State of Tennessee
Group Insurance Program

New Employee Orientation
Enrollment and Health Insurance Benefits
Local Education and Local Government Employees
January 1 – December 31, 2018
Importance of Your Decisions

• The decisions you make **now** as a new employee will have lasting effects on your benefits

• **Please note:** Some decisions can only be made during the new-hire period

• Be aware of all the options available to you and make informed decisions

• Submit questions to your **Agency Benefits Coordinator (ABC)** - this person is in the Payroll/Benefits office
Who is Eligible for Coverage?

- Full-time employees and their dependents, who may include:
  - Legally married spouses
  - Children up to age 26, (natural, adopted, step-children or children for whom the employee is the legal guardian)
    - Special circumstances for disabled dependents may allow for coverage after age 26. Refer to your Eligibility and Enrollment Guide or consult your ABC for more information.
  - Employees **cannot** be enrolled in TennCare **and** a State Group Health Insurance Plan
    - Contact your caseworker at TennCare within **10 days** of your date of employment to report your new job, salary and that you have access to medical insurance with your new employer.
When Will Coverage Begin?

• Health, dental, vision, disability and basic term life/AD&D coverage will begin on the first day of the month after one full calendar month of employment from your hire date

• If you are hired on Sept. 15, coverage would begin on Nov. 1

• Voluntary term life insurance begins after three full calendar months from employment/eligibility

• Ask your ABC if you have questions about when your coverage begins
When Are Premiums Paid?

• For monthly paid employees all of your premiums will be deducted on the last working day of the month when you are paid.

• For bi-weekly paid employees your medical and basic life premium will be deducted from the first pay period end date for the month. On the second pay period end date all other premiums will be deducted.

• If you do not submit your paperwork by the date on your folder, in some instances, you could end up with a double deduction from your paycheck.
Enrolling in Benefits

• Enrollment must be completed within **31 days** of your hire date

• Any required dependent verification must also be submitted during this timeframe with your enrollment form(s).
  
  • Example dependent verification documents include:
    • Federal Income Tax Return and a Marriage License for a spouse
    • Birth certificate for a child

To enroll in voluntary benefit products such as voluntary term life insurance, use the separate enrollment forms provided by your ABC.
Adding Coverage

Three times you may add health coverage:

1. As a new employee
2. Annual Enrollment in the fall
3. If you experience a special qualifying event
   - A special qualifying event could be marriage, birth of a baby or something that results in loss of other coverage
   - Submit the enrollment within 60 days of the event or loss of other coverage
   - A complete list is provided on page three of the enrollment application
Canceling Coverage

• You may only cancel most insurance coverage for yourself or your dependents:

1. During Annual Enrollment
2. If you become ineligible to continue coverage
3. If you and/or your dependents become newly eligible for coverage under another plan due to an event like marriage, divorce, birth or adoption of a child.
• During Annual Enrollment you may:
  • Enroll in or cancel health insurance for yourself or your eligible dependents
  • Change your health insurance option
  • Choose your health insurance network (doctors and facilities)
  • Enroll in, cancel or transfer between dental and vision insurance (if offered by your agency)

• Changes are effective January 1 of the following year

Annual Enrollment occurs during the fall
Health Insurance

You get the choice of a health plan and a network

Three different health options — you choose one.
Each option has different out-of-pocket costs for copays, deductibles, coinsurance and out-of-pocket maximums. You won’t pay anything for eligible preventive care — it’s covered at 100% as long as you use an in-network provider. Here are your options in more detail:

- **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.

- **Standard PPO**: Lower premiums than the Premier PPO, but you pay more for copays at the doctor’s office and pharmacy.

- **Local Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA)**: Lower premiums, but you have a higher deductible. You get a HSA (health savings account) to use for qualified healthcare expenses, including your deductible and to save for retirement.

www.partnersforhealthtn.gov
Health Insurance

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 benefit. Check with your pharmacist or CVS/caremark if you have questions.

Note: 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. The total deductible must be met before coinsurance applies for any family member unless otherwise noted in the Eligibility and Enrollment Guide.

www.partnersforhealthtn.gov
How does the Local CDHP/HSA work?

