



**HIGHER EDUCATION  
NEW EMPLOYEE ORIENTATION  
ENROLLMENT AND INSURANCE BENEFITS**

**Jan. 1 – Dec. 31, 2023**

# General Information

**You are employed by the University of Tennessee  
and  
You are insured by the State of Tennessee.**

**The State makes all the decisions about coverage, premiums and management of plans**

- **Your Department pays about 80% of the medical insurance monthly premium** for employees and dependents. This covers medical, behavioral health and pharmacy services.
- **IMPORTANT:** Some decisions can only be made, without health questions, during your new hire period. Please be aware of all the options available to you and make informed decisions, in a timely manner (within your 30 day window).
- Always submit questions and paperwork to your **Agency Benefits Coordinator (ABC)**
- The monitored, dedicated email for benefits is: [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

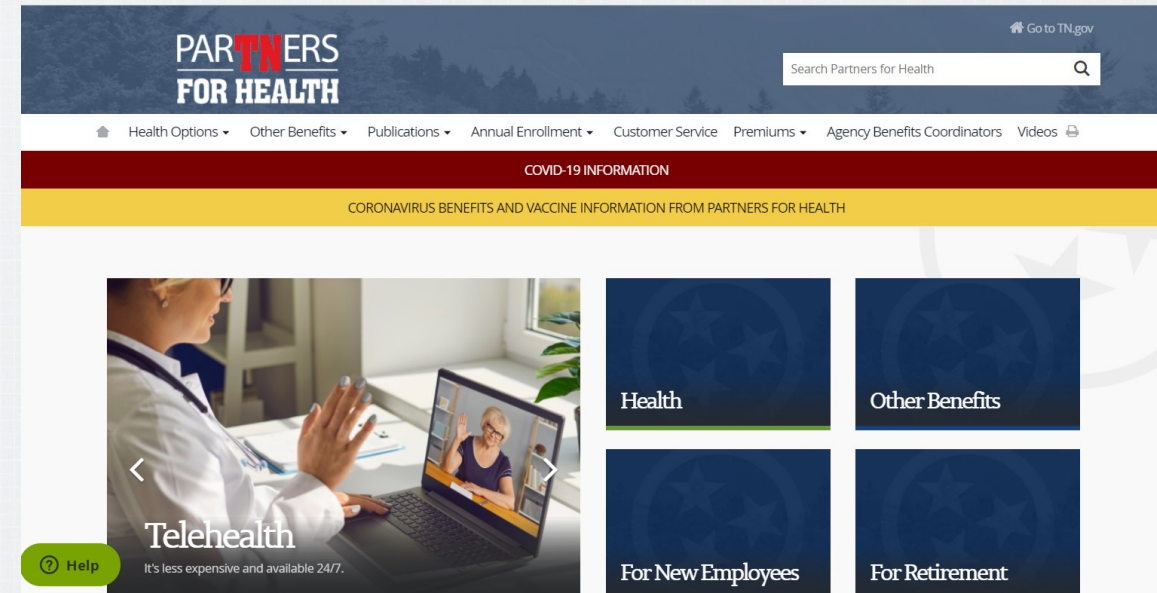
# Online Resources - Website

Visit the ParTNers for Health website at [www.tn.gov/PartnersForHealth](http://www.tn.gov/PartnersForHealth). You'll find information about all the benefits described in this presentation.

You'll also find:

- Link to educational **Videos** on the homepage to learn about your benefits and what everything means.
- Premium charts on the **Premiums webpage**
- A health plan **benefits comparison grid** is on the **Health webpage**.
- Definitions, insurance terms and frequently asked questions

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)



**PARTNERS**  
**FOR HEALTH**



# Resource Materials

For detailed information, refer to the New Hire Guide (below) found online under [Publications](#).



# Who is Eligible for Coverage?

## Employees

- Full-time employees regularly scheduled to work at least 30 hours per week

## Dependents

If you enroll in health, vision or dental coverage, you may also enroll your eligible dependents:

- Spouse (legally married)
- Natural or adopted children or Stepchildren up to age 26
- Children for whom you are the legal guardian, custodian or conservator. Special circumstances for disabled dependents may allow for coverage after age 26. Consult your ABC for more information
- Employees **cannot** be enrolled as both the head of contract and dependent within the State Plan.  
See the Eligibility and Enrollment Guide for details.



# When Does Coverage Begin?

- For health, dental, vision, disability and basic term life/ voluntary AD&D, coverage will begin on the first day of the month after one full calendar month of employment from your hire date. Example: Hired on Sept. 15 – coverage will begin Nov. 1
- Voluntary term life insurance begins after three full calendar months from employee/eligibility.
- If you have questions, ask your ABC.

## When are Premiums Paid?

- Monthly employees will have all premiums deducted on each monthly pay cycle. You will see your premiums deducted the month before your insurance is effective, as we pay a month ahead for insurance.
- Bi-Weekly employees will have medical premiums, Voluntary ADD and basic life deducted on the first pay ending cycle of the month AND
  - All other optionals (dental, vision, STD, etc) deducted the second pay ending cycle of the month.
  - LTD first deduction will be the month of the effective date.
- If you do submit your benefit enrollments late in the 30 day window, in some instances, you could end up with a double deduction from your paycheck the first month of enrollment.

