January 5, 2015

2015 Partnership Promise Welcome Mailer

In 2015, all Partnership PPO members and covered spouses must complete the **Well-Being Assessment (WBA)** by the **March 15** deadline. We encourage members to login right away to complete their WBA. Remember, returning members can use their existing login information to complete the WBA. Members who have not yet created a Well-Being account will need to do so in Well-Being Connect.

Starting this week, Partnership Promise members and covered spouses will receive a 2015 Partnership Promise welcome mailer at the mailing address Benefits Administration has on file. It includes important information about how to complete the 2015 Partnership Promise and the requirement deadlines.

- January 5 – Welcome mailers for the head of contract (HOC) will mail
- January 12 – Welcome mailers for covered spouses will mail

We have attached samples of the mailers and envelopes. The dark blue version is for the head of contract (HOC), and the light blue version is the mailer for covered spouses.

***** Please email the information below to your Partnership PPO members *****

Attention 2015 Partnership PPO Members

Please be on the lookout for a 2015 Partnership Promise welcome mailer, which will be mailed to the address Benefits Administration has on file for you and your covered spouse (if applicable). A dark blue version of the mailer will be sent to the head of contract, and a light blue mailer will be sent to covered spouses.

This mailer includes detailed information about the 2015 Partnership PPO requirements and important deadlines. All Partnership PPO members (excluding dependent children) must complete the **Well-Being Assessment** (WBA) by March 15. **Click here** to complete your assessment now.

To receive helpful Partnership Promise reminder emails, you can also sign up by **clicking here**.

Attachments:

HOC Partnership Promise Welcome Mailer/Envelope
Dependent Partnership Promise Welcome Mailer/Envelope

PARTNERSHIP PROMISE

Healthways is your partner throughout your wellness journey.

These are the Partnership Promise requirements you must complete in order to remain in the Partnership PPO next year.

Healthways will send a written notification and call you if you're required to enroll in coaching.

Anyone in the wellness program can enroll in coaching. But if Healthways calls or writes you to enroll, you must participate in your coaching calls. If you have questions, call **1.888.741.3390**.

Take the first step by completing your online Well-Being Assessment® (WBA).

Get a complete view of your overall health and steps you can take to maintain or improve through your Well-Being Assessment (WBA). Your answers are completely private and will not be shared with your employer. Be sure you complete step one of your Partnership Promise requirements by **March 15, 2015**!

To get started, visit **www.partnersforhealthtn.gov** and click on "**My Wellness Login**." Then, sign in to your Well-Being Account (or click "**Sign Up**" to create a new account). If you don't have access to a computer, call **1.888.741.3390** for other options.

DEADLINE: MARCH 15, 2015

Meet your guide to better well-being.

Coaching means you'll work one-on-one with a healthcare professional to reach your health goals. That can include things like losing weight, managing a chronic condition and quitting tobacco (if you are a tobacco user).

Calls are private and scheduled at times that work for you. Personal trainers, dietitians and other well-being professionals are expensive, but with your PartNers for Health Wellness Program, you get personalized support at no extra cost to you.

Keep your information updated so we don't miss you!

If your home address, phone number or email changes, you must update this information as soon as possible. For details, go to **www.partnersforhealthtn.gov** and select the 2015 Partnership Promise in the blue box.

Learn more about your health with a biometric screening.

If you are called by Healthways for coaching, you'll need to see your health care provider for a biometric screening. You will need to take your official Physician Screening Form with you to your appointment. There are two ways to get the form: online or over the phone.

- Online: Visit **www.partnersforhealthtn.gov** and find the **Quick Links** box. Click "**Complete Your Biometric Screening**." Register on the screening website and select the "**Physician Screening Form**" option. Print it and take it to your next appointment for your doctor to fill out and sign. Then you or your provider must return the form to Onsite Health Diagnostics (OHD) by **July 15, 2015**.
- Over the phone: Call **1.888.741.3390** and select option 1 to order your Physician Screening Form.

If you are contacted by BlueCross, Cigna or Magellan, you will need to participate in Case Management to coordinate care across all of your providers for chronic conditions and/or catastrophic illnesses or injuries.

NOTE: There are no on-site screenings offered for the 2015 program year.

It's time to get started.

You and your spouse (if he or she is on your insurance plan) must take the first step of the Partnership Promise and complete your Well-Being Assessment by **March 15, 2015.**

How will you be a partner in 2015?

Your well-being is all about YOU. And we want to partner with you to make this year YOUR best. We also want to hear all about the changes you're making.

Tell us.

- MAKE your goal. This can be anything you personally want to work on or something you want to maintain in 2015.
- POST your goal with the hashtag **#ImAParTNer** to our Facebook and Twitter accounts and …
- SEND us your story. We want to celebrate your successes and partner with you to keep up the great work you're already doing. Send your stories to **partnersforhealth@healthways.com**.

Take this card and post it somewhere you will see it every day. This is your reminder of your partnership and requirements for 2015.

Today, I'm in charge.

I will:

1. **Complete** my Well-Being Assessment by **March 15, 2015**.
2. **Work** with my coach (if notified) and keep my contact information up to date.
3. **Schedule** and complete a biometric screening, **if contacted for coaching**, with my health care provider by **July 15, 2015**.
4. **Make** positive changes so this year is my best.

Questions? Contact us.

We're here to help.

CALL:
1.888.741.3390

EMAIL:
partnersforhealth@healthways.com

VISIT:
www.partnersforhealthtn.gov

CALL CENTER HOURS:
Monday-Friday: 8:00 a.m. – 8:00 p.m. CT

STATE OF TENNESSEE

DEPARTMENT OF FINANCE AND ADMINISTRATION

BENEFITS ADMINISTRATION

312 Rosa L. Parks Ave.
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, TN 37243

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

Welcome!

Congratulations on your enrollment in the Partnership PPO for 2015. You are taking an important step by putting your well-being first.

Members have proven results from joining the Partnership PPO. Take a look at how being a partner has had a positive impact*:

- 90% of Partnership PPO members have lost weight
- 90% of Partnership PPO members maintained or improved their blood pressure, cholesterol and blood glucose
- More Partnership PPO members got preventive screenings and were more likely to find out about conditions and diseases in their earliest, most treatable stages

*Based on data from members who completed a biometric screening in both 2011 and 2013.

These results go hand in hand with the Governor's *Healthier Tennessee Initiative*, which encourages all Tennessee employers and citizens to improve their health and wellness.

This is your guide to your 2015 Partnership Promise requirements. As a member, you and your spouse (if he or she is on your insurance plan) will need to complete them in 2015 to remain in the Partnership PPO.

You have until **March 15, 2015**, to complete the first step. Why not get started today!

Be Well,

Laurie S. Lee, Executive Director
Benefits Administration

Your Partnership Promise status update

Status update
Healthways will send status updates in the mail to let you know where you are in your Partnership Promise for 2015. Notices **for some members** may start as early as April 2015 (e.g., those who have completed the Well-Being Assessment and have not received written notice that they will receive calls for coaching).

How to check your Partnership Promise Status
To check your status, call **1.888.741.3390** and select option 1 to use the automated verification system.

HEALTHWAYS

About Healthways
The State contracts with Healthways, a leading provider of well-being improvement solutions, to manage the wellness program. Healthways protects the confidentiality of your information in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Call Center hours:
Monday-Friday: 8:00 a.m. to 8:00 p.m. CT

Questions?
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Email: partnersforhealth@healthways.com
Visit: www.partnersforhealthtn.gov

IMPORTANT PRIVACY NOTICE: The State Group Insurance Program is prohibited from giving your protected health information to your employer or any person or entity not authorized by law. Personal health information is protected under federal and state law and is released to State Group Insurance Program business partners in order to assist members with managing their health care needs, health plan operations and as authorized by law. As required by federal law, the State Group Insurance Program has agreements with our business partners that protect personal health information. More details about the privacy of Protected Health Information under federal law are available at www.hhs.gov/ocr/privacy.

WELCOME TO THE

PARTNERS FOR HEALTH

WELLNESS PROGRAM

Today is day one of your Partnership Promise.

The ParTNers for Health Wellness Program has everything you need to help you meet your goals.

Follow the steps inside to complete your 2015 Partnership PPO requirements.

WELCOME
TO THE

PARTNERS
FOR HEALTH

WELLNESS
PROGRAM

Healthways
701 Cool Springs Blvd.
Franklin, TN 37067

<FIRST NAME> <LAST NAME>
<ADDRESS1>
<ADDRESS2>
<CITY>, <STATE> <ZIP>

It's time to start your wellness journey.

Complete step one by March 15, 2015 – and count on our support every step of the way.

You are a partner with the ParTNers for Health Wellness Program. Today's the day to begin.

OPEN FOR IMPORTANT PARTNERSHIP PROMISE MEMBER INFORMATION

PARTNERSHIP PROMISE

Healthways is your partner throughout your wellness journey.

As a covered spouse, these are the Partnership Promise requirements that you must complete in order to remain in the Partnership PPO next year.

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Keep your information updated so we don't miss you!

If your home address, phone number or email changes, you must update this information as soon as possible. You can call Healthways at **1.888.741.3390** or change it in Well-Being Connect (where you sign in to your Well-Being Account).

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*Based on data from members who completed a biometric screening in both 2011 and 2013.

These results go hand in hand with the Governor's *Healthier Tennessee Initiative*, which encourages all Tennessee employers and citizens to improve their health and wellness.

This is your guide to your 2015 Partnership Promise requirements. As a spouse on the Partnership PPO insurance plan, you will need to complete them in 2015 for your family to remain in the Partnership PPO.

You have until **March 15, 2015**, to complete the first step. Why not get started today!

Be Well,

Laurie S. Lee, Executive Director
Benefits Administration

Your Partnership Promise status update

Status update
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IMPORTANT PRIVACY NOTICE: The State Group Insurance Program is prohibited from giving your protected health information to your employer or any person or entity not authorized by law. Personal health information is protected under federal and state law and is released to State Group Insurance Program business partners in order to assist members with managing their health care needs, health plan operations and as authorized by law. As required by federal law, the State Group Insurance Program has agreements with our business partners that protect personal health information. More details about the privacy of Protected Health Information under federal law are available at www.hhs.gov/ocr/privacy.

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<FIRST NAME> <LAST NAME>
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OPEN FOR IMPORTANT PARTNERSHIP PROMISE SPOUSE INFORMATION

January 6, 2015

To all ABCs:

Edison is installing Identity and Access Management applications, also known as OIM, to reduce the risk of unauthorized access to Edison user accounts. **The go-live date is scheduled for Tuesday, January 20**.The entire Edison system will be unavailable from Friday, January 16 at 5:00 p.m. through Tuesday, January 20 at 6:00 a.m.

During recently completed User Acceptance Testing, Edison discovered that Internet Explorer 8, 7, 6 and Windows XP are not compatible with the new Identity and Access applications. Users who try to access the system using these lower Web browser versions or desktop operating systems will not be successful.

We realize that a number of employees are still using devices with these older versions and wanted to alert you of the need to address this situation as soon as possible before the go-live date. The following options are available:

Options

1) **The preferred option is to remove Internet Explorer 8 or lower from impacted employee laptops/desktop PCs and reinstall Internet Explorer versions 9 or 10. Both of these Internet Explorer versions are compatible with Identity and Access Manager.**
2) **Instruct employees to use other available alternative computers that currently have Internet Explorer 9 or 10 already installed.**
3) **A third option is to assist employees with installing the most current version of Mozilla Firefox, which is a browser that has been tested and found compatible with Edison's Identity and Access applications.**

You may want to meet with your technology folks to alert them to this change. As Edison continues to move forward with new and enhanced software changes, it has become increasingly important to stay current with Web browsers and desktop operating systems that are fully supported.

The first email from Edison with upgrade information will be sent out to all of your employees with email addresses in Edison on Friday, January 9th. It will include general information about the upgrade and a link to training materials. We will share the language of that email with you as soon as we receive it.

January 9, 2015

To all ABCs:

This evening, the following email will be sent to all Local Ed, Local Gov and Higher Ed employees who have email addresses in Edison:

Subject line: Edison Security Software Announcement-Edison Identity & Access Management

On January 20, 2015, Edison, the computer system you use to select your benefits, is implementing new security software known as Identity and Access Management. This software significantly increases security protection of business and personal data stored within the Edison system. Identity and Access Management is similar to the more advanced security software used by banks to support online banking. The biggest change users will see is the way they log in to Edison. Implementing this change requires the entire Edison system to be down from 5:00 p.m. Friday, January 16 through 6:00 a.m. Tuesday, January 20.

What should be done in advance?

After January 20, you must reset your password and enter an online security profile before you can access the system. Prior to this date, **you should make sure you have a valid, unique email address in the 'My System Profile' section of Edison**. This email address will be used to email your Access ID and temporary initial password following go-live. If you do not have an email address entered in My System Profile, you will receive your Access ID and temporary password from your Agency Benefits Coordinator, which could delay access.

What changes can be expected?

After changing the temporary initial password to the new password of your choice, you must create an online security profile by:

- selecting a picture with a phrase ,
- answering five security questions that only you know, and
- entering an email address where your will receive a one-time password.

The *picture and phrase* help verify that you are on the official Edison login site and not one copied by a hacker.

The *security questions and answers* will be used to verify your identity when you have forgotten your old password and use the 'Forgot your password' feature to reset your password.

The *email address* for the one-time password is used to send a temporary password when certain high risk security levels are exceeded. Your email address used for the one-time password can be either a business or personal email address and should be one that only you can access.

The Identity and Access Reference Guide contains detailed information about the login process. This guide can be obtained at: *http://upk.edison.tn.gov/Identity_And_Access/IAM_Reference_Guide.pptx*.

Where can information be found?

Alerts will be posted regularly on the Edison portal in the Edison Upgrade Information box. These alerts will help familiarize you with more specific changes that will occur with the Identity and Access implementation. All prior alerts can be viewed by clicking the link 'View All Articles and Sections'.

Additional information about the implementation will also be sent via email in the upcoming weeks.

January 9, 2015

ABC Conference Calls

Don't forget, conference calls for Local Education, Central State, Local Government and Higher Education are next week!

Local Education – Tuesday, January 13 at 9:00 a.m. CT
Central State – Tuesday, January 13 at 10:30 a.m. CT
Local Government – Tuesday, January 13 at 1:00 p.m. CT
Higher Education – Wednesday, January 14 at 9:00 a.m. CT

The call agenda is attached. You can **click here** to find the webinar instructions and link to log in to the presentation. Webinar login information can also be found on the **ABC webpage** in the **Conference Call Notes box**, titled "**Webinar Login Instructions**".

Oracle Identity Management (OIM, also known as OIAM) – (State)

The Oracle Identity and Access Management (OIAM) update is scheduled for January 20, 2015. As a reminder, this is going to be the new way to log in to Edison and is a new software solution. OIAM will add additional security to make the site safer and will ask employees to select security questions and a screenshot image.

- January 9 – An introductory email went out to all users and contained a link to training material.
- January 12 – First outage reminder email to all users. Will contain a training reminder.
- January 16 – Final outage reminder email to all users.

Oracle Identity Management (OIM, also known as OIAM) – (LE, LG and HE)

The Oracle Identity and Access Management (OIAM) update is scheduled for January 20, 2015. As a reminder, this is going to be the new way to log in to Edison and is a new software solution. OIAM will add additional security to make the site safer and will ask employees to select security questions and a screenshot image.

- January 9 (evening) – An introductory email will go out to all users and contains a link to training material.
- January 12 – First outage reminder email to all users. Will contain a training reminder.
- January 16 – Final outage reminder email to all users.

January 16, 2015

ABC Call Notes

The combined notes from the January 13 and 14 ABC conference calls are attached.

Physician Screening Form (PSF)

As we mentioned on the conference calls this week, members now have another option to submit the PSF. The upload option is now available to members. Instructions on how to upload the form are available on the scheduler and attached to this email.

Oracle Identity and Access Management (OIAM, also known as OIM)

The Oracle Identity and Access Management (OIAM) update is scheduled for this Tuesday (January 20). **Edison will be down from Friday, January 16 at 5 p.m. until Tuesday, January 20 at 6 a.m. CT.**

OIAM will add additional security to make the site safer and will ask employees to select security questions and a screenshot image.

FYI, attached is a template of the email that Edison will send to you and all state, higher education, local education and local government employees who have an email address in the Edison system.

ABC Workshop - Oracle Identity and Access Management

Benefits Administration will be conducting a workshop showing how to log into the new Oracle Identity and Access Management security piece of Edison that goes live on Tuesday.

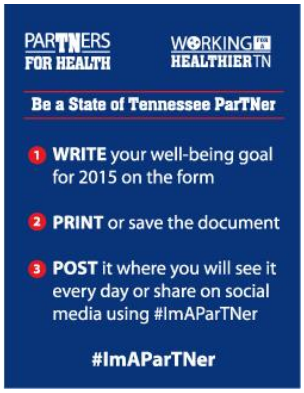
Two workshop dates are available. Please register for only one workshop using Enterprise Learning Management (ELM):

- Tuesday, January 20, 9:30 a.m. to 10:30 a.m. CT
- Wednesday, January 21, 2:00 p.m. to 3:00 p.m. CT

If you do not remember your log in information for ELM or need help registering for the workshop, please call the BA service center at 1-800-253-9981 and someone can assist you.

Please share the following with your employees

#ImAParTNer



We would like you to share your 2015 wellness goal! Simply type it in the space provided on this form. Print out the form and post it where you can see it every day. Share it using **#ImAParTNer** on our social media sites:

You do not have to be a ParTNers for Health insurance plan member to participate. Feel free to share your 2015 goal!

