



# 2023

## ***BENEFITS ORIENTATION***



**HIGHER EDUCATION**



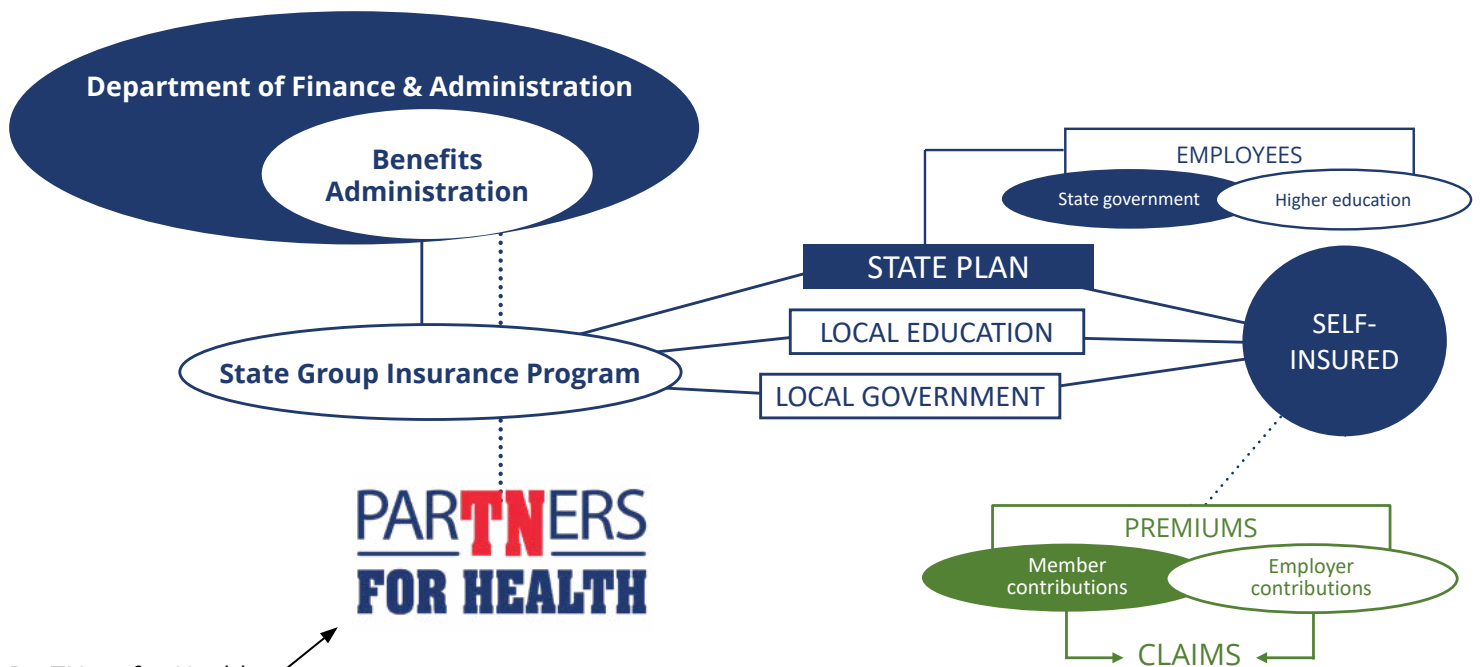


# ParTNers for Health Overview

## About the plan

Benefits Administration, within the Department of Finance & Administration, manages the State Group Insurance Program.

The state pays about 80% of the medical insurance monthly premium for state employees and dependents. This covers medical, behavioral health and pharmacy services.



ParTNers for Health is the official logo and website name for Benefits Administration.

**PARTNERS  
FOR HEALTH**

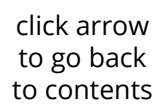


# Contents

## I. Medical Options

## II. Voluntary Options

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# Medical Options



**2023 Health Premiums**



**Health Comparison Chart**

## Pharmacy Benefits

All employees enrolled in medical coverage have pharmacy benefits. The health plan you choose determines your out-of-pocket prescription costs.

### How much you pay depends on:

1. Drug tier
2. Drug quantity
3. Where you get your drugs

## Behavioral Health – administered by Optum

**All health plans** include access to outpatient and facility-based behavioral health and substance use disorder services.

There is not a separate premium, deductible or max-out-of-pocket for behavioral health benefits.