You get a HSA to save! You can contribute 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 a PPO (premium savings) into your HSA each month.

You can use your HSA money to pay for your deductible, coinsurance for doctor’s visits and prescriptions. 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).

2018 maximum HSA contribution amounts (includes employer contributions):

• $3,450 for employee only (includes any employer contribution – if available)
• $6,850 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
Health Insurance

How does the Local CDHP/HSA work?

• **You save money on taxes!** Your HSA contributions can be pre-tax — you can 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.
  • 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](http://stateoftn.payflexdirect.com) to learn more.
CDHP 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).
Preventive Screenings

And 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.

www.partnersforhealthtn.gov
Network Options

You choose one of three networks of doctors and facilities:

- **BlueCross BlueShield Network S**: There is no additional cost for this network. University of Tennessee employees receive a discount at UT Hospital Knoxville in this 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. 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

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.
Choosing Your Premium Level

- Four premium levels (tiers) available:
  - Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)

- If you’re enrolling as a family, everyone must be enrolled in the same state group health insurance option with the same insurance carrier.

- If your spouse works for the state, or a higher education, local government or local education agency whose health insurance is through the State, you can enroll separately and choose your own premium level, health benefit option and insurance carrier.
  - NOTE: An individual may only be covered under one state policy

www.partnersforhealthtn.gov
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.

<table>
<thead>
<tr>
<th>PHARMACY (IN-NETWORK)*</th>
<th>PREMIER PPO</th>
<th>STANDARD PPO</th>
<th>LIMITED PPO</th>
<th>LOCAL CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30-DAY SUPPLY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
<td>$14</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td>$40</td>
<td>$50</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$90</td>
<td>$100</td>
<td>$110</td>
<td></td>
</tr>
<tr>
<td><strong>30% coinsurance after deductible is met</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>90-DAY SUPPLY (Retail-90 network pharmacy or mail order)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$14</td>
<td>$28</td>
<td>$28</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td>$80</td>
<td>$100</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$180</td>
<td>$200</td>
<td>$220</td>
<td></td>
</tr>
<tr>
<td><strong>30% coinsurance after deductible is met</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
<td>$14</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td>$40</td>
<td>$50</td>
<td>$60</td>
<td></td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$160</td>
<td>$180</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td><strong>20% coinsurance without having to meet deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SPECIALITY PHARMACY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% (min $50; max $150)</td>
<td>10% (min $50; max $150)</td>
<td>10% (min $50; max $150)</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

*These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.

** Specialty Network Pharmacy: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.
Eligible employees can choose between two voluntary dental options

<table>
<thead>
<tr>
<th>Prepaid Dental Plan (Cigna Dental Health Maintenance Organization — DHMO)</th>
<th>Dental Preferred Provider Organization (DPPO — MetLife)</th>
</tr>
</thead>
</table>
| • Fixed copays  
• Participating dentists only  
• Lower premiums | • Coinsurance and deductibles  
• Any dentist  
• Pay less with network providers |

www.partnersforhealthtn.gov
Dental benefits

Prepaid (DHMO) Plan — Cigna
Provides services at fixed copay amounts. A narrow network of participating Cigna general dentists and specialists must be used to receive benefits.

- The network is Cigna Dental Care DHMO.
- Must select a general dentist from the Prepaid (DHMO) Dental Plan list and tell Cigna.
  - 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.
- 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. 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 mile radius of your home.
- 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.

www.partnersforhealthtn.gov
Dental benefits

MetLife Dental

Provides services with coinsurance. Any dentist may be used to receive benefits but you will pay less if you use an in-network provider.

- 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.

www.partnersforhealthtn.gov
## Dental Premiums

### Monthly Premiums for Active Members

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Cigna Prepaid (DHMO Plan)</th>
<th>DPPO - MetLife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$13.44</td>
<td>$23.18</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$27.91</td>
<td>$53.29</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$23.83</td>
<td>$43.84</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$32.76</td>
<td>$85.78</td>
</tr>
</tbody>
</table>

Dental services for both the Prepaid (DHMO) Plan and the DPPO Plan include:

- Periodic oral evaluations
- Routine cleanings
- Amalgam fillings
- Endodontics-Root canal
- X-rays
- Extractions
- Major restorations
- Orthodontics
- Dentures
Vision Benefits (voluntary)

