HIGHER EDUCATION
NEW EMPLOYEE ORIENTATION
ENROLLMENT AND INSURANCE BENEFITS

Jan. 1 – Dec. 31, 2024
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.
• The State of Tennessee pays for life insurance/AD & D equal to 1x your salary and for LTD.
• **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)
Visit the ParTNers for Health website at 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
Resource Materials

For detailed information, refer to the New Hire Guide (below) found online under Publications. Always refer to Higher Ed info.
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 2024 New Hire 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 completing one full calendar month of employment. 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?

- **Premiums begin one month in advance of the effective date.**
- 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 and Voluntary ADD 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.
- **Since we pay a month ahead,** if you submit your benefit enrollments late in the 30 day window, in some instances, you could have a double deduction in your paycheck the first month of enrollment.

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)
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. 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 request a change
  • You have 30 days from the gain of dependents to request a change
  • The Enrollment Change Application lists all the Special Enrollment Qualifying Events on page three

• Bottom Line – if you have a family status or insurance change, contact the Insurance office.

[tn.gov/PartnersForHealth]
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 New Hire 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 current New Hire 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, and you and your spouse are both in the State Plan, 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.

[tn.gov/PartnersForHealth]
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.

tn.gov/PartnersForHealth
# 2024 Health Plan Comparison of Member Costs — State and Higher Education

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

<table>
<thead>
<tr>
<th>HEALTH PLAN OPTION</th>
<th>PREMIUM PPO</th>
<th>STANDARD PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERED SERVICES</td>
<td>IN-NETWORK(1)</td>
<td>OUT-OF-NETWORK(1)</td>
</tr>
<tr>
<td>Preventive Care - Office Visits</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Well-woman exam (women 19 and older)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Well-child exam (children under 21)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Annual well woman exam</td>
<td>No charge</td>
<td>$45</td>
</tr>
<tr>
<td>- Immunizations as recommended</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Annual hearing and non-reflexive vision screening</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Services — Services Subject to a Coinsurance May Be Extra</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Family practice, general practice, internal medicine, OB/GYN and pediatrics</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Provider-based telehealth</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a primary care provider</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Including surgical in-office setting and total maternity visit</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Including surgery in office setting</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Provider-based telehealth</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a specialist</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Behavioral Health and Substance Use (1)</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Including virtual visits</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Telehealth Carrier Programs (MED/ver/Tele-doc)</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>Allergy Reaction Without an Office Visit</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Allergy serum has additional membership cost</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Chiropractic and Acupuncture</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>- Limit of 30 visits per year</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Compensatory Clinic</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$25</td>
<td>$45</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$25</td>
<td>$45</td>
</tr>
</tbody>
</table>

## August 2023

Learn more at [gov/comparehealth](http://gov/comparehealth)
2024 Health Plan Comparison of Member Costs — State and Higher Education

PPOs in this table are subject to deductibles unless noted with a [S]. CDHP/HSA services in this table are subject to a deductible and coinsurance with the exception of network preventive care.

<table>
<thead>
<tr>
<th>HEALTH PLAN/OPTION</th>
<th>PREMIER PPO</th>
<th>STANDARD PPO</th>
<th>CDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERED SERVICES</td>
<td>IN NETWORK</td>
<td>OUT OF NETWORK</td>
<td>IN NETWORK</td>
</tr>
<tr>
<td>PREVENTIVE CARE; OUTPATIENT FACILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recommended screenings such as mammogram, colonoscopy, lung imaging and bone density scans</td>
<td>No charge</td>
<td>40%</td>
<td>No charge</td>
</tr>
<tr>
<td>OTHER SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Primary Facility Visits [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>- Inpatient care [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>- Outpatient behavioral health and substance use</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>- Emergency room services [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Normal childbirth at labor and delivery and routine services beyond the initial office visit</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Home Care [S]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Home health; home infusion therapy</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Rehabilitation and Therapy Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inpatient and Skilled Nursing Facility [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>- Outpatient (PT/OT/ST) [S]</td>
<td>Other Therapy</td>
<td>11%</td>
<td>40%</td>
</tr>
<tr>
<td>X-Ray, Lab and Diagnostics not including advanced X-ray, scans and imaging</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Advanced X-Ray, Scans and Imaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Including MRI, MRA, IVUS, C, CT, CTA, PET and nuclear cardiac imaging studies [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Pathology and Radiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interpretation and Results [S]</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Ambulance (medically necessary, air and ground)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local medical equipment and external prosthetics</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Equipment and Supplies [S]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local medical equipment and external prosthetics</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>- Other supplies (i.e., stoma, bandages, dressings)</td>
<td>11%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Allergy Serum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Covered</td>
<td>Certain limited benefits. Hospice Care and Out of Country Claimshares also covered. See Member Handbook for coverage details.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEDUCTIBLE ONLY ELIGIBLE EXPENSES COUNT TOWARDS THE DEDUCTIBLE**

