Local Government Employees & COBRA Participants

Annual Enrollment for 2024 Benefits

Oct. 1–Oct. 27, 2023

PARTNERS FOR HEALTH

Music is a language we all understand

Health benefits, not so much

Music has many options. So do your benefits. Choose what works for you.

Each year, Annual Enrollment is your chance to choose your ParTNers for Health plan benefits or make changes that will be effective the following Jan. 1 through Dec. 31. Your annual enrollment period for 2024 benefits is Oct. 1-27, 2023.

This newsletter gives you important information about your 2024 benefits choices. These include health, dental and vision insurance.

- Find Annual Enrollment details by going to the About Enrollment webpage.
- **Premium charts** are available at the Premiums webpage.
- **Insurance comparison charts** for health, dental and vision are available at the Publications webpage under **Insurance Comparison Charts.**

We encourage you to review your BlueCross BlueShield and Cigna network options each year. **It's important to note that if you don't want to make changes, you don't have to do anything during Annual Enrollment.** If you don't make changes, you will be enrolled in the same plan options for medical, dental and vision products you are enrolled in now.

You are not required to enroll in health insurance. If you do not enroll, no premium dollars for health insurance will be deducted from your paycheck.

Go to How to Enroll in Your Benefits to add, remove or make changes to your insurance coverage.

Here are the benefits high notes!

Tell Me Something Good!

All agencies will now have the same level of health insurance premiums. Health insurance premiums will increase by an average of 3.5%. However, premiums may increase or decrease depending on the current level for your agency, the health plan, network and tier in which you are enrolled, and by any amount of the premium your employer pays. Your premium is automatically deducted from your paycheck each month.

More good news!

While health premiums are changing, there will be no increases to deductibles, copays or coinsurance!

Important! BlueCross BlueShield and Cigna will remain the health insurance carriers. The four provider network options will remain the same: BlueCross Network S, BlueCross Network P, Cigna LocalPlus and Cigna Open Access Plus.

For the BlueCross Network P and Cigna Open Access Plus networks, the additional cost to your premium will increase by $10 or $20 per month depending on the tier in which you're enrolled. There continues to be no additional cost above the premium for the BlueCross Network S or Cigna LocalPlus networks. Go to the **Health Benefits** section for details on plans and network options.

Starting Jan. 1, 2024, Sharecare will be the **new wellness program vendor.** Go to the **Health Benefits** section for more information.

Let's Keep in Touch!

Benefits Administration sends emails to members with important insurance information throughout the year. Emails are from ParTNers for Health and are sent from an email service provider. You can unsubscribe at any time, but if you do unsubscribe, you'll no longer receive any insurance-related updates. Please log in to Edison and make sure your email address is correct. It's easy!

After clicking the home icon in the top right corner, just go to "Self Service", "My System Profile" and "Change or Set Up Email Address".

How to Enroll in Your Benefits

Employee Self Service in Edison

You'll use Employee Self Service in Edison at www.edison.tn.gov to add, remove or make changes to your insurance coverage.

- Look for the green "Benefits Enrollment" button.
- Log in to Edison using your Access ID. This is not your eight-digit Edison employee ID. To get your Access ID, go to Edison, click the green "Benefits Enrollment" button and then click the "Retrieve Access ID" button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.

Adding new dependents or your spouse? We need documents to prove their relationship to you. This includes a spouse who has not been on coverage for six months or more.

- Dependent verification documents MUST be submitted by the Annual Enrollment deadline of Oct. 27, 2023.

- Find a list of required documents online by going to Forms and then go to Active and COBRA. Click on Dependent Eligibility Verification Documents.

Get Help with Your Enrollment

Find enrollment instructions and help with passwords:

- Find step-by-step enrollment login instructions by going to Annual Enrollment and clicking on Enrollment Materials.
- For password reset help, call Edison at 866.376.0104.

Videos and Recorded Webinars

Find videos to help you learn about your benefits. You can watch them when it's convenient for you:

Annual Enrollment Videos

- Top 10 Playlist for Annual Enrollment
- 2024 Premiums
- 2024 Additional Benefits Changes
- 2024 Wellness Program Changes

Benefit Options Videos

- BlueCross BlueShield Network Options
- Cigna Network Options
- EyeMed Vision Options (if vision insurance is offered by your agency)
- Cigna Dental DHMO Option (if dental insurance is offered by your agency)
- Delta Dental DPPO Option (if dental insurance is offered by your agency)
- Optum Financial HSA Option (for those who enroll in the Local CDHP health plan)

Contact Us

Find resources on the ParTNers for Health website at tn.gov/ParTNersForHealth

You'll find:

- A red Questions? button to contact our help desk: https://benefitssupport.tn.gov/hc/en-us
- A green Help button to chat during business hours.
- Call Benefits Administration at 615.741.3590 or 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

If you want to revise your enrollment or you don't want to enroll:
Employees have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted on the ParTNers website under Publications at tn.gov/PartnersForHealth.