The state offers voluntary vision benefits through **Davis Vision**

- 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 vision benefits, increased allowance for frames, lenses and contact lenses.

www.partnersforhealthtn.gov
Eligible employees can choose between two voluntary vision options:

<table>
<thead>
<tr>
<th>Basic Plan</th>
<th>Expanded Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discounted rates</td>
<td>• Provides services with a combination of copays</td>
</tr>
<tr>
<td>• Allowances</td>
<td>• Greater allowances</td>
</tr>
<tr>
<td></td>
<td>• Discounted rates</td>
</tr>
</tbody>
</table>

Both options offer the same services including:

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

The Basic and Expanded Plans are both managed by 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.
Vision Premiums

2018 premiums:

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Basic</th>
<th>Expanded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.07</td>
<td>$5.56</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$6.13</td>
<td>$11.12</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$5.82</td>
<td>$10.57</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$9.01</td>
<td>$16.35</td>
</tr>
</tbody>
</table>
Basic Term Life and Accidental Death and Dismemberment

- The State provides free to all full-time employees:
  - $20,000 of basic term life insurance
  - $40,000 of basic accidental death and dismemberment (AD&D)

- If you are enrolled in health insurance as the head of contract, your coverage automatically increases with your salary up to:
  - $50,000 for term life insurance
  - $100,000 for AD&D insurance

- If you enroll in family health insurance, your enrolled dependents are covered for $3,000 of basic term life coverage and basic AD&D based on your salary and family composition. **Coverage effective date is the same as health insurance.**
Optional Term Life Insurance

- Premiums are based on age and the amount of coverage requested
- Coverage is also available for spouses and dependent children
  - Spouses: Maximum level of coverage is $30,000
  - Children: $5,000 or $10,000 term rider
- Must enroll in first 31 days of employment for guaranteed issue coverage. Effective after three full months of employment.
- You can apply later during Annual Enrollment by answering health questions
- Select up to five times your annual base salary when first eligible
  - Minimum coverage level: $5,000
  - Maximum coverage level: $500,000
- Enroll through Minnesota Life website at lifebenefits.com/stateoftn

Optional Term Life Insurance is administered by Securian Life.
When Will My ID Cards Arrive?

- Within three weeks of the date your application is processed

<table>
<thead>
<tr>
<th>BlueCross BlueShield</th>
<th>Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sends up to two ID cards automatically, both with member’s name</td>
<td>• Sends separate ID cards for each insured family member with each participant’s name</td>
</tr>
<tr>
<td>• These may be used by any covered dependent</td>
<td>• There may be up to four ID cards in each envelope</td>
</tr>
</tbody>
</table>

- **CVS/Caremark** will send separate ID cards for pharmacy benefits

- If you enroll in dental or vision benefits, you will receive your ID cards within three weeks

www.partnersforhealthtn.gov
Insurance Carrier Websites

- BlueCross BlueShield, Cigna and CVS/caremark each offer member websites that allow you to:
  - View detailed information about your claims
  - Print temporary ID cards
  - Access other helpful member services

- **BlueCross BlueShield**

- **Cigna**
  - [www.cigna.com/site/stateoftn](http://www.cigna.com/site/stateoftn)

- **CVS/caremark**
  - [www.info.caremark.com/stateoftn](http://www.info.caremark.com/stateoftn)

Other carrier websites listed in the front of the 2018 Eligibility/Enrollment Guide
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, 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](http://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](http://Here4TN.com). You can search for providers on the website.
Who to Contact

• Your primary point of contact is one of the ABC’s (Agency Benefits Coordinators) in the Payroll/Benefits office 865-974-5251

• For questions about a provider or insurance claim, contact your insurance carrier directly via the carrier’s member website or the number on the back of your ID card

• For questions about eligibility and enrollment, call one of our team in the Payroll/Benefits office 865-974-5251
If you need help understanding general insurance concepts, Check out the link below:

partnersforhealthtn.gov
select the Home tab
select the
Insurance 101 YouTube video

or any others listed for additional information.
This concludes the Benefits portion of the orientation.

Questions answered at the end of this mornings orientation.