Attachments:

2015 ABC Conference Call Schedule

Healthways Physician Screening Form Upload Instructions

ABC Call Notes

Edison Email for First Time Login Password Change

Outage Period for Edison Upgrade Email

2015 ABC Conference Call Schedule
January 13 and January 14 Local Education – Tuesday, January 13 at 9:00 a.m. CT Central State – Tuesday, January 13 at 10:30 a.m. CT Local Government – Tuesday, January 13 at 1:00 p.m. CT Higher Education – Wednesday, January 14 at 9:00 a.m. CT
February 10 and February 11 Local Education – Tuesday, February 10 at 9:00 a.m. CT Central State – Tuesday, February 10 at 10:30 a.m. CT Local Government – Tuesday, February 10 at 1:00 p.m. CT Higher Education – Wednesday, February 11 at 9:00 a.m. CT
March 10 and March 11 Local Education – Tuesday, March 10 at 9:00 a.m. CT Central State – Tuesday, March 10 at 10:30 a.m. CT Local Government – Tuesday, March 10 at 1:00 p.m. CT Higher Education – Wednesday, March 11 at 9:00 a.m. CT
April 14 and April 15 Local Education – Tuesday, April 14 at 9:00 a.m. CT Central State – Tuesday, April 14 at 10:30 a.m. CT Local Government – Tuesday, April 14 at 1:00 p.m. CT Higher Education – Wednesday, April 15 at 9:00 a.m. CT
May 12 and May 13 Local Education – Tuesday, May 12 at 9:00 a.m. CT Central State – Tuesday, May 12 at 10:30 a.m. CT Local Government – Tuesday, May 12 at 1:00 p.m. CT Higher Education – Wednesday, May 13 at 9:00 a.m. CT
June 9 and June 10 Local Education – Tuesday, June 9 at 9:00 a.m. CT Central State – Tuesday, June 9 at 10:30 a.m. CT Local Government – Tuesday, June 9 at 1:00 p.m. CT Higher Education – Wednesday, June 10 at 9:00 a.m. CT
July 14 and July 15 Local Education – Tuesday, July 14 at 9:00 a.m. CT Central State – Tuesday, July 14 at 10:30 a.m. CT Local Government – Tuesday, July 14 at 1:00 p.m. CT Higher Education – Wednesday, July 15 at 9:00 a.m. CT
August 11 and August 12 Local Education – Tuesday, August 11 at 9:00 a.m. CT Central State – Tuesday, August 11 at 10:30 a.m. CT Local Government – Tuesday, August 11 at 1:00 p.m. CT Higher Education – Wednesday, August 12 at 9:00 a.m. CT
September 8 and September 9 Local Education – Tuesday, September 8 at 9:00 a.m. CT Central State – Tuesday, September 8 at 10:30 a.m. CT Local Government – Tuesday, September 8 at 1:00 p.m. CT Higher Education – Wednesday, September 9 at 9:00 a.m. CT
October 13 and October 14 Local Education – Tuesday, October 13 at 9:00 a.m. CT Central State – Tuesday, October 13 at 10:30 a.m. CT Local Government – Tuesday, October 13 at 1:00 p.m. CT Higher Education – Wednesday, October 14 at 9:00 a.m. CT
November 17 and November 18 Local Education – Tuesday, November 17 at 9:00 a.m. CT Central State – Tuesday, November 17 at 10:30 a.m. CT Local Government – Tuesday, November 17 at 1:00 p.m. CT Higher Education – Wednesday, November 18 at 9:00 a.m. CT
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OIAM Initial Password Change Email Template

From Email address: edison.erp@tn.gov

Subject of Email

[Secure Email] – Edison Login Information

Body of Email

To: State of Tennessee employees, Local Education, Local Government and Higher Education Edison users

In order to improve your online security, Edison has implemented new security features. Every Edison user will be required to change their password on the next login. First, you will enter your current Edison User ID (which has been renamed to Edison Access ID) and then you will be directed to another page to enter a password. This password is temporary and the format is listed below. Once you have entered the temporary password, you will be prompted to setup a new password that you will use to log into Edison. You will also be required to set up a secure profile. Please login and change your password as soon as possible. If you have questions on changing your password, instructions are located at: (link here to read, 'Identity and Access Reference Guide' but direct to:
http://upk.edison.tn.gov/Identity_And_Access/IAM_Reference_Guide.pptx

Edison Access ID:

TEMPORARY PASSWORD FORMAT:
Your LAST NAME in uppercase letters + Last 4 digits of your Social Security Number

Examples of password format:
Name: John Smith
SSN: 123459999
Temporary Password to enter: SMITH9999

Name: Sean Webb-Smith
SSN: 987659999
Temporary Password to enter: WEBB-SMITH9999

Click here to change your password: https://www.edison.tn.gov

If you need assistance with changing your password, please contact:
For State of Tennessee employees:
Edison Help Desk
7:00 a.m. - 4:30 p.m. CT
Monday through Friday (except holidays)
1-866-376-0104 or 615-741-HELP(4357)

OIAM Initial Password Change Email Template

For Local Education, Local Government and Higher Education users:
Benefits Administration Service Desk
8:00 a.m. - 4:30 p.m. CT
Monday through Friday (except holidays)
1-800-253-9981 or 615-741-3590

HEALTHWAYS

2015 Online Scheduler

Return Form via Scan & Upload

PARTNERS FOR HEALTH℠

January 2015

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2015 Online Scheduler - Login Screen

2015 Biometric Health Screenings

Required for Employees and Spouses enrolled in the 2015 Partnership PPO who have been contacted for coaching and new hires/newly covered members

1 Register below for a Physician Screening Form

Register for a form

2 Complete your Physician Screening Form

2015 Biometric Screenings:

Register and download a Physician Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) who are called for coaching must complete a biometric screening by July 15, 2015.

2015 new hires/newly covered members have 120 days from their insurance coverage effective date to complete their biometric screening. You can download your Physician Screening Form below.

Register and Download your Physician Screening Form

Register for a Physician Screening Form

Member ID

Employee Spouse

Email Address (optional)

Birthday

mm dd yyyy

Gender

M F

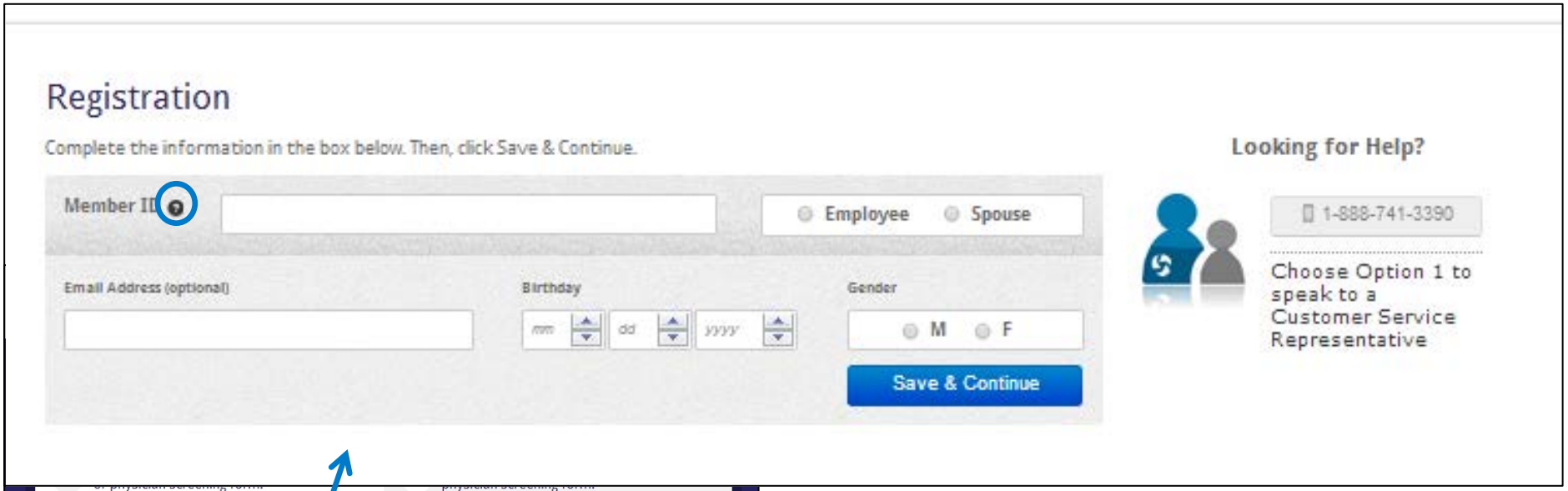
Save & Continue

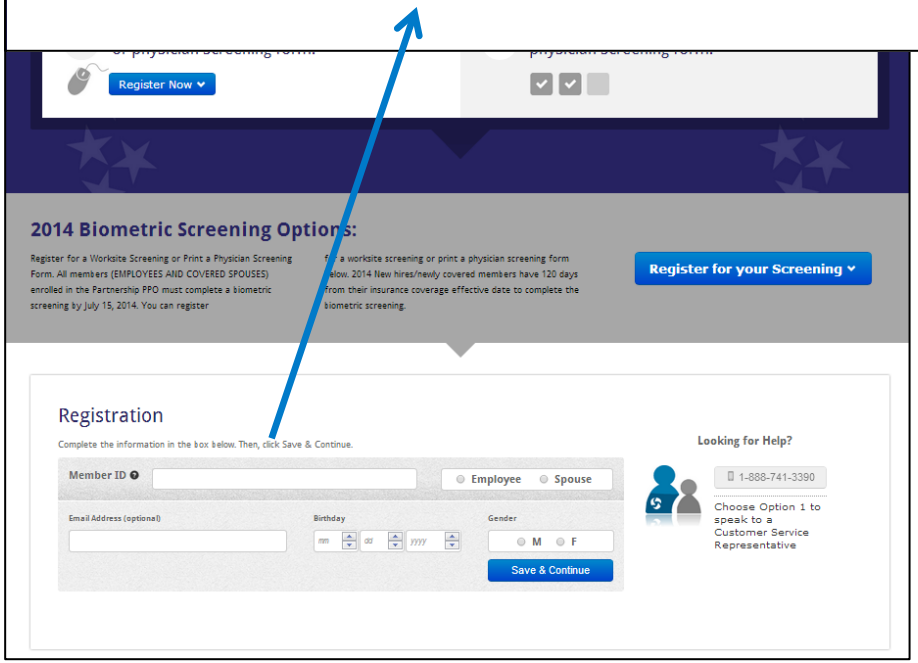
Looking for Help?

1-888-741-3390

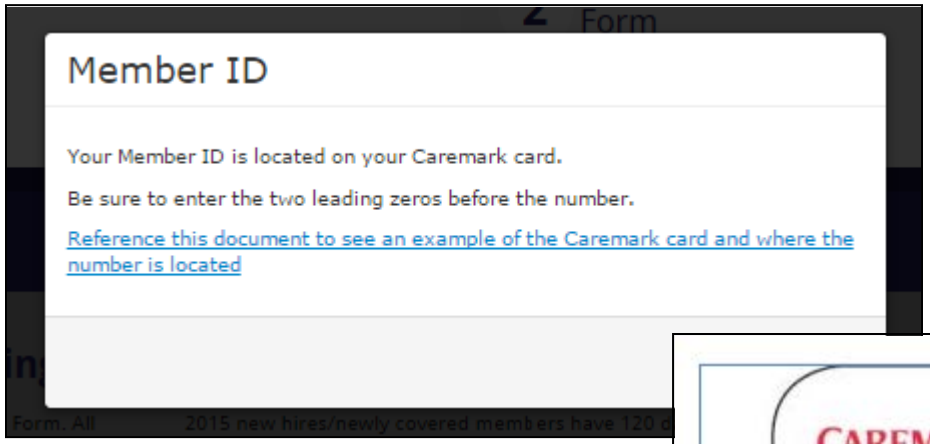
Choose Option 1 to speak to a Customer Service Representative

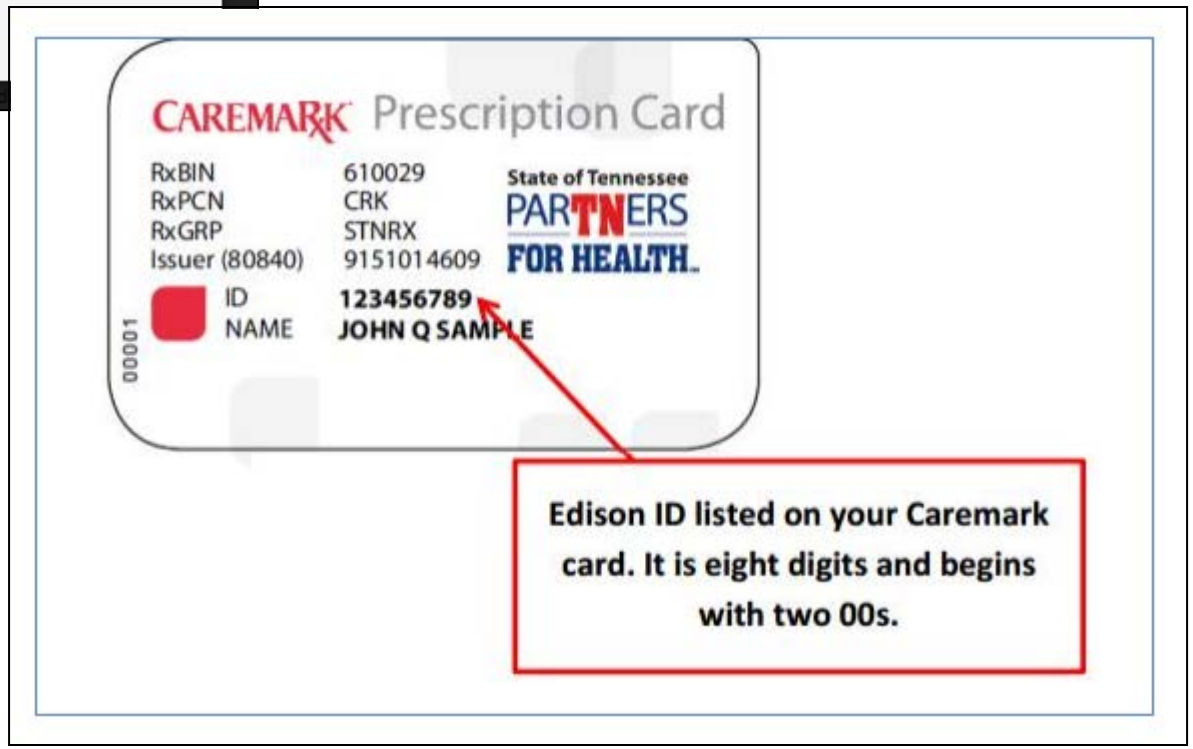
Login Screen





Login Screen





Physician Screening Form

HEALTHWAYS | PARTNERS FOR HEALTH

REGISTER FOR A SCREENING

Register for a Scre

Physician Screening

Screening results accepted from a doctor's visit between July 16, 2014, and July 15, 2015. New hire/newly covered members may use screening results from a doctor's visit within the past 12 months.

Download Your Form Now

Screening Option Tips:	Print form. Measure your waist circumference at the navel and record the measurement on the form.
	Fast 9 hours before your doctor's appt.
	Take the form to your appt.
	Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.
	Make sure you and your doctor sign the completed form.
	You or your doctor must fax the completed form to 1.972.823.0684. You can also upload the form on this site.

Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2015 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2016. In 2015, all Partnership PPO members who are called for coaching must complete a biometric screening by July 15, 2015. New hires/newly covered members have 120 days from their coverage effective date to complete the biometric screening. Click here to view the 2015 Partnership Promise.

Looking for Help?

1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Register for a Screening

Physician Screening

Screening results accepted from a doctor's visit between July 16, 2014, and July 15, 2015. New hire/newly covered members may use screening results from a doctor's visit within the past 12 months.

Download Your Form Now

Physician Screening Form - Upload

HEALTHWAYS PARTNERS FOR HEALTH

ONSITE HEALTH DIAGNOSTICS

MANAGE MY SCREENING

You're All Set!

Download Your Physician Screening

Physician Screening

Screening results accepted from a doctor's visit between July 16, 2014, and July 15, 2015. New hire/newly covered members may use screening results from a doctor's visit within the past 12 months.

Selected

Cancel

Thank you for registering for your 2015 biometric screening.

If you need to download and re-print your physician form, revisit the site any time by going to my.onsitehd.com/wellness/fin, filling out the form, and you will be returned to this page.

Physician Screening

Preparation

Print Paperwork — Step 1

Click to download form here

Get Form Completed by Physician — Step 2

Make an appointment with your doctor. Or, if you have already attended a ph appt. and had blood work completed, have your doctor complete and sign th Submit the completed form by July 15, 2015. 2015 New hire/newly covered members have 120 days from their insurance coverage effective date to com the biometric screening.

Remember to Fast

Remember to fast 9 hours prior to your appointment. Drink plenty of water. you choose to have coffee or tea, make it black.

Followup

Upload your Completed Form — Step 3

Please make sure the form you are uploading has been filled out and signed your doctor

Click here to upload your complete screening form

Fax your completed form

You or your doctor must fax the completed form to 1.972.823.0684. Make sure all form fields are completed. Incomplete forms will not be processed.

Mail your completed form

Submit your completed form to Onsite Health Diagnostics at 7801 Mesquite Bend Dr. #106A, Irving, TX 75063.