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward the other coverage. However, you must request enrollment within 60 days after the other coverage ends or after the employer stops contributing toward the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact your agency benefits coordinator or Benefits Administration.

Health Benefits

There will be no increases to deductibles, copays or coinsurance!

Health Plan Options

You have a choice of four health plans from ParTNers for Health. Each health plan has different out-of-pocket costs. Some examples include your copays, deductibles and coinsurance.

All health plan options cover the same services and treatments, but coverage decisions may vary by carrier (see Health Plan Carrier Networks). Eligible preventive care is free with all plans if you use an in-network provider.

Here is a comparison of the four plans:

Premier Preferred Provider Organization: Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).

Standard Preferred Provider Organization: Lower monthly premium than Premier PPO, higher out-of-pocket costs.

Limited Preferred Provider Organization: Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs.

Local Consumer-driven Health Plan/Health Savings Account: Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.

Learn more about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2024.

There are limits on how much money you can put in your HSA each year:

- $4,150 for employee-only coverage in 2024;
- $8,300 for all other family tiers in 2024; and
- Members 55+ can add $1,000 more each year.

These limits include any contributions your employer may make to your HSA. HSA contributions in excess of the IRS 2024 maximums listed above are not tax deductible and are subject to a 6% excise tax, so monitor your HSA contributions carefully.

Local government employees who enroll in the Local CDHP will need to check to see if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

With the HSA, your total contribution is not available up-front. Your pledged amount is taken out of each paycheck, if your employer offers payroll deduction. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds. Newly enrolled members get a debit card from Optum Financial to use for qualified expenses. Current enrolled members who stay in the Local CDHP/HSA will use their same debit card.

Local HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the Local CDHP/HSA, you cannot enroll in another medical plan, including any government plan, and cannot have a medical flexible spending account or health reimbursement account, among other restrictions. You can enroll in the Local CDHP/HSA and a limited purpose FSA if one is offered by your employer. If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice. Go to CDHP/HSA Insurance Options for certain restrictions, 2024 maximum contribution amounts, debit card details, and more information.

See health plan options, deductibles, copays and coinsurance in the 2024 Health Plan Comparison Chart by clicking on Enrollment Materials.

Find premium charts, including COBRA, by clicking on Premiums.

Click on Health for plan option details.

Health Plan Carrier Networks

BlueCross BlueShield of Tennessee and Cigna, our health insurance carriers, administer our network options. Both carriers offer expansive networks of doctor, hospital and facility providers.

You can choose from four carrier networks for your medical care.

BlueCross BlueShield Network S
Cigna LocalPlus

These networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the BlueCross Network S and Cigna LocalPlus networks, which helps keep premiums and claims costs low. There is no additional monthly cost added to the premium for the BlueCross Network S or Cigna LocalPlus networks.

BlueCross BlueShield Network P
Cigna Open Access Plus

These networks include more hospitals and facilities. There is an additional cost added to the monthly premium for the BlueCross Network P and Cigna OAP networks. This cost is going up in 2024. You'll see the total cost for these networks in the premium chart. **You may also pay more per claim because the costs for services in these networks are generally higher** than the other two networks.

- Additional $75 per month for the employee-only tier
- Additional $85 per month for the employee + child(ren) tier
- Additional $150 per month for the employee + spouse and employee + spouse + child(ren) tiers

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2024 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is on page three of the Enrollment Change Application.

Network providers and facilities can and do change. Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.

Covered Services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna Member Handbook and your Plan Document by going to the Publications webpage. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

Contact Our Carriers

Contact BlueCross or Cigna if you have questions about a provider or hospital in a network:

BlueCross, 800.558.6213, M-F, 7 a.m. - 5 p.m. CT, bcbst.com/members/tn_state/

Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

Learn More about Your Health Plan Carrier Networks

Click on Carrier Information for network hospital lists and directories.

How to Enroll

If you want to enroll in health insurance, you can choose or change your health insurance option, carrier and network by enrolling in Edison at www.edison.tn.gov.

