



HIGHER EDUCATION

NEW EMPLOYEE ORIENTATION

ENROLLMENT AND INSURANCE BENEFITS

Jan. 1 – Dec. 31, 2024

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.
- 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

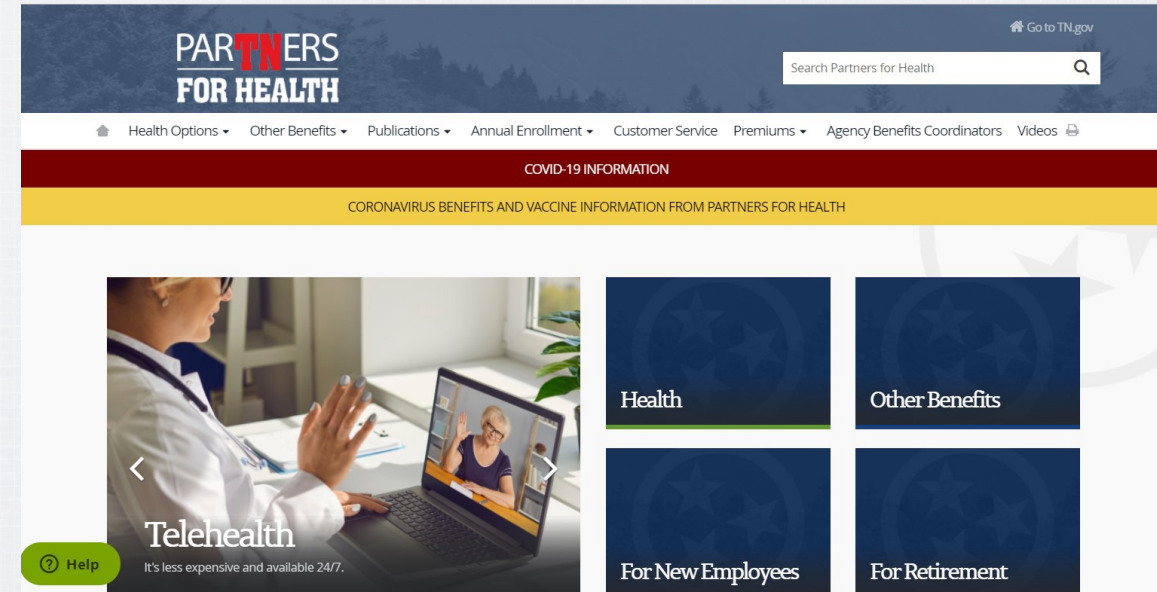
Online Resources - Website

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

tn.gov/PartnersForHealth



PARTNERS
FOR HEALTH

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.

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.

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.

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.

2024 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.

HEALTH PLAN OPTION COVERED SERVICES ⁽¹⁾	PREMIER PPO		STANDARD PPO		CDHP/HSA	
	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾	IN-NETWORK ⁽¹⁾	OUT-OF-NETWORK ⁽¹⁾
PREVENTIVE CARE — OFFICE VISITS						
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended 	No charge	\$45	No charge	\$50	No charge	40%
OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA						
Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider-based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$25	\$45	\$30	\$50	20%	40%
Specialist Office Visit <ul style="list-style-type: none"> Including surgery in office setting Provider-based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a specialist 	\$45	\$70	\$50	\$75	20%	40%
Behavioral Health and Substance Use ⁽²⁾ <ul style="list-style-type: none"> Including virtual visits 	\$25	\$45	\$30	\$50	20%	40%
Telehealth Carrier Programs (MDLive/Teledoc)	\$15	N/A	\$15	N/A	20%	N/A
Allergy Injection Without an Office Visit <ul style="list-style-type: none"> Allergy serum has additional member cost 	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	20%	40%
Chiropractic and Acupuncture <ul style="list-style-type: none"> Limit of 50 visits of each per year 	Visits 1-20: \$25 Visits 21-50: \$45	Visits 1-20: \$45 Visits 21-50: \$70	Visits 1-20: \$30 Visits 21-50: \$50	Visits 1-20: \$50 Visits 21-50: \$75	20%	40%
Convenience Clinic	\$25	\$45	\$30	\$50	20%	40%
Urgent Care Facility	\$45	\$70	\$50	\$75	20%	40%
PHARMACY						
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ⁽³⁾	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400			

2024 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.