**Talkspace** – talk with a therapist via:

text | audio | video



**Sanvello** – on-demand mobile app to help with:

stress | anxiety | depression



**Behavioral Telehealth page**



# Voluntary Options

## Dental

### Cigna DHMO Prepaid Provider

This **d**ental **h**ealth **m**aintenance **o**rganization provides services at fixed copay amounts paid by the member.

A **narrow network** of dental providers must be used to receive benefits.

### Delta Dental DPPO

This **d**ental **p**referred **p**rovider **o**rganization provides services with coinsurance paid by the member **and** Delta Dental.

**Any dentist** can be used to receive benefits; you **pay less** with **in-network** dental providers.

### 2023 Active Member Dental Premiums

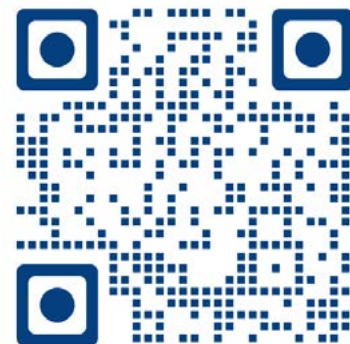
Tiers	Cigna	Delta Dental
Employee only	\$13.84	\$19.82
Employee + Spouse	\$24.54	\$38.98
Employee + Child(ren)	\$28.54	\$52.70
Employee + Spouse + Child(ren)	\$33.74	\$80.72

**NOTE:** Delta Dental has a waiting period from the member's coverage start date for some services. See the dental comparison chart for more.

## Dental Comparison Chart

Can be found on the ParTNers for Health website  
From the homepage:

1. Hover over **Other Options** tab in the main navigation
2. Click on **Dental**
3. Click on **2023 comparison of the plans' benefits**





# Voluntary Options

## Vision

Two plan options administered by **EyeMed**

### Basic Plan

Offers discounted rates, copays and allowances for services and material.

### Expanded Plan

Provides services and materials with a combination of copays, greater allowances than the basic plan and discounted rates.

### 2023 Active Member Vision Premiums

Tiers	Basic	Expanded
Employee only	\$3.18	\$6.30
Employee + Spouse	\$6.03	\$11.98
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse + Child(ren)	\$9.33	\$18.54

## Vision Comparison Chart

Can be found on the ParTNers for Health website

From the homepage:

1. Hover over the **Other Options** tab in the main navigation
2. Click on **Vision**
3. Click on [click here](#) for 2023 comparison of plans' benefits







# Voluntary Options

## Life Insurance

**Basic Group Term Life** and **Accidental Death and Dismemberment Insurance**

### PLEASE NOTE

The amount of Basic Term Life and Basic AD&D insurance begins to **decrease** when you reach age 65.

Your enrolled dependents will have \$3,000 Basic Term Life Insurance and Basic AD&D as a percentage of your Basic AD&D.

- Employees receive **\$20,000** in basic term life insurance and **\$40,000** in basic accidental death and dismemberment insurance paid by the state at no cost to the employee.
- Basic term life insurance coverage will be 1.5X the employee's base annual salary as of Sept. 1 of each year, **even if the employee is not enrolled in health insurance**, to a maximum of \$50,000.
- Employees can **opt out** of the employee-paid basic term life insurance coverage over \$20,000 and basic AD&D coverage over \$40,000 along with dependent coverage.
- Opting out must be done in Edison.  
**This is a permanent choice.**

### Voluntary Term Life Insurance

- Available to purchase for yourself, spouse and child(ren).
- Enrollment is not automatic.
- If you don't enroll when first eligible, you will be required to answer health questions when enrolling in the future.
- The guaranteed issue amount of voluntary life insurance is five times the employee's base annual salary

### Voluntary **Accidental Death and Dismemberment Insurance**

You can buy voluntary AD&D insurance to give additional protection if you or your dependent's death or dismemberment is due to an accident.

New in 2023

Coverage level will no longer be based on salary, and instead be a choice of these amounts:  
\$50,000 | \$60,000 | \$100,000 | \$250,000 | \$500,000

*Dependent coverage level is a percentage of the employee's voluntary AD&D coverage amount.*





# Voluntary Options

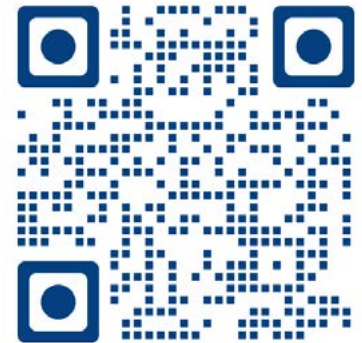
## Disability Insurance

*Protects your income if you are unable to work due to illness or injury.*

### Short-term

Replaces a portion of your income during a disability for **up to 26 weeks**.