Followup

Upload your Completed Form

Step 3

Please make sure the form you are uploading has been filled out and **signed by your doctor**

Click here to upload your completed screening form

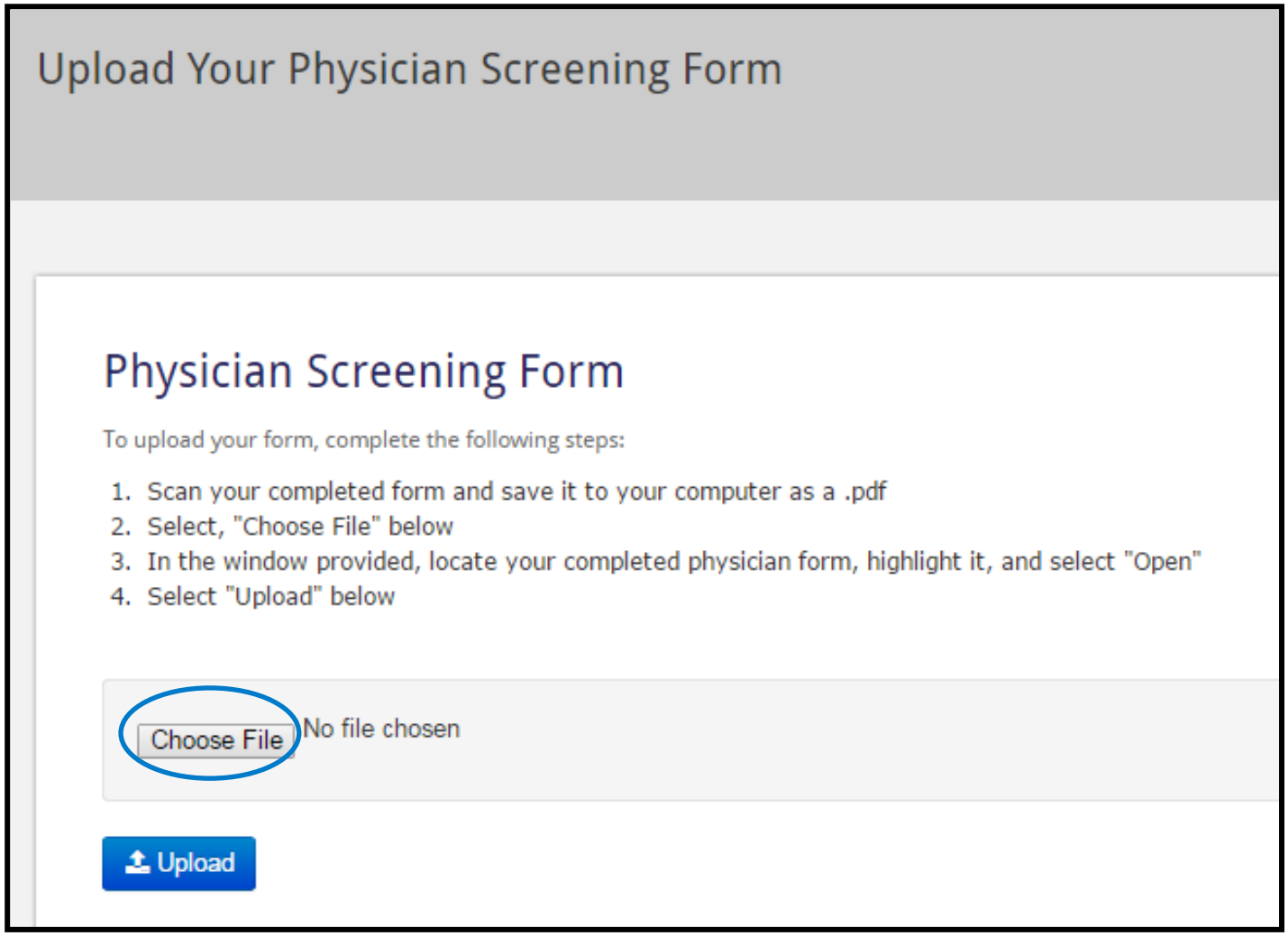
Fax your completed form

You or your doctor must fax the completed form to **1.972.823.0684**. Make sure all form fields are completed. Incomplete forms will not be processed.

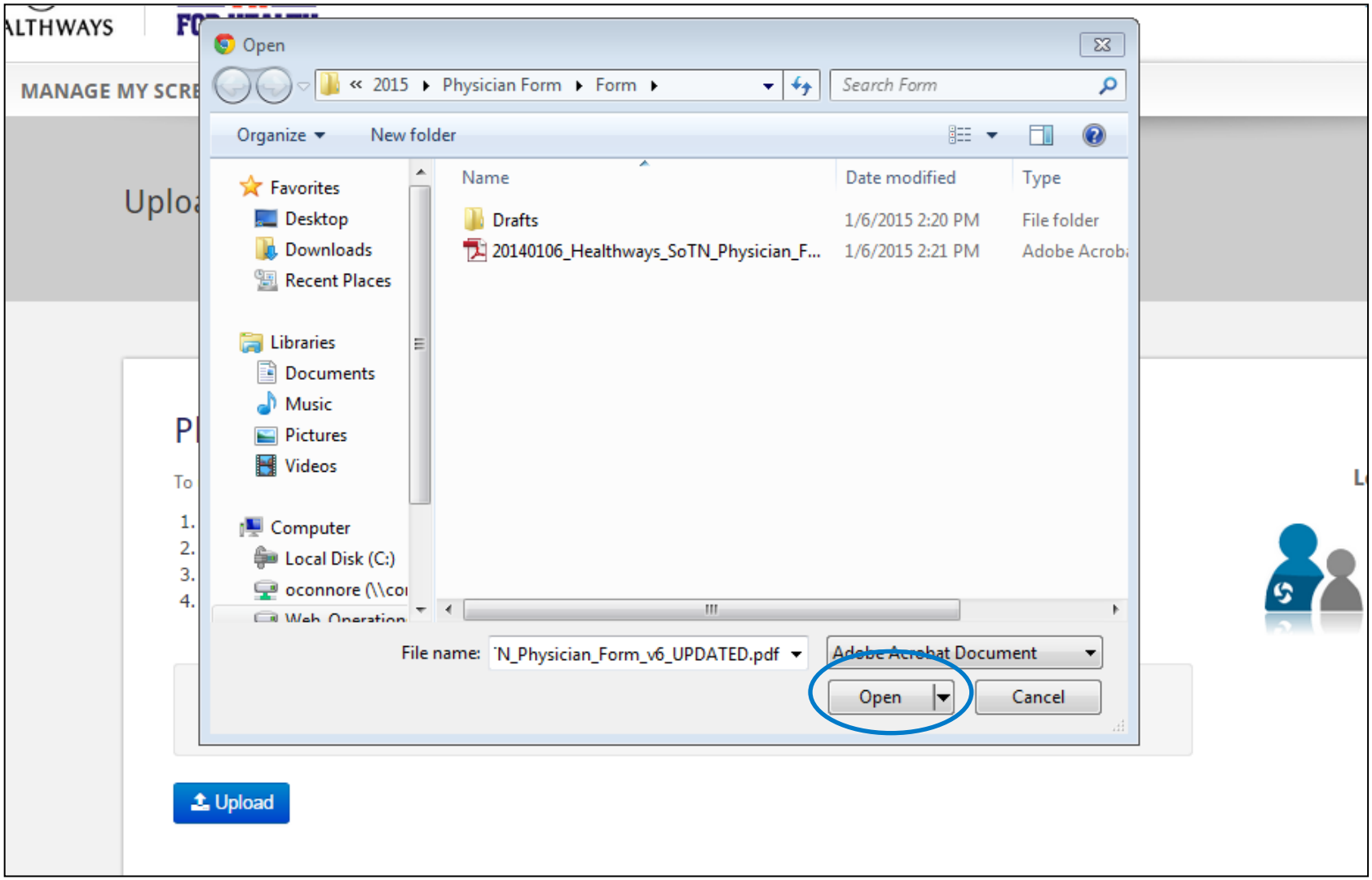
Mail your completed form

Submit your completed form to Onsite Health Diagnostics at 7801 Mesquite Bend Dr. #106A, Irving, TX 75063.