<table>
<thead>
<tr>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,500</td>
<td>$7,500</td>
<td>$11,700</td>
<td>$13,000</td>
<td>$16,200</td>
<td>$13,000</td>
<td>$16,200</td>
<td>$13,000</td>
<td>$16,200</td>
</tr>
</tbody>
</table>

**OUT OF POCKET MAXIMUM — MEDICAL AND PHARMACY COMBINED — ELIGIBLE EXPENSES, DEDUCTIBLE COVERAGE TOWARDS THE OUT OF POCKET MAXIMUM**

<table>
<thead>
<tr>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
<th>Employee Only</th>
<th>Employer Only</th>
<th>Employee + Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$12,000</td>
<td>$12,000</td>
<td>$16,000</td>
<td>$12,000</td>
<td>$12,000</td>
<td>$16,000</td>
</tr>
</tbody>
</table>

For individuals who enroll in the CDHP N/A N/A $500 for employees; 11,000 for other coverage levels

For PPO Plans, no single family member will be subject to a deductible or an out of pocket maximum greater than the maximum shown for each plan type. For CDHP/HSA, a member's maximum out of pocket maximum is based on the most expensive plan elected. Deductibles and out of pocket maximums may also vary by area, member eligibility, and, for PPOs, by provider type. To the extent that new Massachusetts state law or federal law requires or permits changes to the costs associated with the purchase of health insurance, the maximum out of pocket maximum may change.

For CDHPs with in-plan telehealth services, a member's maximum out of pocket maximum may change based on the member's utilization of telehealth services. For CDHPs with out-of-plan telehealth services, a member's maximum out of pocket maximum is based on the member's utilization of telehealth services.

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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, 2024, through Dec. 31, 2024

• 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 under CDHP/HSA Insurance Options

HSA IRS max contributions – 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
• Members 55 or older can contribute an additional $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)

tn.gov/PartnersForHealth
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.
Choose between four carrier networks for your medical care

- Each network has providers (doctors, hospitals, facilities) throughout Tennessee and across the country.

<table>
<thead>
<tr>
<th>BlueCross BlueShield</th>
<th>Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network S</td>
<td>LocalPlus</td>
</tr>
<tr>
<td>Network P*</td>
<td>Open Access Plus*</td>
</tr>
</tbody>
</table>

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: $75 more each month for employee only; $85 more each month for employee + child(ren) coverage; $150 more each month for employee + spouse or employee + spouse + child(ren) coverage.

tn.gov/PartnersForHealth
Carrier Networks

How to check the networks
• ParTNers Carrier Information webpage—check the Hospital Network Comparison list

Go to 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/
• Cigna, 800.997.1617, 24/7, cigna.com/stateoftn
## 2024 Premiums
### Higher Education

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

<table>
<thead>
<tr>
<th>Premium Level</th>
<th>Premier PPO</th>
<th>Standard PPO</th>
<th>CDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$159</td>
<td>$102</td>
<td>$71</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$238</td>
<td>$153</td>
<td>$107</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$357</td>
<td>$230</td>
<td>$160</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$412</td>
<td>$265</td>
<td>$185</td>
</tr>
</tbody>
</table>