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

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

⁽⁴⁾ Prior authorization required for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

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

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

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.

<ul style="list-style-type: none">• BlueCross BlueShield<ul style="list-style-type: none">• Network S• Network P*	<ul style="list-style-type: none">• Cigna<ul style="list-style-type: none">• 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: \$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.

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**

Premium Level	Premier PPO	Standard PPO	CDHP/HSA
Employee Only	\$159	\$102	\$71
Employee + Child(ren)	\$238	\$153	\$107
Employee + Spouse	\$357	\$230	\$160
Employee + Spouse + Child(ren)	\$412	\$265	\$185

- Premiums shown are for the employee share for **active employees**. Complete premium charts are found at 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.

2024 Deductibles/Out-of-Pocket Maximums (in-network)

	Premier PPO	Standard PPO	CDHP/HSA
	In-Network	In-Network	In-Network
Deductibles			
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
Out-of-Pocket Max			
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

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

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

Tiers	Cigna DHMO	Delta Dental DPPO
Employee Only	\$ 7.09	\$10.01
Employee + Child(ren)	\$14.73	\$26.61
Employee + Spouse	\$12.57	\$19.68
Employee + Spouse + Child(ren)	\$17.29	\$40.76

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

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

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 - \$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.

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

Find an FSA/HSA grid showing contribution amounts, tax benefits and how to use your funds at 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

**PARTNERS
FOR HEALTH**

Basic Term Life/Accidental Death and Dismemberment Higher Education

p 1

- 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.

Basic Term Life/Accidental Death and Dismemberment Higher Education

p3

- 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.

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 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 Securians 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)