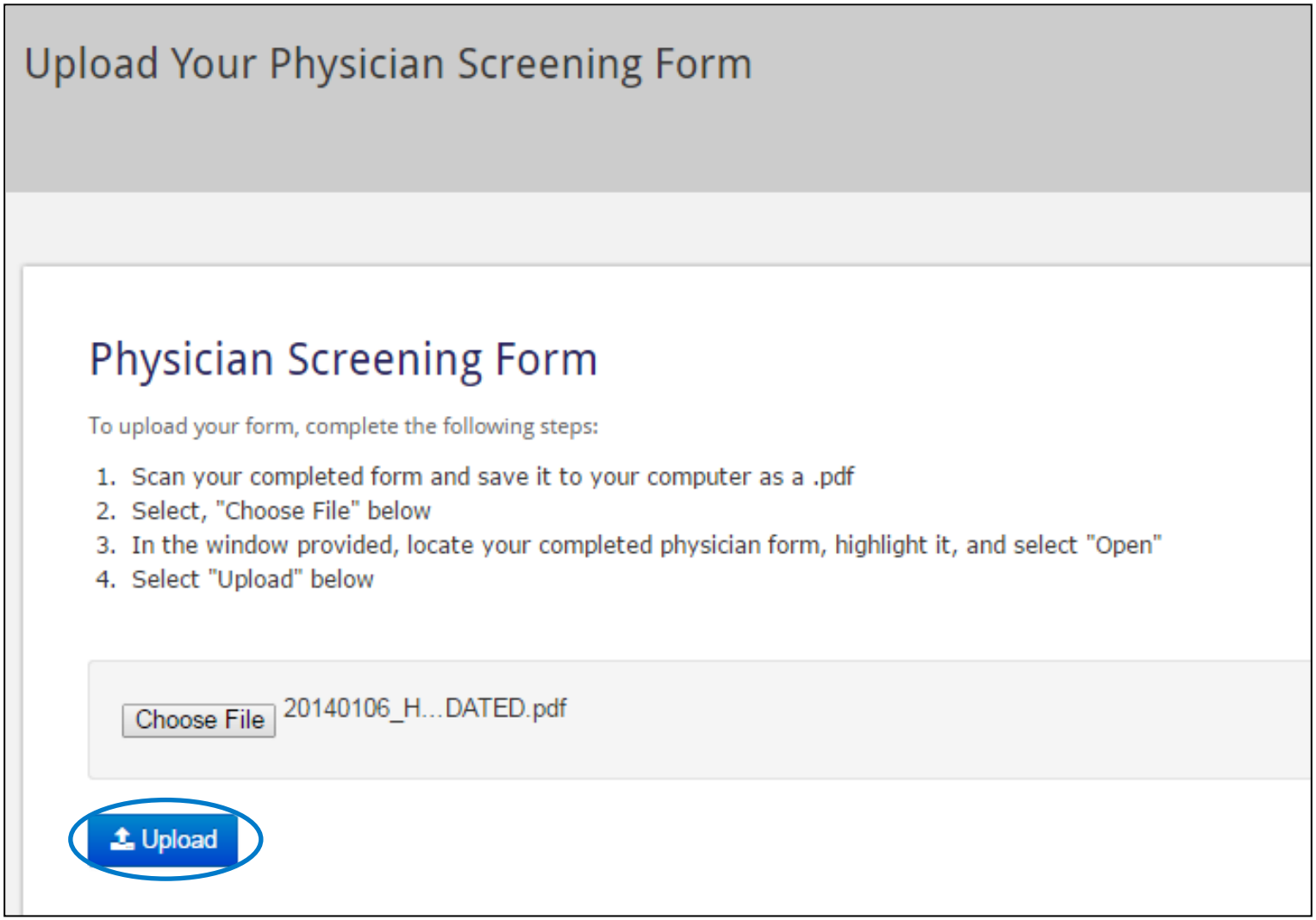
Physician Screening Form - Upload



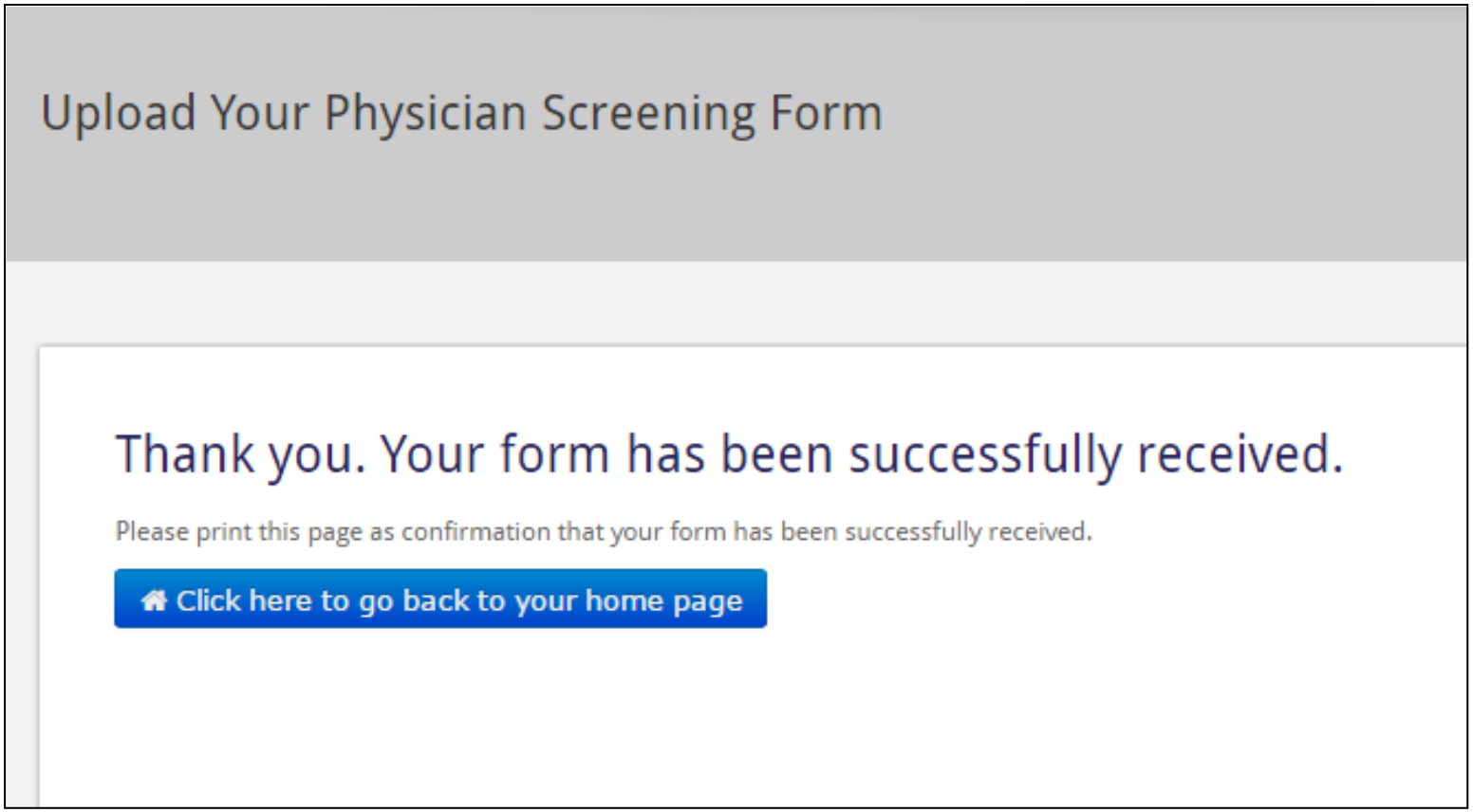
Physician Screening Form - Upload



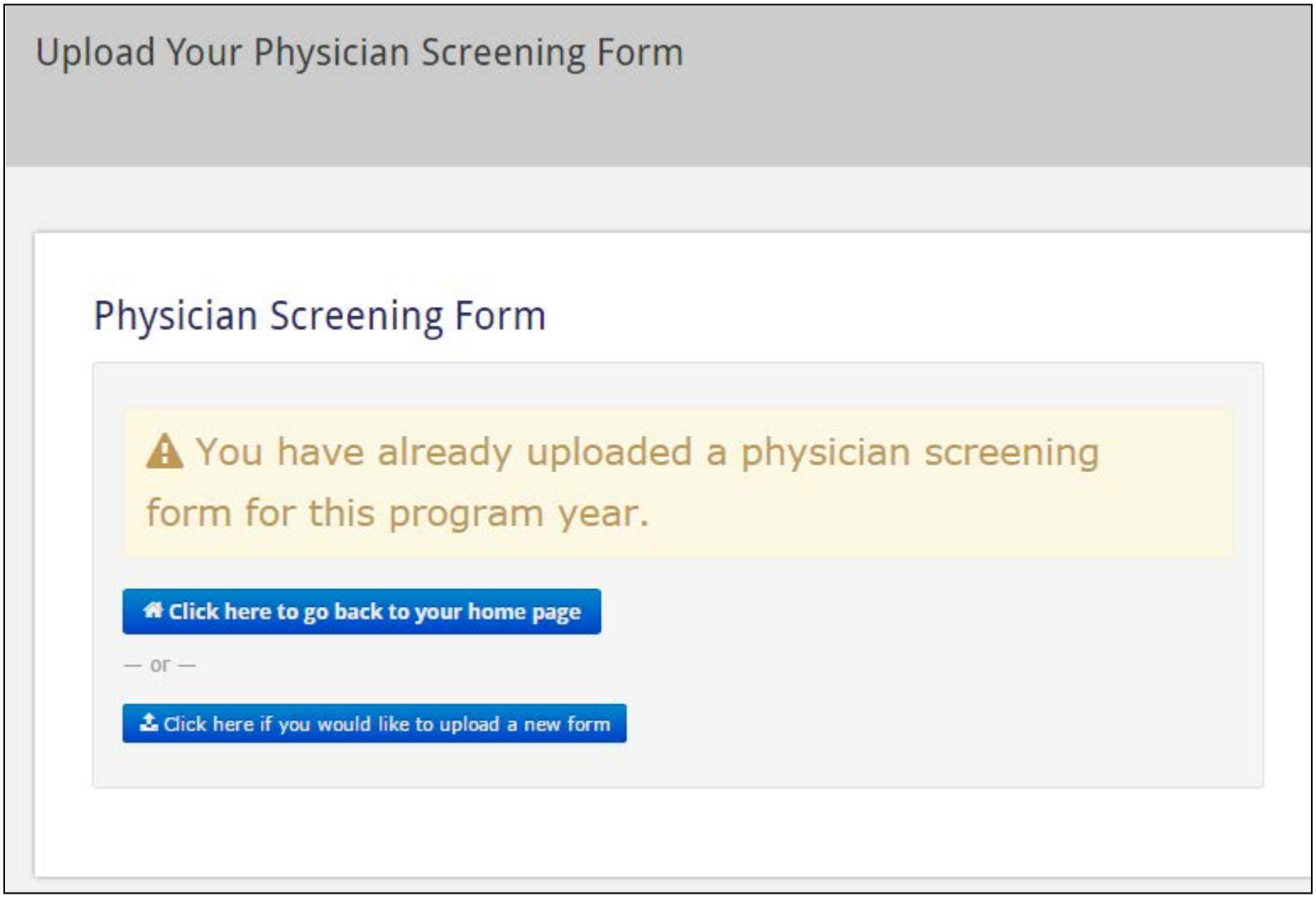
Physician Screening Form - Upload



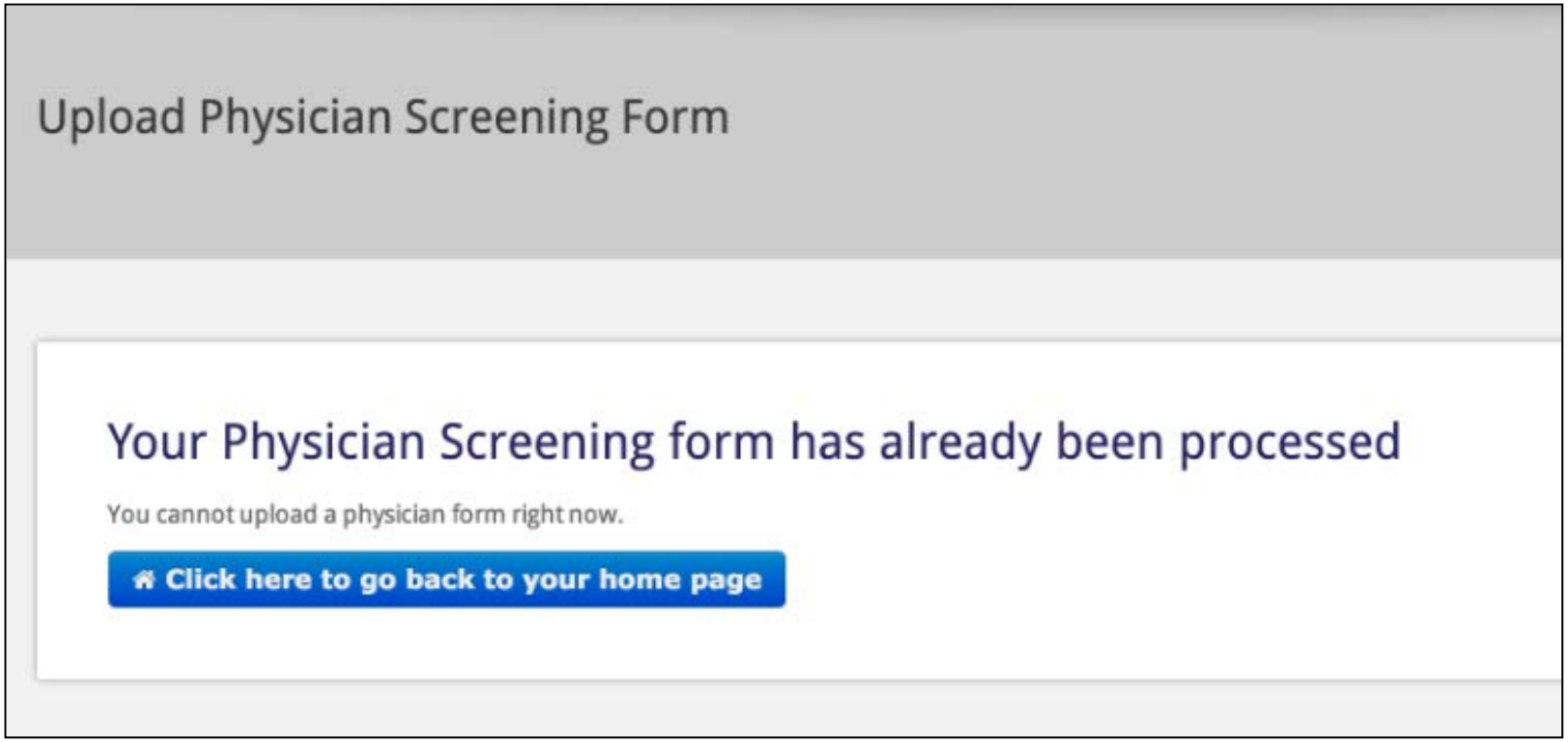
Physician Screening Form Upload Confirmation



Physician Screening Form Missing Information



Physician Screening Form Successfully Uploaded



From: Edison@tn.gov
To: Edison
Subject: Outage Period for Edison Upgrade
Date: Thursday, January 15, 2015 1:34:36 AM

To: All Edison Users

The Edison Identity and Access Manager upgrade will begin Friday, January 16, 2015 at 5:00 PM CT and will be completed Tuesday, January 20, 2015 at 6:00 AM CT. During this time, the system will not be available.

In preparation for the upcoming changes, please make sure to go to the Edison Portal under the Edison Upgrade Information section. From there, you can do the following:

1) Click the alert entitled `Edison Security Software Announcement' to learn more about the new Edison Identity and Access Manager. Included will be information regarding logging in for the first time, what to expect at go-live, and Edison browser compatibility standards.

2) Log-In information in Closed Captioning will also be available in the Edison Upgrade Info section.

Please continue to check the Edison News Alerts section and your e-mail for future updates.

Thank you,
Edison Team

January 23, 2015

Edison

Edison is up and should be running correctly. ABCs and employees can access Edison to reset passwords according to the new Oracle and Identity Access Management (OIAM) system. As a reminder, OIAM adds additional security features and makes the site safer. Employees will be asked to select a screenshot image and security questions.

If you or your employees need password assistance, please contact:

For State of Tennessee employees:
Edison Help Desk
7:00 a.m. - 4:30 p.m. CT
Monday through Friday (except holidays)
1-866-376-0104 or 615-741-HELP(4357)

For Local Education, Local Government and Higher Education users:
Benefits Administration Service Desk
8:00 a.m. - 4:30 p.m. CT
Monday through Friday (except holidays)
1-800-253-9981 or 615-741-3590

Partnership Promise Coaching Letters

Two different coaching letters will begin to mail in the coming weeks to those members who need to coach to fulfill their Partnership Promise. We have attached samples for your reference.

- The "Healthways Health Coaching Engagement" PDF will be mailed to those newly required to coach. These letters will mail monthly.
- The "Coaching Reminder Letter" PDF will be mailed later this month to those members who will need to **continue** to coach.

Please **do not forward these sample letters** to your members as not all members will be contacted for coaching. They are for your reference only.

Members could be contacted for coaching throughout the year and may receive a letter later in 2015.

Partnership Promise Communications

An email communication was sent this week to those members required to complete the Well-Being Assessment (WBA) requirement by March 15. Healthways sent this email to all Partnership PPO members who have signed up to receive these emails. Additional

WBA email communications will be sent to members who have not yet completed the requirement.

*****Please share the information below with Partnership PPO members*****

Partnership PPO Members (if you are not a member of the Partnership PPO, you can disregard this email)

If you haven't completed your Well-Being Assessment (WBA) as required of all Partnership PPO members and covered spouses, here is a direct link to **Take Your WBA**.

- **Forgot your username or password?**
  When you get to the WBA page, if you forgot your online Well-Being Account username or password, you can click on the links below the Sign In boxes, "**Forgot your username** or **password**" to have your username emailed to you or to reset your password.

  If you took the above step to get your username and did not receive an email, this means you do not yet have an account and need to create one in Well-Being Account. Click on the **Sign Up** link on the site to register and create an online account. For additional help, view this **User Guide** with step-by-step instructions.

2015 new employees have different requirement deadlines. These members should go to **www.partnersforhealthtn.gov** and go to the ***New plan members link*** in the **Quick Links** box to review their requirements and deadlines.

*You can sign up to receive Partnership Promise requirement reminder emails by **clicking here**.*

Attachments:

Healthways Heath Coaching Engagement Letter
Coaching Reminder Letter

701 Cool Springs Blvd
Franklin, TN 37067

Sample A. Sample
123 Any Street
Apt 123
City, State Zip

Dear <first name>:

Be a Partner by *continuing to meet your requirements*.

Some people pay a lot for expert coaching to reach their wellness goals. **You are receiving it at no extra cost to you** through your ParTNers for Health Wellness Program. Plus, you must continue your coaching calls to keep your 2015 Partnership Promise.

CALL US.

If you already have your next call set up with your coach, that's great. If not, call us at 1.888.741.3390. We are here Monday through Friday, 8:00 a.m. to 8:00 p.m. CT.

SUBMIT YOUR FORM.

You also need to see your health care provider for a biometric screening. *You will need to take the Physician Screening Form provided by Onsite Health Diagnostics (OHD)* to your appointment and have it completed. **You and your provider must sign the form** in order to complete it. You or your provider will need to return the form to Onsite Health Diagnostics by July 15, 2015.

There are two ways to get the form:

- **Online**: Visit www.partnersforhealthtn.gov and find the Quick Links box. Click "Complete Your Biometric Screening." Register on the screening website and choose "Physician Screening Form." Then, print the form.
- **Over the phone**: Call 1.888.741.3390 and select option 1 to order your form.

NOTE: *There are no onsite screenings this year.* ***The form provided by Onsite Health Diagnostics (OHD) is the ONLY form that will be accepted.***

WHAT YOU GET WITH COACHING:

- **Answers** to your health questions and concerns
- **One-on-one guidance** for your well-being goals (For example: lose weight, quit tobacco if you use it, lower stress, eat better or increase your physical activity)
- **Support** from an expert who is patient, meets you where you are and helps you keep up with your goals
- **Convenience** to choose the call times and frequency that work best for you
- **Confidence** knowing what you discuss will remain private

QUESTIONS?

Call **1.888.741.3390** and select option 1 or visit **www.partnersforhealthtn.gov** for more details.

Sincerely,
Your ParTNers for Health Wellness Program Team

SAMPLE

701 COOL SPRINGS BLVD
FRANKLIN TN, 37067

Sample A. Sample
123 Any Street
Apt 123
City, State Zip

Dear <first name>:

Be a Partner by meeting your requirements.

As a member in the ParTNers for Health Wellness Program, you know there are steps you must take to fulfill your Partnership Promise in 2015. One of your steps is to participate in coaching.

This letter is your written confirmation that you will need to enroll and participate in coaching in 2015 to keep your Partnership Promise. We will be calling you soon. Calls with your coach will:

- Give you one-on-one guidance, education and encouragement from an expert
- Help you work toward better physical health and overall well-being
- Be confidential and scheduled on your time

TAKE THE CALL.

You will be receiving a confidential phone call from Healthways to help you enroll and get started with your coach. If you have caller ID on your phone, you may see 1.888.741.3390. That will be us. If you have already received the enrollment call please continue to accept your scheduled coaching calls throughout the year.

WHAT TO EXPECT:

- On the first call, an Engagement Specialist will ask questions to confirm your contact information and verify your best times to receive calls.
- Then, we will set an appointment for your first call with your coach. Calls will be about 10 minutes each and tailored to your needs.
- It is up to you and your coach to decide how often you will receive calls. It will be based on your goals and health needs.

SUBMIT YOUR FORM.

You will also need to see your health care provider for a biometric screening. *You will need to take the Physician Screening Form provided by Onsite Health Diagnostics (OHD)* to your appointment and have it completed. **You and your provider must sign the form** in order to complete it. You or your provider will need to return the form to Onsite Health Diagnostics by July 15, 2015. Go to **www.partnersforhealthtn.gov** and click on “Complete Your Biometric Screening Form” under the Quick Links to get started.

NOTE: *There are no onsite screenings this year.* ***The form provided by Onsite Health Diagnostics (OHD) is the ONLY form that will be accepted.***

ANY QUESTIONS?

Call **1.888.741.3390** and select option 2 or visit **www.partnersforhealthtn.gov** for more details.

Sincerely,

Your ParTNers for Health Wellness Program Team

SAMPLE

January 30, 2015

Partnership Promise Well-Being Assessment

Members who did not complete their *2014 Well-Being Plan* last year will **no longer have to complete this step** before they can complete the 2015 Well-Being Assessment (WBA).

This is a change from the information we shared during the January ABC calls and should **make it easier** for these members to complete their WBAs and eliminate confusion. Members will still need to complete their Well-Being Plan after taking the WBA to be able to access the tools, resources and challenges in Well-Being Connect.

Members can complete their WBA by going to **www.partnersforhealthtn.gov** and clicking on "**My Wellness Login**" at the top left hand side of the homepage. The direct link is **https://partnersforhealthtn.embrace.healthways.com/healthways/home**.

ParTNers for Health Wellness Challenge – "Lose the Excuse"

Sign-up begins on Monday, February 2 for the ParTNers for Health Wellness Challenge, "Lose the Excuse", a fun, six-week weight-loss challenge. The challenge is open to all central state employees and members of the State Group Insurance Plan. Additional information is found on the attached flier.

Enrollment period: February 2 through February 16
Challenge begins on February 9 through March 22

***** Please share the information below and flier with state employees*****

If you are a central state employee or State Group Insurance Plan member, you can enroll in the "**Lose the Excuse**" weight-loss challenge! The challenge is all about ditching tired, old excuses for bad habits that get in the way of your weight-loss efforts. Each week, you'll receive an email with tips on realistic strategies for a healthier, active lifestyle.

Enrollment dates: February 2 through February 16
Challenge dates: February 9 through March 22

To enroll:

1. Go to www.partnersforhealthtn.gov and click on **My Wellness Login**.
2. Sign in to your **Well-Being Account**
3. In the **Groups and Challenges** tab, click **Join This Challenge** under **Lose the Excuse.**

4. **Set up your Weight Tracker** and then record your starting weight and weight-loss target for the six-week challenge.
5. **Finish registration.** Then return February 9 to start participating.

More information is found on the attached flier.

***** Please share the information below and flier with State Group Insurance Plan members*****

If you are a central state employee or State Group Insurance Plan member, you can enroll in the "**Lose the Excuse**" weight-loss challenge! The challenge is all about ditching tired, old excuses for bad habits that get in the way of your weight-loss efforts. Each week, you'll receive an email with tips on realistic strategies for a healthier, active lifestyle.

Enrollment dates: February 2 through February 15
Challenge dates: February 9 through March 12

To enroll:

6. Go to www.partnersforhealthtn.gov and click on **My Wellness Login**.
7. Sign in to your **Well-Being Account**
8. In the **Groups and Challenges** tab, click **Join This Challenge** under **Lose the Excuse.**
9. **Set up your Weight Tracker** and then record your starting weight and weight-loss target for the six-week challenge.
10. **Finish registration.** Then return February 9 to start participating.

More information is found on the attached flier.

Attachment:

Lose the Excuse flier

THE "LOSE THE EXCUSE" WEIGHT-LOSS CHALLENGE

Frequently Asked Questions

WHAT'S THIS CHALLENGE ABOUT?

"Lose the Excuse" is a fun, six-week weight-loss challenge that's part of the ParTNers for Health Wellness Program. It runs from **February 9 – March 22**. And it's open to all state employees and members of the State Group Insurance Plan.

The challenge is all about ditching tired, old excuses for bad habits that get in the way of your weight-loss efforts. You'll learn how to trade them for new attitudes and actions that lead to success.

HOW DOES THE CHALLENGE WORK?

During the challenge, you will receive:

- ☑ **A weekly email with tips** on weight loss and realistic strategies for a healthier, active lifestyle.
- ☑ **A reminder to stay active** by using your weight tracker and the challenge chatter board.

For tracking purposes a week is defined as Monday - Sunday.

CAN I PARTICIPATE EVEN IF I DON'T NEED TO LOSE WEIGHT?

Yes. If you are maintaining a healthy weight or if you need to gain weight, you can still participate by using your weight tracker and the chatter board. Remember: Weekly email tips will mainly focus on weight loss.

DO I NEED TO LOSE WEIGHT?[1]

Use these tips to help you know the right weight goal for you:

Know your Body Mass Index (BMI).

- BMI looks at your weight in relation to your height, which will help you see if you may need to lose weight. This BMI chart can help.
- What does your BMI mean? See below to find out more.

Set a realistic weight-loss goal.

It is considered safe and healthy to lose half a pound to 2 pounds each week. Losing too much too fast can negatively impact your health; losing at a steady pace can help keep pounds off in the long run.[2]

[1]Always consult your physician or other health care professional before starting this or any other fitness, nutrition and/or weight management program to determine if it is right for your needs.

[2]Health experts suggest losing 1 to 2 pounds per week by eating well, watching portions and being active. Source: Mayo Clinic (http://www.mayoclinic.com/health/weight-loss/HQ01625)

REGISTER NOW!

Last day to register: February 16

1. Go to **www.partnersforhealthtn.gov** and click **My Wellness Login**.
2. Sign in to your Well-Being Account.
3. In the **Groups & Challenges** tab, click **Join This Challenge** under **Lose the Excuse.**
4. **Set up your Weight Tracker** and then record your starting weight and weight-loss target for the six-week challenge.
5. **Finish registration.** Then return February 9 to start participating.

***If you haven't already, you must create a Well-Being Account, complete the Well-Being Assessment and set-up your Well-Being Plan before joining the challenge. If you already have a Well-Being Account, you will need to complete the Well-Being Assessment and set-up your Well-Being Plan to enroll in the challenge.**

WHAT DOES MY BMI MEAN?

If your BMI is ...	What it means	Recommendation
18.5 – 24.9	You're within a healthy weight range for your height.	You don't need to lose weight.
25 – 29.9	Your BMI is considered "overweight."	Weight loss may be right for you. Talk to your doctor.
30 or greater	Your BMI is considered "obese."	Weight loss is recommended.

ParTNers for Health • partnersforhealth@healthways.com • www.partnersforhealthtn.gov • 1-888-741-3390

HEALTHWAYS

PARTNERS FOR HEALTH

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February 6, 2015

ABC Conference Calls

Don't forget, conference calls for Local Education, Central State, Local Government and Higher Education are next week!