*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 $75; $85 or $150 more EACH MONTH depending on your tier.*
<table>
<thead>
<tr>
<th></th>
<th>Premier PPO</th>
<th>Standard PPO</th>
<th>CDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$750</td>
<td>$1,300</td>
<td>$1,700</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$1,125</td>
<td>$1,950</td>
<td>$3,400</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$1,500</td>
<td>$2,600</td>
<td>$3,400</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$1,875</td>
<td>$3,250</td>
<td>$3,400</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$3,600</td>
<td>$4,400</td>
<td>$2,800</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$5,400</td>
<td>$6,600</td>
<td>$5,600</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$7,200</td>
<td>$8,800</td>
<td>$5,600</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$9,000</td>
<td>$11,000</td>
<td>$5,600</td>
</tr>
</tbody>
</table>
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

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.

<table>
<thead>
<tr>
<th>Pharmacy (In-Network)*</th>
<th>Premier PPO</th>
<th>Standard PPO</th>
<th>CDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30-Day Supply</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$40</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$90</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td><strong>90-Day Supply (Retail-90 network pharmacy or mail order)</strong></td>
<td>$14</td>
<td>$28</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td></td>
<td>$80</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$180</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance medications (90-DAY SUPPLY of certain maintenance medications from a 90-day network pharmacy or mail order)</strong></td>
<td>10% coinsurance without first having to meet deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$7</td>
<td>$14</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td>$40</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$160</td>
<td>$180</td>
<td></td>
</tr>
<tr>
<td><strong>SPECIALITY Medication Tier 1</strong> (generics; 30-day supply from a specialty network pharmacy)</td>
<td>20% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20% (min $100; max $200)</td>
<td>20% (min $100; max $200)</td>
<td></td>
</tr>
<tr>
<td><strong>SPECIALITY Medication Tier 2</strong> (all brands; 30-day supply from a specialty network pharmacy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30% (min $200; max $400)</td>
<td>30% (min $200; max $400)</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>
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 under Health Options and Telehealth for details.
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 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

**tn.gov/PartnersForHealth**
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 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

tn.gov/PartnersForHealth
Wellness Program
Managed by ShareCare

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 ShareCare for details.

Information about programs, activities and a printable Incentive Table are at tn.gov/PartnersForHealth under Wellness.

Contact: ShareCare

*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.

tn.gov/PartnersForHealth
Diabetes Prevention Program

Diabetes Prevention Program* offered free to you in 2024.
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 under Other Benefits and Wellness and DPP Page for details.

*Those already diagnosed with diabetes are not eligible for the DPP, but as a health plan member, you can contact the wellness provider to enroll in a diabetes program.
Dental Benefits
Offered through Cigna or Delta Dental

Two different dental plans are offered. Members pay 50% of the monthly premium, the state pays the remaining 50%.

- **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 under Other Benefits and Dental for details/plan comparison.
Contact: Cigna, 800.997.1617, 24/7, cigna.com/stateoftn
Contact: Delta Dental, 800.552.2498, 7 a.m. – 5 p.m. CT, DeltaDentalTN.com/StateofTN
## Dental Benefits

### 2024 Monthly Premiums

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Cigna DHMO</th>
<th>Delta Dental DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 7.09</td>
<td>$10.01</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.73</td>
<td>$26.61</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$12.57</td>
<td>$19.68</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$17.29</td>
<td>$40.76</td>
</tr>
</tbody>
</table>

- State now pays 50% of dental premiums.
  The above amounts represent the employee portion of the premium.

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)
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 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
## Vision Benefits

### 2024 Monthly Premiums

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Basic</th>
<th>Expanded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.18</td>
<td>$6.30</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$6.35</td>
<td>$12.60</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$6.03</td>
<td>$11.98</td>
</tr>
<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$9.33</td>
<td>$18.54</td>
</tr>
</tbody>
</table>
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 - $3,050. Carryover limit - $610. **Full contribution available upfront.**

- **Limited Purpose FSA:** For dental and vision expenses only.
  - Annual limit - $3,050. Carryover limit - $610. **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.