# When Can You Add Coverage?

There are three times you may add coverage:

- **As a new employee – You have 30 days starting with your hire date to enroll in coverage**
- **Annual Enrollment is usually the first two weeks in October, for 1/1 effective dates**
  - Annual Enrollment occurs during the fall. Benefit information will be mailed about changes and what is offered for the following year and provided in detail on the website.
  - Enrollment information is also emailed to those who have current email addresses in Edison. We encourage you to make sure your email information is in Edison but you can opt out of these emails.
- **During Special Enrollment Qualifying Events:**
  - Loss or gain of dependents; loss or gain of other coverage to name a few.
  - You have 60 days from the loss of other coverage to notify our office
  - You have 30 days from the gain of dependents to notify our office
  - The Enrollment Change Application lists all of the Special Enrollment Qualifying Events on page three
- **Bottom Line** – if you have a family status or insurance change, contact the Insurance office.



# Canceling Coverage

Outside of the Annual Enrollment period, you can only cancel coverage (other than disability and voluntary term life insurance) for yourself and/or your covered dependents, IF:

- You lose eligibility for the State Group Insurance Program (e.g., changing from full-time to part-time)
- You experience a special qualifying event, family status change or other qualifying event.

**Cancelling coverage in the middle of the plan year:** You may only cancel coverage for yourself and/or your dependents in the middle of the plan year if you lose eligibility or have an event that results in you/your dependents becoming newly eligible for coverage under another plan. There are no exceptions.

- You have **60 days** from the date that you and/or your dependents become newly eligible for other coverage to turn in an application and proof to your agency benefits coordinator.
- **Examples:** Marriage, divorce, legal separation, annulment, birth, adoption, death of a spouse, new employment, entitlement to Medicare, Medicaid or TRICARE, court decree or order
- **See the Eligibility & Enrollment Guide for details**



# Special Qualifying Events

If you or a dependent lose eligibility for coverage under any other group health insurance plan, or if you acquire a new dependent during the plan year, the federal Health Insurance Portability and Accountability Act may provide additional opportunities for you and eligible dependents to enroll in health coverage.

**Mid-Year Elections for Voluntary Programs** — You or eligible dependents may also enroll mid-year in voluntary dental, vision, disability and voluntary term life if you meet the requirements for a Special Qualifying Event.

- **NOTE: Application for special enrollment or a mid-year election change must be made:**
  - **within 60 days** of the loss of eligibility for other health insurance coverage; or
  - **within 30 days** of a new dependent's acquire date.

**You must also submit proof as listed on the enrollment application.**

**See the Eligibility & Enrollment Guide for details.**

# Choosing Your Premium Level

Four premium levels for health, dental and vision coverage are available:

- Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)
- You may choose the same or different levels for health, dental and vision.
  - If you enroll as a family, which is any coverage level other than Employee Only, all of you must enroll in the same health, dental and vision options.
  - If you have children, one of you can choose Employee Only and the other can choose Employee + Child(ren). Then you can each choose your own benefit option and carrier.
  - If you and your spouse are both in the State Plan, think about choosing coverage as the head of contract. Higher Ed employees can get a higher level of basic term life insurance coverage as the head of contract.



# Health Plan Options

## You have the choice of three health plans

- Preventive care is free in all plans if you use an in-network provider
- See the **full plan options comparison chart** on the [Health Options > Health webpage](#)

## Comparison of the three plans:

- **Premier Preferred Provider Organization:** Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance
- **Consumer-driven Health plan with a health savings account, or CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

## 2023 Health Plan Comparison of Member Costs — State and Higher Education

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.

HEALTHCARE OPTION COVERED SERVICES	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>
<b>PREVENTIVE CARE — OFFICE VISITS</b>						
<ul style="list-style-type: none"> <li>Well-baby, well-child visits as recommended</li> <li>Adult annual physical exam</li> <li>Annual well-woman exam</li> <li>Immunizations as recommended</li> <li>Annual hearing and non-refractive vision screening</li> <li>Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended</li> </ul>	No charge	\$45	No charge	\$50	No charge	40%
<b>OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA</b>						
<b>Primary Care Office Visit</b> <ul style="list-style-type: none"> <li>Family practice, general practice, internal medicine, OB/GYN and pediatrics</li> <li>Provider based telehealth</li> <li>Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider</li> <li>Including surgery in office setting and initial maternity visit</li> </ul>	\$25	\$45	\$30	\$50	20%	40%
<b>Specialist Office Visit</b> <ul style="list-style-type: none"> <li>Including surgery in office setting</li> <li>Provider based telehealth</li> <li>Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a specialist</li> </ul>	\$45	\$70	\$50	\$75	20%	40%
<b>Behavioral Health and Substance Use <sup>[2]</sup></b> <ul style="list-style-type: none"> <li>Including virtual visits</li> </ul>	\$25	\$45	\$30	\$50	20%	40%
<b>Telehealth Carrier Programs</b> (MDLive/Teledoc)	\$15	N/A	\$15	N/A	20%	N/A
<b>Allergy Injection Without an Office Visit</b> <ul style="list-style-type: none"> <li>Allergy Serum has additional member cost</li> </ul>	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	20%	40%
<b>Chiropractic and Acupuncture</b> <ul style="list-style-type: none"> <li>Limit of 50 visits of each per year</li> </ul>	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	20%	40%
<b>Convenience Clinic</b>	\$25	\$45	\$30	\$50	20%	40%
<b>Urgent Care Facility</b>	\$45	\$70	\$50	\$75	20%	40%
<b>PHARMACY</b>						
<b>30-Day Supply</b>	\$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	20%	40% plus amount exceeding MAC
<b>90-Day Supply</b> (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	20%	N/A - no network
<b>Maintenance Medications</b> (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) <sup>[3]</sup>	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
<b>Specialty Medication Tier 1</b> (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%	N/A - no network
<b>Specialty Medication Tier 2</b> (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400			