Local Education – Tuesday, February 10 at 9:00 a.m. CT
Central State – Tuesday, February 10 at 10:30 a.m. CT
Local Government – Tuesday, February 10 at 1:00 p.m. CT
Higher Education – Wednesday, February 11 at 9:00 a.m. CT

The call agenda is attached. You can **click here** to find the webinar instructions and link to log in to the presentation. Webinar login information can also be found on the **ABC webpage** in the **Conference Call Notes box**, titled "**Webinar Login Instructions**".

Save the Date - Aon Hewitt Offering "Employee Responsibility Under PPACA" Webinars (Local Ed/Local Gov)

Aon Hewitt will offer webinars on "Employer Responsibility under PPACA". Three different dates will be offered and **each webinar will cover the same information**. Please share these dates with your fiscal officers and agency heads/superintendents.

As we get closer to these dates, we will send information on how to sign up in an upcoming ABC email.

- March 5 from 12:00 p.m. to 2:00 p.m. CT
- March 6 from 9:00 a.m. to 11:00 a.m. CT
- March 11 from 12:00 p.m. to 2:00 p.m. CT

Partnership Promise Well-Being Assessment Letters to COBRA and Retiree Members

On February 9, Healthways will begin to mail letters to our retiree and COBRA members who have not yet completed their Well-Being Assessment (WBA). As we often do not have email addresses for these members and they may not receive our email reminders, Healthways mails a letter reminding them to complete their WBA by the March 15 deadline. We have attached sample letters for your reference.

If you receive questions from these members, refer them to Healthways at 888-741-3390, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Anthem CyberAttack

Attached is information for Blue Cross Blue Shield of Tennessee that you should feel free to share with any members who inquire. Just to be clear, a member must have a claim in one of the 14 Anthem states, as listed in the statement, for the *possibility* of their data being part of the breach. We will keep you updated as we hear more from BCBST. There are numbers to refer callers to for further information.

Attachments:

BCBS Anthem CyberAttack Info
BCBS Anthem Key Facts
COBRA Letter WBA 2015
Retiree Letter WBA 2015
February ABC Call Agenda

Background

On February 4, 2015, Anthem reported that a database containing as many as 80 million records of current and former customers, as well as their own employees, was hacked. The stolen information included names, Social Security numbers, birthdays, addresses, email and employment information, including income data. The company also stated no credit card information was stolen, and it does not believe medical information like insurance claims or test results were compromised, nor any hospital and doctor data.

BlueCross BlueShield of Tennessee
Statement on Anthem Blue Cross Cyber Attack

BlueCross BlueShield of Tennessee and Anthem are separate companies, with completely distinct operations and information systems.

We want to stress that BlueCross BlueShield of Tennessee's information systems and member data were not directly attacked. Nonetheless, we have taken additional precautions to secure our members' protected health information in light of the Anthem cyber-attack.

Based on what we know now, if any of our members received care in one of 14 states (below) with affiliated Anthem health plans, it is possible that some of their personal data may have been stolen in the criminal act against Anthem.

We are closely coordinating with Anthem to ensure that any of our members whose information may have been exposed will be offered credit monitoring and identity repair services. Anthem has said it will notify us in the coming weeks of any current and former members whose information was stolen.

We will provide updates as new information becomes available from Anthem.

-END-

Information Resources

Anthem web site: www.anthemfacts.com

Anthem FAQs: www.anthemfacts.com/faq

Anthem hotline: 1-877-263-7995

States with Anthem Affiliated Plans

California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, Wisconsin

Key Facts about the Anthem Attack and
BlueCross BlueShield of Tennessee Information Security Protocols
Feb. 6, 2015

Information Security at BlueCross

- BlueCross BlueShield of Tennessee and Anthem are separate companies, with completely distinct operations and information systems.
- We have confirmed that our information systems and data warehouse were not involved in the cyber attack.
- Based on Anthem's descriptions of the attack, our Privacy and Information Security professionals have taken additional precautions to keep our members' data secure within our systems.
- Unlike the data storage systems at many other companies, all sensitive member information at BlueCross BlueShield of Tennessee is in a sophisticated, encrypted environment.
- BlueCross has an industry-leading information security system that encrypts all restricted and confidential data at rest throughout the enterprise. That includes, but is not limited to:
    - protected health information (PHI),
    - payment card industry data (PCI),
    - and personally identifiable information (PII).
- We encrypt all confidential and restricted information on mass data storage devices; server hard drives; desktop and laptop hard drives, including removable media ports, daily voice call recordings, and backup tapes.
- Our encryption policy is more stringent than the government requires and is ahead of the vast majority of other companies.
- We are operating in an encrypted environment and are constantly monitoring for threats to those information systems.
- We are continuously monitoring for threats and performing our own security tests.

Member Impact and Next Steps

- Potentially, any BlueCross members who received care in one of 14 states with affiliated Anthem health plans, may have had personal data compromised in the criminal act against Anthem. Those states are California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin.
- Anthem will begin providing us with lists of our members whose information may be at risk – and we will notify our own members if their data was compromised.
- We are closely coordinating with Anthem to ensure that any of our members whose information may have been exposed will be offered credit monitoring and identity repair services.
- We will continue to provide updated information as it becomes available from Anthem.

Date

701 Cool Springs Blvd.
Franklin, TN 37067

Sample A. Sample
123 Any Street
Apt 123
Anytown, ST 12345-6789

<date>

Dear <participant name>:

Our records indicate that you and/or your covered spouse have **not** completed the online Healthways Well-Being Assessment® (WBA). It is a requirement of the 2015 Partnership Promise. **All members and covered spouses enrolled in the Partnership PPO must complete the WBA by March 15, 2015.**

About the Well-Being Assessment: The WBA is confidential. It will assess your lifestyle and overall health. Then, the results can help you set goals in your Well-Being Plan.

How to Take the WBA

- Complete it online.
    1. Visit **www.partnersforhealthtn.gov**.
    2. Click "**My Wellness Login**."
    3. Then, click "**Sign In**" and follow the instructions to complete the WBA.
       Note: If you have not created a Well-Being Account in previous program years, click "Sign Up" and create your new Well-Being Account. Then, sign in and complete the WBA.
- Or, if you and/or your covered spouse do not have access to a computer, call 1.888.741.3390 for other options.

What to Do Next

- Once you have completed your WBA, look at your results and set up your Well-Being Plan.
- If you and/or your covered spouse are called by Healthways, you must participate in a coaching program.
- If you and/or your covered spouse are called by Healthways to participate in coaching, you and/or your covered spouse must complete a biometric screening by **July 15, 2015**. For more information and to download the Onsite Health Diagnostic (OHD) Physician Screening Form, go to **www.partnersforhealthtn.gov** and click on "**Complete Your Biometric Screening**" under the **Quick Links**.
- If you and/or your covered spouse are contacted by BlueCross BlueShield, Cigna or Magellan for case management, you must participate.

Need more details on the 2015 Partnership Promise requirements?

- Visit www.partnersforhealthtn.gov and click "2015 Partnership Promise."
- Review the welcome mailer you received in January 2015.

You will NOT receive another letter from us before March 15. You (and/or your covered spouse) must complete your Well-Being Assessment by the deadline. If you need more details about the 2015 Partnership Promise requirements call us at 1.888.741.3390, Monday through Friday between 8:00 a.m. and 8:00 p.m. CT, or visit www.partnersforhealthtn.gov.

Sincerely,
The **ParTNers for Health** Wellness Program Team

Your privacy is important to us. We take care to protect the confidentiality of your information. We do so in accordance with all federal and state laws. This program is administered by Healthways who complies with HIPAA and all applicable state laws.

SAMPLE

Programs are provided by Healthways, Inc. Information provided is not a substitute for medical advice from your physician. Please refer to your benefits plan document for benefit specifics.

SAMPLE

Date

701 Cool Springs Blvd.
Franklin, TN 37067

Sample A. Sample
123 Any Street
Apt 123
Anytown, ST 12345-6789

<date>

Dear <participant name>:

Our records indicate that you and/or your covered spouse have **not** completed the online Healthways Well-Being Assessment® (WBA). It is a requirement of the 2015 Partnership Promise. **All members and covered spouses enrolled in the Partnership PPO must complete the WBA by March 15, 2015.** If you have spouse-only coverage, you as the retiree are not required to complete the Partnership Promise requirements, but your covered spouse does have to complete them. Please share this information with your spouse to ensure that he or she completes the WBA by the deadline.

About the Well-Being Assessment: The WBA is confidential. It will assess your lifestyle and overall health. Then, the results can help you set goals in your Well-Being Plan.

How to Take the WBA

- Complete it online:
  1. Visit **www.partnersforhealthtn.gov** and click "**My Wellness Login**."
  2. Then, click "**Sign In**" and follow the instructions to complete the WBA.

  Note: If you have not previously created a Well-Being Account, click "Sign Up" and create your new Well-Being Account. Then, sign in and complete the WBA.
- Or, if you and/or your covered spouse do not have access to a computer, call 1.888.741.3390 for other options.

What to Do Next

- Once your WBA is complete, look at your results and set up your Well-Being Plan.
- If you and/or your covered spouse are called by Healthways, you must participate in the coaching program.
- Those who are called to participate in coaching must complete a biometric screening by **July 15, 2015**. For more information and to download the Onsite Health Diagnostic (OHD) Physician Screening Form, go to **www.partnersforhealthtn.gov** and click on "**Complete Your Biometric Screening**" under the **Quick Links.**
- If you and/or your covered spouse are contacted by BlueCross BlueShield, Cigna or Magellan for case management, you must participate.

Need more details on the 2015 Partnership Promise requirements?
Visit **www.partnersforhealthtn.gov** and click "2015 Partnership Promise" or review the welcome mailer you received in January 2015. You can also **call us at 1.888.741.3390, Monday through Friday between 8:00 a.m. and 8:00 p.m. CT.**

You will NOT receive another letter from us before March 15. You and/or your covered spouse must complete your Well-Being Assessment by the deadline.

Sincerely,
The **ParTNers for Health** Wellness Program Team

Your privacy is important to us. We take care to protect the confidentiality of your information. We do so in accordance with all federal and state laws. This program is administered by Healthways who complies with HIPAA and all applicable state laws. Programs are provided by Healthways, Inc. Information provided is not a substitute for medical advice from your physician. Please refer to your benefits plan document for benefit specifics.

SAMPLE

ABC Call Agenda
February 10 - 11, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **#TakeItToHeart**

Benefits Vendor

- **State/Higher Ed: Minnesota Life Presentation on Life Resources for Employees**

ParTNers for Health Wellness Program

- **Well-Being Assessment Deadline/March Healthways Call Center Hours**
- **Well-Being Assessment Completion Data**
- **Physician Screening Form Waist Measurement Data**

Operations

- **2014 ABC Survey Results**
- **PPACA 1095-C Form and Reporting Update**
- **Local Ed/Local Gov/Higher Ed: Annual Security Audit**
- **Local Ed/Local Gov/Higher Ed: OIAM Update**
- **Local Ed/Local Gov: Change to 25-Hour Rule**
- **State/Higher Ed: Effective Date of Coverage**

Questions

February 13, 2015

ABC Call Notes
The combined notes from the February 10 and 11 ABC conference calls are attached.

2015 Benefits Vendor List Update
We have attached a revised benefits vendor list for your use. The Cigna East Tennessee representative has had a phone number change and it is included on the document. You can contact these representatives for meeting requests and assistance at your benefits fairs, etc.

Update on Anthem Data Breach from BCBST
Here is updated information for you from BlueCross BlueShield. Please feel free to share it with any of your members:

Since the cyber-attack on Anthem was first reported last week, we've been working hard to protect any BlueCross BlueShield of Tennessee members whose information may have been exposed.

We have two important developments to share with you:

- Anthem has agreed to provide two years of credit monitoring and identity repair services to any BlueCross BlueShield of Tennessee member whose information was included in the database compromised by the attack; we anticipate being able to share details on these protection services by early next week.
- BlueCross BlueShield of Tennessee earlier today received a preliminary database of members who may be at risk from the attack; we've begun verifying and validating this information, which is a multi-step process that could take a few weeks to complete and begin notification.

Your peace of mind is our mission, so we understand and share your deep concerns over this situation. Please rest assured we will continue our efforts to identify and protect our groups and members who may have been impacted as quickly as possible.

Background
On February 4, 2015, Anthem reported that a database containing as many as 80 million records of current and former customers, as well as their own employees, was hacked. The stolen information included names, Social Security numbers, birthdays, addresses, email and employment information, including income data. The company also stated no credit card information was stolen, and it does not believe medical information like insurance claims or test results were compromised, nor any hospital and doctor data.

BlueCross BlueShield of Tennessee and Anthem are separate companies, with completely distinct operations and information systems. BlueCross BlueShield of Tennessee's information systems and member data were not directly attacked. However, if any of our members received care in one of 14 states with affiliated Anthem health plans, it is possible that some of their personal data may have been stolen.

States with Anthem Affiliated Plans
California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, Wisconsin

Attachments:

- **2015 Updated Vendor List**
- **ABC Local Ed Survey Results**
- **ABC State Survey Results**
- **ABC LG Survey Results**
- **ABC HE Survey Results**
- **LifeSuite Letter**
- **LifeSuite Handout**
- **LifeSuite LPR Handout**
- **LifeSuite TVL Handout**
- **February ABC Call Notes**

Vendor Contact List

Use this list to request a representative to attend your agency benefits fair.

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN/Chattanooga	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Dental		
Assurant Employee Benefits		
Dana Ennis	(337) 991-0305	dana.ennis@assurant.com
Delta Dental		
Jackie Moss	(615) 742-6912	jmoss@deltadentaltn.com
Wellness		
Healthways		
Nancy Parker	(615) 614-4680	Nancy.parker@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Magellan		
Deborah Roberts	1-800-450-7281 ext. 74641	daroberts@magellanhealth.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Kathy Szymanski	(585) 238-3610	Kathy.Szymanski@medamericaltc.com
Vision		
EyeMed Vision Care		
Anne Stratmann	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

PARTNERS FOR HEALTH
Coverage underwritten by
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101
State of Tennessee – Life Insurance Information

MINNESOTA LIFE
A Securian Company

[PRINT DATE]

[FIRST NAME LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

New LifeSuite Services Available

[NAME]:

Minnesota Life Insurance Company and Benefits Administration are pleased to announce new services available to you as a State of Tennessee employee eligible for basic life insurance.

These services are available to you with no additional premium cost or enrollment required. They include Travel Assistance Service, Legacy Planning Resources and Beneficiary Financial Counseling. We encourage you to visit the web sites to become familiar with the services, and use them if and when you need them. Please refer to the enclosed handouts for additional information.

Travel Assistance Services
RedpointWTP, LLC provides travel assistance services to you and your dependents. The services are available 24/7/365 for emergency assistance, transport services, and pre-trip resources, when traveling 100 or more miles away from home. Visit: **www.LifeBenefits.com/Travel** or call **1-855-516-5433** when traveling in the U.S. and Canada. From other locations, you can call collect +1-415-484-4677.

Legacy Planning Resources
Minnesota Life provides you and your spouse and dependents, access to a variety of information and resources to help when organizing important financial documents as well as working through end-of-life issues. Our legacy planning resources support you as you consider your final wishes or those of a loved one. In addition, information guides individuals through the process of planning or pre-planning final arrangements. Our Express Assignment™ funeral home assignment service, available to Minnesota Life insureds, reduces concern about paying funeral expenses. For more information visit: **www.LegacyPlanningResources.com**

Beneficiary Financial Counseling
Financial counseling services are offered by PricewaterhouseCoopers LLP (PwC) to beneficiaries who receive at least $20,000 in policy benefits. PwC is a professional services firm with decades of experience in personal financial education and counseling. The counseling services are designed to help families make sound financial decisions at a difficult time. PwC advisors do not sell insurance or investment products. There is no fee to the beneficiary for this service.

If you have specific questions about Travel Assistance or Legacy Planning, please call or visit the websites listed above.

Services provided by RedpointWTP, LLC, and PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or their group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

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PARTNERS FOR HEALTH | MINNESOTA LIFE A Securian Company

In your family's time of need
BENEFICIARY FINANCIAL COUNSELING

Independent financial counseling resources provided by PricewaterhouseCoopers LLP (PwC) are designed to help beneficiaries make sound financial decisions at a difficult time.

Beneficiaries will receive materials explaining the program with the insurance benefit check.

The package will outline the options available for the beneficiary and provide contact information for PwC. We will only share information with PwC after an authorization is signed by the beneficiary.

All services are optional and available at no additional cost. No product sales are involved.

Beneficiary Financial Counseling resources

For those beneficiaries with group life insurance proceeds of $20,000 and above:

- **Financial Fitness Assessment** – An online assessment that takes about 10 minutes to complete and PwC's staff is available to help you through it. The results are provided to you in the form of a personalized report that provides guidance on your most immediate financial needs and the planning opportunities that exist to help improve your personal financial situation.
- **Beneficiary Reference Guide** – A reference guide that delivers easy-to-follow guidance on estate settlement matters, survivor benefits, financial planning and non-financial issues.
- **PwC eAdvisor** – Secure integrated planning tool that provides beneficiaries with access to online calculators, life event guides, articles, online courses and webcasts.
- **Bi-monthly Newsletter** – A subscription to Your Money, Your Future, PwC's electronic financial planning newsletter.
- **Personalized Financial Analysis** – A computer generated, easy-to-read and thorough financial plan designed to help you understand your overall financial situation and strategize for the future.

Additional resources for those beneficiaries with group life insurance proceeds of $100,000 and above:

- 12 months unlimited access to **telephonic financial counseling**.
- **Six months of monthly calls** to the beneficiary by his/her personal PwC financial counselor.

About PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP (PwC) has been providing personal financial counseling services for decades.

PwC helps individuals understand and address their personal financial goals and objectives.

