PARTNERS FOR HEALTH

AGENCY BENEFITS COORDINATOR (ABC) GUIDE

Higher Education Agencies

AGENCY BENEFITS COORDINATOR (ABC) GUIDE

Use this helpful guide to help get you started in your new role.

PARTNERS FOR HEALTH

tn.gov/partnersforhealth

Helpful Contact Information

Benefits Administration

Hours of operation:
Monday - Friday
8 a.m. - 4:30 p.m. CST
(Closed on state holidays)

Phone:
800.253.9981
615.741.3590

Fax:
615.741.8196

Email:
benefits.administration@tn.gov

Zendesk

Submitting a ticket through Zendesk is the best/ quickest way to contact us.

Reminders

- Your Annual HIPAA training is required – Within **30 days** after gaining access to Edison.
- Your one-time, mandatory New ABC Training must be completed within **60 days** after gaining access to Edison.

Pro Tip: *As time goes on, try revisiting the training for a helpful refresher.*

We do not recommend printing this guide as the information is subject to change.

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Helpful Links

Health Insurance Carriers

Cigna

BlueCross BlueShield of TN

Vision Insurance Carriers

Davis Vision

Dental Insurance Carriers

Cigna Dental

MetLife DPPO

Pharmacy Benefits

CVS/Caremark

Behavioral Health

Employee Assistance Program (EAP)

Here4TN

Telehealth

Health Savings Account & Flexible Spending Accounts

Optum

Payflex

Wellness

Weight Watchers at Work

Fitness Center Discounts

Diabetes Prevention Program

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Commonly Used Forms

Enrollment Change Application

This form is used for employees to select and/or make changes to their benefits.

However, there are other times this form will be used.

- If you have an employee who wants to edit their elections within their 31-day eligibility period, and they are not using Employee Self-Service (ESS), this form can be submitted to Benefits Administration (BA) through Zendesk.
- Other events including, but not limited to, marriage, divorce, birth, adoption, etc.

Pro Tip: *ABCs with agencies that are new to the plan are required to have their employees fill out this form. This way, you have paper record of all the employees' selections and it will make entering this information in Edison much easier.*

Click here to see an example of a completed form

Cancel Request Form

This is the form used if an employee and/or their dependents want to voluntarily cancel insurance. Have the employee complete and sign the form and return to us at BA by uploading the document in Zendesk.

Note: *Cancelling is only permitted outside of Annual Enrollment due to one of the specified qualifying events listed on the form.*

Click here to see an example of a completed form

Corrections and Clarifications (CC) Form

For BA to make a change within Edison on information such as employee or dependent names, addresses, or social security numbers, this form should be completed and can be sent to BA by uploading the document in Zendesk.

Click here to see an example of a completed form

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How Zendesk Works

Zendesk is a ticketing-based system that serves as your primary mode of communication with Benefits Administration.

ABCs can search the knowledge base in Zendesk for Frequently Asked Questions, policies and procedures, among other topics.

For topics and situations that require further research, a user can submit a ticket to the BA team.

One of the great features of Zendesk is that it allows for transcripts of each and every interaction to be recorded within Zendesk for future reference.

By signing into your account, you have the ability to check the status of a pending request.

BA strives to resolve the issue within 1.5 business days or less. Some examples of issues in which a ticket should be created by an ABC include billing questions, enrollment delays, eligibility questions, and/or general questions.

Helpful Zendesk Links

- Step-by-step walkthrough for how to use Zendesk
- How to upload documents in Zendesk
- Video Guide

How Edison Works

Edison is the main database used by the State of Tennessee. It is used to collect and organize all personal and job data for all ABC's and employees enrolled in the State Group Insurance Program. Edison maintains all benefit selections and corresponding dependent verification documents, if applicable. As an ABC you will use Edison to hire, transfer, and terminate employees who are benefit eligible.

Helpful Edison Links

- E-Forms/Data Entry
- Self Service
- Video Guide
    - Terminating an Employee
    - Updating name, address, marital status, and SSN

PARTNERS FOR HEALTH

Eligibility Dates

Pro Tip: *Use this Time and Date Calculator to help determine the exact dates to use in Edison.*

Use the employee's actual hire date and benefits will start first day of the month following the completion of 1 full calendar month of employment.

Termination Dates

Use the employee's actual termination date.

Examples:

1. If an employee resigns on 6/30, the date of termination that needs to be enter in Edison Job data is 6/30. Insurance would terminate on 7/31.
2. If an employee resigns on 7/15, the date of termination that needs to be enter in Edison Job data is 7/15. Short-term disability will end on 7/15, and all other benefits will end on 8/31.