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

RESET



STATE OF TENNESSEE GROUP INSURANCE PROGRAM
2024 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

KEYED: _____
 VERIFIED: _____

PER# _____
**PARTNERS
 FOR HEALTH**

PART 1: ACTION REQUESTED — PLEASE SEE PAGE 3 FOR INSTRUCTIONS									
TYPE OF ACTION	COVERAGE	PARTICIPANTS AFFECTED	REASON FOR THIS ACTION	QUALIFYING EVENT - review page 2, complete page 3 for medical/dental/vision					
<input type="checkbox"/> Add coverage <input type="checkbox"/> Change coverage 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"/> Court Order <input type="checkbox"/> Annual Enrollment Revision <input type="checkbox"/> Other _____	<input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Newborn <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Loss of Eligibility <input type="checkbox"/> Adoption					
PART 2: EMPLOYEE INFORMATION									
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	MARITAL STATUS				
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY University of Tennessee		EMPLOYER GROUP: <input checked="" type="checkbox"/> HED	YOUR CURRENT STATUS <input checked="" type="checkbox"/> Active					
HOME ADDRESS	CITY		ST	ZIP CODE	COUNTY				
PART 3: HEALTH COVERAGE SELECTION — CHOOSE CAREFULLY. EXCEPT FOR QUALIFYING EVENTS, CHANGES ARE NOT ALLOWED OUTSIDE THIS PLAN'S ANNUAL ENROLLMENT.									
SELECT AN OPTION	HSA Please complete an HSA deduction form requested from utinsurance@tennessee.edu			SELECT A CARRIER & NETWORK			SELECT A HEALTH PREMIUM LEVEL		
<input type="checkbox"/> Premier PPO <input type="checkbox"/> CDHP/HSA <input type="checkbox"/> Standard PPO				<input type="checkbox"/> BCBS Network S <input type="checkbox"/> BCBS Network P* <input type="checkbox"/> Cigna LocalPlus <input type="checkbox"/> Cigna Open Access* *higher premium applies			<input type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)		
PART 4: DENTAL COVERAGE SELECTION			PART 5: VISION COVERAGE SELECTION			PART 6: DISABILITY SELECTION (ST/UT/TR)			
SELECT A PLAN	SELECT A DENTAL PREMIUM LEVEL	SELECT A PLAN	SELECT A VISION PREMIUM LEVEL	SHORT TERM DISABILITY		LONG TERM DISABILITY			
<input type="checkbox"/> Delta Dental DPO <input type="checkbox"/> Cigna DHMO (Prepaid Provider)	<input type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)	<input type="checkbox"/> Basic Plan <input type="checkbox"/> Expanded Plan	<input type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)	<input type="checkbox"/> 60%/14 day Elimination Period <input type="checkbox"/> 60%/30 day Elimination Period		<input type="checkbox"/> EMPLOYER PAID default plan unless another option is selected <input type="checkbox"/> 63%/90 day Elim Period <input type="checkbox"/> Employee pays - 60%/90 day Elim Period <input type="checkbox"/> Employee pays - 60%/180 day Elim Period <input type="checkbox"/> Employee pays - 63%/180 day Elim Period			
PART 7: DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY									
NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER	ACQUIRE DATE *	SOCIAL SECURITY NUMBER	HEALTH	DENTAL	VISION	
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*The acquire date is the date of marriage, birth, adoption or guardianship. Proof of a dependent's eligibility must be submitted with this application for all new dependents (see page 2). <input type="checkbox"/> A separate sheet with more dependents is attached									
PART 8: EMPLOYEE AUTHORIZATION									
<input type="checkbox"/> Accept I confirm that the information above is true. I understand my health, dental and vision selections are effective until the end of the plan year (December 31) subject to plan eligibility criteria, and that I cannot change insurance plans or carriers during the plan year. If I experience a qualifying event, I may be eligible for changes in enrollment of plan members and dependents (see pg. 3). I understand that submission of fraudulent information may lead to consequences including cancellation of insurance, disciplinary action from my employer, or possible criminal penalties. I understand that if my dependent loses eligibility, it is my responsibility to notify my benefits coordinator, and coverage will terminate at the end of the month in which the loss of eligibility occurs. I understand that I will be held responsible for any claims paid in error if I fail to notify.									
<input type="checkbox"/> Refuse I have been given the opportunity by my employer to apply for the group insurance program and have decided not to take advantage of this offer. I understand that if I later wish to apply, I or my dependents will have to provide proof of a qualifying event or wait until annual enrollment.									
EMPLOYEE SIGNATURE		DATE	PHONE (REQUIRED)		EMAIL ADDRESS (REQUIRED)				
AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR									
ORIGINAL HIRE DATE	COVERAGE BEGIN DATE	POSITION NUMBER	EDISON ID	NOTES TO BENEFITS ADMINISTRATION					
AGENCY BENEFITS COORDINATOR SIGNATURE			DATE	<input type="checkbox"/> PPACA Eligible <input type="checkbox"/> 1450 Eligible					

Active employees should return this completed form to your agency benefits coordinator. COBRA participants should send to Benefits Administration.

FA-1043 (rev 07/23)

RCA 11367



DEPENDENT ELIGIBILITY

Definitions and Required Documents

**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 proving marital relationship AND one document from the additional documents list below: Proof of Marital Relationship • Government-issued marriage certificate or license • Naturalization papers indicating marital status Additional Documents • Bank Statement issued within the last six months with both names; or • Mortgage Statement issued within the last six 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 If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child's birth certificate (will accept mother's copy for newborn); or Certificate of Report of Birth (DS-1350); or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	Final court order granting adoption; or International adoption papers from country of adoption; or Court order placing child in custody of member for purpose of adoption
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse, or documents determined by BA to be the legal equivalent
Disabled dependent	A dependent of any age who falls under one of the child categories previously listed and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	Certificate of Incapacitation for Dependent Child form must be submitted prior to the dependent's 26th birthday. Additional documentation will be required to comply with any future review. The insurance carrier will review the form, make a determination and provide BA with documentation once a determination has been made. If approved for incapacity, the child will continue the same coverage.
Child under age 26 placed for guardianship, custody or conservatorship with the head of contract* (placement order active or expired due to age of majority)	A child under age 26 for whom the head of contract is or has been the legal guardian, custodian or conservator	Valid order by a court of competent jurisdiction (placement order) establishing guardianship, custody or conservatorship arrangement between child and head of contract; and an attestation signed by the head of contract upon initial enrollment and upon request

*Head of contract is the person who elects coverage and has authority to change coverage elections.