## 2023 Health Plan Comparison of Member Costs — State and Higher Education

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

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>	IN-NETWORK <sup>[1]</sup>	OUT-OF-NETWORK <sup>[1]</sup>
<b>PREVENTIVE CARE – OUTPATIENT FACILITIES</b>						
- Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge <sup>[5]</sup>	40%	No charge <sup>[5]</sup>	40%	No charge	40%
<b>OTHER SERVICES</b>						
<b>Hospital/Facility Services</b> <sup>[4]</sup> - Inpatient care <sup>[7]</sup> ; outpatient surgery <sup>[7]</sup> - Emergency room services <sup>[7]</sup> - Inpatient behavioral health and substance use <sup>[2] [6]</sup>	15%	40%	20%	40%	20%	40%
<b>Maternity</b> - Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	20%	40%
<b>Home Care</b> <sup>[4]</sup> - Home health; home infusion therapy	15%	40%	20%	40%	20%	40%
<b>Rehabilitation and Therapy Services</b> - Inpatient and skilled nursing facility <sup>[4]</sup> - Outpatient PT/ST/OT/ABA <sup>[5]</sup> ; Other therapy	15%	40%	20%	40%	20%	40%
<b>X-Ray, Lab and Diagnostics</b> (not including advanced x-rays, scans and imaging) <sup>[5]</sup>	15%		20%		20%	40%
<b>Advanced X-Ray, Scans and Imaging</b> - Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies <sup>[4]</sup>	15%	40%	20%	40%	20%	40%
<b>Pathology and Radiology Reading, Interpretation and Results</b> <sup>[5]</sup>	15%		20%		20%	
<b>Ambulance</b> (medically necessary, air and ground)	15%		20%		20%	
<b>Equipment and Supplies</b> <sup>[4]</sup> - Durable medical equipment and external prosthetics - Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	20%	40%
<b>Allergy Serum</b>	15%	40%	20%	40%	20%	40%
<b>Also Covered</b>	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.					
<b>DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE</b>						
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,700	\$3,400
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$3,400	\$6,800
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$3,400	\$6,800
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,400	\$6,800
<b>OUT-OF-POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM</b>						
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$2,800	\$5,600
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$5,600	\$11,200
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$5,600	\$11,200
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$5,600	\$11,200
<b>CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION</b>						
For individuals who enroll in the CDHP	N/A		N/A		\$500 for employee only; \$1,000 for other coverage levels	

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 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.

- [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 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 in-network 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.

# Health Plan Options

## More about the **CDHP/HSA**

- State puts \$500 (employee only) or \$1000 (all other tiers) into your HSA
  - This money applies to your yearly maximum contribution amount (see below)
  - State HSA contribution is not available if your coverage starts Sept. 2, 2023, through Dec. 31, 2023
- The HSA can help you save for health care costs, you get tax benefits, the money rolls over each year and you keep the money if you leave/retire
- Learn more at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **CDHP/HSA Insurance Options**

## **HSA IRS max contributions** – there are limits on how much money you can put in your HSA each year:

- \$3,850 for employee-only coverage in 2023
- \$7,750 for all other family tiers in 2023
- Members 55 or older can contribute \$1,000 more each year

These limits include the \$500/\$1000 you receive from your employer and any wellness incentive funds you may earn and add to your account (HED only)



# More CDHP/HSA Information

- **Important!** Your full HSA contribution is **not** available upfront after you enroll. Your pledged amount is taken out of each paycheck. You may only spend the money in your HSA at the time of service or care. You can pay out of your own pocket for services and pay yourself back later with funds from your HSA.
- **Debit card:** Newly enrolled CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses.
- **If you enroll in Social Security at age 65, you will automatically be enrolled in Medicare Part A. If enrolled in a CDHP, this may have tax consequences and affect your HSA contribution. Consult with your tax advisor for advice.**

# CDHP/HSA and FSA Restrictions

**CDHP/HSA restrictions:** You **cannot** enroll in a CDHP if:

- You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)
- You have received Department of Veterans Affairs benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, you are not entitled to contribute to your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA
- You have received care from the Indian Health Services within the past three months

**HSA/FSA restrictions:** You **cannot** enroll in the CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.



# Carrier Networks

## Choose between four carrier networks for your medical care

- Each network has providers (doctors, hospitals, facilities) throughout Tennessee and across the country.
  - **BlueCross BlueShield**
    - Network S
    - Network P\*
  - Cigna
    - LocalPlus
    - Open Access Plus\*

**BCBST Network S** and **Cigna LocalPlus** networks do not include all the hospitals and providers found in the broad networks to keep your premiums, claim costs and rate increases low.

**BCBST Network P** and **Cigna OAP** broad networks give you more hospital choices but have an additional monthly cost\* added to your monthly premium. You may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks.

