to ask about 2018 providers. Contact information for our vendors is on the **ParTNers for Health website** under "**Contact Us**."

Attached is a sample letter BA will send in mid-September to impacted BCBST and Cigna OAP members in West Tennessee alerting them of the network changes. **The letter will NOT include the recent update about Cigna LocalPlus/Baptist Memorial Hospital Tipton.** You can share this sample letter with impacted employees.

2018 Annual Enrollment Dates
As a reminder, annual enrollment will take place the following dates:
State and Higher Education:
Monday, Oct. 2, 2017-Friday, Oct. 13, 2017. Deadline is 4:30 p.m. Central on Oct. 13.

Local Education, Local Government and Retirees:
Monday, Oct. 2, 2017-Friday, Oct. 27, 2017. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- **ABCs who pre-ordered Decision Guides:** BA started to mail state and local education guides to ABCs this week. The remaining guides will mail by the end of next week.
- **Eligible employees and retirees should receive their Decision Guides in the mail around mid-September, if not sooner.**

- 2018 benefits information and a link to NEW educational animated videos are on the **ParTNers for Health website** at **partnersforhealthtn.gov.** This week we are featuring the NEW video, **Insurance 101**.

2017-2018 Flu Shots and Flier

We have attached the 2017-2018 vaccination flier, which includes information about flu shots. Members can also find this information on the **ParTNers for Health website under the Pharmacy tab.**

Flu Shots—Bringing in someone to administer flu shots at the workplace: As a reminder, Benefits Administration (BA) provides a comprehensive flu shot program through the Caremark Vaccine Network of Pharmacies, and also through BlueCross BlueShield and Cigna.

- If agencies want to bring in a particular doctor or group of nurses or a particular pharmacy, you can choose to do so; however, BA and the State Group Insurance Program are not party to what you offer employees as an added benefit in the way of providing a flu shot clinic, etc. The ABC/agency will need to ensure that the group or pharmacy is participating with both BCBS and Cigna, or in the case of a pharmacy, that they are in the Vaccine Network before coverage would be provided to plan members. Group/roster billing is not allowed, and the provider must file a HCFA 1500 or pharmacy claim for every plan member that the provider may vaccinate. **BE AWARE** - ABCs should be careful not to bring in a physician/nurse group that is not participating with **both** BCBS and Cigna, or a pharmacy not in the vaccine network, as it may not be covered by the State Group Insurance Program and members could have denied claims.

We've provided a link to our splash page with Caremark. On the far right side is a hyperlink to our most up-to-date vaccine network pharmacy list.
http://info.caremark.com/stateoftn

Vendor Presentations

Following the all-day, in-person trainings, we have posted the vendor presentations as PDFs on the ABC webpage, under **Vendor Presentations**. Note: some presentations include information for all plans (state, higher education, local education and local government).

Attachments: 2018 Cigna LocalPlus hospitals
2018 Cigna Open Access Plus hospitals
2018 BCBST Network S hospitals
Flu vaccination flier
Network change letter

Cigna LocalPlus Hospitals for 2018

Updated 09/01/2017

Cigna LocalPlus	City	County
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton **(Will remain in LocalPlus network in 2018)**	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Blount Memorial Hospital	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne County Hospital	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
Dickenson Community Hospital	Clintwood	Dickenson
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison

Cigna LocalPlus Hospitals for 2018

Updated 09/01/2017

Cigna LocalPlus	City	County
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Johnston Memorial Hospital	Abingdon	Washington
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greenville	Greene
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Lonesome Pine Hospital	Big Stone Gap	Wise
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Medical Center of Manchester	Manchester	Coffee
Methodist Germantown Hospital	Germantown	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center	Norton	Wise
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Norton Community Hospital	Norton	Wise
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Medical Center of Memphis	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2018

Updated 09/01/2017

Cigna LocalPlus	City	County
Roane Medical Center	Harriman	Roane
Russell County Medical Center	Lebanon	Russell
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - Nashville	Nashville	Davidson
Select Specialty Hospital - North Knoxville	Powell	Knox
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Skyline Medical Center	Nashville	Davidson
Smyth County Community Hospital	Marion	Smyth
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
St. Jude Children's Research Hospital	Memphis	Shelby
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Sweetwater Hospital	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Children's Hospital	Chattanooga	Hamilton
Takoma Regional Hospital	Greenville	Greene
Tennova Cleveland	Cleveland	Bradley
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson (In Network as of 8/1/2017)	Jefferson City	Jefferson
Tennova Healthcare LaFollette (In Network as of 8/1/2017)	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Newport (In Network as of 8/1/2017)	Newport	Cocke
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Volunteer	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi

Cigna LocalPlus Hospitals for 2018

Updated 09/01/2017

Cigna LocalPlus	City	County
Unityl Medical Center	Manchester	Coffee
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Williamson Medical Center	Franklin	Williamson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Centennial Medical Center	Nashville	Davidson
Centennial Medical Center at Ashland City	Ashland City	Cheatham
Baptist Memorial Hospital Desoto (Out of Network as of 12/31/2017)	Southaven	DeSoto
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Memphis (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Memorial Hospital Tipton (Out of Network as of 12/31/2017)	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital (Out of Network as of 12/31/2017)	Memphis	Shelby
Baptist Rehabilitation Germantown (Out of Network as of 12/31/2017)	Germantown	Shelby
Blount Memorial Hospital	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center (Wellmont)	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne County Hospital	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
Delta Medical Center	Memphis	Shelby
Dickenson Community Hospital	Clintwood	Dickenson
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie Valler	Dunlap	Sequatchie
Fort Loudoun Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Johnston Memorial Hospital	Abingdon	Washington
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greenville	Greene
Lebonheur Children's Hospital - Germantown	Germantown	Shelby
Lebonheur Children's Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Lonesome Pine Hospital	Big Stone Gap	Wise
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Medical Center of Manchester	Manchester	Coffee
Memorial Hospital	Chattanooga	Hamilton
Memorial North Park Hospital (Hixson)	Hixson	Hamilton
Methodist Germantown Hospital	Germantown	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist Olive Branch Hospital	Olive Branch	DeSoto
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center	Norton	Wise
Nashville General Hospital at Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Norton Community Hospital	Norton	Wise
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge Medical Center - West	Jasper	Marion
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Medical Center of Memphis	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Russell County Medical Center	Lebanon	Russell
Saint Francis Hospital	Memphis	Shelby
Saint Francis Hospital Bartlett	Bartlett	Shelby
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Hickman Hospital	Centerville	Hickman
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas Hospital for Specialty Surgery	Nashville	Davidson
Saint Thomas Midtown Hospital	Nashville	Davidson
Saint Thomas River Park Hospital	Mc Minnville	Warren
Saint Thomas Rutherford Hospital	Murfreesboro	Rutherford
Saint Thomas Stones River Hospital	Woodbury	Cannon
Saint Thomas West Hospital	Nashville	Davidson
Select Specialty Hospital - Knoxville	Knoxville	Knox
Select Specialty Hospital - Nashville	Nashville	Davidson
Select Specialty Hospital - North Knoxville	Powell	Knox
Select Specialty Hospital - Tri-Cities	Bristol	Sullivan
Skyline Medical Center	Nashville	Davidson
Smyth County Community Hospital	Marion	Smyth
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
Southern Tennessee Regional Health System (Emrald Hodgson Hospital)	Sewanee	Franklin
St. Jude Children's Research Hospital	Memphis	Shelby
Starr Regional Medical Center	Athens	McMinn
Starr Regional Medical Center - Etowah	Etowah	McMinn
StoneCrest Medical Center	Smyrna	Rutherford
Summit Medical Center	Nashville	Davidson
Sumner Regional Medical Center	Hartsville	Sumner

Cigna OpenAccessPlus Hospitals for 2018

Updated 8/23/2017

Cigna OpenAccessPlus	City	County
Sweetwater Hospital	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Children's Hospital	Chattanooga	Hamilton
Takoma Regional Hospital	Greenville	Greene
Tennova Cleveland	Cleveland	Bradley
Tennova Healthcare - North Knoxville Medical Center	Powell	Knox
Tennova Healthcare - Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare - Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Dyersburg	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson	Jefferson City	Jefferson
Tennova Healthcare LaFollette	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Newport	Newport	Cocke
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Volunteer	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi
Unity Medical Center	Manchester	Coffee
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Children's Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Wellmont Hancock County Hospital	Sneedville	Hancock
Wellmont Holston Valley Hospital and Medical Center	Kingsport	Sullivan
Williamson Medical Center	Franklin	Williamson