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: pharmacy, behavioral health, an Employee Assistance Program and a wellness program. Learn about benefits such as telehealth, the Diabetes Prevention Program, behavioral health virtual visits and more by going to Included Benefits Extras.

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

The health plan you choose (Premier PPO, Standard PPO, Limited PPO or Local CDHP/HSA) determines your out-of-pocket prescription costs.

How much you pay depends on three things:

- the drug tier – if you choose a generic, preferred brand, nonpreferred brand or specialty drug (two different cost tiers in the PPOs);
- the day supply you receive – 30-day (or <30) or 90-day (>31) supply; and
- where you fill your prescription – at a retail, Retail-90 or mail-order pharmacy.

Learn more about prescription drug benefits, the preferred drug list, vaccines and how to save money by clicking on Pharmacy.

Contact: CVS Caremark, 877.522.8679, 24/7, info.caremark.com/stateoftn

Behavioral Health

Managed by Optum Health

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services. Optum can help members and eligible dependents find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits also include applied behavior analysis therapy and preferred no-cost substance use treatment facilities (for PPO plans, no coinsurance after deductible for Local CDHP).

Learn more about your behavioral health benefits by clicking on Behavioral Health.

For all programs and services and help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7 or visit** HERE4TN.com**.**

Employee Assistance Program

Managed by Optum Health

EAP services are available to all enrolled health plan members and eligible dependents, even if your dependents are not enrolled in a health plan.

Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

- Get five counseling visits, per problem, per year, per individual at no cost to you.
- Available in person or by virtual visit to get the care you need in the privacy and comfort of your own home.

Your benefits include **Self Care by AbleTo**, an on-demand mobile app to help with stress, anxiety and depression; **Talkspace** online therapy; and **Take Charge at Work**, a telephonic coaching program that helps those working and eligible for EAP services deal with stress and depression.

Learn more about your EAP benefits by clicking on EAP.

For all EAP programs and services and help finding a provider, **contact Optum 24/7 at 855 HERE4TN (855.437.3486) or** HERE4TN.com

Wellness Program

Managed by new vendor Sharecare in 2024

To help you achieve your health goals, the 2024 wellness program is available to local government employees, spouses and adult dependents enrolled in the health plan.

Sharecare will be the wellness program vendor beginning in 2024. You'll receive more information about the program later this year. Members enrolled in health benefits will have access to lifestyle counseling, chronic condition management, a weight management program, digital health devices, the website, mobile app and biometric screenings. A diabetes remission and Diabetes Prevention Program will also be offered to members who qualify. The Diabetes Prevention Program is offered through health insurance carriers BlueCross or Cigna.

Additional Benefits

Along with health insurance, you may be offered dental and vision insurance benefits through ParTNers for Health. These benefits provide additional coverage for you and your eligible dependents. Typically, employees pay 100% of the dental and vision premiums. Your employer may contribute to the premium in some instances.

Dental Insurance (if offered by your agency)

Offered through Cigna and Delta Dental

ParTNers for Health offers two different dental plans.

Cigna: Dental Health Maintenance Organization – Prepaid Provider

Total premiums will increase by 2.5% for active employees.

You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at cigna.com/stateoftn.

Members pay copays. Review the Patient Charge Schedule before having procedures performed. Lab fees may apply for some procedures.

Completion of crowns, bridges, dentures, implants or root canals already in progress on a new member's effective date will not be covered.

Members can contact Cigna customer service for additional information about coverage for orthodontic services in progress.

Delta Dental: Dental Preferred Provider Organization

Total premiums will increase by 1%.

Use any dentist but save money by choosing an in-network dentist.

Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.

Waiting periods apply to select procedures.

Find 2024 dental premiums by clicking on Premiums and going to **Other Insurance Coverages – Dental**.

Review the **dental DHMO and DPPO network options**, get a comparison of the two plans and find more information by clicking on Dental. The premium rates for the Cigna DHMO plan are less than for the DPPO plan; however, the network options are fewer in the DHMO. Employees should carefully review all details of each plan before making a selection.

To learn about all dental benefits, find the Cigna DHMO handbook, Cigna Patient Charge Schedule and the Delta Dental DPPO handbook by clicking on Publications.

Contact our dental carriers:

Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

Delta Dental, 800.552.2498, M-F, 7 a.m. – 5 p.m. CT, DeltaDentalTN.com/StateofTN

Vision Insurance (if offered by your agency)

Offered through EyeMed

Premiums and benefits will stay the same in 2024. You'll save money when using in-network providers.