\*Additional monthly premium cost: \$65 more each month for employee only or employee + child(ren) coverage; \$130 more each month for employee + spouse or employee + spouse + child(ren) coverage

# Carrier Networks

## How to check the networks

- ParTNers [Carrier Information webpage](#)—check the **Hospital Network Comparison list**

Go to [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under **Health Options** and **Carrier Information** for all network hospital lists and provider directories.

## You can also contact BlueCross or Cigna about network providers or hospitals:

- **BlueCross**, 800.558.6213, M-F 7 a.m. - 5 p.m. CT, [bcbst.com/members/tn\\_state/](http://bcbst.com/members/tn_state/)
- **Cigna**, 800.997.1617, 24/7, [cigna.com/stateoftn](http://cigna.com/stateoftn)



# 2023 Premiums Higher Education

## Employee Share of Monthly Premiums for the **Narrow Networks**

Premium Level	Premier PPO	Standard PPO	CDHP/HSA
Employee Only	\$152	\$98	\$68
Employee + Child(ren)	\$228	\$147	\$102
Employee + Spouse	\$334	\$216	\$150
Employee + Spouse + Child(ren)	\$394	\$254	\$176

• Premiums shown are for the employee share for **active employees**. Complete premium charts are found at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth). Click on **Premiums** in the top navigation.

• Premiums are for the **BCBST Network S** or **Cigna LocalPlus** network. Premiums do **NOT** include the cost for the broad **BCBST Network P** or **Cigna OAP** networks, which would add \$65 to \$130 more EACH MONTH depending on your tier.

# 2023 Deductibles/Out-of-Pocket Maximums (in-network)

	<b>Premier PPO</b>	<b>Standard PPO</b>	<b>CDHP/HSA</b>
	In-Network	In-Network	In-Network
<b>Deductibles</b>			
Employee only	\$750	\$1,300	\$1,700
Employee + Child(ren)	\$1,125	\$1,950	\$3,400
Employee + Spouse	\$1,500	\$2,600	\$3,400
Employee + Spouse + Child(ren)	\$1,875	\$3,250	\$3,400
<b>Out-of-Pocket Max</b>			
Employee only	\$3,600	\$4,400	\$2,800
Employee + Child(ren)	\$5,400	\$6,600	\$5,600
Employee + Spouse	\$7,200	\$8,800	\$5,600
Employee + Spouse + Child(ren)	\$9,000	\$11,000	\$5,600



# Pharmacy Benefits Managed by CVS Caremark

## All health plans include full prescription drug benefits

- The health plan you choose determines your out-of-pocket prescription costs (copay or coinsurance, deductible and out-of-pocket maximum).
- How much you pay depends on three things:
  - The drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug;
  - The day supply you receive – 30-day (or <30) supply or a 90-day (>31) supply; and
  - Where you fill your prescription – at a retail, Retail-90 or mail order pharmacy.
- Go to **info.caremark.com/stateoftn** to locate a pharmacy, compare estimated drug costs by plan and register on the CVS Caremark site.
  - Once registered, get details about your drug costs and savings, download the mobile app and more!
- Learn more about benefits, vaccines and how to save money at **tn.gov/PartnersForHealth** under **Health Options** and **Pharmacy**.
- Contact: **CVS Caremark**, 877.522.8679, 24/7, [info.caremark.com/stateoftn](https://info.caremark.com/stateoftn)

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)



# Pharmacy Benefits

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

\*\*Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	CDHP/HSA
<b>30-DAY SUPPLY</b>			
Generic	\$7	\$14	20% coinsurance after deductible is met
Preferred Brand	\$40	\$50	
Non-preferred brand	\$90	\$100	
<b>90-DAY SUPPLY (Retail-90 network pharmacy or mail order)</b>			
Generic	\$14	\$28	20% coinsurance after deductible is met
Brand	\$80	\$100	
Non-preferred brand	\$180	\$200	
<b>Maintenance medications (90-DAY SUPPLY of certain maintenance medications from a 90-day network pharmacy or mail order)</b>			
Generic	\$7	\$14	10% coinsurance without having to meet deductible
Brand	\$40	\$50	
Non-preferred brand	\$160	\$180	
<b>SPECIALITY Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)</b>			
Coinsurance	20% (min \$100; max \$200)	20% (min \$100; max \$200)	20% after deductible
<b>SPECIALITY Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)</b>			
Coinsurance	30% (min \$200; max \$400)	30% (min \$200; max \$400)	20% after deductible



# Telehealth – 24/7 virtual medical care

## All health plan members have access to virtual telehealth visits

- PhysicianNow and MDLive carrier-sponsored 24/7 virtual medical care
- Talk to a doctor for non-emergency medical care by phone, computer or tablet from anywhere.
- Cost is less than a typical office visit when you use PhysicianNow or MDLive programs sponsored by BlueCross BlueShield and Cigna.
- **Physician Now and MDLive telehealth program costs:**
  - **PPO members:** Copay is \$15
  - **CDHP members:** Pay the negotiated rate per visit until reaching the deductible – then primary office visit coinsurance applies
  - Members log in and select the service – details are on the website

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Health Options** and **Telehealth** for details.

# Behavioral Health & Substance Use Services

## Managed by Optum

Behavioral health benefits available to members/dependents enrolled in medical insurance.

**All members will receive an Optum ID card for services.**

**Optum** can find a network provider (in-person or virtual visits), explain benefits, identify best treatment options, schedule appointments and answer questions.