Never send original documents. Please mark out or black out any Social Security numbers and any personal financial information on the copies of your documents **BEFORE** you return them.



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

PART 1: TYPE OF REQUEST		
ENROLLMENT	<input type="checkbox"/> New Hire <input type="checkbox"/> Add Coverage <input type="checkbox"/> Change Coverage	<input type="checkbox"/> Qualifying Event Change Request* Complete page 2 and page 3 (if applicable) and return to your agency benefits coordinator within the allowed timeframe.
BENEFICIARY DESIGNATION	<input type="checkbox"/> Add <input type="checkbox"/> Change Beneficiary Designation Effective Date: _____ Complete page 2 and return to your agency benefits coordinator.	

PART 2: ELECT COVERAGE	
Employee only:	
<input type="checkbox"/> I want full employee coverage paid by the state [Note: This is one times my base annual salary as of hire or Sept. 1 of each year (effective Jan. 1) with a minimum basic term life coverage of \$50,000 and a maximum coverage of \$250,000; coverage is reduced at ages 65, 70, and 75. Basic AD&D coverage is one times basic term life coverage. Imputed income, as explained in IRS Publication 15, for basic term life coverage above \$50,000 will be shown on employee's W2.]	
<input type="checkbox"/> I want only \$50,000 of employee coverage paid by the state even though I qualify for coverage above \$50,000 (Note: Coverage may be less than \$50,000 if calculated coverage due to age is less than \$50,000.)	

PART 3: EMPLOYEE INFORMATION					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY University of Tennessee		DAYTIME PHONE NUMBER	EDISON ID	
HOME ADDRESS	CITY	ST	ZIP CODE		

PART 4: EMPLOYEE AUTHORIZATION	
I understand this enrollment is only for basic term life/basic AD&D coverage and that it is up to me as the employee to designate a beneficiary. I further understand that I can only change my beneficiary designation(s) in Edison 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 certificate of coverage provisions.	
I authorize the State Group Insurance Program (SGIP) to release information to its life insurance contractor on behalf of myself required to establish eligibility and coverage levels for the purpose of obtaining life insurance coverage. This authorization shall be in force while I have a pending application or maintain enrollment with the SGIP's life insurance company. The SGIP will not condition treatment, payment, or enrollment eligibility on the signature of this authorization and may not have the right to control further disclosures of this information.	
I confirm that all information I have provided herein is accurate and that I may be subject to disciplinary and/or legal action if I provide false and/or misleading information. I authorize my employer to deduct the required premium from my salary/wages.	
EMPLOYEE SIGNATURE	DATE
PART 5: AGENCY SECTION – MUST BE COMPLETED BY AGENCY BENEFITS COORDINATOR	
HIRE DATE	ABC SIGNATURE/DATE

NAME	EDISON ID	OR	SSN
------	-----------	----	-----

PRIMARY BENEFICIARY DESIGNATION				
1. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
2. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
3. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
4. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
5. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
ADD PRIMARY BENEFICIARY BENEFIT PERCENTAGES FROM THE LINES ABOVE. TOTAL MUST BE 100%.				TOTAL BENEFIT %:

CONTINGENT BENEFICIARY DESIGNATION (TO RECEIVE DEATH BENEFITS WHEN NO LIVING PRIMARY BENEFICIARY)				
1. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
2. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
3. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
4. NAME	PHONE NUMBER	SSN	RELATIONSHIP	BENEFIT %
HOME ADDRESS		CITY	STATE	ZIP CODE
ADD CONTINGENT BENEFICIARY BENEFIT PERCENTAGES FROM THE LINES ABOVE. TOTAL MUST BE 100%.				TOTAL BENEFIT %:

RESET

UNIVERSITY OF TENNESSEE FLEXIBLE BENEFITS PLAN

FSA ELECTION & COMPENSATION REDUCTION AGREEMENT — 2024 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



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	PER NO (FRM 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
		<input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 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 .			
If you are enrolled in the HealthSavings CDHP, you are not eligible to contribute to the Medical Expense Account; however, you may contribute to the Limited Purpose Account (for vision and/or dental expenses only).			
In Box #1, indicate the reduction amount per pay period. In Box #2, indicate the number of regular payroll checks you expect to receive during the plan year. Consult your payroll office if you are unsure of how many checks you will receive. In Box #3, indicate the total dollar amount you elect to contribute for the plan year.			
MEDICAL EXPENSE ACCOUNT		LIMITED PURPOSE ACCOUNT	
Maximum allowable annual contribution for 2024 is \$3,050 (Minimum contribution for the year is \$120)		ONLY TO BE USED WITH AN EXISTING HSA ACCOUNT AND THE CDHP HEALTH OPTION Maximum allowable annual contribution is \$3,050 (Minimum contribution for the year is \$120)	
Box #1 Reduction per regular paycheck	\$	Box #1 Reduction per regular paycheck	\$
Box #2 Number of reg. paychecks (remaining)	X	Box #2 Number of reg. paychecks (remaining)	X
Box #3 Total plan year dollar amount	= \$	Box #3 Total plan year dollar amount	= \$
DEPENDENT CARE ACCOUNT			
Tax Filing Status (please check one)			
<input type="checkbox"/> Married, filing separately (maximum \$2,500)			
<input type="checkbox"/> Married, filing jointly (maximum \$5,000)			
<input type="checkbox"/> Head of household (maximum \$5,000)			
Box #1 Reduction per regular paycheck			
Box #2 Number of reg. paychecks (remaining)			
Box #3 Total plan year dollar amount			
AUTHORIZATION			
<ul style="list-style-type: none">I understand this is not an application for insurance. To enroll or change my medical or dental insurance, I must complete the proper insurance forms.I hereby authorize my employer to reduce my gross salary before federal, state and social security taxes are calculated by the total amount of annual salary reduction indicated above. I understand that the amount of salary reduction will include the items specified above and will continue in effect unless I file an approved family status change.I understand that any amount remaining in my Dependent Care account that is not used during the plan year will be forfeited since it cannot be carried to the next plan year. I also understand that any funds in excess of \$610 remaining in either the Medical Expense Account or Limited Purpose Account at the end of the year will be forfeited. Funds of \$610 or less will carry over into the following year if I re-enroll.I understand and agree that the state will not incur any liability resulting from either my participation in or my failure to accurately complete this enrollment form. I further understand that if I elect not to participate in salary reduction with respect to the benefits listed above, I forego my right to participate during the upcoming plan year.			
EMPLOYEE SIGNATURE		DATE	

Return this application to The University of Tennessee Benefits Office, 505 Summer Place - UT Tower 907, Knoxville, TN 37902
For questions regarding enrollment or a family status change, please contact the Benefits Office 865.974.5251

(rev 9/22)

2024



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:		
<input type="checkbox"/> Begin a deduction <input type="checkbox"/> Change my deduction <input type="checkbox"/> Stop my deduction		
Effective date _____		
Section 1: Employee Information		
Name _____ (Last, First, Middle initial)		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.		
Select your enrollment status		
	Individual HSA	Family HSA
A. Maximum amount that can be put in your HSA for 2024	\$4,150	\$8,300
B. Are you age 55 or older? No, write \$0. Yes, write \$1,000	+	+
C. How much your employer will contribute in 2024	- \$ 500-	- \$1,000-
D. A + B - C =	=	=
The most you can contribute in 2024		
If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a mid-year change, be sure to include any amounts you have already contributed in 2024.		
Section 3: Calculate Your Per-Paycheck HSA Contribution		
Continue the worksheet to determine how much you will contribute to your HSA per paycheck.		
Individual HSA		Family HSA
Total from D.	\$ _____	Total from D.
E. Number of paychecks remaining in 2024 (if paid biweekly max is 24)		E. Number of paychecks remaining in 2024 (if paid biweekly max is 24)
F. D ÷ E = \$ _____ This is the most you can contribute per paycheck (You can preload and use more but you must complete a second form stopping the larger contribution)		F. D ÷ E = \$ _____ This is the most you can contribute per paycheck (You can preload and put more, but you must complete a second form stopping the larger contribution)
Amount you elect to contribute to your HSA per paycheck \$ _____ Can be any amount up to or less than F		Amount you elect to contribute to your HSA per paycheck \$ _____ Can be any amount up to or less than F
Instead of a year long payroll deduction you also have the option to "front load" your HSA account and then stop deductions after you reach the IRS max. (e.g. elect four (4), \$1,037.50 deductions during the beginning of the year and then stop the deduction.)		
By signing this form, I am requesting that payroll deductions be started or changed as shown in Section 3 above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.		
This request replaces any previous payroll deduction requests for my HSA.		
Employee's signature		Date