[tn.gov/PartnersForHealth](tn.gov/PartnersForHealth)
Flexible Spending Accounts
Higher Education

**Important Enrollment Information:**
- To enroll use the form [FSA Flexible Spending](#) 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 2024 New Hire Guide found on the HR New Employee Webpage.

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

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

Disability insurance is offered to full-time higher education employees. Members pay the full monthly premium for Short Term Disability. The state pays the premium for Long Term Disability.

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 under Other Benefits and Disability.
- **Long-term Disability:** Replaces 63% of your income during a disability that is expected to last longer than 90 days. Coverage is underwritten by MetLife.
  - Employees are auto enrolled if benefit eligible and the premiums are paid by the state.

Information, including how to calculate your Short Term Disability rates, is at tn.gov/PartnersForHealth under Other Benefits and Disability.

tn.gov/PartnersForHealth
Effective Jan. 1, 2024, the state will pay 100% of the premiums for employee basic term life/basic accidental death and dismemberment insurance for state higher education employees. This change will automatically occur with no action from the employee.

- **Basic term life**: In 2024, designated beneficiaries will receive 1X the employee’s base annual salary rounded to the next highest thousand ($50K minimum/$250K maximum, except when reduced at age milestones).
- You may opt to decrease your coverage to $50,000 to avoid imputed income, as outlined in IRS publication 15B.
- **Basic accidental death and dismemberment**: Employee coverage will be 1X basic term life insurance coverage.
- Your basic term life/basic AD&D coverage amounts decrease at ages 65 and over.
- **There is no longer any Basic Dependent Life coverage.** Dependent life coverage would need to be secured through the Voluntary Term Life plan discussed in a later slide.
At ages 65 and over, employee basic term life/basic AD&D coverage amounts will reduce.

Employees should keep beneficiary information current with the System Insurance office. Forms and questions can be directed to utinsurance@tennessee.edu

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.
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 receive coverage with no questions asked.

- To apply for coverage and update your beneficiaries, go to 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 2024: This plan will be the sole resource for Dependent Life Insurance. If you want dependent spouse and/or child coverage you must enroll through Securian’s website during your first 30 days for guaranteed issue.

- Newly eligible spouses (due to qualifying events) 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.

- 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 under Other Benefits and Life Insurance for details. Premium rates are found on the Premium webpage.

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, provided by the state.
- Employee coverage is a choice of these five amounts: $50,000, $60,000, $100,000, $250,000 or $500,000.
- Dependent enrollment will be on a coverage tier basis [spouse only, spouse + child(ren), or child(ren) only]. 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.**
- 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)

tn.gov/PartnersForHealth
Enrolling in Benefits

You will submit all forms to the local ABC/Insurance Office for enrollment in benefits. Use utinsurance@tennessee.edu to submit the forms.

- You must complete your enrollment within **30 days** of your hire date or becoming eligible. This 30 day count begins with the date of hire from your offer letter OR the status change date to benefit eligibility.
- 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 (Vol ADD, FSA and HSA) available to you.**
- Enroll in **Voluntary Term Life** at Securian Financial website: lifebenefits.com/stateoftn or contact Securian at 866.881.0631

tn.gov/PartnersForHealth
### Dependent Eligibility

**Definitions and Required Documents**

<table>
<thead>
<tr>
<th>Type of Dependent</th>
<th>Definition</th>
<th>Required Documents for Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>A person to whom the participant is legally married</td>
<td>Identification proof of marriage or legal declaration of marriage</td>
</tr>
<tr>
<td>Natural/Adopted Child (Age 18 or younger)</td>
<td>A person related to the participant by blood, marriage, or adoption who is 18 years or younger</td>
<td>Identification proof of relationship (e.g., birth certificate, marriage certificate)</td>
</tr>
<tr>
<td>Natural/Adopted Child (Age 19-24)</td>
<td>A person related to the participant by blood, marriage, or adoption who is 19-24 years of age and is full-time student</td>
<td>Identification proof of relationship (e.g., birth certificate, marriage certificate) and full-time student documentation (e.g., college transcripts)</td>
</tr>
<tr>
<td>Disabled Dependent</td>
<td>A person related to the participant by blood, marriage, or adoption who is over 18 years of age and is disabled</td>
<td>Identification proof of relationship (e.g., birth certificate, marriage certificate) and medical documentation proving disability</td>
</tr>
</tbody>
</table>

**Additional Information**

- Certification of Eligibility: The participant must provide documentation proving the eligibility of each dependent.
- Medical Conditions: Include all relevant medical conditions and proof of diagnosis.
- Employment Status: Documentation proving the participant's employment status and income level.

