

Insurance Basics and Overview
Summer Training
Presented By: The Education and Outreach Team



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About the Plan

□ The State Group Insurance Program covers three different populations (called entities):



Local Education Employees



Local Government Employees



State & Higher Education Employees



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About the Plan

- ❑ The health plan is **self-insured** – The State (not an insurance company) pays claims from premiums collected from members and their employers.
- ❑ Benefits Administration manages the State Group Insurance Program and works with Agency Benefits Coordinators (ABCs) in the agencies to serve plan members.



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Health Benefits



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Commonly Used Terms

- Out of Pocket Maximum
- Deductible
- Premium
- Copay
- Coinsurance

Please note that these as well as additional terms can be found on website under the **Health Section**.



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What is a Network?

- A group of doctors, hospitals and other healthcare providers, that have an agreement with a carrier
 - Services are provided at set fees that are discounted rates.
 - In-network providers cost less.



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Network Options

- ❑ Employees have the choice of three networks of doctors and facilities; please ensure that employees check the network for their providers as changes can occur.



Cigna LocalPlus (LP)



BlueCross BlueShield Network S



Cigna Open Access Plus (OAP)



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Plans

State offers three health plan options:

- ❑ Premier PPO
- ❑ Standard PPO
- ❑ Limited PPO
- ❑ CDHP/HSA

A PPO is a Preferred Provider Organization.

How a PPO Works:

- ❑ Members have access to a network of doctors and facilities that charge pre-negotiated fees.
- ❑ The member may pay **more** for services from **out-of-network** providers.



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Plan Comparison

Premier	Standard	Limited
Higher Premium	Lower Premium	Lower Premium
Lower Deductible	Higher Deductible	Higher Deductible
10% Coinsurance	20% Coinsurance	30% Coinsurance

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CDHP/HSA

Let's look at some of the characteristics of the CDHP/HSA.

- Lower Premiums
- Can pay healthcare expenses for qualified family members who are not on the plan
- Ability to save up to \$3600/\$7200 pre-tax per year for future health care expenses.
- HSA money rolls over each year
- An HSA account is opened for every employee who enrolls in the CDHP plan.
- Money can be used for non-medical expenses when the employee turns 65.

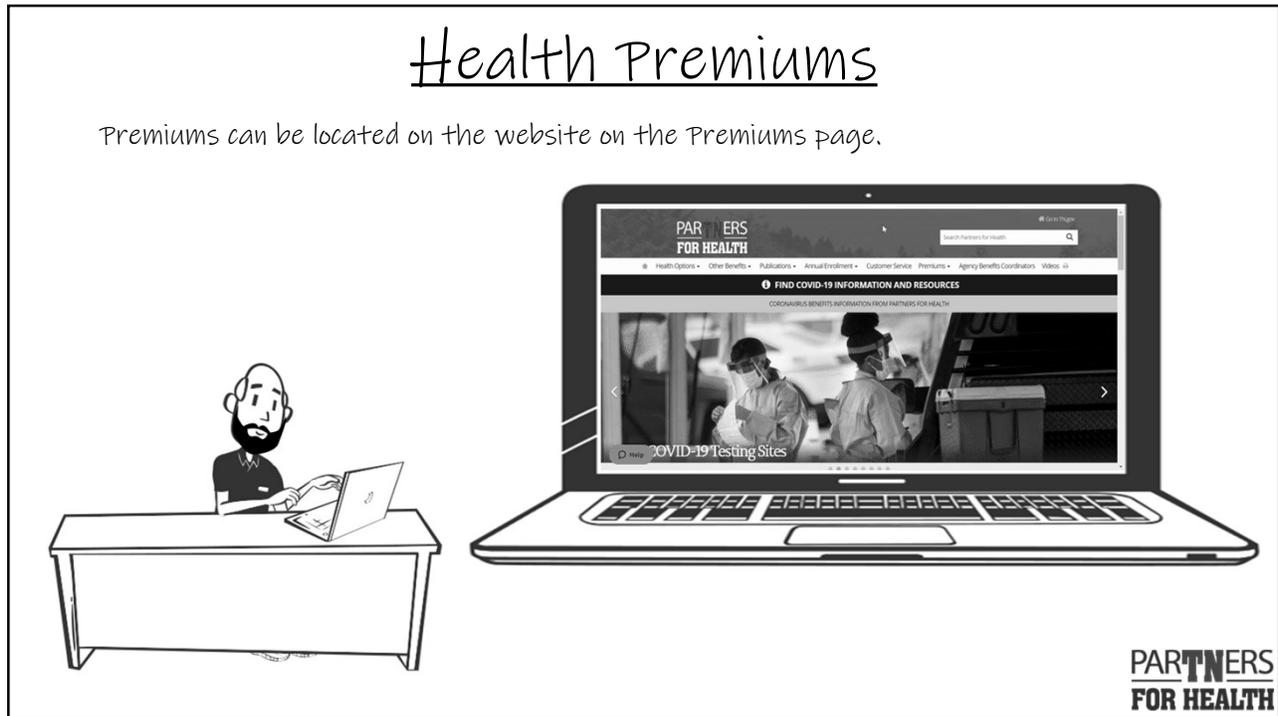
Optum will be the new vendor for 2021.