The PwC professionals who provide these services are experienced financial counselors who are trained in the importance of client confidentiality. Their sole concern is to provide independent and objective counseling to the individuals they serve. They do not sell investments or financial products.

Neither PwC nor its employees are involved in the sale or endorsement of investment or insurance products.

Services provided by PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services.

Minnesota Life Insurance Company
A Securian Company

Group Insurance
www.LifeBenefits.com

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PARTNERS FOR HEALTH | MINNESOTA LIFE A Securian Company

LEGACY PLANNING resources

Thoughtful planning for a life well-lived.

Organizing your important personal and financial documents is an important part of your financial plan.

Members covered under our group life insurance policies, and their families, can access resources to help them deal with the loss of a loved one or to plan for their own passing.

Access a variety of information and resources to work through end-of-life issues:

Important documents

- Living will
- Last will and testament
- Estate Planning
- Healthcare directive
- Power of attorney
- Document locator

Legacy planning

Access a variety of information and resources to work through end-of-life issues.

End-of-life planning

- Preplanning your funeral or memorial service
- Life Insurance
- Beneficiary Designations
- Key contact information

Funeral arrangements

- Planning considerations
- Paying for a funeral or memorial service
- Filing an insurance claim
- Survivor resources/survivor checklist

Please visit **legacyplanningresources.com** to get started.

Minnesota Life Insurance Company
A Securian Company

Group Insurance
www.LifeBenefits.com

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PARTNERS FOR HEALTH | MINNESOTA LIFE A Securian Company

TRAVEL ASSISTANCE services

Do you know what is included with your group life insurance?
Access to 24-hour emergency travel assistance services and resources.

Access is available for you, your spouse and your dependents when traveling **100 or more miles from home** at no additional cost.

The services are provided by RedpointWTP LLC and offer direct and immediate access to medical and security experts. Operating with medical advisory support from world class physicians, Redpoint delivers potentially life-saving services and features from basic to unique emergency travel services.

Medical evacuation services

Highlights:

- Coordination of pre-hospital assistance
- Transport to the nearest appropriate medical facility
- Medically necessary repatriation
- Mortal remains repatriation
- Return of dependent children, rental car or pets
- Family member visitation
- Arrange for transport of a traveling companion

Security evacuation services

Highlights:

- Transport to the nearest safe area

General services

Highlights

- Medical professional locator
- Assistance recovering lost or stolen luggage, medication, eyeglasses, wallets or other important documents
- Emergency message relay and counseling
- Dental, legal and bail bond referrals
- ID theft assistance while traveling

Online pre-trip resources

Highlights:

- Security and crime alerts
- Political instability alerts
- Immunization requirements
- Passport and visa information
- Currency conversion
- Weather conditions

Please visit LifeBenefits.com/travel for a complete list of all available services, resources and the Terms of Service.

U.S./Canada:
1-855-516-5433

All other locations:
+1 415-484-4677

These travel assistance services are provided by RedpointWTP LLC, a Delaware limited liability company. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services.

Minnesota Life Insurance Company
A Securian Company

Group Insurance
www.LifeBenefits.com

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February 20, 2015

Healthways Call Center Hours – Inclement Weather

The Healthways Call Center closed today at 1 p.m. CT due to inclement weather. They have voicemail setup from 1 - 8 p.m. CT for customer service as well as coaching and clinical calls. The voicemail for coaching and clinical calls will remain on after 8 p.m. CT, as is their regular procedure. Tomorrow, the Healthways Call Center will open at 10 a.m. CT with coaches and clinicians on staff. Customer Service will be closed.

Healthways will also be calling members with committed coaching to reschedule those appointments.

LE - Employee Responsibility Under PPACA Webinar Information

Aon Hewitt will offer "Employer Responsibility under PPACA" webinars. There are three webinars and each will cover the same information. You will **not** need to register for the webinar. Please share this information and dates with your fiscal officers, agency heads/superintendents, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar date and time of your choice. All times are **Central**. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 5 from 12:00 p.m. to 2:00 p.m. CT
- March 6 from 9:00 a.m. to 11:00 a.m. CT
- March 11 from 12:00 p.m. to 2:00 p.m. CT

Webinar information:

Conference call in: 1-888-324-8504. You will use the Participant passcode: 7181968

Webinar link:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=md3d63732f77772931b97b05d5d13f29d

For assistance

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1. Go to https://hewittmeetings.webex.com/hewittmeetings/mc
2. On the left navigation bar, click "Support"

To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

LG - Employer Responsibility Under PPACA Webinar Information

Aon Hewitt will offer "Employer Responsibility under PPACA" webinars. There are three webinars and each will cover the same information. You will **not** need to register for the webinar. Please share this information and dates with your agency heads, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar date and time of your choice. All times are **Central**. The lines will be open for all participants at the end of the presentation for a Q&A session.

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- March 11 from 12:00 p.m. to 2:00 p.m. CT

Webinar information:

Conference call in: 1-888-324-8504. You will use the Participant passcode: 7181968

Webinar link:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=md3d63732f77772931b97b05d5d13f29d

For assistance

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3. Go to https://hewittmeetings.webex.com/hewittmeetings/mc
4. On the left navigation bar, click "Support"

To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

February 27, 2015

Edison Password Reset (Local Ed, Local Gov and Higher Ed)

All passwords will be reset this weekend for employees who have not logged in to Edison since the OIAM implementation last month. This decision was made because leaving the passwords as the last name and last four digits of the SSN could become a security risk. These new passwords will **not** be emailed to you or your employees. If you have a current employee that needs to log in to Edison for the first time, please have them contact our call center to have their password reset. You will continue receiving passwords for all new employees hired in Edison.

If you are planning on scheduling a time prior to Annual Enrollment to have all of your employees log in and set up their security profile, please email **benefits.info@tn.gov** so that BA can work with the Edison team to get all of your passwords reset. This process is not in place yet, but should be available in a few months.

Reminder: AON Hewitt "Employer Responsibility Under PPACA" Webinar (Local Ed)

Aon Hewitt will offer "Employer Responsibility under PPACA" webinars. There are three webinars and each will cover the same information. You will **not** need to register for the webinar. Please share this information and dates with your fiscal officers, agency heads/superintendents, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar date and time of your choice. All times are **Central**. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 5 from 12:00 p.m. to 2:00 p.m. CT
- March 6 from 9:00 a.m. to 11:00 a.m. CT
- March 11 from 12:00 p.m. to 2:00 p.m. CT

Webinar information:

Conference call in: 1-888-324-8504. You will use the Participant passcode: 7181968

Webinar link:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=md3d63732f77772931b97b05d5d13f29d

For assistance

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2. On the left navigation bar, click "Support"

To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

Reminder: AON Hewitt "Employer Responsibility Under PPACA" Webinar (Local Gov)

Aon Hewitt will offer "Employer Responsibility under PPACA" webinars. There are three webinars and each will cover the same information. You will **not** need to register for the webinar. Please share this information and dates with your agency heads, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar date and time of your choice. All times are **Central**. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 5 from 12:00 p.m. to 2:00 p.m. CT
- March 6 from 9:00 a.m. to 11:00 a.m. CT
- March 11 from 12:00 p.m. to 2:00 p.m. CT

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For assistance

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3. Go to https://hewittmeetings.webex.com/hewittmeetings/mc
4. On the left navigation bar, click "Support"

To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

Open Enrollment Appeals Deadline

After February 28, 2015, Benefits Administration will no longer accept appeals related to the 2015 Open Enrollment Period, which occurred in October 2014 (coverage effective date January 1, 2015). Any Open Enrollment appeals received after this time will be rejected with no option to appeal to the Benefits Administration Review Team (BART).

Partnership Promise Coaching Transfer Letters

Transfer letters will mail next week to 538 members letting them know they have not met the coaching requirement for the 2015 Partnership Program year. Three different versions (head of contract/spouse, spouse only, head of contract only) will mail and we have attached them as a reference.

As mentioned during the January conference calls, we are sending out transfer letters to members who do not fulfill a requirement throughout the 2015 program year. Members could receive a transfer letter for not participating in coaching, not completing the Well-Being Assessment, or not completing a biometric screening (if the screening is required).

Members who believe they have completed the requirement can file an appeal. Information on how to file an appeal is found on the letter the member receives and the Partnership Promise Appeal Form is found on the ParTNers for Health website, **www.partnersforhealthtn.gov** in the Quick Links box, or found by **clicking here**.

Partnership Promise Well-Being Assessment Deadline

As a reminder, Partnership PPO members must complete their Well-Being Assessment (WBA) by March 15. This includes the head of contract (HOC) and covered spouse, if applicable. Dependent children do not have to complete the Partnership Promise.

The WBA deadline is on Sunday this year.

- The Healthways call center will be open on Saturday, March 14 from 8:00 a.m.-8:00 p.m.
- The call center will not be open on Sunday March 15, but members may leave a message between 8:00 a.m. and 8:00 p.m. to request a call back for assistance with the WBA.
- Healthways will follow up with those members and they will receive credit once the WBA is complete. Members do need to leave a message if they call on Sunday, March 15. The voicemail will prompt members for the information needed to return the call (e.g., name, return phone number, Caremark ID #, etc.).

Please encourage your members to complete their WBAs as soon as possible to avoid any issues or delays in completing the requirement.

Attachments:

2015 Coaching Letter HOC
2015 Coaching Letter HOC & Spouse
2015 Coaching Letter Spouse

Date

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you** have not met your coaching requirement for the 2015 Partnership Promise program year. Therefore, you will not be eligible to enroll in the Partnership PPO in 2016. You will automatically be transferred out of the Partnership PPO as of January 1, 2016.

The Partnership Promise requirements were provided to you in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you have not met your coaching requirement in 2015, you and your covered dependents will have to choose from other benefit options for 2016.. You will be eligible for the Partnership PPO option again during the 2017 enrollment period.

If you do not agree with this, **you may appeal** if:

- You are under a doctor's care for a medical or mental health condition that kept you from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have record of this condition so you must provide that information in your appeal.
- You have attempted to complete coaching calls after you received your last failed attempt letter during the 2015 program year. A failed attempt letter is mailed to all members who have missed a committed coaching call and a follow up re-engagement call.

There are several ways to file your appeal but you must do so within **30 days** of the date of this letter. You can go to **www.partnersforhealthtn.gov** and download the appeals form (found in the Quick Links box).

- **Email:** You may email your appeal to us at **tnappeals@healthways.com**
- **Fax:** Appeals can be faxed to us at 1.615.807.3996
- **Mail:** Send appeals through the mail **postmarked 30 days from the date of this letter** to::
  Attn: ParTNers for Health Wellness Program, Appeals
  701 Cool Springs Blvd.
  Franklin, TN 37067
- **Phone:** You may also call Customer Service at 1.888.741.3390.
  Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central Time).

All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal. This policy has been approved by the State of Tennessee.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

Date

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you and your covered spouse** have not met your coaching requirement for the 2015 Partnership Promise program year. Therefore, you will not be eligible to enroll in the Partnership PPO in 2016. You will automatically be transferred out of the Partnership PPO as of January 1, 2016.

The Partnership Promise requirements were provided to you in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you and your covered spouse have not met your coaching requirement in 2015, you and your covered dependents will have to choose from other benefit options for 2016. You will be eligible for the Partnership PPO option again during the 2017 enrollment period.

If you do not agree with this, **you may appeal** if:

- You and your covered spouse are under a doctor's care for a medical or mental health condition that kept you from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have record of this condition so you must provide that information in your appeal.
- You and your covered spouse have attempted to complete coaching calls after you received your last failed attempt letter during the 2015 program year. A failed attempt letter is mailed to all members who have missed a committed coaching call and a follow up re-engagement call.

There are several ways to file your appeal but you must do so within **30 days** of the date of this letter. You can go to www.partnersforhealthtn.gov and download the appeals form (found in the Quick Links box).

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Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

Date

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **your covered spouse** has not met his or her coaching requirement for the 2015 Partnership Promise program year. Therefore, you will not be eligible to enroll in the Partnership PPO in 2016. You will automatically be transferred out of the Partnership PPO as of January 1, 2016.

The Partnership Promise requirements were provided to you in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because your covered spouse has not met their coaching requirement in 2015, you and your covered dependents will have to choose from other benefit options for 2016. You will be eligible for the Partnership PPO option again during the 2017 enrollment period.

If you do not agree with this, **you may appeal** if:

- Your covered spouse is under a doctor's care for a medical or mental health condition that kept him or her from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have record of this condition so you must provide that information in your appeal.
- Your covered spouse has attempted to complete coaching calls after the date of his or her last failed attempt letter during the 2015 program year. A failed attempt letter is mailed to all members who have missed a committed coaching call and a follow up re-engagement call.

There are several ways to file your appeal but you must do so within **30 days** of the date of this letter. You can go to **www.partnersforhealthtn.gov** and download the appeals form (found in the Quick Links box).

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Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

March 6, 2015

ABC Conference Calls

Don't forget, conference calls for Local Education, Central State, Local Government and Higher Education are next week!

Local Education – Tuesday, March 10 at 9:00 a.m. CDT
Central State – Tuesday, March 10 at 10:30 a.m. CDT
Local Government – Tuesday, March 10 at 1:00 p.m. CDT
Higher Education – Wednesday, March 11 at 9:00 a.m. CDT

The call agenda is attached. You can **click here** to find the webinar instructions and link to log in to the presentation.

Partnership Promise Well-Being Assessment Deadline

Deadline Alert: Partnership PPO members must complete their Well-Being Assessment (WBA) by March 15. This includes the head of contract (HOC) and covered spouse, if applicable. Dependent children do not have to complete the Partnership Promise. **Please encourage members who have not completed their WBAs to do so as soon as possible to avoid any issues or delays in completing the requirement.**

You can share the information below with your Partnership PPO members:

Partnership PPO members must complete the Well-Being Assessment by March 15, which is on a Sunday this year. You can complete the **WBA online** or by calling Healthways at 1-888-741-3390, Monday – Friday, 8:00 a.m. to 8:00 p.m. Central.

Call center hours:

- Open on Saturday, March 14 from 8:00 a.m. - 8:00 p.m. Central.
- Call center is **not** open on Sunday, March 15, but you may leave a message between 8:00 a.m. and 8:00 p.m. Central to request a call back for assistance with the WBA.
- If you leave a message, Healthways will follow up with you and you will receive credit once the WBA is complete. You **must leave a message** if you call on Sunday, March 15. The voicemail will prompt you for the information needed to return your call (e.g., name, return phone number, Caremark ID #, etc.).

PPACA Query (State only)

A modified query is available for you to run and track your part-time employee's hours for PPACA purposes. The query name is TN_BA350_TN_HOURS_FOR_BENEFITS. The query will ask for an input on period begin and end dates. Use 10/5/2014 as the begin date and 10/3/15 as the end date. This will show all of your employees in the standard measurement period as well as all of your employees in an individual measurement period.

Tennova Healthcare Joins BlueCross BlueShield (BCBS) Network

From BlueCross BlueShield of Tennessee: BCBS is pleased to announce that we have reached a multi-year agreement with Tennova Healthcare to expand the choice of hospitals and physician practices available to our Blue Network S members.

As of March 1, the following Tennova facilities will be added to Network S, giving members access to services at these facilities and their employed physician practices: **Physicians Regional Medical Center**, **North Knoxville Medical Center** and **Turkey Creek Medical Center.** With the addition of these three hospitals, Network S members now have access to all seven Tennova facilities.
This expanded agreement with Tennova provides our Network S members more choices for quality health care at affordable rates.

About Tennova Healthcare
Tennova Healthcare operates seven acute-care hospitals and several other healthcare facilities in East Tennessee. Physicians Regional Medical Center, Turkey Creek Medical Center, North Knoxville Medical Center, Jefferson Memorial Hospital, LaFollette Medical Center, Newport Medical Center and Lakeway Regional Hospital make up the healthcare system. More than 1,000 of the area's leading physicians are on the active staff at Tennova facilities. One of East Tennessee's largest employers, Tennova has more than 4,000 associates dedicated to providing compassionate care using the latest medical technology. For more information, visit www.Tennova.com.

AON Hewitt "Employer Responsibility Under PPACA" Webinars (Local Ed)

Currently we have one Aon Hewitt "Employer Responsibility under PPACA" webinar scheduled. You will **not** need to register for this webinar. Once we have the rescheduled dates for the postponed webinars, we will send that information to you. Please share this information with your fiscal officers, agency heads/superintendents, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar link. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 11 from 12:00 p.m. to 2:00 p.m. CDT

Webinar information:
Conference call in: 1-888-324-8504. You will use the Participant passcode: 7181968

Webinar link:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=md3d63732f77772931b97b05d5d13f29d

For assistance
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1. Go to https://hewittmeetings.webex.com/hewittmeetings/mc
2. On the left navigation bar, click "Support"

To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

AON Hewitt "Employer Responsibility Under PPACA" Webinars (Local Gov)
Currently we have one Aon Hewitt "Employer Responsibility under PPACA" webinar scheduled. You will **not** need to register for this webinar. Once we have the rescheduled dates for the postponed webinars, we will send that information to you. Please share this information and dates with your agency heads, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar link. The lines will be open for all participants at the end of the presentation for a Q&A session.

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To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

March 5, 2015

Postponed: AON Hewitt March 5 and 6 Webinars (LE)

The Aon Hewitt "Employer Responsibility under PPACA" webinars scheduled for today, March 5 and Friday, March 6 are postponed. The webinar scheduled for March 11 will continue as scheduled. As soon as we have the rescheduled dates, we will share this information with you.

Please share this information with your fiscal officers, agency heads/superintendents, human resources and benefits personnel if they had planned to participate in the webinar.

- Postponed: March 5 from 12:00 p.m. to 2:00 p.m. CT
- Postponed: March 6 from 9:00 a.m. to 11:00 a.m. CT
- Scheduled: March 11 from 12:00 p.m. to 2:00 p.m. CT

Postponed: AON Hewitt March 5 and 6 Webinars (LG)

The Aon Hewitt "Employer Responsibility under PPACA" webinars scheduled for today, March 5 and Friday, March 6 are postponed. The webinar schedule for March 11 will continue as scheduled. As soon as we have the rescheduled dates, we will share this information with you.