**Documentation Requirements**

- Identification Proof: Birth certificates, marriage certificates, adoption certificates.
- Medical Documentation: Medical records, diagnoses, and treatment plans.
- Income Verification: Pay stubs, tax returns, and other income-related documents.

**Personal Information**

- Name: Full legal name of the dependent.
- Age: Exact age of the dependent.
- Gender: Male, Female, or Other.
- Relationship: Spouse, Child, or Other.

**Agency Section**

- Return this form to your agency benefits coordinator.
- Active employees should return this completed form to their agency benefits coordinator. Co-op participants should return this form to the benefits administrator.
**STATE OF TENNESSEE GROUP INSURANCE PROGRAM**

**BASIC TERM LIFE/AD&D INSURANCE ENROLLMENT/CHANGE APPLICATION**

University of Tennessee – Human Resources – Benefits Administration
505 Summer Place – DT Tower 501 – Knoxville, TN 37996 – 865.974.2337 – benefits@utk.edu

---

**PART 1: TYPE OF REQUEST**

- [X] Enroll Coverage
- [ ] Drop Coverage
- [ ] Change Coverage

**BENEFICIARY DESIGNATION**

- [X] Add
- [X] Change

**EMPLOYEE INFORMATION**

1. **Name:**
   - **First Name:**
   - **Last Name:**
   - **Date of Birth:**
   - **Social Security Number:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

2. **Current Employee:**
   - **Employing Agency:** University of Tennessee
   - **Position:**
   - **Full Time or Part Time:**
   - **Date of Hire:**
   - **Date of Termination:**

3. **EXCEPTION:**

4. **EMPLOYEE SIGNATURE:**
   - **Signature:**
   - **Date:**

---

**PART 2: ELECT COVERAGE**

- [ ] Elect full employee coverage by the state [Note: This is one of the basic annual salaries at or below $40,000.]
- [X] Elect no employee coverage by the state [Note: This is one of the basic annual salaries at or below $40,000.]

**EMPLOYEE BENEFIT COVERAGE**

- [ ] Basic coverage
- [ ] Term life insurance
- [ ] AD&D insurance

**PART 3: PRIMARY BENEFICIARY DESIGNATION**

1. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

2. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

3. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

4. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

---

**PART 4: CONTINGENT BENEFICIARY DESIGNATION**

1. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

2. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

3. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

4. **Name:**
   - **Relationship:**
   - **Beneficiary Designation:**
   - **Address:**
   - **City:**
   - **State:**
   - **Zip Code:**
   - **Phone Number:**

---

**PART 5: AGENCY SECTION**

- **Agency Signature:**
  - **Signature:**
  - **Date:**

---

**PART 6: EMPLOYEE BENEFIT PLAN COORDINATOR**

- **Signature:**
- **Date:**
Complete this form only if you wish to participate in the Medical, Limited Purpose or Dependent Care Reimbursement Account.

**Employee Information**
- **Name:** [Last, First, Middle initial]
- **Social Security Number:**
- **Home Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Date of Employment:**
- **Date of Death:**
- **Date of Reduction:**
- **Date of Death:**

**Medical Expense Account**
- **Annual Allowance:**
- **Maximum Allowable Annual Allowance:**
- **Maximum Allowable Total Limit:**
- **Maximum Allowable Per Diem Limit:**

**Limited Purpose Account**
- **Maximum Allowable Annual Allowance:**
- **Maximum Allowable Total Limit:**
- **Maximum Allowable Per Diem Limit:**

**Dependent Care Account**
- **Maximum Allowable Annual Allowance:**
- **Maximum Allowable Total Limit:**
- **Maximum Allowable Per Diem Limit:**

**Voluntary Reduction Agreement**
- **Amount Authorized:**
- **Effective Date:**

**Section 1: Employee Information**
- **Personnel Number:**
- **Work Phone Number:**

**Section 2: Calculate Your Maximum HSA Contribution**

Use the worksheet below to determine how much you can contribute to your HSA in 2024.