- Services include:
  - **First Call Provider Search** – HERE4TN team will help you find a provider based on your specific needs
  - **TalkSpace online therapy** – communicate with a therapist by text, audio or video 24/7 from your smartphone – cost share applies
  - **Substance User Disorder Preferred Facility Network**
  - **Sanvello** – on-demand mobile app to help with stress, anxiety and depression

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Health Options** and **Behavioral Health** for details.

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



# Here4TN - Employee Assistance Program

## Managed by Optum

Here4TN EAP available to all benefits-eligible state/higher education employees and eligible dependents, even if not enrolled in a health plan.

Services are offered at **no cost** to individuals eligible to participate.

Specialists available 24/7 to assist with stress, legal, financial, mediation and work/life services.

- Services include:
  - **First Call Provider Search** – HERE4TN team will help you find a provider based on your specific needs
  - **Short-term counseling** – five visits, per problem, per year, per individual at no cost to you. By phone or virtual visit. Prior authorization required.
  - **Sanvello** – on-demand mobile app to help with stress, anxiety and depression
  - **Take Charge at Work** – telephonic coaching program helps members with depression improve performance at work

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **EAP** for details.

For EAP programs and services **and help finding a provider**, contact Optum at 855.HERE4TN (855.437.3486), 24/7 or **Here4TN.com**

# Wellness Program Managed by ActiveHealth

**Wellness program** available for state/higher education employees and spouses (excludes retirees) enrolled in the health plan.

Wellness program includes:

- **Cash incentives:** Up to \$250 each for enrolled employees and spouses.
  - Enrolled state employees can put wellness program cash incentives into their HSAs (counts toward overall HSA IRS annual maximum)
- **Weight Management Program:** 12-month program for those ready to lose weight. Contact ActiveHealth for details.

Information about programs, activities and a **printable Incentive Table** are at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Wellness**.

Contact: **ActiveHealth**, 888.741.3390, M-F 8-8 CT, [go.activehealth.com/wellnesstn](https://go.activehealth.com/wellnesstn)

\*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.



# Diabetes Prevention Program

## Diabetes Prevention Program\* offered free to you in 2023.

If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes.

- Offered as a part of health insurance
- No cost if you use an in-network provider
- Must meet certain criteria\*

## Two online programs offered:

- **Cigna Omada program** – for enrolled Cigna health plan members
- **BlueCross BlueShield Livongo program** – for enrolled BCBST plan members

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Wellness** and **DPP Page** for details.

\*Those already diagnosed with diabetes are not eligible for the DPP, but if a health plan member, you can contact ActiveHealth to enroll in a diabetes program.

# Dental Benefits

## Offered through Cigna or Delta Dental

Two different dental plans are offered. Members pay the full monthly premium.

- **Cigna DHMO:** Must select a network general dentist and notify Cigna. Members pay copays, which may have changed for dental procedures. Review the Patient Charge Schedule on the Partners website under **Publications**, then **Dental**.
- **Delta Dental DPPO:** Use any dentist but save money staying in-network. Members pay deductibles and co-insurance for services.

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Dental** for details/plan comparison.

Contact: **Cigna**, 800.997.1617, 24/7, [cigna.com.stateoftn](https://cigna.com.stateoftn)

Contact: **Delta Dental**, 800.552.2498, 7 a.m. – 5 p.m. CT, [tennessee.deltadental.com/stateoftn/](https://tennessee.deltadental.com/stateoftn/)



# Dental Benefits

## 2023 Monthly Premiums

Tiers	Cigna DHMO	Delta Dental DPPO
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72

# Vision Benefits

## Offered through EyeMed

Members pay the full monthly premium. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various allowances, or dollar amounts for materials such as eyeglass frames, lenses, contact lenses, etc.
- **Expanded Plan:** Includes greater allowances and NEW this year, frames available once every calendar year.

With both plans, you pay copays and coinsurance on materials or other services when the cost exceeds the allowed dollar amount.

- In- and out-of-network benefits are available. You save money when using in-network providers.

**Members in both vision plans** get routine eye exams 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.

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Vision** for details.

**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](https://eyemed.com/stateoftn)



# Vision Benefits

## 2023 Monthly Premiums

Tiers	Basic	Expanded
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

# Flexible Spending Accounts Higher Education

Use FSAs to pay for health care and dependent care while saving money on your taxes.

**Optum Financial manages medical, limited purpose and dependent care FSA programs:**

- **Medical FSA:** For medical, dental and vision expenses.
  - Annual limit - \$2,850. Carryover limit - \$570. **Full contribution available upfront.**
- **Limited Purpose FSA:** For dental and vision expenses only.
  - Annual limit - \$2,850. Carryover limit - \$570. **Full contribution available upfront.**
- **Dependent Care FSA:** For certain dependent care costs.
  - Annual limit - \$5,000 (up to \$2,500 per spouse for married couples filing jointly).
  - No carryover amount allowed.



# Flexible Spending Accounts

## Higher Education

### **Important Enrollment Information:**

- To enroll use the form [Election & Compensation Reduction Agreement](#) found in the Optional forms section of the HR New Emp webpage.
- **Important:** Cannot enroll in both a medical FSA and a L-FSA in the same year.
- Newly enrolled FSA and L-FSA members will get a debit card (does not apply to DepCare-FSA members) for qualified expenses.