Reports

Collections Applied Report

This report shows all the monthly deductions/refunds for insurance coverage for each employee of your agency. If the report is run for a date in the past, it will be titled "Collections Applied" at the top. If it is run for a future date it will be titled "Premiums Due." The Premiums Due report is an estimate, and the Collections Applied report shows what BA will pull or did pull from the agency.

This report can be set up in two ways; to be received automatically each month, and to be run manually.

Setting Up To Automatically Receive Reports

How To Manually Run A Report

Monthly Calendar Showing Exact Report Run Dates
Edison Information > External Agency Calendar

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Queries

Queries to Run Anytime

TN_BA219_MED_DEN_COVERAGE – After the Annual Enrollment events are closed, this query will show any new coverage that is effective Jan 1. This query can also be run throughout the year for new hire enrollments or changes for special qualifying events. This query also includes vision.

When should I run this?

This query can be run any time. It most commonly run after annual enrollment, though, as you can set the report to show you coverage that will start the first of a specific month.

TN_BA219_MED_DEN_ELECTIONS – This query will show all elections made in Edison between a specific date range.

When should I run this?

This query can be run on as-needed basis. If you know the range of dates that you entered your employees' benefits selection, you can run this query to show the selections that were made by each employee. This is a good way to double-check that the enrollments selected in Edison are correct with the information that you were provided by your employees.

Queries To Run At The Same Time Every Month

TN_BA142_TEMP_PRIMARY_NID_DEP – This query will show you all of the dependents that have a temporary Social Security Number and the name of the employee for that dependent. If you do not have the permanent SSN, you will need to get this information from the employee.

TN_BA142_TEMP_PRIMARY_NID_EMPL – This query will show you all the employees that have a temporary Social Security Number. If you do not have the permanent SSN, you will need to get this information from the employee.

TN_BA313_ADDRESS_CHANGES – Shows all the addresses that have been updated for an agency within a specified date range.

How To Run A Query Manual

Full Query List

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Adding A New Employee

When an employee is hired in your agency, follow this step-by-step process to enroll them into benefits.

1. Complete the New Employee Checklist
2. Provide New Employee Presentation to new employee
3. Enter personal and job information into Edison for new employee. Benefits can be entered using any of the following methods:

   E-Forms Process – An automation process, in Edison, for an ABC to hire, rehire or terminate an employee and add job information and benefit selections.

   Helpful Guide for E-Forms

   Employee Self Service – The method in which an employee can make enrollment selections that does not require a paper application. The ABC will enter personal and job information only. The employee will enter their benefits selections in Edison.

   Helpful Guide for Employee Self Service (ESS)

You can also refer to the For New Employees section of the Partners for Health website.

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Additional Information

Plan Document

Annual Enrollment

2020 Annual Enrollment Dates:

Oct. 1-16, 2020

Conference Calls and Weekly Emails

ABC Conference calls are held the second Tuesday of each month. If you missed a conference call or weekly email, please reference the links below. This is our way of getting important information to you and your employees. It is important that you attend the monthly conference calls and read each weekly email update.

- Conference Call Notes
- Weekly Emails

A Note About Insurance Cards

BlueCross BlueShield of TN

Phone: 1-800-558-6213

- Up to two ID cards sent automatically (both with member's name).
- May be used by any covered dependent.

Cigna

Phone: 1-800-997-1617

- Sends separate ID cards for each insured family member – with participant's name.
- May be up to four (4) ID cards in each mailing.

Members can acquire additional cards by contacting their insurance carrier (BCBSTN or Cigna).

Note: *Subscriber IDs and Group Numbers can be found on your insurance cards.*

RESET

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

ENROLLMENT CHANGE APPLICATION

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

PARTNERS FOR HEALTH

PART 1: ACTION REQUESTED — PLEASE SEE PAGE 4 FOR INSTRUCTIONS

TYPE OF ACTION
- ☑ Add coverage
- ☐ Change coverage

***Form not for cancellation**

COVERAGE
- ☑ Health
- ☑ Dental
- ☑ Vision
- ☐ Disability

PARTICIPANTS AFFECTED
- ☑ Employee
- ☐ Spouse
- ☐ Child(ren)

REASON FOR THIS ACTION
- ☑ New Hire/Newly Eligible
- ☐ Court Order
- ☐ Other _____

Life Event
- ☐ Marriage
- ☐ Newborn
- ☐ Legal Guardianship
- ☐ Adoption

Special Enrollment (also complete pg 3)
- ☐ Death
- ☐ Divorce
- ☐ Loss of Eligibility