Choose from two vision insurance options, the **Basic Plan** or **Expanded Plan**.

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

Basic Plan: Pays for your eye exam after you pay a $10 copay and provides various allowances (dollar amounts) for materials such as eyeglass frames and contact lenses.

- Frames available once every two calendar years.

Expanded Plan: Free routine eye exam annually. Includes greater allowances versus the Basic Plan.

- Frames available once every calendar year.

In both plans, you pay copays; or when the cost exceeds the allowed dollar amount paid by the plan, you pay the cost of materials and services above the allowance. Discounts may be available for select materials.

Find 2024 vision premiums by clicking on Premiums, then go to Other Insurance Coverages – Vision.

Find information including a comparison of both plans by clicking on Vision.

Find the EyeMed handbook by clicking on Publications and Vision Insurance.

Contact: EyeMed, 855.779.5046, M-S, 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

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, contact the Finance and Administration Civil Rights Coordinator at FA.CivilRights@tn.gov or or 615.532.9617.

Have you been denied services or treated differently for the above stated reasons? Find the Department of Finance and Administration's Nondiscrimination Policy and Complaint Procedures and Form under F&A Department Policies at https://www.tn.gov/finance/looking-for/policies.html (Policy 36); contact the F&A Civil Rights Coordinator; or mail a complaint to F&A Civil Rights Coordinator/Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service such as Braille or large print? If you speak a language other than English, help in your language is available for free. Contact the F&A Civil Rights Coordinator at 615.532.9617.

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 الصم 1.(800.848.0298. اتصل برقم .تتوافر لك بالمجان ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية والمتاحة لك: 1 866)رقم .576.0029.

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 chobạn. 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 kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1.866.576.0029 (TTY: 1.800.848.0298).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለውቁጥር 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 નિઃશુલ્ક 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 866.576.0029（TTY:1.800.848.0298）まで、お電話にてご連絡くい。

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 दें: यदिआप हिंदी बोलते है तो आपके लिए मुफ्त मे भाषा सहायता सेवाएं उपलब्ध है। 1.866.576.0029 (TTY: 1.800.848.0298) पर कॉल करे।ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1.866.576.0029 (телетайп: 1.800.848. 0298).

زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان فراهم می باشد. با تماس تو جه: اگر به 1.800.848.0298) (TTY: 866.576.0029 برای شما بگیرید

If you have questions about civil rights compliance or concerns, you may also contact:

- 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, GA 30303-8909 or 1.800.368.1019 or TTY/TDD at 1.800.537.7697.
- U.S. Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531.
- Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

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), and 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 Practices is located on the Benefits Administration website at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP), you have options for your drug coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review this notice on the Benefits Administration website: www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage (SBC) is available which describes your 2024 health coverage options. The SBC will be available for review at https://www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage no later than Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document and Certificates of Coverage

The information contained in this newsletter provides a summary of the benefits available to you through the State of Tennessee. Specific plan information is contained within the formal plan documents and certificates of coverage. If there is any discrepancy between the information in this newsletter and the formal plan documents and certificates of coverage, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents on the Benefits Administration website at www.tn.gov/PartnersForHealth/publications/publications.html.

Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance for Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. Employees enrolled in health coverage have access to certain wellness programs like disease management and the web portal.

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 are not required to complete the assessment or other medical examinations.

The information from your health questionnaire 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 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) 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 promptly.

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. Here is the link to the wellness page: www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html

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PARTNERS FOR HEALTH

Local Government

2024 Active Employees Monthly Health Premiums

	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS
PREMIER PPO				
Employee Only	$826.01	$826.01	$901.01	$901.01
Employee + Child(ren)	$1,281.52	$1,281.52	$1,366.52	$1,366.52
Employee + Spouse	$1,899.82	$1,899.82	$2,049.82	$2,049.82
Employee + Spouse + Child(ren)	$2,232.43	$2,232.43	$2,382.43	$2,382.43
STANDARD PPO				
Employee Only	$760.13	$760.13	$835.13	$835.13
Employee + Child(ren)	$1,179.31	$1,179.31	$1,264.31	$1,264.31
Employee + Spouse	$1,748.30	$1,748.30	$1,898.30	$1,898.30
Employee + Spouse + Child(ren)	$2,054.38	$2,054.38	$2,204.38	$2,204.38
LIMITED PPO				
Employee Only	$617.23	$617.23	$692.23	$692.23
Employee + Child(ren)	$957.60	$957.60	$1,042.60	$1,042.60
Employee + Spouse	$1,419.62	$1,419.62	$1,569.62	$1,569.62
Employee + Spouse + Child(ren)	$1,668.16	$1,668.16	$1,818.16	$1,818.16
LOCAL CDHP/HSA				
Employee Only	$569.59	$569.59	$644.59	$644.59
Employee + Child(ren)	$883.70	$883.70	$968.70	$968.70
Employee + Spouse	$1,310.06	$1,310.06	$1,460.06	$1,460.06
Employee + Spouse + Child(ren)	$1,539.42	$1,539.42	$1,689.42	$1,689.42

The premium amounts shown reflect the total monthly premium. Please see your agency benefit coordinator for your monthly deduction and your employer's contribution, if applicable.