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Health Premiums

Premiums can be located on the website on the Premiums page.



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Telehealth

Members can talk to a doctor by phone or computer from anywhere, at anytime.

When to use Telehealth:

- ❑ For non-emergency medical issues (allergies, asthma, bronchitis, cold & flu, infections, fever, earaches, nausea, pink eye, sore throat)
- ❑ 24 hours a day, seven days a week-including nights, weekends, and holidays

State-Sponsored Telehealth program cost:

- ❑ PPO Members: Copay is \$15 (in-network)
- ❑ CDHP Members: You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies



In order to utilize this service, members must pre-register with their network carrier (BCBST or Cigna) and go through the network carrier programs (PhysicianNow, MDLive, or Amwell).

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Pharmacy Benefits

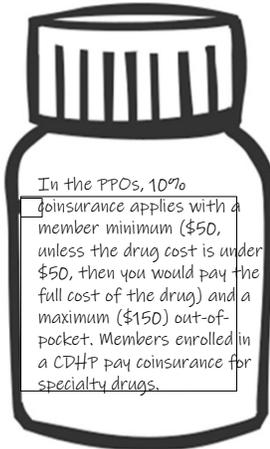
Pharmacy benefits are included when enrolled in a health plan.

Out of Pocket Pharmacy costs are based on three different factors:

- The member's plan option
- The drug level (tier) of the medication
- Whether the prescription is for a 1-30 day supply or a 31-90 day extended supply

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Drug Levels

<p>Generic Drug</p>  <p>Least Expensive</p> <p>A generic medicine is FDA approved and equal to the brand name product in safety, effectiveness, quality and performance.</p> <p>(Tier One)</p>	<p>Preferred Brand</p>  <p>More Expensive</p> <p>Many popular and highly used preferred brands are included on the preferred drug list (PDL).</p> <p>(Tier Two)</p>	<p>Non-Preferred Brand</p>  <p>Most Expensive</p> <p>These belong to the most expensive group of drugs. These drugs are not included on the PDL.</p> <p>(Tier Three)</p>	<p>Specialty Drug Tier</p>  <p>In the PPOs, 10% coinsurance applies with a member minimum (\$50, unless the drug cost is under \$50, then you would pay the full cost of the drug) and a maximum (\$150) out-of-pocket. Members enrolled in a CDHP pay coinsurance for specialty drugs.</p>
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Employee Assistance Program (EAP) and Behavioral Health



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Employee Assistance Program (EAP)

- Offered to enrolled employees and their eligible dependents, even if they are not enrolled in medical coverage
- All services are confidential and available at no cost to eligible employees and their dependents.
- Employees and their eligible dependents may use up to five, no-cost counseling sessions per occurrence.
- EAP sessions are available through virtual visits.