PARTNERS FOR HEALTH℠

BCBST Network S Hospitals for 2018

Updated 08/28/2017

BlueCross BlueShield of TN - Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Baptist Memorial Hospital **(In Network as of 1/1/2018)**	Memphis	Shelby
Baptist Memorial Hospital Tipton **(In Network as of 1/1/2018)**	Covington	Tipton
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Curahealth Nashville	Nashville	Davidson
Decatur County General Hospital	Parsons	Decatur
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Kindred Hospital of Nashville is now Curahealth Nashville	Nashville	Davidson
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene
Lebonheur Childrens Medical Center - will remain in-network	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier

BCBST Network S Hospitals for 2018

Updated 08/28/2017

BlueCross BlueShield of TN - Network S	City	County
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Extended Care Hospital **(Out of Network as of 12/31/2017)**	Memphis	Shelby
Methodist Extended Care Hospital **(Out of Network as of 12/31/2017)**	Germantown	Shelby
Methodist Germantown Hospital **(Out of Network as of 12/31/2017)**	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South **(Out of Network as of 12/31/2017)**	Memphis	Shelby
Methodist North Hospital **(Out of Network as of 12/31/2017)**	Memphis	Shelby
Methodist University Hospital, doing business as Methodist Memphis Healthcare **(Out of Network as of 12/31/2017)**	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Unicoi County Memorial Hospital Inc	Erwin	Unicoi
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Tennova Regional Hospital of Jackson, name changed to Tennova	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Saint Francis Hospital- Memphis	Memphis	Shelby
Saint Thomas Dekalb Hospital	Smithville	DeKalb
Saint Thomas Highlands Hospital	Sparta	White
Saint Thomas River Park Hospital LLC	Mc Minnville	Warren
Saint Thomas Stones River Hospital	Woodbury	Cannon
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Southern Tennessee Medical Center- Sewannee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford

PARTNERS FOR HEALTH℠

BCBST Network S Hospitals for 2018

Updated 08/28/2017

BlueCross BlueShield of TN - Network S	City	County
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn
Sumner Regional Medical Center	Gallatin	Sumner
Sweetwater Hospital Association	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Childrens Hosp	Chattanooga	Hamilton
Takoma Regional Hospital	Greeneville	Greene
Tennova Healthcare Clarksville	Clarksville	Montgomery
Tennova Healthcare Cleveland	Cleveland	Bradley
Tennova Healthcare Dyersburg Regional	Dyersburg	Dyer
Tennova Healthcare Harton	Tullahoma	Coffee
Tennova Healthcare Jamestown	Jamestown	Fentress
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell
Tennova Healthcare Lebanon	Lebanon	Wilson
Tennova Healthcare Martin	Martin	Weakley
Tennova Healthcare Newport Medical Center	Newport	Cocke
Tennova Healthcare North Knoxville Medical Center	Powell	Knox
Tennova Healthcare Physicians Regional Medical Center	Knoxville	Knox
Tennova Healthcare Shelbyville	Shelbyville	Bedford
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox
Tennova Healthcare Volunteer Martin	Martin	Weakley
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital Inc (Mountain States Health Alliance)	Erwin	Unicoi
Unity Medical Center (Coffee Medical Group)	Manchester	Coffee
University of Tennessee Medical Center (State, HE, LEA, LG Members Only)	Knoxville	Knox
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt Univ Medical Center	Nashville	Davidson
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

When searching for out of state on our website: bcbst.com/members/TN_state
Select: Bluecard PPO – outside of TN as your network

Network S or BlueCard PPO Border State Facilities
Eliza Coffee Memorial Hospital, Florence, AL
Highlands Medical Center, Scottsboro, AL
Dekalb Regional Medical Center, Fort Payne, AL
Marshall Medical Center North, Guntersville, AL
Gordon Hospital Calhoun, GA
Adventist Health System GA, Murray Medical Center, Chatsworth, GA
Hamilton Medical Center, Inc, Dalton, GA
Cornerstone Medical Center, Fort Oglethorpe, GA

BCBST Network S Hospitals for 2018

Updated 08/28/2017

BlueCross BlueShield of TN - Network S	City	County
Hutcheson Medical Center in Fort Oglethorpe, GA		
Marshall County Hospital, Benton, KY		
Cumberland Co Hospital, Burkesville, KY		
T J Samson Community Hospital, Glasgow, KY		
Lourdes Inc., Paducah, KY		
Jackson Purchase Medical Center, Mayfield, KY		
Murray Calloway County Hospital, Murray, KY		
Monroe County Medical Center, Tompkinsville, KY		
Alliance Healthcare System, Inc. Holly Springs, MS		
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS		
North Oak Regional Medical Center Senatobia, MS		
Baptist Memorial Hospital Desoto, Southaven, MS		
Northern Hospital of Surry County, Mount Airy, NC		
Hugh Chatam Memorial Hospital, Elkin, NC		
Pioneer Health Services Hospital, Stuart, VA		

FREE FLU SHOTS

2017-2018 FLU AND PNEUMOCOCCAL VACCINE COVERAGE

Members may get a free flu shot and/or pneumococcal vaccine by using:

✓ their Caremark card at a participating network pharmacy

or

✓ their health insurance card (BlueCross BlueShield or Cigna) at their in-network doctor's office.

The following vaccinations are free to members of the state group insurance program:

- Injectable Seasonal Influenza Vaccine
- Intranasal Seasonal Influenza Vaccine (FluMist®) and Intradermal Flu Vaccine (short needle) and Flublok
- Injectable Seasonal Influenza High Dose (Fluzone® High Dose) Vaccine
- Adult Pneumococcal Vaccine
- Pediatric Pneumococcal Vaccine

IF YOU CHOOSE TO USE YOUR PHARMACY CARD

To get the vaccines above at no charge, members must use a participating retail pharmacy. The current list of participating retail pharmacies is available at info.caremark.com/stateoftn.

These pharmacies will offer flu shots from August 1, 2017, through April 30, 2018, and pneumococcal vaccines from September 1, 2017, through July 31, 2018.

IF YOU CHOOSE TO USE YOUR MEDICAL CARD

Simply contact your in-network doctor's office and ask if they have the vaccines. You may get the vaccination at your doctor's office without a copay. (Note: if you are at your doctor's office for another reason or illness when you get your shot, the doctor may charge an office visit copay.)

BlueCross members — to find an immunizing pharmacy or retail convenient care clinic go to bcbst.com and look under **Find a Doctor** > Either log into your BlueAccess account OR select network S for TN providers OR select BlueCard PPO (outside Tennessee) for outside TN searches.

- **Immunizing pharmacist** — enter your location (city & state) > enter **Immunizing Pharmacist** in the search bar
- **Retail convenient care clinic** — enter your location (city & state) > enter **Retail Health Clinic** in the search bar

Cigna members — to find an immunizing pharmacy go to cigna.com/sites/stateoftn. In the left-side navigation, look under **Resources and Forms** for **Medical Vaccine Program** PDF. You can also ask at your local pharmacy whether they can bill Cigna. If so, simply present your Cigna card.

PARTNERS FOR HEALTH

CVS/caremark™

State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Laurie Lee, Executive Director

September 15, 2017

Dear Member,

The State is committed to providing a wide range of comprehensive, affordable and dependable benefits. With annual enrollment starting October 2, we want to update you about some facility changes in the carrier networks available to you. While we wish that they would always stay the same, sometimes providers and facilities move in and out of networks.

BlueCross BlueShield of Tennessee (BCBST) and Cigna have announced these hospital changes to their West Tennessee networks.

BCBST **Network S** Changes:

- **Methodist Hospitals in Memphis** are **leaving Network S** as of 12/31/2017.
- **Baptist Hospitals in the Memphis area** are **joining Network S** as of 1/1/2018.

Cigna **Open Access Plus** (**OAP**)***** Statewide Network Changes:

- **Baptist Hospitals in the Memphis area** are **leaving the OAP network** as of 12/31/2017.

These changes may impact you or your family. We want to make sure you have the most up to date information. Please review your benefit options in the 2018 Decision Guide carefully when making your enrollment choices. More information can be found on our website at www.partnersforhealthtn.gov.

If you have questions about carrier networks (BCBST, Cigna OAP or Cigna LocalPlus) please contact the carrier directly.