- Enrollees 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**.
- You must use **all** accumulated leave (sick, annual and comp time) **before** your disability payments begin.



### Long Term

Replaces a portion of your income during a disability **AFTER** first 120 days.

- See the LTD information at: <http://payroll.tennessee.edu/wp-content/uploads/sites/3/2023/03/RSI-LTD-Flyer.pdf>

## Flexible Spending Accounts

### Medical

#### **PPO members only**

Used to pay for certain medical, dental, vision and drug costs not covered by insurance

#### **Annual Contribution Limit**

\$2,850 per year

**\$570 can be rolled over**

### Limited Purpose

Used to pay vision and dental costs not covered by insurance for CDHP members

#### **Annual Contribution Limit**

\$2,850 per year

**\$570 can be rolled over**

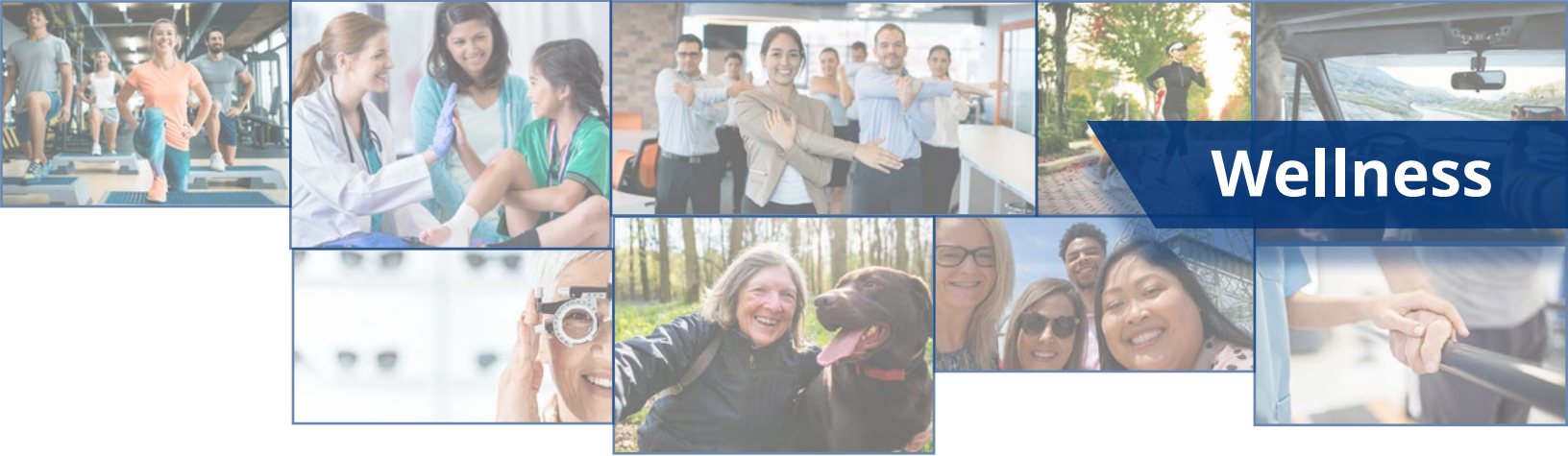
### Dependent Care

Used to pay for after-school care, babysitting fees, daycare and preschool to allow the account holder to work, attend school, or look for work

#### **Annual Contribution Limit**

\$5,000 per household per year or  
\$2,500 per spouse for married  
persons filing separately

**IMPORTANT!** You cannot enroll in both medical **and** limited FSA in the same year.



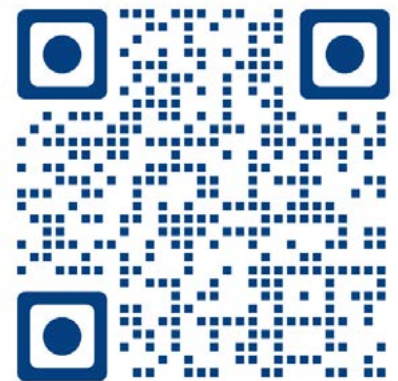
# Wellness

## Wellness

**ActiveHealth** Management is our **wellness** vendor, and they can **help you** achieve your health **goals**.

Your wellness program includes:

- A health assessment
- One-on-one coaching and group coaching
- Personalized **weight management** program
- Support for chronic conditions such as asthma, diabetes, COPD
- Help quitting **tobacco**
- Biometric screenings (**excludes** state plan retirees)
- Web portal and mobile app with access to many other **online** resources



State employees **not enrolled** in the health plan **have access** to the ActiveHealth web portal and mobile app.