<table>
<thead>
<tr>
<th>Employee's Status</th>
<th>Individual HSA</th>
<th>Family HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4,150</td>
<td>$8,300</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 3: Calculate Your Pre-Deduct HSA Contributions**

<table>
<thead>
<tr>
<th>D. Pre-Deduct HSA Contributions</th>
<th>Individual HSA</th>
<th>Family HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Deduct HSA Contributions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee Authorization for Payroll Deduction to Health Savings Account**

To have money withheld from your paychecks and deposited into your health savings account (HSA) on a pretax 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 4: Employee Information**
- **Employee's Name:**
- **Employee's Address:**
- **Employee's Social Security Number:**
- **Employee's Phone Number:**
- **Employee's Email Address:**

**Employee’s Signature:**

Return this form to SDS Summer Place 390 UT Tower 
Knoxville, Tennessee 37992-0001

Keep a copy for your records.
STATE OF TENNESSEE GROUP INSURANCE PROGRAM

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ENROLLMENT APPLICATION

University of Tennessee - Knoxville, HR Benefits
505 Summer Place - UT Tower 507 - Knoxville, TN 37992 - 865.974.2821 - tennesseeinsurance.tn.gov

TYPE OF REQUEST

□ New Enrollment/Change
□ Employee only
□ Employee + spouse
□ Employee + spouse + children
□ Employee + children
□ Other (please specify)

EMPLOYEE INFORMATION

Social Security Number: 123-45-6789
Employee Name: John Doe
Employee Address: 123 Main St, Knoxville, TN 37917
Employee Phone: 865-555-1212
Employee Email: john.doe@university.tn

DEPENDENT INFORMATION

Name: Jane Smith
Relationship: Spouse
Date of Birth: 01/01/1980
Address: 456 Oak St, Knoxville, TN 37920
Phone: 865-555-1234

PRIMARY BENEFICIARY DESIGNATION

Primary Beneficiary: John Doe
Primary Beneficiary Relationship: Spouse
Primary Beneficiary Phone: 865-555-1212
Primary Beneficiary Social Security Number: 123-45-6789

This completes the primary beneficiary section. Please ensure all information is accurate and submit to the agency benefits coordinator.

AUTHORIZED:

I understand this enrollment is only for voluntary ESCE insurance and that it is up to me as the employee to designate a beneficiary. I further understand that I can change my beneficiary designation at any time or by completing a new application and returning it to my agency benefits coordinator. If I fail to designate a beneficiary, I understand that in the event of my death, proceeds will be paid to my spouse, children, parents, or estate according to applicable state law or as otherwise provided for in the insurance policy.

I authorize the State Group Insurance Program to release information to its life insurance contractor on behalf of myself and/or my family members involved in obtaining eligibility and coverage under the purpose of obtaining life insurance coverage. This authorization shall be in full force and effect even if there is any change or termination of the employee's employment with the University of Tennessee system's insurance company and even if the employee is no longer eligible to obtain such life insurance.

EMPLOYEE SIGNATURE:

[Signature]

AGENCY SECTION - MUST BE COMPLETED BY AGENCY BENEFITS COORDINATOR

[Agency Name]
[Agency Address]
[Agency Phone]

Complete beneficiary designation on page 2 of this application and return to your agency benefits coordinator.

[Agency Signature]

[Date]

NOTE: Contingent beneficiaries will only receive benefits if all primary beneficiaries are deceased.
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 EyeMed 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.**

[tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth)
Questions?
Email: utinsurance@tennessee.edu
Call: 865-974-5251