- BCBST 800.558.6213 — M-F, 7-5 www.bcbst.com/members/tn_state
- Cigna 800.997.1617 — 24/7 www.cigna.com/stateoftn

If you have any questions about your enrollment process, please contact your agency benefits coordinator (ABC). This person is often in the human resources (HR) office. You may also call the Benefits Administration Service Center at 800.253.9981, Monday-Friday, 8 a.m. - 4:30 p.m. Central time.

Thank you,

Benefits Administration

****OAP Monthly surcharge ($40/$80) applies***

SAMPLE

Friday, Sept. 15, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!
Weekly annual enrollment ABC calls continue Tuesday, Sept. 19. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Sept. 19 at 8:30 a.m. Central time
Local Ed – Tuesday, Sept. 19 at 10 a.m. Central time
Central State – Tuesday, Sept. 19 at 12:30 p.m. Central time
Local Government – Tuesday, Sept. 19 at 2 p.m. Central time

ABC Conference Call Notes
The combined notes from the Sept. 12 ABC conference calls are attached.

2018 Annual Enrollment Dates
Here are the annual enrollment dates:

State and Higher Education:
Monday, Oct. 2, 2017-Friday, Oct. 13, 2017. Deadline is 4:30 p.m. Central on Oct. 13.

Local Education, Local Government and Retirees:
Monday, Oct. 2, 2017-Friday, Oct. 27, 2017. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- **BA has mailed Decision Guides to all ABCs who sent in pre-orders.**
- **Decision Guides have all mailed to all eligible employees and retirees.**
- 2018 benefits information and a link to NEW educational animated videos are on the **ParTNers for Health website** at **partnersforhealthtn.gov.**
- This week we are featuring the NEW video, **Network versus a Plan**.

Employee Informational Webinar Flier
Attached is a flier you can share with your employees about upcoming 2018 benefits webinars.

Attachments: State and Higher Education Annual Enrollment Webinar Flier
Local Education and Local Government Annual Enrollment Webinar Flier

PARTNERS FOR HEALTH

STATE/HIGHER EDUCATION EMPLOYEE INFORMATIONAL WEBINARS

Here's your chance to learn about 2018 benefits!

Webinars are scheduled for:

Tuesday, Oct. 3 — 1-2 p.m.

Friday, Oct. 6 — 1-2 p.m.

Monday, Oct. 9 — 11 a.m.-12 p.m.

Wednesday, Oct. 11 — 11 a.m.-12 p.m.

All times listed are in the Central Time Zone.

To participate in a webinar visit:

https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

No registration necessary. Click on the link above, enter your first name, last name and email address and click join meeting. If the program asks for a password, click "continue as a guest."

For audio: The system can call you back directly, or you can call the conference line number at **877.820.7831**. **The participant code is 217506#**.

NOTE: You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call: http://get.adobe.com/flashplayer/.

PARTNERS FOR HEALTH

LOCAL EDUCATION/LOCAL GOVERNMENT EMPLOYEE INFORMATIONAL WEBINARS

Here's your chance to learn about 2018 benefits!

Webinars are scheduled for:

Wednesday, Oct. 4 — 11 a.m.-12 p.m.

Friday, Oct. 13 — 11 a.m.-12 p.m.

Monday, Oct. 16 — 1-2 p.m.

Monday, Oct. 23 — 1-2 p.m.

Wednesday, Oct. 25 — 11 a.m.-12 p.m.

All times listed are in the Central Time Zone.

To participate in a webinar visit:

https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

No registration necessary. Click on the link above, enter your first name, last name and email address and click join meeting. If the program asks for a password, click "continue as a guest."

For audio: The system can call you back directly, or you can call the conference line number at **877.820.7831**. **The participant code is 217506#**.

NOTE: You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call: http://get.adobe.com/flashplayer/.

September 22, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!
Annual enrollment ABC conference calls continue Tuesday, Sept. 26. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Sept. 26 at 8:30 a.m. Central time
Local Ed – Tuesday, Sept. 26 at 10 a.m. Central time
Central State – Tuesday, Sept. 26 at 12:30 p.m. Central time
Local Government – Tuesday, Sept. 26 at 2 p.m. Central time

ABC Conference Call Notes
The combined notes from the Sept. 19 ABC conference calls are attached.

2018 Annual Enrollment Starts Soon!
Here are the annual enrollment dates:

- **State and Higher Education:** Mon., Oct. 2 – Fri., Oct. 13. Deadline is 4:30 p.m. Central on Oct. 13.

- **Local Education, Local Government and Retirees:** Mon., Oct. 2 – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:
- **Decision Guides have mailed to all eligible employees and retirees.**
- 2018 benefits information and a link to NEW animated videos are on the **ParTNers for Health website.**

- This week, we are featuring these NEW videos – please share with your employees:
  - **State: Short Term Disability Insurance and Long Term Disability Insurance**
  - **Higher Ed: Short Term Disability Insurance and Vision Insurance**
  - **Local Ed/Local Gov: Dental Insurance and Vision Insurance**

Pharmacy – Diabetic Test Strip Limit
BA made the following announcement during this week's ABC conference calls.
You can share the following information with your employees:

Beginning 1/1/2018, we will have a quantity limit on test strips that diabetics may fill:
- 200 test strips per 30 day fill (allows for testing 6x per day)
- 600 test strips per 90 day fill (allows for testing 6x per day)
- For members whose physician believes they need to test even more frequently, there is a post quantity limit prior authorization process (PA) available.

- Members who are approved for more test strips may fill up to 300 test strips every 30 days or 900 test strips every 90 days. This allows for testing up to 10x per day.

October Preferred Drug List (PDL)

Attached is the Oct 2017 State of Tennessee Preferred Drug List (PDL). Also shown below are the additions and the drugs being removed from the PDL.

In the past four months, fifty-two members filled for Opana ER. The member's physician will need to evaluate these members and switch to another medication if needed, as the FDA has requested that the drug manufacturer of Opana ER pull the product from the market due to safety concerns. These members will not receive a letter from Caremark since this is not a Caremark issue or decision. Most doctors and prescribers are aware of change, so members need to work with their doctor to find another suitable medication to treat their severe pain, if necessary.

For drugs being removed from the list, plan members will need to be in compliance by Oct. 1, 2017, or they face higher copayments or coinsurance from drugs moving to a non-preferred status.

Drugs being added to the PDL Oct. 1, 2017, are as follows:

Drug name	Indication
Soliqua	Type 2 diabetes
Belbuca	Severe pain
Bunavail	Opioid dependence
Vraylar	Schizophrenia/bipoloar disorder
Zubsolv	Opioid dependence
Enstilar	Plaque psoriasis in ages 18+
Taclonex	Plaque psoriasis in ages 12+
AndroGel 1.62%	Certain males with a deficiency or absence of endogenous testosterone
Glyxambi	Type 2 diabetes
Humalog	Type 2 diabetes
Humalog Mix	Type 2 diabetes
Humulin 70/30	Type 2 diabetes
Humulin N	Type 2 diabetes
Humulin R	Type 2 diabetes
Invokamet	Type 2 diabetes
Invokamet XR	Type 2 diabetes
Invokana	Type 2 diabetes
Lantus	Type 2 diabetes
Qtern	Type 2 diabetes
Synjardy	Type 2 diabetes
Synjardy XR	Type 2 diabetes
Toujeo	Type 2 diabetes

Acuvail	Pain & inflammation following cataract surgery	
Ciloxan	Certain eye infections	
Flarex	Coritcosteriod-responsive inflammation of the eye	
FML Forte	Coritcosteriod-responsive inflammation of the eye	
FML S.O.P	Coritcosteriod-responsive inflammation of the eye	
Ilevro	Pain & inflammation following cataract surgery	
Lastacaft	Allergic conjuntivitis	
Lumigan	Elevatad introcular pressure	
Maxidex	Coritcosteriod-responsive inflammation of the eye	
Nevanac	Pain & inflammation following cataract surgery	
Pred Mild	Allergic and inflammatory disorders of the eye	
Arnity Ellipta	Asthma	
Incruse Ellipta	Chronic obstructive pulmonary disease (COPD)	
Stiolto Respimat	Chronic obstructive pulmonary disease (COPD)	
Symbicort	Chronic obstructive pulmonary disease (COPD)	
ergotamine/caffeine tablet	Vascular headaches	
levalbuterol tartrate	Bronchospasms in ages 4+	
Drugs being deleted from the PDL Oct. 1, 2017, are as follows:		
Drug name	**Indication**	**Options/comments**
Qudexy XR	Seizures and migraines	There are an array of other preferred brands and generics on the preferred drug list
Opana ER	Severe pain requiring long term opioid treatment	FDA has requested the manufacturer discontinue production due to safety concerns

Edison Down for Maintenance

The Edison system will be undergoing maintenance this Sunday, Sept. 24, from 6 a.m. until noon Central time. During this time the system will be unavailable.