## Employee Assistance Program

Specialists available **24/7** at 855-Here4TN

**Employee Assistance Program** offers help with stress, legal, financial and work-life services

Five **no-cost** counseling sessions per problem, per year, per individual

Check out [here4tn.com](http://here4tn.com) for more info.

Family issues

Dealing with addiction

Child and elder care





## Employee Discount Program

- Exclusive discounts from your favorite **brands**
- **30,000** national and local offers
- Designed for your **device** of choice



Scan this code with your smartphone to access the **Employee Discount Program**



## Enrolling in Coverage

## Enrolling in Coverage

- **Enrollment Change Form**

**Enrollment must be completed and submitted to ABC within 30 calendar days** of your hire date or date of becoming eligible.

The 30 days includes the hire date or other date you become eligible.

## Dependent Documentation

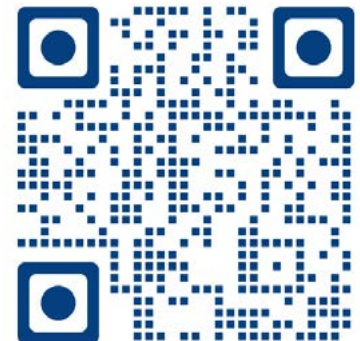
**Spouse** Marriage license + bank statement/mortgage statement/credit card statement/residential lease agreement/property tax statement/first page of most recent federal tax return filed showing “married filing jointly”

### Child(ren)

**Biological** Birth certificate

**Adopted** Court order

**Step** Verification of marriage between employee and spouse **and** birth certificate of child showing the relationship to the spouse



## Enrollment Deadlines

### NEW HIRES:

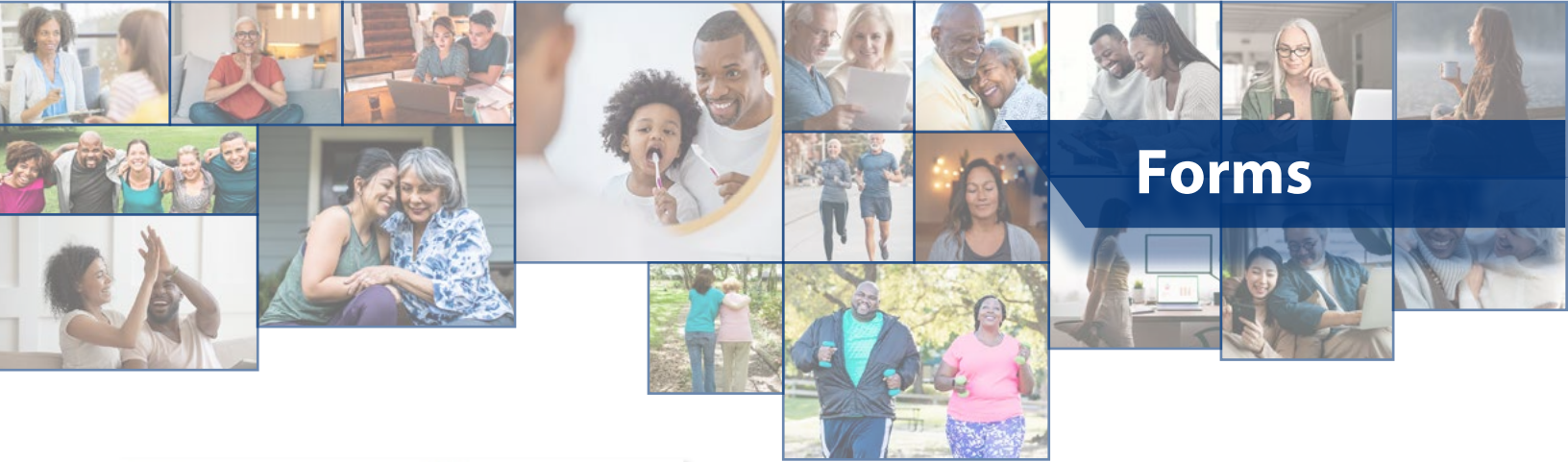
Enrollment must be completed and submitted to ABC within **30** calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

***Enroll as quickly as possible to avoid the possibility of double premium payroll deductions***

### ANNUAL ENROLLMENT:

Gives you a chance to enroll or make changes to your existing coverage, like increasing or decreasing voluntary term life insurance, transferring between health, dental, disability and vision options and cancelling insurance.