Return this form to 505 Summer Place - 907 UT Tower • Knoxville, Tennessee 37902 •
(865) 974-5251 • utinsurance@tennessee.edu Keep a copy for your records.

RESET



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

TYPE OF REQUEST		ACTION FOR ENROLLMENT CHANGE		EMPLOYEE	VOLUME OF COVERAGE
<input type="checkbox"/> New Enrollment/Change	<input type="checkbox"/> Add Dependent	<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"/> Employee only	<input type="checkbox"/> Terminate Dependent	<input type="checkbox"/> \$60,000			
<input type="checkbox"/> Employee + spouse	<input type="checkbox"/> Terminate Coverage	<input type="checkbox"/> \$100,000			
<input type="checkbox"/> Employee + spouse + child(ren)	<input type="checkbox"/> Add/Change Beneficiary	<input type="checkbox"/> \$250,000			
<input type="checkbox"/> Employee + child(ren)	Effective Date of Change: _____	<input type="checkbox"/> \$500,000			
<input type="checkbox"/> Other Enrollment*					
EMPLOYEE INFORMATION					
FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY Univ of Tenn		DAYTIME PHONE NUMBER	EDISON ID	
HOME ADDRESS	CITY	ST	ZIP CODE		
DEPENDENT INFORMATION					
Name (First, MI, Last)	Date of birth	Relationship	Gender	Acquire date**	SSN
<input type="checkbox"/> A separate sheet with more dependents is attached					

AUTHORIZATION	
<p>I understand this enrollment is only for voluntary AD&D coverage and that it is up to me as the employee to designate a beneficiary. I further understand that I can only change my beneficiary designation(s) in Edison 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 certificate of coverage provisions.</p> <p>I authorize the State Group Insurance Program to release information to its life insurance contractor on behalf of myself and all family members required to establish eligibility and coverage levels for the purpose of obtaining life insurance coverage. This authorization shall be in force while I have a pending application or maintain enrollment with the SGIP's life insurance company. The SGIP will not condition treatment, payment, or enrollment eligibility on the signature of this authorization and may not have the right to control further disclosures of this information.</p> <p>I confirm that all information I have provided herein is accurate and that I may be subject to disciplinary and/or legal action if I provide false and/or misleading information. I authorize my employer to deduct the required premium from my salary/wages.</p>	
EMPLOYEE SIGNATURE	DATE
AGENCY SECTION - MUST BE COMPLETED BY AGENCY BENEFITS COORDINATOR	
HIRE DATE	SIGNATURE/DATE

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

NAME		EDISON ID	OR	SSN
PRIMARY BENEFICIARY DESIGNATION				
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
TOTAL FOR PRIMARY BENEFICIARY (MUST BE 100%)				TOTAL
CONTINGENT BENEFICIARY DESIGNATION				
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
NAME	PHONE NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENT OF BENEFIT
HOME ADDRESS	CITY	STATE	ZIP CODE	
TOTAL FOR CONTINGENT BENEFICIARY (MUST BE 100%)				TOTAL

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

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 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.**



THANK YOU

Questions?

Email: utinsurance@tennessee.edu

Call: 865-974-5251