September 29, 2017
The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!
ABC conference calls continue Tuesday, Oct. 3. The attached agenda includes the webinar link. A Cigna flier is also attached for you to reference during the call.

Higher Ed – Tuesday, Oct. 3 at 8:30 a.m. Central time
Local Ed – Tuesday, Oct. 3 at 10 a.m. Central time
Central State – Tuesday, Oct. 3 at 12:30 p.m. Central time
Local Government – Tuesday, Oct. 3 at 2 p.m. Central time

State: For your ABC call next Tuesday, October 3 at 12:30 p.m., you will need to use the following info to login. We had to change the link and passcode due to a scheduling conflict.

This is a ONE TIME ONLY change. For your call on October 10, you will go back to the standard link and passcode.

- **https://stateoftn.centurylinkccc.com/CenturylinkWeb/BenefitsMeeting**

- If you cannot view the webinar, you can call in and listen to the conference call by dialing the number and passcode below:
  877-820-7831
  Guest Passcode: 952489#

Local Government: For your ABC call next Tuesday, October 3 at 2:00 p.m., you will need to use the following info to login. We had to change the link and passcode due to a scheduling conflict.

This is a ONE TIME ONLY change. For your call on October 10, you will go back to the standard link and passcode.

- **https://stateoftn.centurylinkccc.com/CenturylinkWeb/BenefitsMeeting**

- If you cannot view the webinar, you can call in and listen to the conference call by dialing the number and passcode below:
  877-820-7831
  Guest Passcode: 952489#

ABC Conference Call Notes
The combined notes from the Sept. 26 ABC conference calls are attached.

2018 Annual Enrollment Starts Monday, Oct. 2!
Here are the enrollment dates:

- **State and Higher Education:** Mon., Oct. 2 – Fri., Oct. 13. Deadline is 4:30 p.m. Central on Oct. 13.

- **Local Education and Local Government:** Mon., Oct. 2 – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

- **Retirees:** Mon., Oct. 2 – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- State and Higher Education employees **enroll in ESS in Edison**.

- Local Education and Local Government employees **enroll in ESS in Edison**, or ABCs can complete enrollments in eForms.

- **Employees can find more information on the ParTNers for Health website.**

- BA has uploaded **four new "how to" videos** to our **YouTube page**:
  - **Selecting and Enrolling in your benefits in Edison**
  - **How to log into Edison for the first time**
  - **How to log in if you've forgotten your password**
  - **How to log in to Edison if you've forgotten your Access ID**

- This week, we are featuring these NEW animated videos. Please share with your employees:
  - **Click to learn about the PPOs!**
  - **Click to learn about the CDHP!**

ABCs Can Download the NEW Animated Insurance Videos

If you would like to download any of the insurance videos found on the Partners for Health **YouTube channel**, please click on the link below. Once you have clicked on the link below, right click on any of the videos and click "download." The video may automatically download to your "downloads" folder, so you will need to check there to retrieve it. **You will need to copy and paste the link into your browser.**
https://drive.google.com/drive/folders/0B8X6wFq8ZpI0OVBrTHNidlhwMXc

Q4 Wellness Challenge – Stress Less

Attached is a flier you can share with employees about the Wellness Challenge – Stress Less.

- Enrollment Period: October 2- October 16
- Challenge Period: October 9- November 6

Stress Less is a 4-week plan that will teach you how to lower the amount of anxiety in your life and reduce your stress.

WHEN YOU **SIGN UP** FOR STRESS LESS, **YOUR GOALS ARE TO:**

1. **Participate** in the 4-week plan.

2. Identify the things in your life that cause you too much anxiety and learn strategies to reduce their emotional and physical impact.
3. Use Well-Being Connect to record your progress and get added inspiration from other plan participants.

To get started:

- **Sign in** to Well-Being Connect at **https://partnersforhealthtn.embrace.healthways.com.**
- Under Groups & Challenges, click Join This Challenge under Stress Less.
- Finish registration.
- Return October 9 to start participating.

Attachments: Make the Call
Stress Less FAQ

MAKE THE CALL

The toll-free health information line is here for you 24/7

This service is provided to our customers at no additional cost.

It can be a fever in the middle of the night or a question about a popular medication. Whether you're looking for general information or have a specific health concern, the health information line is open 24 hours a day, seven days a week.

Dial **800.Cigna24** and you'll be connected with a nurse who is ready to help answer your health questions.

The Health information line is staffed by health advocates that are trained nurses (licensed as registered nurses in at least one state) who have access to evidence-based, up-to-date, unbiased medical information and resources to respond to customer inquiries on health-related issues telephonically.

For more information, visit **myCigna.com** or call **800.Cigna24**

And there's more

You can also listen to hundreds of podcasts in English and Spanish on almost any health topic to be better informed about your health. To listen:

- Select a topic and download podcasts to your mobile device* or listen via live-stream on your computer
- Call the health information line, follow the voice prompts, enter a code for the audio library and you'll be listening in seconds

*Standard mobile phone carrier and data usage charges apply.

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-244-6224 (TTY: 711).

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Stress LESS

Leave Anxiety Behind And Reap HEALTHY REWARDS

ABOUT *STRESS LESS*

Stress Less is a 4-week plan that will teach you how to lower the amount of anxiety in your life and reduce your stress.

Stress is a normal part of everyday life, and small doses are actually good for you. Stress hormones get your body and mind ready to take action, whether you're in danger or need to finish a work project on time. But long-term stress is not only unpleasant, it can harm you physically.

THE GOAL

The goal is to identify the things in your life that are causing you too much anxiety and give you the tools to manage them. Share your progress and find inspiration from others when you log in to Well-Being Connect®.

How the Plan Works

WHEN YOU **SIGN UP** *FOR STRESS LESS,* **YOUR GOALS ARE TO:**

1. **Participate** in the 4-week plan.
2. **Identify** the things in your life that cause you too much anxiety and learn strategies to reduce their emotional and physical impact.
3. **Use** Well-Being Connect to record your progress and get added inspiration from other plan participants.

SIGN UP NOW

1. Sign in to **Well-Being Connect** at **https://partnersforhealthtn.embrace.healthways.com**.
2. Under **Groups & Challenges**, click **Join This Challenge** under **Stress Less**.
3. Finish registration.
4. Return October 9 to start participating.

ParTNers for Health
partnersforhealth@healthways.com | www.partnersforhealthtn.gov | 1.888.741.3390

HEALTHWAYS a sharecare company

PARTNERS FOR HEALTH

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Please consult your health care provider before starting this challenge or following its suggestions to determine what is appropriate for you. Please do not reply. To opt out, you may unsubscribe.

October 6, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!
ABC conference calls continue Tuesday, Oct. 10. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Oct. 10 at 8:30 a.m. Central time
Local Ed – Tuesday, Oct. 10 at 10 a.m. Central time
Central State – Tuesday, Oct. 10 at 12:30 p.m. Central time
Local Government – Tuesday, Oct. 10 at 2 p.m. Central time

ABC Conference Call Notes
The combined notes from the Oct. 3 ABC conference calls are attached.

Attached are fliers from Cigna referenced during the call. We have also attached a flier about BlueCross BlueShield's Identity Theft protection program following questions during the calls.

2018 Annual Enrollment Continues!
Here are the enrollment dates:

- **State and Higher Education:** NOW – Fri., Oct. 13. Deadline is 4:30 p.m. Central next Friday, Oct. 13.

- **Local Education and Local Government:** NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

- **Retirees:** NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- State and Higher Education employees **enroll in ESS in Edison**.

- Local Education and Local Government employees **enroll in ESS in Edison**, or ABCs can complete enrollments in eForms.

- **NEW animated videos are available! Share the link with your employees!**
    - **This week we are featuring the Pharmacy video!**

- BA has recorded an employee benefits webinar for your members to watch when convenient for them. The webinar is found on the **ParTNers for Health YouTube site**. The webinar link is below:
    - **State and Higher Education Annual Enrollment Webinar**
    - **Local Education and Local Government Annual Enrollment Webinar**

- BA has uploaded **four new "how to" Enrollment and ESS videos** to our **ParTNers for Health YouTube site**. Some edits have been made to these videos. Please make sure you go to the YouTube site and use the current videos on the page.