Please share this information with your agency heads, human resources and benefits personnel if they had planned to participate in the webinar.

- Postponed: March 5 from 12:00 p.m. to 2:00 p.m. CT
- Postponed: March 6 from 9:00 a.m. to 11:00 a.m. CT
- Scheduled: March 11 from 12:00 p.m. to 2:00 p.m. CT

March 13, 2015

ABC Call Notes

The combined notes from the March 10 and 11 ABC conference calls are attached.

Deadline: Partnership Promise Well-Being Assessment (WBA)

Partnership PPO members must complete their Well-Being Assessment (WBA) by March 15. This includes the head of contract (HOC) and covered spouse, if applicable. Dependent children do not have to complete the Partnership Promise.

Please encourage members who have not completed their WBAs to do so immediately.

You can share the information below with your Partnership PPO members:

Partnership PPO members must complete the Well-Being Assessment by March 15, which is on a Sunday this year. You can complete the **WBA online** or by calling Healthways at 1-888-741-3390, Monday – Friday, 8:00 a.m. to 8:00 p.m. CDT.

Call center hours:

- Open on Saturday, March 14 from 8:00 a.m. - 8:00 p.m. CDT.
- Call center is **not** open on Sunday, March 15, but you can leave a message between 8:00 a.m. and 8:00 p.m. CDT to request a call back for assistance with the WBA.
- If you leave a message, Healthways will follow up with you and you will receive credit once the WBA is complete. You **must leave a message** if you call on Sunday, March 15. The voicemail will ask you for the information needed to return your call (e.g., name, return phone number, Caremark ID #, etc.).

AON Hewitt "Employer Responsibility Under PPACA" Webinars (Local Ed)

The postponed Aon Hewitt "Employer Responsibility under PPACA" webinars have been rescheduled. You will **not** need to register for this webinar. Please share this information with your fiscal officers, agency heads/superintendents, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar link. There are different webinar links for each date. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 19 from 9:00 a.m. to 11:00 a.m. CDT

- March 24 from 12:00 p.m. to 2:00 p.m. CDT

Webinar information:
Conference call in: 1-888-323-2711. You will use the Participant passcode: 1518355#

Webinar link for March 19:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=ma4c498511f1b170723923e3cfcaf33e2

Webinar link for March 24:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=m2821a48312143bce904500b88d7b43ad

For assistance
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AON Hewitt "Employer Responsibility Under PPACA" Webinars (Local Gov)
The postponed Aon Hewitt "Employer Responsibility under PPACA" webinars have been rescheduled. You will **not** need to register for this webinar. Please share this information and dates with your agency heads, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar link. There are different links for each date. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 19 from 9:00 a.m. to 11:00 a.m. CDT
- March 24 from 12:00 p.m. to 2:00 p.m. CDT

Webinar link for March 19:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=ma4c498511f1b170723923e3cfcaf33e2

Webinar link for March 24:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=m2821a48312143bce904500b88d7b43ad
For assistance
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Attachments:

March Conference Call Notes
PPACA Benefits Waived BA Letter for 2015 (State)

Sample letter to be written on letterhead

Benefits Enrollment Waive Notice

Jane Doe
123 Streets Dr.
Anyplace, TN 30000

EMPL ID# 00000000

You are receiving this **Benefits Enrollment Waive Notice** because you did not return your Benefits Enrollment Change Application or use Edison Employee Self Service to make insurance elections within 31 days of your hire date. You were required to do this even if you chose **NOT** to participate in our health insurance plan.

The 31-day timeframe has passed and our office did not receive your Enrollment Change Application. So, your benefits are **waived for 2015 and you are not enrolled in our health plan**.

The next time you can enroll in the State Group Insurance Program is during the Annual Enrollment Period in October for insurance, which will start January 1, 2016. If you have a Special Qualifying event during the year, you could also enroll in coverage.

This will be the ONLY notice that you will receive about your decision not to enroll in the State's health insurance plan. If you have any questions, please contact the Benefits Administration Service Center at 800-253-9981.

Regards,

Benefits Administration

SAMPLE

March 20, 2015

Anthem BlueCross BlueShield Cyber-Attack Update

This week, BlueCross BlueShield of Tennessee (BCBST) mailed letters to some of our health plan members who had data included in the nationwide Anthem Blue Cross cyber-attack. For your reference, we have attached two sample letters that were mailed out to these members.

The "Anthem inactive member letter" was mailed to 2,760 former BCBST members. The "Anthem member letter" was mailed to 2,618 active BCBST members.

If you get any calls about this, please refer them to the BCBST customer service center at 1-800-558-6213. They are open Monday through Friday from 7:00 a.m. to 4:15 p.m. (Central).

Partnership Promise Biometric Screening Email Reminders

Next week, Healthways will begin sending targeted emails to 48,942 Partnership PPO members reminding them to complete the biometric screening requirement by July 15 as a part of their Partnership Promise. These members are enrolled in the coaching program and have completed a WBA, but have not submitted a completed Physician Screening Form as of March 17.

Partnership Promise Coaching Transfer Letters

A second batch of transfer letters will mail next week to 1,583 members letting them know they have not met the coaching requirement for the 2015 Partnership Program year. We sent sample letters in the February 27 ABC email and they are also found on the **ABC webpage** in the **Weekly Emails** box, titled 2015.

Transfer letters will mail to members who do not fulfill a requirement throughout the 2015 program year. Members could receive a transfer letter for not participating in coaching, not completing the Well-Being Assessment, or not completing a biometric screening (if the screening is required).

Members who believe they have completed the requirement can file an appeal. Information on how to file an appeal is found on the letter the member receives and the Partnership Promise Appeal Form is found on the ParTNers for Health website, **www.partnersforhealthtn.gov** in the Quick Links box, or found by **clicking here.**

AON Hewitt "Employer Responsibility Under PPACA" Webinars (Local Ed)

There is one more Aon Hewitt "Employer Responsibility under PPACA" webinar scheduled next week. You will **not** need to register for this webinar. Please share this

information with your fiscal officers, agency heads/superintendents, human resources and benefits personnel as appropriate. Anyone is welcome to participate.

All you will need to do is call into the conference line and click on the webinar link. The lines will be open for all participants at the end of the presentation for a Q&A session.

- March 24 from 12:00 p.m. to 2:00 p.m. CDT

Webinar information:
Conference call in: 1-888-323-2711. You will use the Participant passcode: 1518355.

Webinar link for March 24:
https://hewittmeetings.webex.com/hewittmeetings/j.php?MTID=m2821a48312143bce904500b88d7b43ad

For assistance
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To check whether you have the appropriate players installed, go to https://hewittmeetings.webex.com/hewittmeetings/systemdiagnosis.php.

Attachments:

Anthem Inactive Member Letter
Anthem Member Letter

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Date

<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <Zip>

This is an important message from BlueCross BlueShield of Tennessee.

By now, you may have heard the news that Anthem Blue Cross was the victim of a cyber attack and data theft. Some personal information of many current and former members of Anthem and other Blue Cross plans was stolen – including BlueCross BlueShield of Tennessee.

As a former member of ours, your peace of mind is our number one concern. We wanted to be the first to tell you that some of your data was included in the incident. One or all of the following data elements may be included: Name, BCBST ID number, address and/or date of birth. **Your health related information was not included.**

Since you were a BCBST member, and not directly affiliated with Anthem, you are no doubt concerned about why that company would have your data. If you received care, in the past 10 years, in one of 14 states with affiliated Anthem health plans, it is possible that some of your personal data may have been stolen in the criminal act against Anthem. States with Anthem affiliated plans are California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin.

You will soon receive a letter from Anthem with more details. That letter will tell you how to sign up for two free years of credit monitoring and identity theft repair services. Anthem is paying for this service for you. However, you do not need to wait for your letter from Anthem to sign up. You are welcome to do so now. For more information on the services you can get, visit AnthemFacts.com or call 1-877-263-7995.

We are working closely with Anthem to help make sure your information can't be used in a harmful way. If you have any concerns or issues with Anthem during this process, we can help you. Please call member service at 1-800-558-6213. We are here Monday through Friday from 7 a.m. to 4:15 p.m. (CT).

We're sorry this happened, and for the concern this causes you. We want you to know we are working on your behalf during this difficult event.

SAMPLE

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener asistencia en Español, llame al 1-800-565-9140
Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140
Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140
BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Thank you for putting your trust in us.

Henry Smith
Senior Vice-President Operations & Chief Marketing Officer

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Date

<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <Zip>

Dear Member,

This is an important message from BlueCross BlueShield of Tennessee.

By now, you may have heard the news that Anthem Blue Cross was the victim of a cyber attack and data theft. Some personal information of many members of Anthem and other Blue Cross plans was stolen – including BlueCross BlueShield of Tennessee.

Since you are our member, your peace of mind is our number one concern. We wanted to be the first to tell you that some of your data was included in the incident. One or all of the following data elements may be included: Name, BCBST ID number, address and/or date of birth. **Your health related information was not included.**

Since you are a BCBST member and not directly affiliated with Anthem, you are no doubt concerned about why that company would have any of your data in the first place. If you received care, in the past 10 years, in one of 14 states with affiliated Anthem health plans, it is possible that some of your personal data may have been stolen in the criminal act against Anthem. States with Anthem affiliated plans are California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin.

You will soon receive a letter from Anthem with more details. That letter will tell you how to sign up for two free years of credit monitoring and identity theft repair services. Anthem is paying for this service for you. However, you do not need to wait for your letter from Anthem to sign up. You are welcome to do so now. For more information on the services you can get, visit AnthemFacts.com or call 1-877-263-7995.

We are working closely with Anthem to help make sure your information can't be used in a harmful way**. If you have any concerns or issues with Anthem during this process, we can help you. Please call** at 1-800-558-6213. We are here Monday through Friday from 7 a.m. to 4:15 p.m. (CT).

SAMPLE

We’re sorry this happened, and for the concern this causes you. We want you to know we are working on your behalf during this difficult event.

Thank you for putting your trust in us.

Henry Smith
Senior Vice-President Operations & Chief Marketing Officer

March 27, 2015

ParTNers for Health Wellness Program Quick Reference Guide

Healthways has developed a ParTNers for Health Wellness Program Quick Reference Guide for your use (attached). It includes the prompts for the toll free number, where to find resources on ParTNers for Health and the appeals information. We hope you find this to be a useful tool.

Pharmacy – April 2015 Preferred Drug List (PDL)

Attached is the April 2015 preferred drug list (PDL). There is a 90-day grace period, which allows members to pay the preferred copay until June 29, 2015. In April, notification letters will be mailed to members impacted by the single-source brand changes. There were 759 members in the last four months who filled a prescription for one of the impacted drugs being removed from the PDL. Of these members, 704 filled for a drug that has an equivalent generic available. The remaining 55 members filled a prescription for a single-source drug.

Drugs being removed from the PDL on April 1, 2015 include:

Drug	Use	Alternate/Comments
Avonex	Multiple Sclerosis	Availability of other options on the PDL such as Copaxone, Extavia, Gilenya, Plegridy, Tecfidera
Exforge	Hypertension	The generic amlodipine/valsartan is now available
Exforge HCT	Hypertension	The generic amlodipine/valsartan/hydrochlorothiazide is now available
Intuniv	Attention Deficit Disorder	The generic guanfacine is available
Lazanda	Pain related to cancer	Availability of other immediate-release fentanyl agents in a therapeutically interchangeable class (e.g., morphine, oxycodone, et al)
Locoid Lipocream	atopic dermatitis	The generic hydrocortisone butyrate is available
Mentax	tinea versicolor,	Other products are available OTC as well as in generic form (ciclopirox, clotrimazole, econazole)

	tinea corporis	
Pantanase	Seasonal allergic rhinitis	The generic olopatadine is now available
Protopic	2nd line of treatment for short term atopic dermatitis	The generic tacrolimus is now available
Victrelis	Hepatitis C	Availability of other options such as Harvoni
Rimantidine oral tablets	Influenza-A	Is no longer recommended as a first line of therapy for the flu. Other products available are Tamiflu and Relenza

Pharmacy OneTouch Product Reminder

A reminder that starting next Wednesday, April 1, the only preferred brand of blood glucose test strips and lancets for diabetics are OneTouch products. These are the only testing products that will process at the preferred brand drug co-payment staring April 1.

Any and all other brand name testing supplies, including Accu-Chek (which had also been a preferred brand product through December 31, 2014), Freestyle or Contour will be subject to the applicable plan's highest drug copayment (i.e., non-preferred brand).

Last fall, all affected plan members received a letter from the state's pharmacy benefits manager, CVS/Caremark, notifying them of this change. The letter also informed members of their options and how to work with their doctor to make a change, should they wish to do so. In addition, Cigna and BlueCross BlueShield of Tennessee included a flier in last fall's enrollment kits notifying all plan members of this change.

We notified all Agency Benefits Coordinators (ABC) during last fall's annual enrollment weekly conference calls and shared the attached flier for ABCs to share with your employees. Finally, members were allowed a three-month grace period from January 1 – March 31 to decide if they wanted to work with their physician to transition to a

OneTouch product, or continue using another product and pay a higher copayment after the April 1 deadline.

IT Contact Survey Reminder – LE, LG and HE

This week on Tuesday, March 24, we sent an email to **primary** ABCs, which included a link to a form that captured your IT Contacts (IT Contact Survey). We need this information for the fall annual enrollment period. We have received many replies, but if your organization has not yet responded, the **deadline is Wednesday, April 1, 2015**. You must respond using the link in the email you received.

Local government agencies with fewer than 100 employees that do not use ESS do not have to fill out the form.

Attachments:

Wellness Program Quick Reference Guide
April 2015 PDL
Caremark OneTouch Flier

ParTNers for Health Wellness Program
QUICK REFERENCE GUIDE

PARTNERS FOR HEALTH

CALL: 1.888.741.3390 (M – F, 8a.m. – 8p.m.), then:

- **Press 1** for **Customer Service**, then:
  - Press 1 to verify your status in the ParTNers for Health Wellness Program for 2015.
  - For all other questions, remain on the line to speak to a Customer Service Representative.
- **Press 2** to enroll in a **Coaching Program.**
- **Press 3** to connect to the **24-hour Nurse Advice Line.**
- **Press 4** to speak to a **Lifestyle Management Coach.**
- **Press 5** to speak to a **Disease Management Coach.**

VISIT: www.partnersforhealthtn.gov, then:

- **Access Well-Being Connect (WBA):**
  Click on **MY WELLNESS LOGIN** button.
- **Learn about the Partnership Promise:**
  Use the Blue Partnership Promise box links.
- **View User Instruction Guides (WBA & Screenings):**
  Use the Quick Links box links.

EMAIL: partnersforhealth@healthways.com

APPEALS: Any member can file an appeal.

- **Phone:** 1.888.741.3390 (M-F, 8a.m.–8p.m.)
- **Email:** tnappeals@healthways.com
- **E-Fax:** 1.615.807.3996

The appeals form can be found at www.partnersforhealthtn.gov under the Quick Links box.

PARTNERS FOR HEALTH

COVERAGE FOR DIABETIC TEST STRIPS AND LANCETS IN 2015

- **Effective January 1, 2015, OneTouch supplies will be the only diabetic testing supplies covered at the preferred brand copay**
- You will have lower copays if you use OneTouch supplies
- Ask your doctor if you can switch to OneTouch if you are using another brand
- Call the Caremark Diabetes Meter program at 1.800.588.4456 and request a **free** OneTouch blood glucose meter
- Use mail order to fill your **first** 90-day supply of OneTouch Test Strips; after that, you can continue with mail order or use a Retail-90 pharmacy for refills
- You can still use other brands of meters and testing supplies
- Coverage for diabetic supplies other than OneTouch will be at the non-preferred level, and you will have higher copays beginning April 1, 2015

Questions? Call the Customer Service number on the back of your Caremark card, 1.877.522.8679

Cost Comparison of In-Network Benefits

OneTouch — Preferred Copay		
Option	30-day supply	90-day maintenance supply*
Partnership	$35	$30
Standard	$45	$40
Limited	$55	$50

All Other Brands (including Accu-Chek) — Non-Preferred Copay		
Option	30-day supply	90-day maintenance supply*
Partnership	$85	$160
Standard	$95	$180
Limited	$105	$200

* Retail-90 Pharmacy or Mail Order

PARTNERS FOR HEALTH

ACCU-CHEK LANCETS AND TEST STRIPS NO LONGER COVERED AS A PREFERRED BRAND

Effective January 1, 2015 — with a grace period until March 31, 2015

WHAT: Effective **January 1, 2015, Accu-Chek** test strips and lancets for use in Accu-Chek blood glucose meters **will no longer be a preferred brand** through your Caremark pharmacy benefit. They also will not be available at the reduced "maintenance" tier copayment you now get when you purchase them through mail order or a Retail-90 pharmacy.

OneTouch test strips and lancets will be the only preferred brand products available at the reduced copayments.

WHEN: January 1, 2015. Members will be allowed a grace period through the end of March to work with their doctors to get a prescription for the least costly **OneTouch** test strips and/or lancets. Affected members will receive a letter after January 1 from Caremark, the state's pharmacy benefits manager, letting them know more about this change.

DOES THIS AFFECT ME? If you have diabetes and currently use Accu-Chek lancets and test strips with your blood glucose meter, it does affect you. You may continue to use and fill prescriptions for Accu-Chek lancets and test strips through March 2015, but after this date you will be subject to the Tier 3 (non-preferred brand) copayment for your plan — which will cost much more than you've been paying.

WHY ARE YOU TELLING ME ABOUT THIS NOW? As the administrator of the program, the State's Benefits Administration division wants to give you and your doctor as much notice as possible about this change so that you can adjust as appropriate for your care.