# Forms

**RESET** **KEYED:** **VERIFIED:** **PERM**

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**2023 ENROLLMENT CHANGE APPLICATION**  
 University of Tennessee • Payroll, Benefits and Retirement • Benefits Administration  
 505 Summer Place • UT Tower 907 • Knoxville, TN 37962 • 865.974.5251 • [utbenefits@utk.edu](mailto:utbenefits@utk.edu)

**PARTNERS FOR HEALTH**

**PART 1: ACTION REQUESTED — PLEASE CHECK ONE BOX**

**TYPE OF ACTION:**  
☐ Add coverage  
☐ Change coverage  
☐ Remove coverage

**COVERAGE:**  
☐ Health  
☐ Dental  
☐ Vision  
☐ Life Insurance  
☐ Disability

**EMPLOYMENT STATUS:**  
☐ New Hire  
☐ Employee  
☐ Spouse  
☐ Child

**REASON FOR REQUEST:**  
☐ New Hire  
☐ Change Status  
☐ Other

**Specialty Services:**  
☐ Maternity  
☐ Adoption  
☐ Long-term Disability  
☐ Other

**EMPLOYEE INFORMATION:**  
 FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EMPLOYER INFORMATION:**  
 UNIVERSITY OF TENNESSEE  
 EMPLOYER ID: \_\_\_\_\_

**EMPLOYEE INFORMATION (continued):**  
 DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
 DATE OF DEATH: \_\_\_\_\_  
 DATE OF ENTRY: \_\_\_\_\_  
 DATE OF EXIT: \_\_\_\_\_

**EMPLOYEE INFORMATION (continued):**  
 DATE OF ENTRY: \_\_\_\_\_  
 DATE OF EXIT: \_\_\_\_\_

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**BASIC TERM LIFE/AD&D INSURANCE ENROLLMENT/CHANGE APPLICATION**  
 University of Tennessee • Payroll, Benefits and Retirement • Benefits Administration  
 505 Summer Place • UT Tower 907 • Knoxville, TN 37962 • 865.974.5251 • [utbenefits@utk.edu](mailto:utbenefits@utk.edu)

**PART 1: ACTION REQUEST**

**ENROLLMENT:**  
☐ Add Coverage  
☐ Change Coverage

**TERMINATION:**  
☐ New Hire  
☐ Family Change  
☐ Special Term Life  
☐ Complete page 2 and attach if applicable with return to your agency benefits coordinator

**ADDITIONAL INFORMATION:**  
☐ Add Coverage  
☐ Change Coverage

**ADDITIONAL INFORMATION (continued):**  
☐ Complete page 2 and attach if applicable with return to your agency benefits coordinator

**PART 2: SELECT COVERAGE**

☐ Employee only  
☐ Employee + spouse  
☐ Employee + spouse + children  
☐ Employee + children

☐ I want dependent(s) and employee paid from my 2023 employee coverage. Note: There is a 12-month waiting period for dependent(s) coverage. If you are currently on a 12-month waiting period, you must complete page 2 and attach if applicable with return to your agency benefits coordinator.

☐ I am requesting dependent(s) coverage. Complete page 2 and attach if applicable with return to your agency benefits coordinator.