Review the Flexible Spending section in the 2022 Eligibility and Enrollment Guide found on the HR New Employee Webpage.

**Contact:** Optum Financial, 866.600.4984, 24/7, [optumbank.com/Tennessee](https://optumbank.com/Tennessee)

**Find an FSA/HSA grid** showing contribution amounts, tax benefits and how to use your funds at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Publications**.

# Disability Insurance

Disability insurance is offered to full-time higher education employees. Members pay the full monthly premium. **All sick leave, annual leave and comp time must be used before benefits are payable.**

- **Short-term Disability:** Replaces 60% of your income during a disability, which could last up to 26 weeks. Two coverage options are available. Coverage is provided by MetLife.
  - Frequently asked questions including about pregnancy: [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits and Disability**.
- **Long-term Disability:** Replaces 67.67% of your income during a disability that is expected to last longer than 120 days. Coverage is provided by **Reliance Standard Life Ins Co**.
  - Higher education employees use the enrollment form found on the HR New Emp page under optional forms. This benefit is not under the State umbrella, the University contracts separately for this plan.

Information, including **how to calculate your Short Term Disability rates**, is at [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits and Disability**.



# Basic Term Life/Accidental Death and Dismemberment Higher Education

p 1

All benefits-eligible employees automatically get \$20,000 basic term life insurance and \$40,000 basic AD&D coverage paid by the state at no cost. You will need to make important selections and keep your beneficiary current.

- **IMPORTANT! New for 2023:** For all eligible employees, **basic term life insurance** coverage will be 1.5 times 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.
- The calculation to determine the employee's level of basic term life insurance coverage will be rounded up to the next \$1,000. For example, if the result of calculating 1.5 times the employee's annual salary is \$40,125, the result will be rounded up to \$41,000 of basic term life coverage. The **basic AD&D coverage** will continue to be two times the basic term life coverage, up to \$100,000.
- **Employees pay the monthly premium on any additional coverage above the state paid amounts** of \$20,000 for basic term life and \$40,000 for basic AD&D and for all dependent coverage.

# Basic Term Life/Accidental Death and Dismemberment Higher Education

p 2

- **New for 2023:** 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. To do this the employee **MUST** make this selection during their New Hire Enrollment.
- **Important! This is a permanent choice.** Employees should make this decision with caution. Employees who opt out of this additional coverage may not re-enroll in the employee-paid coverage (the amount above what the state pays) and dependent coverage unless they later have a qualifying event.
- **New for 2023:** Employees will be able to add and remove eligible dependents for enrollment in the basic **dependent** term life/basic AD&D insurance. Dependents do not have to be enrolled in health insurance to qualify for this coverage. **If an employee wants to add or remove dependents from this coverage, the change must be made during New Hire Enrollment.**
- Premium rates for dependents in 2023 will be based upon total volume of coverage, instead of per family unit. The employee's actual premiums will increase or decrease if the volume of coverage changes.
  - The premiums for coverage above the amounts provided by the state and for dependent coverage are deducted from the employee's paycheck.



# Basic Term Life/Accidental Death and Dismemberment Higher Education

p3

- If an employee's salary goes up as of Sept. 1, 2023, compared to Sept. 1, 2022, the employee's monthly premium will increase as of Oct. 2023.
- At ages 65 and over, employee basic term life/basic AD&D coverage amounts will reduce.
- Dependents enrolled in basic term life insurance/basic AD&D have \$3,000 of basic term life insurance coverage and basic AD&D coverage based on a percentage of the employee's basic AD&D coverage. The employee pays monthly premiums for the dependent(s) coverage.
- Basic dependent term life insurance has three coverage levels available: employee + spouse, employee + child(ren) or employee + spouse + child(ren).
- Employees will make important selections and keep beneficiary information current in Edison.
- LifeSuite Services, a value-added benefit, is provided by Securian Financial for no additional charge. Services and resources include: Travel Assistance Services, Legacy Planning Services, Beneficiary Financial Counseling
- You can refer to the Securian (MN Life) Handbook found on the [Publications page](#) under Life Insurance and/or the [Securian Financial website](#) for additional information.

# Voluntary Term Life Insurance

## Higher Education

You can buy additional Voluntary Term Life Insurance for yourself, your spouse and children through Securian Life Insurance. You must apply online for this insurance during your first 30 days.

- **To apply for coverage and update your beneficiaries, go to [lifebenefits.com/stateoftn](https://lifebenefits.com/stateoftn)**
- **You will need your State ID number called your Edison ID in order to enroll.**
- **This application must be started within your 30 day new hire window or you will wait until Annual Enrollment during the Fall to apply (and answer health questions).**
- **New in 2023:** Newly eligible spouses can enroll within 30 days of first becoming eligible in \$5,000 of coverage without answering medical questions (guaranteed issue). This does not apply to current spouses.
- Employees will no longer pay a monthly administrative fee in 2023.
  - In 2023, employee and spouse active **premium rates will be lower.**
  - In 2023, voluntary term life child rider **premium rates will be lower.**
- Your monthly premium could go up if you increase your life insurance amount, or you move into a higher age bracket as of Jan. 1.

Go to [tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth) under **Other Benefits** and **Life Insurance** for details. Premium rates are found on the **Premium** webpage.

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)





# Voluntary Additional AD&D Higher Education

You can buy this insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident.