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When to Use EAP

- Family or relationship issues
- Feeling anxious or depressed
- Dealing with addiction
- Legal or financial issues
- Child and elder care
- Difficulties and conflicts at work
- Grief and loss
- Work/life balance



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Behavioral Health

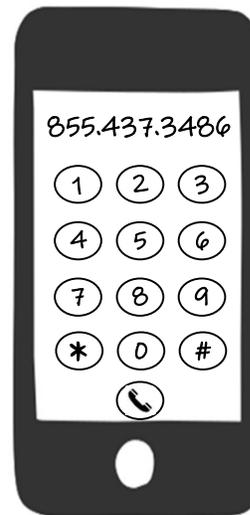
- ❑ Behavioral health benefits are available to members and dependents enrolled in medical insurance.
- ❑ For a full list of behavioral Health benefits, visit www.here4tn.com



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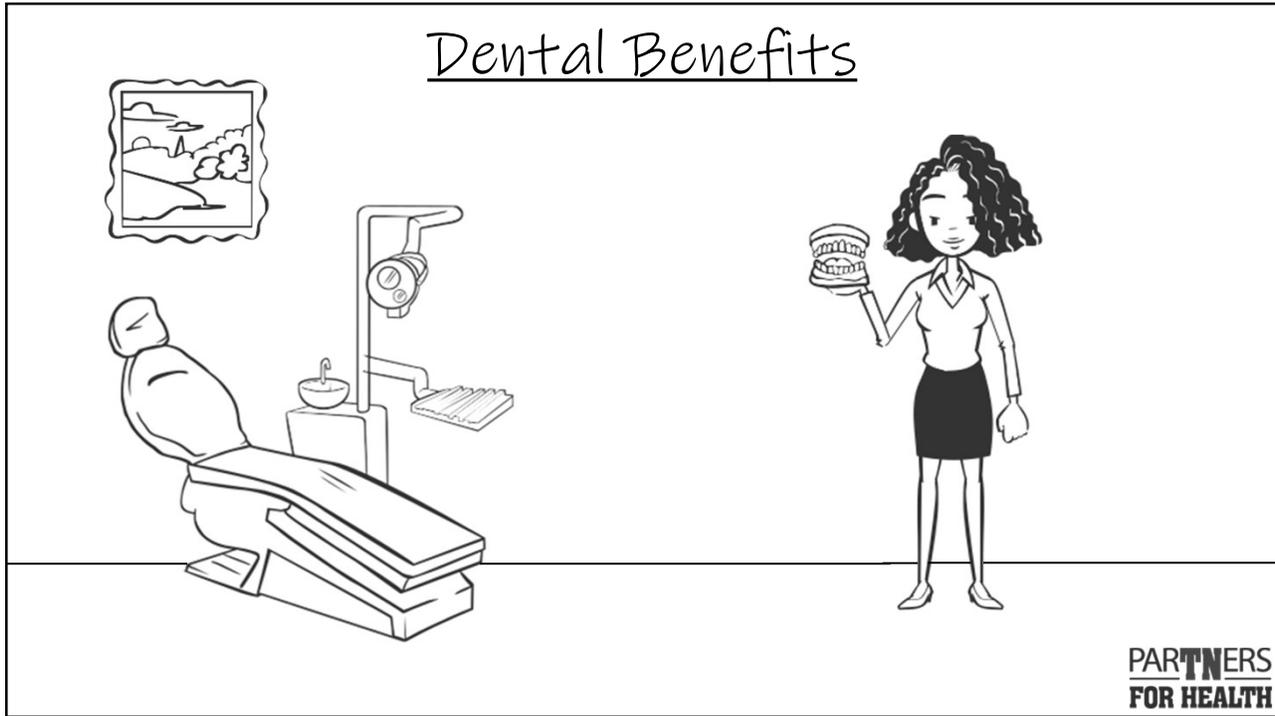
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EAP and Behavioral Health



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Dental Benefits Information

Eligible employees can choose between two dental plans:

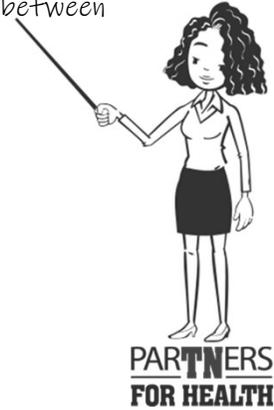
Prepaid	DPPO
Participating Dentists Only	Use Any Dentist
Fixed co-pays	Deductible applies for Basic and Major Dental Care
No Deductibles	You pay coinsurance for Basic, Major, Orthodontic, and out-of-network covered services.
No Waiting Periods	Some services (crowns, dentures, implants, and complete or partial dentures) require a six-month waiting period from the member's coverage start date before benefits begin.
Pre-existing Conditions Covered	12 month waiting period from the member's coverage start date for both a tooth replacement & orthodontics
Referrals to Specialist are Required	
<small>Orthodontic treat is not covered if the treatment plan began prior to the effective date of coverage.</small>	Referrals to Specialist are NOT Required.