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**DEPENDENT ELIGIBILITY**  
 Definitions and Required Documents

**PARTNERS FOR HEALTH**

**TYPE OF DEPENDENT** **DEFINITION** **REQUIRED DOCUMENTS FOR VERIFICATION**

**Spouse**  
 A person who is the participant's legally married spouse.

**Proof of Spouse Relationship:**  
 • Current valid marriage certificate or license  
 • A valid driver's license or other state-issued identification card  
 • A valid passport  
 • A valid Social Security card  
 • A valid Tennessee Driver's License  
 • A valid Tennessee State Identification Card  
 • A valid Tennessee State Identification Card with a Tennessee State Identification Number (TIDN) that matches the participant's TIDN  
 • A valid Tennessee State Identification Card with a Tennessee State Identification Number (TIDN) that matches the participant's TIDN

**NAME** **SSN** **DOB**

**DEPENDENT INFORMATION — SEE STATEMENT AT THE TOP OF PAGE 3**

Name (First, Middle, Last)	Date of Birth	Relationship	Gender	Assess date	DOB

☐ A complete sheet with more dependents attached

**PRIMARY BENEFICIARY DESIGNATION**

NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %

**HOME ADDRESS** **CITY** **STATE** **ZIP CODE**

**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**  
**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ENROLLMENT APPLICATION**  
 University of Tennessee • Payroll, Benefits and Retirement • Benefits Administration  
 505 Summer Place • UT Tower 907 • Knoxville, TN 37962 • 865.974.5251 • [utbenefits@utk.edu](mailto:utbenefits@utk.edu)

**TYPE OF REQUEST** **ACTION FOR ENROLLMENT CHANGE** **EMPLOYEE VOLUME OF COVERAGE**

**TYPE OF REQUEST:**  
☐ New Enrollment/Change  
☐ Employee only  
☐ Employee + spouse  
☐ Employee + spouse + children  
☐ Employee + children  
☐ Special Enrollment

**ACTION FOR ENROLLMENT CHANGE:**  
☐ Add/Dependent  
☐ Terminate/Dependent  
☐ Terminate/Spouse  
☐ Add/Change Beneficiary  
☐ Effective Date of Change: \_\_\_\_\_

**EMPLOYEE VOLUME OF COVERAGE:**  
☐ \$50,000  
☐ \$100,000  
☐ \$250,000  
☐ \$500,000  
☐ Other (Specify amount): \_\_\_\_\_

**EMPLOYEE INFORMATION:**  
 FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EMPLOYER INFORMATION:**  
 UNIVERSITY OF TENNESSEE  
 EMPLOYER ID: \_\_\_\_\_

**2023**  
**The University of Tennessee**  
**Employee Authorization for Payroll Deduction to Health Savings Account**

Use this form to have money withheld from your paychecks and deposited into your health savings account (HSA) on a pre-tax basis. You must be enrolled in a consumer-driven health plan (CDHP) with a HSA before you can start a payroll deduction.

☐ I wish to:  
☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction Effective date: \_\_\_\_\_

**Section 1: Employee Information**

Name (Last, First, Middle initial) \_\_\_\_\_ Personal Number \_\_\_\_\_  
 Work phone number \_\_\_\_\_

**Section 2: Complete Your Maximum HSA Deduction**  
 (See the worksheet)

**LONG TERM DISABILITY**  
**Reliance Standard Life Insurance Company**  
**Enrollment and Statement of Health**

**Name of Employer:** The University of Tennessee **Location/Division:** 01 **ER Group:** 000001

**Policy # and Class #:** L10154277/101 **Policy # and Class #:** \_\_\_\_\_ **Policy # and Class #:** \_\_\_\_\_ **Policy # and Class #:** \_\_\_\_\_ **Policy # and Class #:** \_\_\_\_\_

**Application Type:** ☐ Initial Eligibility/New Hire ☐ Late Applicant ☐ Other ☐ Increase ☐ Approved Annual Enrollment ☐ Change in Status (Date of Change): \_\_\_\_\_

**Statement of Health:** If marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

**Employee/Member Information — Always Complete**

**Name:** \_\_\_\_\_ **Social Security Number/Employee ID:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Address:** \_\_\_\_\_