- This is in addition to the Basic AD&D coverage associated with your Basic Life Insurance.
- **NEW!** Employee coverage in 2023 will change from a coverage level based on salary to a choice of these five amounts: \$50,000, \$60,000, \$100,000, \$250,000 or \$500,000.
- **NEW!** Dependent enrollment in 2023 will be on a coverage tier basis [spouse only, spouse + child(ren), or child(ren) only] instead of generic family coverage. Dependents may be removed or added for this coverage via new hire enrollment form.
- **Dependent voluntary AD&D coverage is based on a percentage of the employee's voluntary AD&D coverage.**
- Employee **premium rates will increase** in 2023.
- Dependent premium rates will be **per** \$1,000 of total dependent coverage, instead of per family unit. Benefit will be paid for dismemberment if the loss occurs within 180 days of the accident provided you or your dependent was covered on the date of the accident and meet the established criteria. Accident could occur at work or elsewhere.
- Coverage is available at low group rates – no questions asked.
- Additional benefits include: Adaptive home and vehicle, Coma, **Repatriation**
- Enroll using the form located in the Optional Forms section of the HR New Employee website

Keep beneficiary information current with your ABC ([utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu))

[tn.gov/PartnersForHealth](https://tn.gov/PartnersForHealth)

**PARTNERS**  
**FOR HEALTH**

# Enrolling in Benefits

You will submit all forms to the local ABC/Insurance Office for enrollment in benefits. Use [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu) to submit the forms.

- **You must complete your enrollment within 30 days of your hire date or becoming eligible.**
- If you want to cover your spouse or children (dependents), please submit proof of their relationship to you – it's called **dependent verification**.
  - Examples of dependent verification can include a marriage license and Federal Income Tax Return for a spouse, or a birth certificate for a child. A list of accepted documents, for dependent verification, is found on the second page of the enrollment form on the HR New Emp website.
  - **Be sure to note the Optional forms for additional coverages (LTD, ADD, FSA and HSA) available to you.**
- Enroll in **voluntary term life** at Securian Financial website: [lifebenefits.com/stateoftn](https://lifebenefits.com/stateoftn) or contact Securian at 866.881.0631



**RESET** KEYED: \_\_\_\_\_  
VERIFIED: \_\_\_\_\_

**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 37902 • 865.974.5251 • [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

**PERM PARTNERS FOR HEALTH**

**PART 1: ACTION REQUESTED — PLEASE SEE PAGE 3 FOR INSTRUCTIONS**

TYPE OF ACTION	COVERAGE	PARTICIPANTS AFFECTED	REASON FOR THIS ACTION	Life Event	Special Form Incent
<input type="checkbox"/> Add coverage <input checked="" type="checkbox"/> Change coverage <input type="checkbox"/> Form not for cancellation	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Disability	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)	<input type="checkbox"/> New Hire/ Newly Eligible <input type="checkbox"/> Convert Order <input type="checkbox"/> Other _____	<input type="checkbox"/> Marriage <input type="checkbox"/> Newborn <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Adoption	<input type="checkbox"/> Termination <input type="checkbox"/> Divorce <input type="checkbox"/> Loss of Eligibility

**PART 2: EMPLOYEE INFORMATION**

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	SEX	MARRITAL STATUS
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY	EMPLOYER GROUP	HEALTH PLAN	ACTIVE	COUNTY
HOME ADDRESS	CITY		ST	ZIP CODE	

**PART 3: HEALTH COVERAGE SELECTION — CHOOSE CAREFULLY, EXCEPT FOR QUALIFYING EVENTS, CHANGES ARE NOT ALLOWED OUTSIDE THIS PLAN'S ANNUAL RENEWAL PERIOD.**

SELECT AN OPTION

<input type="checkbox"/> Premier PPO <input type="checkbox"/> CDHP-SA	<input type="checkbox"/> BCBS Network S <input type="checkbox"/> BCBS No. work P	<input type="checkbox"/> Employee only <input type="checkbox"/> Employee + child(ren)
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**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 37902 • 865.974.5251 • [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

**PART 1: TYPE OF REQUEST**

<input type="checkbox"/> Add Coverage <input type="checkbox"/> Change Coverage	<input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible	<input type="checkbox"/> Special Enrollment* Complete page 2 and page 3 (if applicable) and return to your agency benefits coordinator.	<input type="checkbox"/> Update Dependents <input type="checkbox"/> Add* <input type="checkbox"/> Terminate Complete page 2 and return to your agency benefits coordinator.
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**BENEFICIARY DESIGNATION**

Add  Change

Beneficiary Designation Effective Date: \_\_\_\_\_  
Complete page 2 and return to your agency benefits coordinator.