- **Employees can find more information on the ParTNers for Health website.**

Edison Down for Maintenance

Edison will be down for system maintenance this Sunday, October 8, from 7 a.m. until 1 p.m. Central. ABCs and members will **not** be able to access ESS or eForms during this time frame. There will be a system maintenance message on the home screen.

Attachments: Open Access Plus Guide
LocalPlus Flier
MyCigna App Flier
DHMO Decision Guide
Cigna Dental Plan
BCBST ID Protection Flier
Cigna Telehealth Flier

STATEWIDE OPTION FOR 2018 TENNESSEE OPEN ACCESS PLUS NETWORK

How it works for you

Open Access Plus is the statewide option that offers a larger Tennessee network than LocalPlus® with more doctors and hospitals in-network. You will also have access to the national OAP Network. This option is $40 more per month for Employee and Employee + Child(ren) and $80 more per month for Employee + Spouse and Employee + Spouse + Child(ren) than the LocalPlus® option.

With the Open Access Plus plan (OAP), you get choice. So, each time you need care, you choose the doctor or facility that works best for you.

Options for care:

- **Primary Care Physician (PCP)** – You can decide to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It's recommended, but not required.
- **In-network** – Choose to see doctors or other health professionals who are in the Cigna OAO Network to keep your costs lower and eliminate paperwork.
- **No-referral specialist care** – If you need to see a specialist, you don't need a referral.

  You may need precertification for hospital stays and some types of outpatient care. Use in-network health care professionals, and there's no paperwork for you to fill out.
- **Out-of-network** – You have the freedom to see doctors or use facilities that are not part of the Cigna OAP Network, but your costs will be higher and you may need to file a claim.
- **Emergency and urgent care** – When you need care, you have coverage.

Predictable out-of-pocket costs – You will have to pay an annual amount (deductible) before the plan begins to pay for certain covered health care costs. In-network preventive care and 90-day maintenance medications are not subject to the deductible.. Once you meet your deductible, you pay a copay or coinsurance (a portion of the charges) for covered services. Then, the plan pays the rest. If you receive out-of-network care, out-of-network doctors and facilities may bill you for charges that are more than what your plan pays for covered expenses.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

24/7 service – Whenever you need us, customer service representatives are available to take your call at 800.997.1617.

You can find a network provider by visiting **Cigna.com/sites/stateoftn** or go to your personalized website at **myCigna.com** after you sign up.

Access to myCigna.com

- **Learn** more about your plan, and the coverage and programs that come with it.
- **View** claim history and account transactions; print claim forms.
- **Find** information and estimate costs for medical procedures and treatments.
- **Compare** hospitals by number of procedures performed, patients' average length of stay and cost.

Together, all the way.℠

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What is the difference between in-network and out-of-network coverage?

Each time you seek medical care, you can choose your doctor – either a doctor who is in the Cigna network or someone who is not. When you visit an in-network doctor, you receive "in-network coverage" with lower out-of-pocket costs. That's because our in-network health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you visit a doctor outside of the network, your out-of-pocket costs will be higher.

Is your doctor in the OAP Network?

If you're already a Cigna OAP customer

1. Go to myCigna.com and sign in with your user ID and passcode. (If you're not already registered for myCigna.com, click on "Register Now" to sign up)
2. Click on the "Find a Doctor" tab
3. Enter the requested details for your search
4. Click on "Search" to see all the doctors and hospitals in the OAP Network.

If you're not yet a Cigna OAP customer

Go to **Cigna.com/sites/stateoftn** to see a full list of providers in the OAP Network or

Call **800.997.1617** and select the option for enrollment to speak to customer service. Be sure to ask about providers in the OAP Network.

Hospitals/Facilities in the OAP Network

Here are just a few key hospitals across Tennessee participating in the OAP Network option.

For a detailed listing of providers visit **Cigna.com/sites/stateoftn**, go to your personalized website at **myCigna.com** after you sign up or call us 24/7 at 800.997.1617.

Region	Hospital
Middle TN	St Thomas Hickman Hospital St Thomas Midtown St Thomas West St Thomas Rutherford Sumner Regional Medical Center
Knoxville	Physician Regional Medical Center North Knoxville Medical Center Turkey Creek Medical Center Jefferson Memorial Hospital Lafollette Medical Center Newport Medical Center Lakeway Regional
Chattanooga	Memorial Hospital Memorial Hospital Hixon
Memphis/ West TN	Baptist Memorial Hospital - Huntingdon Baptist Memorial Hospital - Union City

Memphis/West TN - Please note the following facilities will no longer be participating in Open Access Plus after 12/31/2017.

- Baptist Memorial Hospital Desoto
- Baptist Memorial Hospital Memphis
- Baptist Memorial Restorative Care Hospital
- Baptist Memorial Hospital Tipton
- Baptist Memorial Hospital for Women

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All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your employer's insurance certificate, group service agreement or summary plan description. Health care professionals and facilities who participate in Cigna's network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

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HELPING YOU GET MORE VALUE FOR YOUR HEALTH CARE DOLLAR

The right mix of health benefits – at the right price.

At Cigna, we care about your health. And your budget. The Cigna LocalPlus® network gives you cost-efficient access to quality doctors, specialists and hospitals – right where you live.

How the network works.

At the heart of the LocalPlus network is a local network[1] of doctors, specialists and hospitals who understand the needs of your community.

How you can save:[2]

- In your local area, or when in any LocalPlus network area, you must receive care from a health care professional or facility in this network to receive in-network coverage.
- If you're away from home and need care, just look fora participating LocalPlus doctor in the area. If one isn't available, you can use doctors or hospitals in our Away From Home Care network.
- If you choose to go outside the LocalPlus network when in a LocalPlus network service area for non-emergent care, you will *have to pay for out-of-network coverage*.

Get healthy. Stay healthy.

You'll also have access to services and programs to help you stay on the path to good health, including:[3]

- Well visits, preventive care screenings and immunizations
- Sick visits, specialist, in-hospital and outpatient care
- 24-hour emergency care

We make it easy.

Cigna LocalPlus is a cost-efficient network that's designed for when you're busy and on the go. Here are some of the many ways the LocalPlus network can help you get more value for your health care dollar.

- The option to choose a primary care physician to help guide your care (it's recommended but not required)
- Access to Cigna's national network of labs, x-ray and radiology offices, and dialysis centers
- You don't need a referral to see a specialist
- Nationwide coverage in case of an emergency

24/7 service

Whenever you need us, customer service representatives are available to take your call at 800.997.1617.

You can find a network provider by visiting Cigna.com/sites/stateoftn or go to your personalized website at myCigna.com after you sign up.

Access to myCigna.com

- **Learn** more about your plan, and the coverage and programs that come with it.
- **View** claim history and account transactions; print claim forms.
- **Find** information and estimate costs for medical procedures and treatments.
- **Compare** hospitals by number of procedures performed, patients' average length of stay and cost.

Together, all the way.℠

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Is your doctor in the LocalPlus Network?

If you're already a Cigna LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and passcode. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up)
2. Click on the "Find a Doctor" tab
3. Enter the requested details for your search
4. Click on "Search" to see all the doctors and hospitals in the LocalPlus Network. (If there is no LocalPlus Network in your search area, you'll see a link to our Away From Home Care Network)

Away from Home Care Network

When accessing care outside of a LocalPlus service area you will have access to the National Cigna Open Access Plus Network.

1. The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) feature. In this plan, you have access to in-network benefits only from the health care professionals and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care professionals and facilities, visit Cigna.com. For a paper directory, ask your employer.
2. You will be responsible to pay a deductible, any applicable copays, and/or a percentage of your covered in-network or out-of-network costs until you reach the out-of-pocket maximum.
3. Not all services are covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). Routine medical care received outside of the U.S. is generally not covered. You may need precertification for hospital stays and some types of outpatient care. Coverage is subject to your plan's deductible, copay or coinsurance requirements. For the specific coverage terms of your plan, refer to your plan documents.
4. Savings based on average in-network national lab costs compared to out-of-network labs using internal Cigna national claims data: DOS July 2013–June 2014. Savings will vary.
5. The downloading and use of the MyCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
6. This listing is not all inclusive. For a listing of doctors and facilities that participate in the LocalPlus Network, visit **Cigna.com**.

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Where to find LocalPlus Network doctors and hospitals.