PART 2: EMPLOYEE INFORMATION

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	MARITAL STATUS
John	M	Smith	01/01/1980	☑ M ☐ F	☐ S ☑ M ☐ D ☐ W

SOCIAL SECURITY NUMBER	EMPLOYING AGENCY	EMPLOYER GROUP	YOUR CURRENT STATUS
123-45-6789	Benefits Administration	☐ HED ☑ State ☐ Local Ed ☐ Local Gov	☑ Active ☐ COBRA

HOME ADDRESS ☐ UPDATE MY ADDRESS	CITY	ST	ZIP CODE	COUNTY
123 Tennessee Street	Nashville	TN	37011	Davidson

PART 3: HEALTH COVERAGE SELECTION

SELECT AN OPTION
- ☑ Premier PPO
- ☐ CDHP/HSA (state)
- ☐ Standard PPO

LOCAL ED & GOV ONLY MAY ALSO CHOOSE
- ☐ Limited PPO
- ☐ Local CDHP/HSA

EMPLOYEE HSA CONTRIBUTION (STATE ONLY)

Annual contribution

$_____

SELECT A CARRIER
- ☑ BlueCross BlueShield Network S
- ☐ Cigna LocalPlus
- ☐ Cigna Open Access (surcharge applies)

REGION WHERE YOU LIVE OR WORK
- ☐ East
- ☑ Middle
- ☐ West

SELECT A HEALTH PREMIUM LEVEL
- ☑ employee only
- ☐ employee + child(ren)
- ☐ employee + spouse
- ☐ employee + spouse + child(ren)

PART 4: DENTAL COVERAGE SELECTION

SELECT A PLAN
- ☑ MetLife DPPO
- ☐ Cigna Prepaid DHMO

SELECT A DENTAL PREMIUM LEVEL
- ☑ employee only
- ☐ employee + child(ren)
- ☐ employee + spouse
- ☐ employee + spouse + child(ren)

PART 5: VISION COVERAGE SELECTION

SELECT A PLAN
- ☑ Basic Plan
- ☐ Expanded Plan

SELECT A VISION PREMIUM LEVEL
- ☑ employee only
- ☐ employee + child(ren)
- ☐ employee + spouse
- ☐ employee + spouse + child(ren)

PART 6: DISABILITY SELECTION (ST/UT/TBR)

SHORT TERM DISABILITY
- ☐ 60%/14 day Elimination Period
- ☐ 60%/30 day Elimination Period

LONG TERM DISABILITY (ST ONLY)
- ☐ 60%/90 day Elim Period
- ☐ 60%/180 day Elim Period
- ☐ 63%/90 day Elim Period
- ☐ 63%/180 day Elim Period

PART 7: DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY

NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER	ACQUIRE DATE *	SOCIAL SECURITY NUMBER	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 (see page 2).

☐ A separate sheet with more dependents is attached

PART 8: EMPLOYEE AUTHORIZATION

☑ Accept — 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. I understand that if my dependent loses eligibility, coverage will terminate at the end of the month in which the loss of eligibility occurs. I further understand that it is my responsibility to notify my benefits coordinator of the loss of eligibility and I will be held responsible for any claims paid in error for any reason. I authorize my employer to take deductions from my paycheck to pay for my benefit costs. Finally, I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents.

☐ Refuse — I have been given the opportunity by my employer to apply for the group insurance program and have decided not to take advantage of this offer. I understand that if I later wish to apply, I or my dependents will have to provide proof of a special qualifying event or wait until annual enrollment.

EMPLOYEE SIGNATURE	DATE	HOME PHONE (REQUIRED)	EMAIL ADDRESS (REQUIRED)
John M. Smith	06/15/2020	615-555-1234	john.smith@emailaddress.com

AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR

ORIGINAL HIRE DATE	COVERAGE BEGIN DATE	POSITION NUMBER	EDISON ID	NOTES TO BENEFITS ADMINISTRATION
06/01/2020	07/01/2020	0000321	00987654	

AGENCY BENEFITS COORDINATOR SIGNATURE	DATE	
Sara Benefits	06/15/2020	☐ PPACA Eligible ☐ 1450 Eligible

Active employees should return this completed form to your agency benefits coordinator. COBRA participants should send to Benefits Administration.