**PART 2: ELECTION COVERAGE**

<input type="checkbox"/> Employee only <input type="checkbox"/> I want dependent(s) paid and employee-paid basic term life/AD&D employee coverage. Note: This is 15 times my base annual salary as of date of hire or date of each year effective date. I wish maximum basic term life coverage of \$500,000 and basic AD&D coverage of two times the basic term life coverage. (Eligible dependents may be enrolled with this option.) <input type="checkbox"/> I am requesting to enroll dependents (complete page 2 and page 3 if applicable). Return to your agency benefits coordinator.	<input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + spouse + child(ren) <input type="checkbox"/> Employee + child(ren)
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**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 <i>(Last, First, Middle Initial)</i>	Personnel Number
	Work phone number

Section 2: Calculate Your Maximum HSA Contribution  
**Use the worksheet**

**DEPENDENT ELIGIBILITY**  
Definitions and Required Documents

**PERM PARTNERS FOR HEALTH**

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document showing marital relationship AND one document from the additional documents list below:  <b>Proof of Marital Relationship</b> • Lore-ment issued marriage certificate or license • Naturalization papers indicating marital status  <b>Additional Documents</b> • Bank Statement issued within the last six months with both names; or • Mortgage Statement issued within the last 12 months with both names; or • Residential Lease Agreement within the current terms with both names; or • Credit Card Statement issued within the last six months with both names; or • Property Tax Statement issued within the last 12 months with both names; or • The first page of most recent federal tax return filed showing "married filing jointly" or "married filing separately" with the name of the spouse provided thereon; submit page 1 of the return with the income figures blacked out.  *Must be issued within 12 months, only marriage certificate

**NAME** \_\_\_\_\_ **EDISON ID** \_\_\_\_\_ **OR** **SSN** \_\_\_\_\_

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

Name (First, MI, Last)	Date of birth	Relationship	Gender	Acquire date	SSN

A separate sheet with more dependents is attached

**PRIMARY BENEFICIARY DESIGNATION**

NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
1. HOME ADDRESS	CITY	STATE	ZIP CODE	
2. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %

**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 37902 • 865.974.5251 • [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

**UT**

Complete this form only if you wish to participate in the Medical, Limited Purpose or Dependent Care Reimbursement Account

**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	PERNO (FROM EMP ID CARD)
HOME ADDRESS	CITY	STATE	ZIP CODE
DEPARTMENT NAME	DATE OF EMPLOYMENT	EFF DATE FOR DEDUCTION	
WORK PHONE	PAYROLL FREQUENCY (PAYCHECKS PER YEAR)	ENROLLMENT STATUS	
	BI-WEEKLY MONTHLY	<input type="checkbox"/> New Hire <input type="checkbox"/> Change	

**REIMBURSEMENT ACCOUNT ENROLLMENT (new elections must be filed each year)**

Indicate the amount you wish to contribute to a reimbursement account through tax-free salary reduction by completing the sections below. If you have questions, contact the Payroll office for additional information at 865-974-5251 or [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

If you are enrolled in the Health Savings CDHP, you may also contribute to a Medical Expense Account; however, you cannot contribute to the Limited Purpose Account (for vision, dental, and hearing) if you are enrolled in the CDHP.

**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 37902 • 865.974.5251 • [utinsurance@tennessee.edu](mailto:utinsurance@tennessee.edu)

**TYPE OF REQUEST**

<input type="checkbox"/> New Enrollment/Change <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + spouse + child(ren) <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Special Enrollment*	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Terminate Dependent <input type="checkbox"/> Terminate Coverage <input type="checkbox"/> Add/Change Beneficiary Effective Date of Change: _____	<input type="checkbox"/> \$50,000 (The volume of coverage options are for the employee; dependent coverage values, if chosen, will be a percentage of the employee's value.) <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000
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**EMPLOYEE INFORMATION**

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	SEX	MARRITAL STATUS
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY	DAYTIME PHONE NUMBER	EDISON ID (if known)		
HOME ADDRESS	CITY	ST	ZIP CODE		

**LONG TERM DISABILITY**

**Reliance Standard Life Insurance Company**  
**Enrollment and Statement of Health**

Name of Employer The University of Tennessee	Location/Division 01	Bill Group 000001
Policy # and Class # LTD134277 / 01	Policy # and Class #	Policy # and Class #

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

Date of Change: \_\_\_\_\_  
 if marriage, domestic partnership, divorce, dissolution of a partnership or birth of a child, please provide copy of document.

**Employee/Member Information — Always Complete**

Submit completed Enrollment and Statement of Health form to: [EOIApplications@rsli.com](mailto:EOIApplications@rsli.com)

Name	Social Security Number/Employee ID		
Gender	Date of Birth	Age	State of Birth
Address			

# ID and Debit Card Information

**Employees new to coverage will receive new ID cards within three weeks of the date your application is processed.**

- Health coverage:
  - **BlueCross BlueShield**, you will receive up to two ID cards automatically. The member's name will be printed on all cards, but these cards may be used by any covered dependent.
  - **Cigna**, you will receive separate ID cards for each insured family member with the participant's name printed on each. Cigna will send up to four ID cards in each envelope and additional ID cards in a separate envelope.
- In addition to your health insurance ID cards, you will also automatically receive separate Caremark pharmacy ID cards. If you are enrolled in family coverage, your ID cards may be sent in separate envelopes.
- Optum will mail ID cards for behavioral health/substance use.
- If you enroll in dental or vision coverage, you will typically receive your ID cards within three weeks. For vision coverage, you will receive an ID card, but you don't need one to access services.
- CDHP/HSA, medical FSA and limited purpose FSA (L-FSA) members will receive a **debit card** from Optum Bank to use for qualified purchases.
- Members can always request additional cards by contacting their carrier or vendor(s) or you may be able to use the vendor's mobile app. **Vendor contact information is found on the Customer Service page on the State website listed below.**



**PARTNERS**  
**FOR HEALTH**

**THANK YOU**

**Questions?**

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