Arizona
Phoenix

California
Northern/Bay Area (Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara Counties)
Southern (Los Angeles, Orange, San Bernardino, Riverside and San Diego Counties)

Colorado
Front Range (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, and Weld Counties);
Mountain (Eagle and Summit Counties)
Southwest (La Plata and Montezuma Counties)

Florida
Orlando
South (Broward, Martin, Miami-Dade, Monroe, Palm Beach and St. Lucie Counties)
Tampa

Georgia
Atlanta
Augusta
Columbus
Macon
Rome
Savannah

Illinois
Chicago

Kansas
Wichita

Massachusetts
Statewide

Missouri
St. Louis

Nevada
Las Vegas

Rhode Island
Statewide

South Carolina
Greenville/
Spartanburg (Upstate)

Tennessee
Statewide

Texas
Austin
Brazos Valley
Dallas/Ft. Worth
Houston

To find out if a doctor or hospital is in the LocalPlus Network, visit the directory on **Cigna.com**.

All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents. The health care professionals and facilities that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

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YOUR HEALTH

Has met its App.

Introducing the simple, personalized myCigna Mobile App.

You're busier than ever. At Cigna, we get that. While we can't wave a magic wand and make all the frustrating, time-consuming aspects of your life go away, we can give you a tool to help make your life easier. And healthier.

The **myCigna Mobile App** gives you a simple way to personalize, organize and access your important health information – on the go. It puts you in control of your health, so you can get more out of life.

Get the myCigna Mobile App from the App Store℠ or Google Play.

Available on the App Store

ANDROID APP ON Google play

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Little App. BIG FEATURES.

Health care professional directory

- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions

ID cards

- Quickly view ID cards (front and back) for entire family
- Easily print, email or scan right from smartphone

Claims

- View and search recent and past claims
- Bookmark and group claims for easy reference

Account balances

- Review plan deductibles and out-of-pocket maximum balances

Health wallet

- Store and organize all important contact info for doctors, hospitals and more
- Add health care professionals to contact list right from a claim or directory search

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YOUR DENTAL DECISION GUIDE

Cigna 2018 Dental Prepaid Plan

This fall, employees can enroll in and make benefits changes for most programs during these dates:

- **State and Higher Education employees:** October 2–13, 2017. Enrollment ends on October 13 at 4:30 pm (CST).
- **Local Education and Local Government employees:** October 2–27, 2017. Enrollment ends on October 27 at 4:30 pm (CST).
- **Retirees:** October 2–27, 2017. Enrollment ends on October 27 at 4:30 pm (CST).

Selecting a dental plan is an important decision. Use the following checklist on the back page to help you decide what's most important for you and your family. Simply check "yes" or "no," and then read the instructions below the chart.

The Cigna Dental Prepaid Plan for the State of Tennessee Group Insurance Plan may not be available in every state. There are no out-of-network benefits for the Cigna Dental Prepaid Plan, except where required by law.

Participation Requirements:

An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, Retiree and/or Dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Dental Program. Employee or Retiree participation in the Prepaid Dental Program is required for participation of eligible Dependents. Participation by those enrolled in the Prepaid Dental Program is on a calendar year basis, and enrollment may only be dropped by the Members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event. We will also allow dropping of Prepaid if there is no participating general dentist within 40 mile radius of home.

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CIGNA DENTAL PREPAID PLAN FEATURE	WHAT IT MEANS TO YOU	IMPORTANT TO YOU?	
Fixed copays	When you enroll in a Cigna Dental Prepaid (DHMO) Plan[1], you receive a Patient Charge Schedule, or "PCS." The PCS lists the specific dental procedures covered by the plan and the amount you pay the dentist. These copays apply even if you see a specialist.	☐ Yes	☐ No
Access to a Cigna Dental Care® HMO dentist where you need one	Cigna has one of the largest DHMO networks.[2] This helps you and each of your enrolled family members choose a network dental office that's convenient to your home, work or school.	☐ Yes	☐ No
No deductibles or waiting periods	There is no amount you have to pay, no period of time you have to wait, before your coverage begins. Instead, you can visit a network dentist immediately after your coverage begins and pay only the copay listed on your PCS.[3]	☐ Yes	☐ No
No annual or lifetime dollar maximums	If your benefits include a plan maximum and the plan pays that maximum amount, you would have to pay 100% for all dental work needed for the rest of the plan year. With the Cigna Dental Prepaid Plan, "no maximums" means that your coverage is not limited to a certain dollar amount.	☐ Yes	☐ No
No paperwork	Since you simply pay the copay when you visit the network dental office, there are no claim forms to file. If you need to see a specialist, your assigned network general dentist will fill out the specialty referral paperwork for you. Referrals aren't required for network pediatric dentists for your children under seven years old or for network orthodontists if you or your family member need braces.[4]	☐ Yes	☐ No
Orthodontic Care	Cigna's plan includes coverage for braces for children and adults. Check your plan materials at Cigna.com/sites/stateoftn	☐ Yes	☐ No
Count the boxes you checked "yes" and "no." If more boxes are checked "yes," the Cigna Dental Prepaid Plan may be the right option for you!		_____	_____

1. The terms "DHMO" and "Cigna Dental Prepaid Plan" are used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans and plans with open access features. The Cigna Dental Prepaid Plan for the State of Tennessee Group Insurance Plan may not be available in every state. There are no out-of-network benefits, except where required by law.
2. NetMinder. DHMO data as of March 2016 and is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using. These are examples used for illustrative purposes only. Your actual costs and plan coverage will vary. Plan limitations and exclusions may apply. See your plan materials for details.
3. **Minnesota residents:** When enrolling in a DHMO plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call customer service for more information.

   Oklahoma residents: DHMO for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call customer service for more information.
4. Refer to your plan materials to see if your plan includes orthodontic coverage. The following orthodontic services are generally not covered: orthodontic treatment already in progress; incremental costs associated with optional/elective materials; orthognathic surgery applicances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment. Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, see your enrollment materials.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patient. They are not agents of Cigna. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NB), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: HP-POL134 (TN), HP-POL115 (OK). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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THE CIGNA DENTAL PREPAID PLAN HELPS YOU PROTECT YOUR ORAL HEALTH – AND YOUR BUDGET

Cigna 2018 Dental Prepaid Plan

This fall, employees can enroll in and make benefits changes for most programs during these dates:

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- **Local Education and Local Government employees:** October 2–27, 2017. Enrollment ends on October 27 at 4:30 pm (CST).
- **Retirees:** October 2–27, 2017. Enrollment ends on October 27 at 4:30 pm (CST).

It's easy to use

- Prior to enrolling in the Cigna Dental Prepaid Plan you can find a dentist at **Cigna.com/sites/stateoftn**.
- When signing up, you must choose a Cigna DHMO network general dentist who will handle all of your dental care.[1] If you need assistance in selecting a dentist, contact Cigna at 800.997.1617.
- Once enrolled with the Cigna Dental Prepaid Plan, you can find or change dentists on **myCigna.com** (registration required) or by calling State of TN customer service at **1.800.997.1617**.
- After you sign up, Cigna will mail you a Patient Charge Schedule (or "PCS") that lists the copays for covered services. You can also view/download a copy on **myCigna.com**.
- ID cards, even though not required, will be issued. You can also request or print one anytime at **myCigna.com**.
- There are no claim forms to submit. When your PCS lists a copay, pay that amount to the dentist directly after you receive care.
- If you need to see a network dental specialist, your network general dentist will handle the referral paperwork for you. Prior authorization may be required for certain types of specialty care. Referrals are required for all network specialists except orthodontists and pediatric dentists.[2] The copays on your PCS also apply to covered network specialist care. If you go to a network specialist, there may be a different copay than for your general dentist.
- If you want a second opinion, you can get one at no additional charge. Our knowledgeable, friendly customer service representatives can provide the details.

PARTNERS FOR HEALTH

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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The Cigna Dental Prepaid Plan for the State of Tennessee Group Insurance Plan may not be available in every state. There are no out-of-network benefits for the Cigna Dental Prepaid Plan, except where required by law.

And, it's budget friendly

- No charge for most preventive services[4].
- When there is a cost, you'll pay a set amount (copay) for services covered by your plan.
- Network dentists aren't allowed to charge you more than the copay amount for covered services.

Enjoy the benefits of saying "No!"