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Dental Benefits Information

- ❑ Cigna will remain the vendor for the Pre-paid plan
- ❑ The contract for MetLife DPPO will be extended for 2021.
- ❑ During Annual Enrollment, eligible employees can enroll in or transfer between dental options



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Dental Premiums

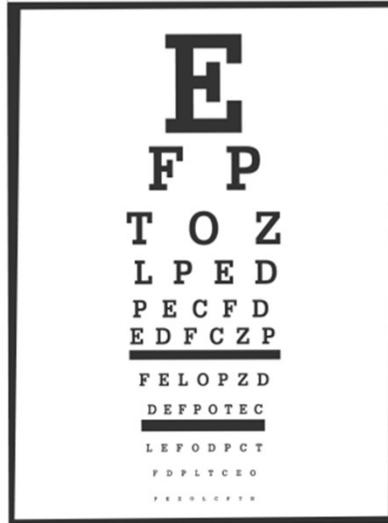
- ❑ Premiums can be located on the website on the Premiums page.



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Vision Benefits



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Vision Insurance

- Eligible employees can choose between two vision plans:
 - Basic Plan; OR
 - Expanded Plan
- Administered by Davis Vision
- For a specific provider go to <http://www.davisvision.com/stateofTN>
- During Annual Enrollment, eligible employees can enroll in or transfer between vision plans.



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Vision Insurance

Basic Plan	Expanded Plan
Discounted Rates	Co-pays
Allowances	Discounted Rates & Allowances



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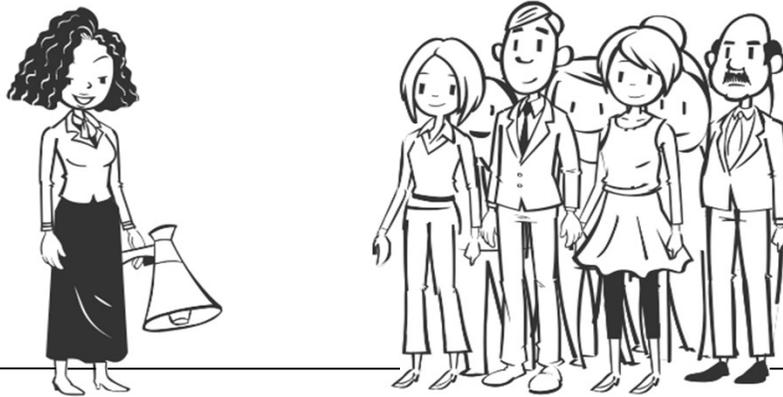
Vision Premiums

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Enrollment



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Online Enrollment through ESS

- Members select health insurance and other benefit options online.
- Log in to Edison: www.edison.tn.gov
 - Employees can utilize the First Time User/Password Reset link on the homepage to retrieve their access ID and password.
 - Select Self Service and follow prompts for enrollment.
 - A step-by-step video is available on the website
- If covering dependents, submit dependent verification by:
 - Uploading electronic documentation via ESS
 - Submit documents via document upload in Zendesk

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Enrollment through eForm

Steps to Enrolling via Benefits eForm

- 1) Create Benefit eForm (you will need the EMPLID or SSN)
- 2) Add Dependents
- 3) Select Coverage
- 4) Upload Documents (a separate attachment is required for each document)
- 5) Submit Benefit eForm

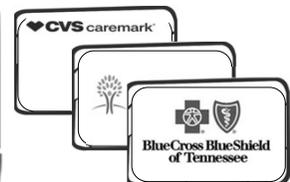


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When Will Cards Arrive?

- CVS Caremark** will send separate ID cards for your pharmacy benefits (Note: each family member's card may arrive in a separate envelope).
- If enrolled in dental or vision benefits, the employee will also receive their ID cards within three weeks.
- New employees and employees that change or transfer plans will receive new cards.
- Members can always request additional cards by contacting the vendor.

Blue Cross Blue Shield	Cigna
Will send up to two ID cards automatically, both with the member's name.	Will send separate ID cards for each insured family member with each participant's name.
Can be used by any covered dependent	Up to 4 cards per envelope



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Any Questions?



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