PARTNERS FOR HEALTH

2024 Monthly Dental Premiums

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
ACTIVE MEMBERS	**TOTAL PREMIUM (LOCAL EDUCATION AND LOCAL GOVERNMENT)**	**TOTAL PREMIUM (LOCAL EDUCATION AND LOCAL GOVERNMENT)**
Employee Only	$14.19	$20.02
Employee + Child(ren)	$29.47	$53.23
Employee + Spouse	$25.15	$39.37
Employee + Spouse + Child(ren)	$34.58	$81.53
COBRA PARTICIPANTS		
Employee Only/Single	$14.47	$20.42
Employee + Child(ren)	$30.06	$54.29
Employee + Spouse	$25.65	$40.16
Employee + Spouse + Child(ren)	$35.27	$83.16
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$21.29	$30.03
Employee + Child(ren)	$44.21	$79.85
Employee + Spouse	$37.73	$59.06
Employee + Spouse + Child(ren)	$51.87	$122.30

PARTNERS FOR HEALTH

2024 Monthly Vision Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	$3.18	$6.30
Employee + Child(ren)	$6.35	$12.60
Employee + Spouse	$6.03	$11.98
Employee + Spouse + Child(ren)	$9.33	$18.54
COBRA PARTICIPANTS		
Employee Only/Single	$3.24	$6.43
Employee + Child(ren)	$6.48	$12.85
Employee + Spouse	$6.15	$12.22
Employee + Spouse + Child(ren)	$9.52	$18.91
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$4.77	$9.45
Employee + Child(ren)	$9.53	$18.90
Employee + Spouse	$9.05	$17.97
Employee + Spouse + Child(ren)	$14.00	$27.81

2024 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.

HEALTH PLAN OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	IN-NETWORK [1]	OUT-OF-NETWORK [1]	IN-NETWORK [1]	OUT-OF-NETWORK [1]	IN-NETWORK [1]	OUT-OF-NETWORK [1]	IN-NETWORK [1]	OUT-OF-NETWORK [1]
PREVENTIVE CARE — OFFICE VISITS								
• Well-baby, well-child visits as recommended • Adult annual physical exam • Annual well-woman exam • Immunizations as recommended • Annual hearing and non-refractive vision screening • Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended	No charge	$45	No charge	$50	No charge	$50	No charge	50%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA								
Primary Care Office Visit • Family practice, general practice, internal medicine, OB/GYN and pediatrics • Provider-based telehealth • 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	$45	$30	$50	$35	$55	30%	50%
Specialist Office Visit • Including surgery in office setting • Provider-based telehealth • Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist	$45	$70	$50	$75	$55	$80	30%	50%
Behavioral Health and Substance Use [2] • Including virtual visits	$25	$45	$30	$50	$35	$55	30%	50%
Telehealth Carrier Programs (MDLive/ Teledoc)	$15	N/A	$15	N/A	$15	N/A	30%	N/A
Allergy Injection Without an Office Visit • Allergy serum has additional member cost	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	30%	50%
Chiropractic and Acupuncture • Limit of 50 visits of each per year	Visits 1-20: $25 Visits 21-50: $45	Visits 1-20: $45 Visits 21-50: $70	Visits 1-20: $30 Visits 21-50: $50	Visits 1-20: $50 Visits 21-50: $75	Visits 1-20: $35 Visits 21-50: $55	Visits 1-20: $55 Visits 21-50: $80	30%	50%
Convenience Clinic	$25	$45	$30	$50	$35	$55	30%	50%
Urgent Care Facility	$45	$70	$50	$75	$55	$80	30%	50%
PHARMACY								
30-Day Supply	$7 generic; $40 preferred brand; $90 non-preferred	copay plus amount exceeding MAC	$14 generic; $50 preferred brand; $100 non-preferred	copay plus amount exceeding MAC	$14 generic; $60 preferred brand; $110 non-preferred	copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	$14 generic; $80 preferred brand; $180 non-preferred	N/A - no network	$28 generic; $100 preferred brand; $200 non-preferred	N/A - no network	$28 generic; $120 preferred brand; $220 non-preferred	N/A - no network	30%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) [3]	$7 generic; $40 preferred brand; $160 non-preferred	N/A - no network	$14 generic; $50 preferred brand; $180 non-preferred	N/A - no network	$14 generic; $60 preferred brand; $200 non-preferred	N/A - no network	20% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min $100; max $200	N/A - no network	20%; min $100; max $200	N/A - no network	20%; min $100; max $200	N/A - no network	30%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min $200; max $400		30%; min $200; max $400		30%; min $200; max $400			