- NO charge for most preventive services such as exams, x-rays and routine cleanings[4]
- NO claim forms to file
- NO deductible to pay before you can use your plan
- NO annual dollar maximums to limit benefits
- NO ID cards required to receive care
- NO paperwork required
- NO additional charge for second opinions

Participation Requirements:

An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Program. Employee, Retiree and/or Dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Dental Program. Employee or Retiree participation in the Prepaid Dental Program is required for participation of eligible Dependents. Participation by those enrolled in the Prepaid Dental Program is on a calendar year basis, and enrollment may only be dropped by the Members during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying event. We will also allow dropping of Prepaid if there is no participating general dentist within 40 mile radius of home.

1. The terms "DHMO" and "Cigna Dental Prepaid Plan" are used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans and plans with open access features. The Cigna Dental Prepaid Plan for the State of Tennessee Group Insurance Plan may not be available in every state. There are no out-of-network benefits, except where required by law.
2. Refer to your plan materials to see if your plan includes orthodontic coverage. The following orthodontic services are generally not covered: orthodontic treatment already in progress; incremental costs associated with optional/elective materials; orthognathic surgery applicances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment. Coverage for treatment by a pediatric dentist ends on your child's 7th birthday. Effective on your child's 7th birthday, dental services generally must be obtained from a network general dentist.
3. **Minnesota residents:** When enrolling in a DHMO plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call customer service for more information.

   Oklahoma residents: DHMO for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call customer service for more information.
4. Not all preventive care services are covered. For example, athletic mouthguards and prescription medications are generally not covered. The frequency of certain covered services, like cleanings, is limited. Your Patient Charge Schedule lists any limitations on frequency.

Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided to their patient. They are not agents of Cigna. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, see your enrollment materials. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental Care (DHMO) plans are insured by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., **a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NB), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are insured by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or Cigna HealthCare of Connecticut, Inc., and administered by Cigna Dental Health, Inc. Policy forms: HP-POL134 (TN), HP-POL115 (OK). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Protecting Your Health – and Now Your Identity

of Tennessee
bcbst.com

In addition to protecting your health, we want to help you protect your personal information. That's why BlueCross BlueShield of Tennessee has partnered with Experian, one of the world's leading financial services companies, to provide the following identity protection services as part of our medical plans at no additional cost to you:

- ProtectMyID provides credit monitoring, fraud protection and fraud resolution support to adults with eligible BlueCross medical coverage. Each covered member age 18 or older will need to enroll separately.
- FamilySecure provides credit monitoring for all covered children under age 18 in the household.

To enroll:

- Log in to your BlueAccess℠ account at **bcbst.com**.
- Look for the Tools & Information section on your Homepage
- Click on the ID Protection link.

You'll be taken to a secure site to enroll in the services. You may also enroll by calling Experian at 1-866-926-9803. Reference engagement # **PC101139** for ProtectMyID or engagement # **PC101140** for FamilySecure.

Please visit **bcbst.com/ProtectMyID** for additional details.

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association. BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace.

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener ayuda en español, llame al 1-800-565-9140
Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140
Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140

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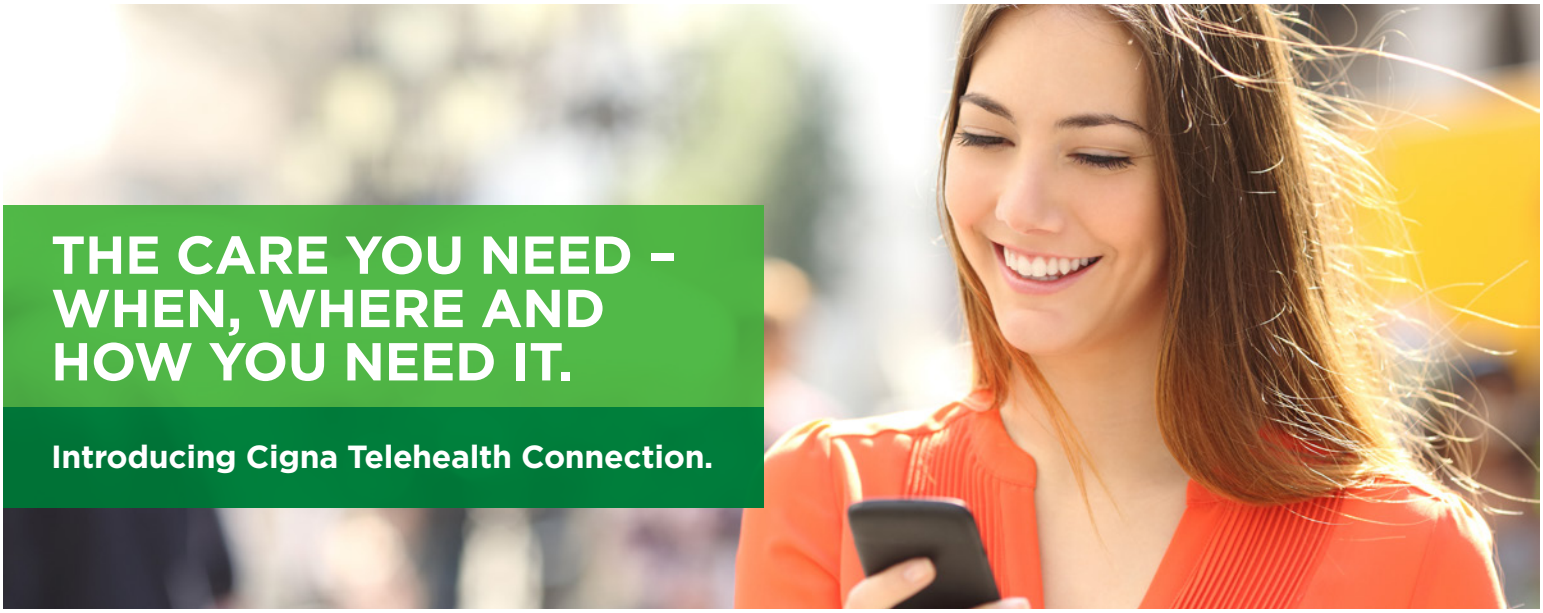
ID Protection Flier



THE CARE YOU NEED – WHEN, WHERE AND HOW YOU NEED IT.

Introducing Cigna Telehealth Connection.

Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan – **Amwell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- headache
- stomachache
- fever
- cold and flu
- allergies
- rash
- acne
- UTIs and more

The cost savings are clear

Televisits with Amwell and MDLIVE cost less than going to a convenience or urgent care clinic, and significantly less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, you should only use telehealth services for non-life threatening conditions.

Signing up is easy!

- Set up and create an account with one or both Amwell and MDLIVE
- Complete a medical history using their "virtual clipboard"
- Download vendor apps to your smartphone/ mobile device*

Choose with confidence

Amwell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

AmwellforCigna.com**
855-667-9722

MDLIVEforCigna.com**
888-726-3171

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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*The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

**Availability may vary by location and plan type and is subject to change. See vendor sites for details.

Amwell and MDLIVE are independent companies/entities and are not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by Amwell and MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. Amwell/MDLIVE services are separate from your health plan's provider network. Telehealth services may not be available to all plan types. A Primary Care Provider referral is not required for Amwell/MDLIVE services.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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October 12, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Due to the annual enrollment deadline for state and higher education, we are sending the ABC email and conference call notes out early this week.

ABC Conference Calls Next Tuesday!

ABC weekly conference calls continue Tuesday, Oct. 17. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Oct. 17 at 8:30 a.m. Central time
Local Ed – Tuesday, Oct. 17 at 10 a.m. Central time
Central State – Tuesday, Oct. 17 at 12:30 p.m. Central time
Local Government – Tuesday, Oct. 17 at 2 p.m. Central time

ABC Conference Call Notes

The combined notes from the Oct. 10 ABC conference calls are attached.
We want to point out this question response correction included in the call notes:

- **State:** I have had several employees call saying they are turning 65 and having to sign up for Medicare A and that they are being told that they can no longer have the HSA. They want to know what to do with the funds that they have in their HSA account. What should we tell them?
  - **Answer:** The answer we provided on the phone earlier this week was incorrect, after having had a chance to review it more in-depth.

    Employees may not enroll in the CDHP/HSA if they are enrolled in Medicare. Once you enroll in any part of Medicare, you will not be able to contribute to your HSA. If you would like to continue making contributions to your HSA, you can delay both Part A and Part B until you (or your spouse) stop working or lose your employer coverage. You will NOT pay a penalty for delaying Medicare, as long as you enroll within 8 months of losing your coverage or stopping work (whichever happens first).

    The takeaway here is that you should delay Social Security benefits and decline Part A if you wish to continue contributing funds to your HSA. For more information, employees should consult their tax advisor. Neither the State Group Insurance Program nor employing agencies are able to, nor can we, provide tax advice.