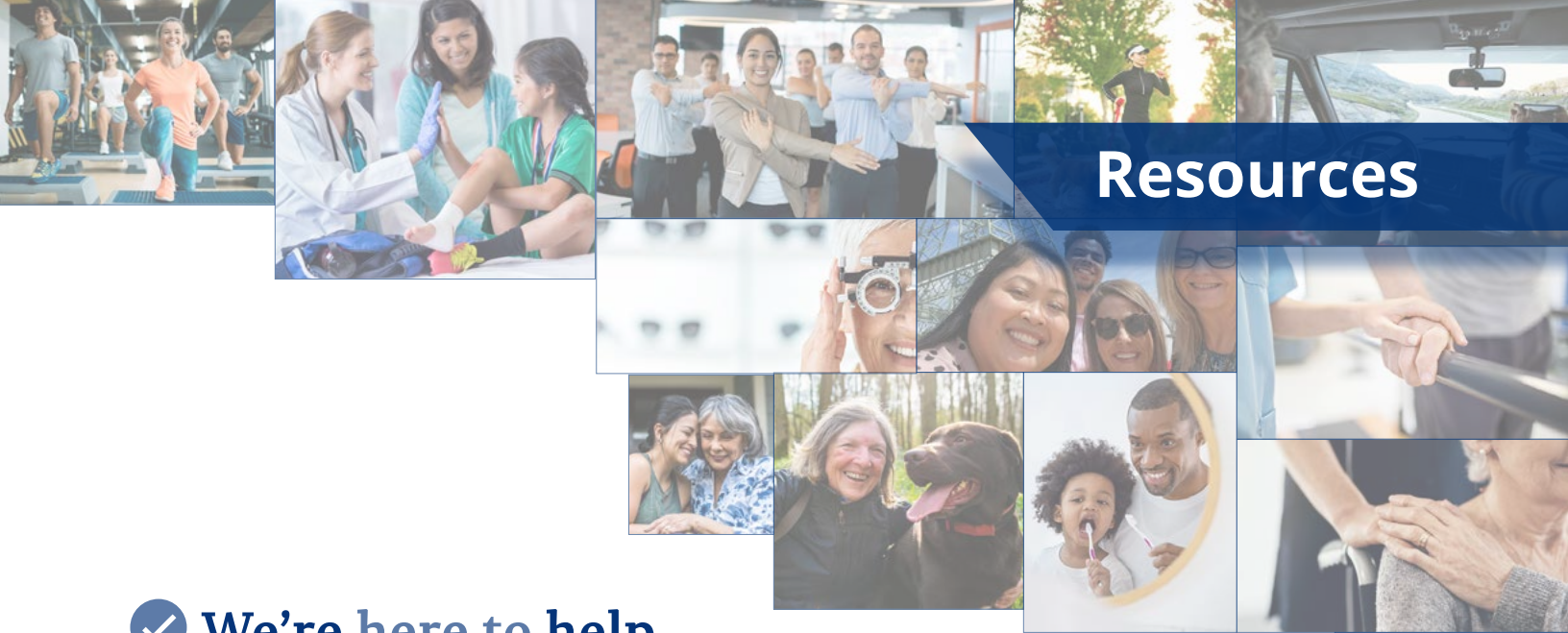
**RESET** **UNIVERSITY OF TENNESSEE FLEXIBLE BENEFITS PLAN**  
**FSA ELECTION & COMPENSATION REDUCTION AGREEMENT — 2023 PLAN YEAR**  
 University of Tennessee • Payroll, Benefits and Retirement • Flexible Benefits Administration  
 505 Summer Place • UT Tower 907 • Knoxville, TN 37962 • 865.974.5251 • [utbenefits@utk.edu](mailto:utbenefits@utk.edu)

**EMPLOYEE INFORMATION**

**EMPLOYEE INFORMATION (continued):**  
 FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EMPLOYER INFORMATION:**  
 UNIVERSITY OF TENNESSEE  
 EMPLOYER ID: \_\_\_\_\_

**REIMBURSEMENT ACCOUNT ENROLLMENT (see election must be filed each year)**  
 Indicate the amount you wish to contribute to a reimbursement account through pay flex salary reduction by completing the section below. If you have questions, contact the Payroll office for additional information at 865.974.5251 or [utbenefits@utk.edu](mailto:utbenefits@utk.edu).  
 Funds are provided in the Health Savings Account (HSA) and are available for reimbursement for qualified medical expenses. Funds are not available for reimbursement for non-qualified medical expenses.



# Resources

## ✓ We're here to help



**Benefits Office 865-974-5251**

**send all forms and documents to the general insurance email:**



**[utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)**

## Online Resources provided by the State



**[tn.gov/partnersforhealth](https://tn.gov/partnersforhealth)**



## For Retirement



**865-974-5251** ← Select **Option 2** to speak with a retirement analyst



**[retirement@tennessee.edu](mailto:retirement@tennessee.edu)**



**[tn.gov/partnersforhealth/continuing-insurance-at-retirement](https://tn.gov/partnersforhealth/continuing-insurance-at-retirement)**