2024 Health Plan Comparison of Member Costs — Local Education and Local Government

PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care.

HEALTH PLAN OPTION	PREMIER PPO		STANDARD PPO		LIMITED PPO		LOCAL CDHP/HSA	
COVERED SERVICES	**IN-NETWORK [1]**	**OUT-OF-NETWORK [1]**	**IN-NETWORK [1]**	**OUT-OF-NETWORK [1]**	**IN-NETWORK [1]**	**OUT-OF-NETWORK [1]**	**IN-NETWORK [1]**	**OUT-OF-NETWORK [1]**
PREVENTIVE CARE — OUTPATIENT FACILITIES								
• Recommended screenings such as colonoscopy, mammogram, colorectal, lung imaging and bone density scans	No charge [5]	40%	No charge [5]	40%	No charge [5]	50%	No charge	50%
OTHER SERVICES								
Hospital/Facility Services [4] • Inpatient care [7]; outpatient surgery [7] • Inpatient behavioral health and substance use [2] [6]	15%	40%	20%	40%	30%	50%	30%	50%
• Emergency room services [7]	15%		20%		30%		30%	
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	30%	50%	30%	50%
Home Care [4] • Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility [4] • Outpatient PT/ST/OT/ABA [5]; Other therapy	15%	40%	20%	40%	30%	50%	30%	50%
X-Ray, Lab and Diagnostics (not including advanced X-rays, scans and imaging) [5]	15%		20%		30%		30%	50%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies [4]	15%	40%	20%	40%	30%	50%	30%	50%
Pathology and Radiology Reading, Interpretation and Results [5]	15%		20%		30%		30%	
Ambulance (medically necessary, air and ground)	15%		20%		30%		30%	
Equipment and Supplies [4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	30%	50%	30%	50%
Allergy Serum	15%	40%	20%	40%	30%	50%	30%	50%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.							
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE								
Employee Only	$750	$1,500	$1,300	$2,600	$1,800	$3,600	$2,000	$4,000
Employee + Child(ren)	$1,125	$2,250	$1,950	$3,900	$2,500	$4,800	$4,000	$8,000
Employee + Spouse	$1,500	$3,000	$2,600	$5,200	$2,800	$5,500	$4,000	$8,000
Employee + Spouse + Child(ren)	$1,875	$3,750	$3,250	$6,500	$3,600	$7,200	$4,000	$8,000
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM								
Employee Only	$3,600	$7,200	$4,400	$8,800	$6,800	$13,600	$5,000	$10,000
Employee + Child(ren)	$5,400	$10,800	$6,600	$13,200	$13,600	$27,200	$10,000	$20,000
Employee + Spouse	$7,200	$14,400	$8,800	$17,600	$13,600	$27,200	$10,000	$20,000
Employee + Spouse + Child(ren)	$9,000	$18,000	$11,000	$22,000	$13,600	$27,200	$10,000	$20,000

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, but must be met in full before it is considered satisfied for the family. No one family member may contribute more than $8,700 to the in-network family out-of-pocket maximum total.

[1] Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. 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, unless otherwise specified by state or federal law.

[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 behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, electroconvulsive therapy, psychological testing, and other behavioral health services as determined by the Contractor's clinical staff.

[3] CDHP list of eligible medications, PPO list of eligible medication classes, and a list of participating Retail-90 pharmacies can be found at https://www.tn.gov/partnersforhealth/health-options/pharmacy.html.

[4] Prior authorization required, for non-emergent services. When using out-of-network providers, benefits for non-emergent 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.

[5] For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

[6] Select Substance Use Treatment Facilities are preferred with an enhanced benefit - PPO members won't have to pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

[7] In-network benefits apply to certain out-of-network professional services at certain in-network facilities.