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STATE OF TENNESSEE GROUP INSURANCE PROGRAM

INSURANCE CANCEL REQUEST APPLICATION

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

PARTNERS FOR HEALTH

NAME	EDISON ID	EMPLOYER GROUP:
John M. Smith	00543278	☐ HED ☑ STATE ☑ LOCAL ED ☑ LOCAL GOV

PART 1 — PARTICIPANT(S) CANCELING COVERAGE (ATTACH A SEPARATE SHEET IF NECESSARY)

I request to cancel ☐ medical ☐ dental ☑ STD ☑ LTD ☐ vision ☑ FSA/medical ☐ FSA/dep care ☐ FSA/limited ☐ Voluntary AD&D coverage on the participant(s) below due to:

☐ Reason marked in Part 2 below

☐ Prepaid dental; no participating general dentist within a 40-mile radius of my home (skip Parts 2 and 3 below)

☐ Disability; requires 30 days advance written notice (skip Parts 2 and 3 below)

☐ Employee ☐ Spouse ☐ Child(ren) (names):

INSTRUCTIONS

You and/or your dependent(s) may only cancel coverage under the state group insurance program during the annual enrollment period except for one of the following events. (Note: STD and/or LTD may be canceled during the year for any reason.)

1. You and/or your dependent(s) may cancel coverage if you lose eligibility or qualify to cancel for one of the reasons listed below. Only persons who qualify may cancel. You have 60 days from a qualifying event to submit documentation.
2. If enrolled in the prepaid dental option and there is no participating general dentist within a 40-mile radius of your home. The coverage end date will be the last day of the month that this form is received by Benefits Administration.

The purchase of a private policy is not a reason for cancellation of this coverage. Submit all documents to your agency benefits coordinator.

PART 2 — REASON TO REQUEST TO CANCEL

REASON	DOCUMENTATION REQUIRED
☐ Marriage, divorce, legal separation, annulment	Copy of marriage certificate or full divorce decree or legal paperwork signed by judge and proof of other coverage (see #1 above) If divorce, please provide ex-spouse's current address here:
☐ Birth, adoption, placement for adoption	Copy of birth certificate or adoption documents and proof of other coverage (see #1 above)
☐ Death of spouse, dependent	Copy of death certificate
☐ New employment, return from unpaid leave, change from part-time to full-time employment (spouse or dependent)	Letter on employer's company letterhead certifying date of insurance eligibility, date of return from unpaid leave or change in employment status
☐ Entitlement to Medicare, Medicaid, TRICARE	Letter of entitlement from Medicare, Medicaid or TRICARE or copy of new ID card
☐ Court decree or order	Copy of court decree or order signed by judge
☐ Open enrollment	Letter, on company letterhead, certifying date of eligibility for other coverage
☑ A change in your place of residence or workplace out of the national service area (i.e., move out of the U.S.)	Letter stating date of location change with member's new address
☐ Marketplace Enrollment	I attest that I am enrolled or intend to enroll in the Marketplace

PART 3 — REQUESTED COVERAGE END DATE

The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred.	LAST DAY COVERAGE TO BE ACTIVE (MM/DD/YY)
	07/31/2020

PART 4 — AUTHORIZATION

By signing this application, I attest that I and/or my dependent(s) are eligible to cancel coverage for the reason(s) marked in Part 1 of this form. I also attest that I can cancel disability coverage for any reason. I further attest that the information I am submitting is true and accurate. I understand that by making this request, the participant(s) whose coverage is cancelled may not be eligible for COBRA and that any future request for coverage will be subject to the Plan's eligibility and enrollment rules.

EMPLOYEE SIGNATURE	DATE	PHONE
John M. Smith	07/1/2020	
AGENCY BENEFITS COORDINATOR SIGNATURE	**DATE**	**NOTES**
Sara Benefits	07/1/2020	

RESET

Benefits Administration

Corrections and Clarifications Form

to be completed by an Agency Benefits Coordinator

Fax Number (615) 741-8196

Please do not send this form to BA if you have access to make the change in Edison

Employee Name: John M. Smith

Employee SSN: 00543278

Employee ID: 00234543

Agency: Acme State University

Type: ☑ ST ☑ LE ☑ UT/TBR ☐ LG

Personal Information Correction

☐ For Employee ☑ For Dependent - Name: Jasper Johnson

	Name	Date of Birth	Social Security Number
Incorrect Info			112-33-4543
Correct Info			112-33-5543

ABC Unable to Key Address Change

New Address

Street Address:

City: State:

Zip Code: County: John

Address Change Effective Date: M

ABC Unable to Key Position Number Change (within an agency)

Old Position Number: Smith

New Position Number: 01/01/1980

Clarification (usually in response to a request from BA)

Agency Benefits Coordinator Authorization

ABC Signature: ABC sign here

Date: 7/1/20