2018 Annual Enrollment

State and Higher Education: Ends Fri., Oct. 13. - deadline is 4:30 p.m. Central.

Local Education and Local Government: NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Retirees: NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- State and Higher Education employees **enroll in ESS in Edison**.

- Local Education and Local Government employees **enroll in ESS in Edison**, or ABCs can complete enrollments in eForms.

- **NEW animated videos are available!** Share the link with your employees!

- An employee benefits webinar is available for your members to watch when convenient. The webinar is found on the **ParTNers for Health YouTube site**. The webinar link is below:
    - **State and Higher Education Annual Enrollment Webinar**
    - **Local Education and Local Government Annual Enrollment Webinar**

- BA has uploaded **four new "how to" enrollment and ESS videos** to our **ParTNers for Health YouTube site**.

- **More information on the ParTNers for Health website.**

October 16, 2017

The following email was sent to state and higher education ABCs today.

State and Higher Education ABCs:
We have approximately 249 employees who made changes in Edison but did not submit their elections. Please run the TN_BA219_OE_NOT_SUBMITTED to identify these employees. The event date to use to run the query is 1/1/2018. The employees who are in this status have a value of "SAVED" in the second to last column on the query. If these employees call the BA Service Center by this Friday, October 20, 2017 at 4:30 p.m. Central Time, we will finalize their elections for them over the phone. Otherwise, they will need to wait until next year's annual enrollment to make changes. Please reach out to the employees to notify them of this opportunity.

October 10, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!
ABC weekly conference calls continue Tuesday, Oct. 24. The attached agenda includes the webinar link.

Higher Ed – Tuesday, Oct. 24 at 8:30 a.m. Central time
Local Ed – Tuesday, Oct. 24 at 10 a.m. Central time
Central State – Tuesday, Oct. 24 at 12:30 p.m. Central time
Local Government – Tuesday, Oct. 24 at 2 p.m. Central time

For state and higher education, this will be the last weekly annual enrollment conference call. Regular monthly conference calls will resume on November 14.

ABC Conference Call Notes
The combined notes from the Oct. 17 ABC conference calls are attached.

2018 Annual Enrollment Continues (Local Ed/Local Gov)
Local Ed and Local Gov: NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central.
Retirees: NOW – Fri., Oct. 27. Deadline is 4:30 p.m. Central on Oct. 27.

Enrollment Information:

- Local education and local government employees **enroll in ESS in Edison**, or ABCs can complete enrollments in eForms.

- **NEW animated videos are available! Share the link with your employees!**

- An employee benefits pre-recorded webinar is available for members. It is found on the **ParTNers for Health YouTube site**. The webinar link is below:
  - **Local Education and Local Government Annual Enrollment Webinar**

- BA has uploaded **four new "how to" enrollment and ESS videos** to our **ParTNers for Health YouTube site**.

- **More information is on the ParTNers for Health website.**

Workshop: Queries to Run after Annual Enrollment
Benefits Administration will have a workshop for ABCs on Queries to Run after Annual Enrollment. The date, time and login information is below.

Date: November 2, 2017
Time: 1 p.m. to 2 p.m. Central time

ABCs can register for the workshop in ELM by following this path: Login in to Edison.

Navigate to NavBar>Navigator>ELM> Employee Self Service>Learning>Find Learning>Enter ABC in the “Search Box” field>Click the “arrows” button.
Locate “*ABC Webinar Workshop (ABCT2000)”*
Click *Enroll*

ABCs can also follow the instructions below the day of the workshop for access.
Topic: ABC Workshop - Queries to Run after Annual Enrollment
Host: Nakeisha Myles
Date: Thursday, November 2, 2017
Time: 1 p.m., Central Daylight Time (Chicago, GMT-05:00)

Session number: 640 856 315
Session password: ABCworkshop

To join the training session
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1. Go to
https://tngov.webex.com/tngov/k2/j.php?MTID=teeb098f88876c04a5979d65280a5c883
2. Enter your name and email address.
3. Enter the session password: ABCworkshop.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.
To view in other time zones or languages, please click the link
https://tngov.webex.com/tngov/k2/j.php?MTID=t12cf1e0cee6cef8f8dee678085ad2628

To join the session by phone only

To receive a call back, provide your phone number when you join the training session, or call the number below and enter the access code.
US TOLL:+1-415-655-0003
Global call-in numbers:
https://tngov.webex.com/tngov/globalcallin.php?serviceType=TC&ED=607924892&tollFree=0
Access code: 640 856 315

For assistance

You can contact Nakeisha Myles at:
nakeisha.n.myles@tn.gov
1-615-253-4685

Can't join the training session?
https://help.webex.com/docs/DOC-5521

To add this session to your calendar program (for example Microsoft Outlook), click this link:

https://tngov.webex.com/tngov/k2/j.php?MTID=t247714514176d3c479a76005e81bc512

October 27, 2017
The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday! (Local Ed/Local Gov)
ABC weekly conference calls continue for Local Ed and Local Gov Tuesday, Oct. 31. The attached agenda includes the webinar link.

Local Ed – Tuesday, Oct. 31 at 10 a.m. Central time
Local Government – Tuesday, Oct. 31 at 2 p.m. Central time

ABC Conference Call Notes
The combined notes from the Oct. 24 ABC conference calls are attached.

Update on Documents and Materials
We have posted an order form for you to use for the 2018 Eligibility and Enrollment Guides. Go the link below to complete the form and indicate the number of 2018 Eligibility and Enrollment Guides you will need. Your order will be shipped once the guides are available.

2018 Eligibility and Enrollment Guides

We will post digital versions of the 2018 Eligibility and Enrollment guides **on November 1** on the ParTNers for Health and BA websites.

Additionally, the Marketplace Letters have been updated and links are posted on the **ABC webpage** by plan type.

PayFlex Seed Funds Reminder (**Higher Ed/State offline agencies**)
If you receive seed funds from the state for one of your employees who enrolls in the CDHP/HSA and PayFlex later returns those funds to you for some reason (e.g., unable to vet employee through the Customer Identification Process [CIP]), it is your responsibility to advise the state Office of Business & Finance so that they can work to recoup those funds from you. Please email **Lisa.VonHaeger@tn.gov** and copy **Melissa.Wiseman@tn.gov.** If you receive funds back from PayFlex and do not know why or who the funds are for, please email PayFlex to inquire why: **stateoftennessee@payflex.com**, as Lisa will need to know this information for accounting purposes.

Reminder - Workshop: Queries to Run after Annual Enrollment
Benefits Administration will have a workshop for ABCs on Queries to Run after Annual Enrollment. The date, time and login information is below.

Date: November 2, 2017
Time: 1 p.m. to 2 p.m. Central time

ABCs can register for the workshop in ELM by following this path: Login in to Edison.

Navigate to NavBar>Navigator>ELM> Employee Self Service>Learning>Find Learning>Enter ABC in the “Search Box” field>Click the “arrows” button.
Locate “*ABC Webinar Workshop (ABCT2000)”*
Click *Enroll*

ABCs can also follow the instructions below the day of the workshop for access.
Topic: ABC Workshop - Queries to Run after Annual Enrollment
Host: Nakeisha Myles
Date: Thursday, November 2, 2017
Time: 1 p.m., Central Daylight Time (Chicago, GMT-05:00)

Session number: 640 856 315
Session password: ABCworkshop

To join the training session
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1. Go to
https://tngov.webex.com/tngov/k2/j.php?MTID=teeb098f88876c04a5979d65280a5c883
2. Enter your name and email address.
3. Enter the session password: ABCworkshop.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.
To view in other time zones or languages, please click the link
https://tngov.webex.com/tngov/k2/j.php?MTID=t12cf1e0cee6cef8f8dee678085ad2628

To join the session by phone only

To receive a call back, provide your phone number when you join the training session, or call the number below and enter the access code.
US TOLL:+1-415-655-0003
Global call-in numbers:
https://tngov.webex.com/tngov/globalcallin.php?serviceType=TC&ED=607924892&tollFree=0
Access code: 640 856 315

For assistance

You can contact Nakeisha Myles at:
nakeisha.n.myles@tn.gov
1-615-253-4685

Can't join the training session?
https://help.webex.com/docs/DOC-5521

To add this session to your calendar program (for example Microsoft Outlook), click this link:

https://tngov.webex.com/tngov/k2/j.php?MTID=t247714514176d3c479a76005e81bc512