WHAT SHOULD I DO? You can call the Caremark diabetes meter program at 1.800.588.4456 and request a type of OneTouch blood glucose meter. ***One will be provided and shipped to you free of charge.*** There are many versions (e.g., OneTouch VerioIQ, OneTouch Verio Sync, OneTouch Ultra Mini, etc.) so talk to your doctor to find out which one is best for you. Be sure to tell your doctor that ***you will save the most money*** if you switch to OneTouch test strips and lancets. You **can** continue to use other products, but doing so will cost you more. You will be required to fill your first 90-day supply of test strips through the mail order program; thereafter, you may continue to fill them through mail order or switch to a local Retail-90 pharmacy for a reduced copayment of a 90-day supply.

DO I HAVE TO CHANGE LANCETS AND TEST STRIPS? No. However, if you do not you will have much higher copayments starting on April 1, 2015. If you and your doctor decide that OneTouch glucose meter, lancets, and test strips will work just as well for you, you may choose to go ahead and make the change now.

To do so, work with your doctor to find out which OneTouch meter (see above) is best, and then call the diabetes meter program at 1.800.588.4456 to ask for a free one. They will obtain some information from you and reach out to your doctor for a prescription for a 90-day supply of test strips that will be filled through mail order (your reduced maintenance tier copayment will apply to the test strips). Thereafter, you can fill your remaining refills of test strips through either mail order or a Retail-90 pharmacy. You also have the option to fill both your OneTouch lancets and test strips for a 30-day regular copayment as well. You also have the option to pay for your own OneTouch meter, then work with your doctor to get prescriptions for either a 30-day supply of lancets and test strips, or a 90-day supply of test strips and lancets which can then be filled through mail order or a Retail-90 pharmacy.

I HAVE QUESTIONS. WHO DO I CALL? Call the customer service number on the back of your Caremark card at 1.877.522.8679.

April 2, 2015

State Offices Closed Friday, April 3

State offices will be closed this Friday, April 3 and the Benefits Administration (BA) service center will be closed. Messages received in the benefits.info@tn.gov email box on April 3 will receive a response on Monday, April 6.

The Healthways call center will be **open** on Friday and can be reached at 1-888-741-3390 from 8 a.m. to 8 p.m. Central.

ABC April Conference Call – Higher Ed

As a reminder, the Higher Ed ABC conference call will be on Wednesday, April 15 at the regularly scheduled time, 9:00 a.m. Central. This is the third Wednesday in the month of April. BA will send out the call agenda with the Friday, April 10 ABC email.

April 9, 2015

Local Ed ABCs,

Attached is a memo from Benefits Administration Executive Director Laurie Lee outlining the premium estimates for health and vision insurance in 2016. You will be pleased to know that BA plans to recommend no premium increase to the Local Education Insurance Committee. Until the Committee meets later this summer, this is only a recommendation and not final, but we feel that it is important to get this information to you as early as we can.

We are sending this memo only to you, so please share it with your budget directors and fiscal officers.

Thank you.

Attachments:

Premium Estimate Letter 2016 LE Final

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION
312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone 615-741-3590 or 800-253-9981
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

April 9, 2015

MEMORANDUM

TO: Agency Benefit Coordinators/Fiscal Directors – Local Education Plan

FROM: Laurie Lee, Executive Director

SUBJECT: Premiums for 2016

I know that many of you are working now on your budgets for next year. I thought it would be helpful to tell you as early as we could that we have determined the preliminary estimates for the Local Education Plan premiums for health and vision insurance for 2016.

Based upon the projected benefit and expenses we anticipate recommending **NO premium increase** for **health insurance** for the 2016 plan year, which is January – December.

For those of you who offer the state's vision insurance, there will also be **NO increase** in the EyeMed premiums in 2016.

Benefits Administration will make these rate recommendations to the Local Education Insurance Committee later this summer. Please note that until the Committee acts on our recommendation the rates are not final.

We are in the process of re-procuring our dental contracts. We should be able to give those of you who offer our dental plans information about premiums in late June.

If you have any questions regarding the estimated premiums, please contact me at 1-615-532-1901.

April 10, 2015

ABC Conference Calls

Don't forget, conference calls for Local Education, Central State, Local Government and Higher Education are next week!

Local Education – Tuesday, April 14 at 9:00 a.m. Central
Central State – Tuesday, April 14 at 10:30 a.m. Central
Local Government – Tuesday, April 14 at 1:00 p.m. Central
Higher Education – Wednesday, April 15 at 9:00 a.m. Central

The call agenda is attached. You can **click here** to find the webinar instructions and link to log in to the presentation.

Attachments:

LE 04.14.15 Agenda
LG 04.14.15 Agenda
ST 04.14.15 Agenda
HE 04.15.15 Agenda

April 16, 2015

The following email was sent to Agency Benefits Coordinators today.

Local Gov ABCs,

Attached is a memo from Benefits Administration Executive Director Laurie Lee outlining the premium estimates for health and vision insurance in 2016. You will be pleased to know that BA plans to recommend no premium increase to the Local Government Insurance Committee. Until the Committee meets later this summer, this is only a recommendation and not final, but we feel that it is important to get this information to you as early as we can.

We are sending this memo only to you, so please share it with your budget directors and fiscal officers.

Thank you.

Attachment:

Premium Estimate Letter 2016 LG

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION
312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone 615-741-3590 or 800-253-9981
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

April 16, 2015

MEMORANDUM

TO: Agency Benefit Coordinators – Local Government Plan

FROM: Laurie Lee, Executive Director

SUBJECT: Premiums for 2016

I know that many of you are working now on your budgets for next year. I thought it would be helpful to tell you as early as we could that we have determined the preliminary estimates for the Local Government Plan premiums for health and vision insurance for 2016.

Based upon the projected benefit and expenses we anticipate recommending **NO premium increase** for **health insurance** for the 2016 plan year, which is January – December.

For those of you who offer the state's vision insurance, there will also be **NO increase** in the EyeMed premiums in 2016.

Benefits Administration will make these rate recommendations to the Local Government Insurance Committee later this summer. Please note that until the Committee acts on our recommendation the rates are not final.

We are in the process of re-procuring our dental contracts. We should be able to give those of you who offer our dental plans information about premiums in late June.

Please share these preliminary estimates with your Fiscal/Budget Officers.

If you have any questions regarding the estimated premiums, please contact me at 1-615-532-1901.

April 17, 2015

ABC Conference Call Notes

The combined notes from the April 14 and 15 ABC conference calls are attached.

IT Webinar Schedule (Local Ed/ Local Gov/Higher Ed)

Three webinars have been scheduled for the IT contact in your agency to help with browser upgrades and computer updates for Annual Enrollment (applicable to Local Government agencies required to use Edison).

BA sent an email to the list of contacts that you submitted through the IT Department Contact Survey. This information is being provided so that you can call in to one of the webinars if you don't have an IT person or forward the contact information to others in your agency.

All three webinars will cover the same information so you or your IT contact will only need to participate in one of the three scheduled webinars. The webinars will be held next week on the following days:

Monday, April 20, 11:00 a.m. – 12:00 p.m. Central
Tuesday, April 21, 9:00 a.m. - 10:00 a.m. Central
Thursday, April 23, 2:00 p.m. - 3:00 p.m. Central

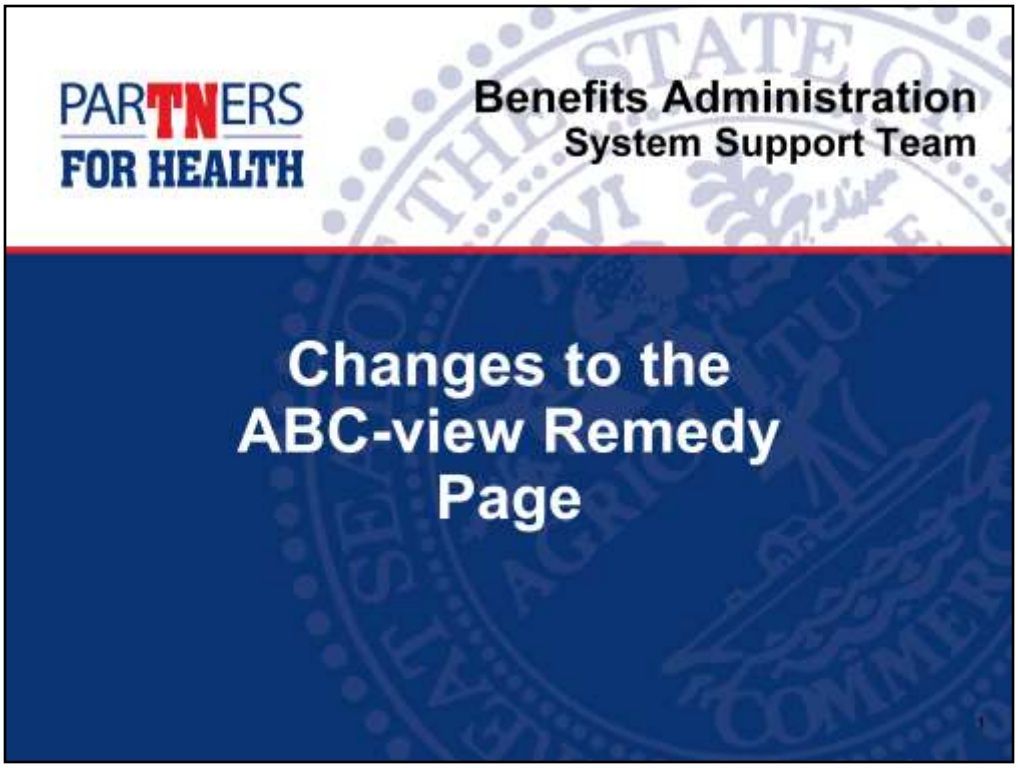
You will not have to register for these trainings. On the day of the trainings, call 1-877-820-7831, passcode 217506#. To join the webinar on the dates listed above, click on this link: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting.

BlueCross BlueShield of Tennessee (BCBST): Premera Security Breach

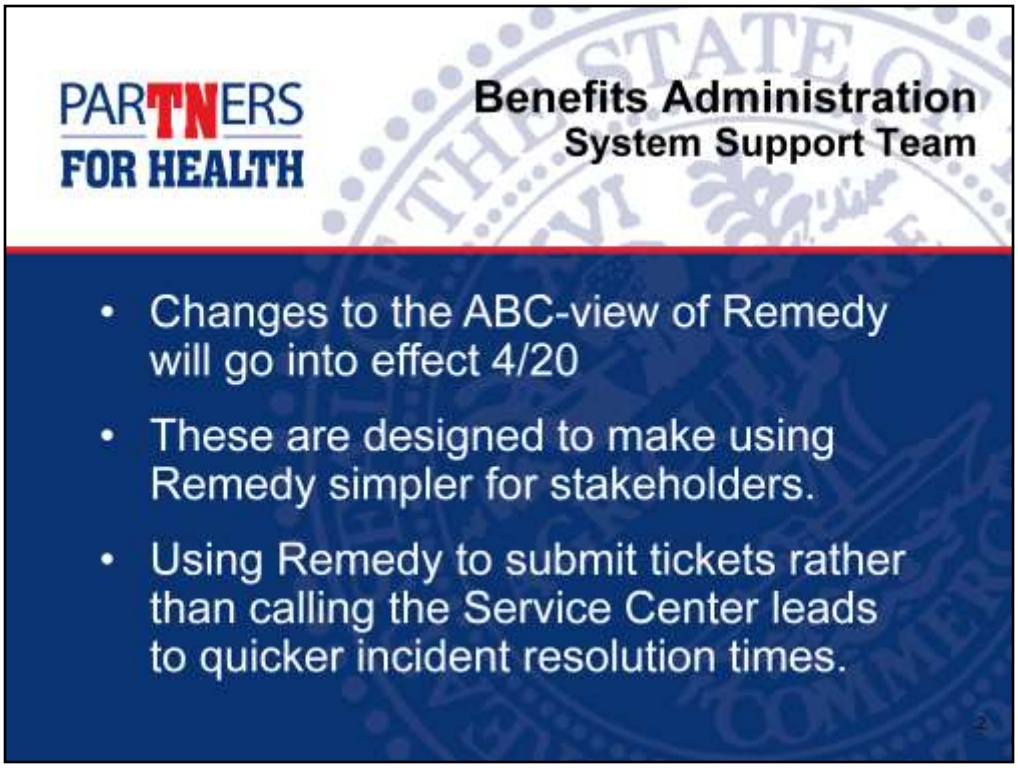
BCBST sent letters to some of our members about the Premera security breach as these members received care or other services from a provider located in Washington or Alaska involved in the breach. It is possible that some of their personal data may have been accessed. The current member letters (84) mailed on Tuesday, April 14, 2015. The inactive member letters (292) mailed today, April 17, 2015. Sample letters are attached for your reference.

Attachments:

- Combined Notes April ABC Calls
- Premera Member Letter State
- ABC Remedy Portal Changes Presentation
- Premera Inactive Member Letter State
- WonderWalk Wellness Challenge Flier



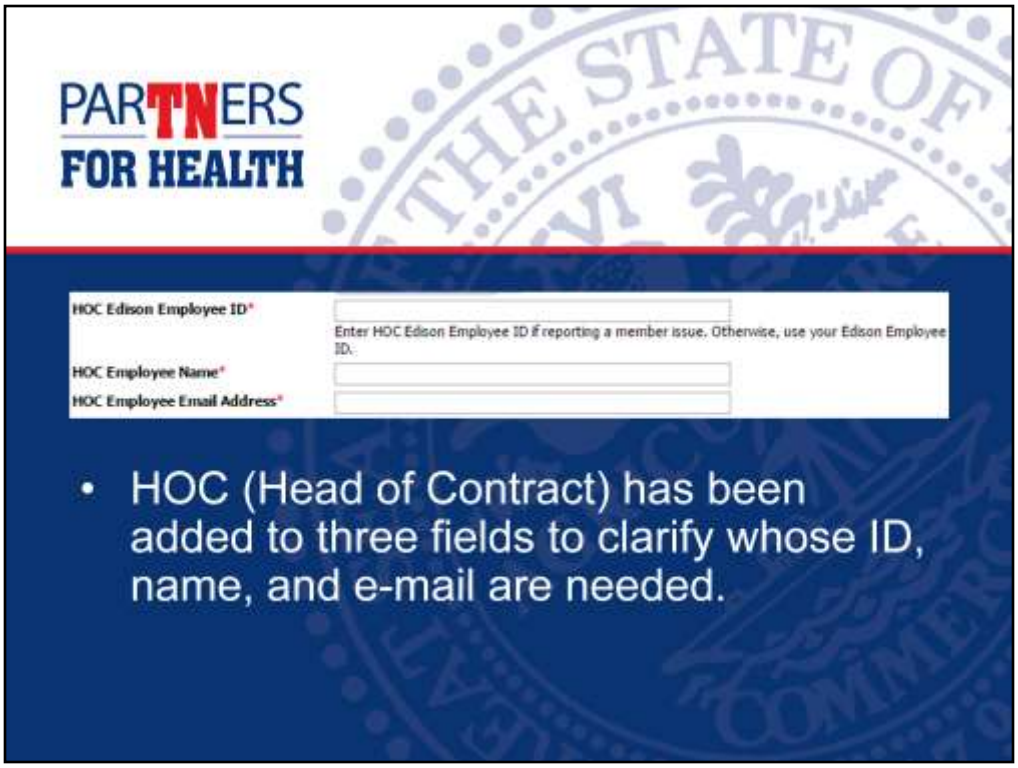
- This presentation will highlight the changes to the ABC-view remedy page, which will go live shortly.



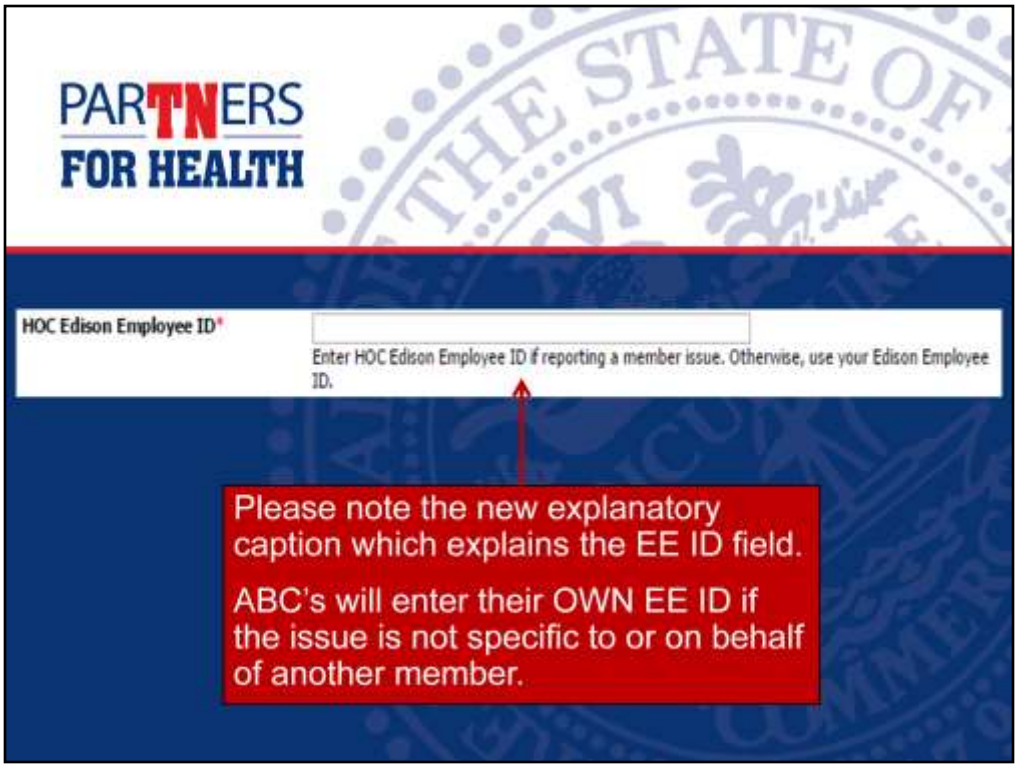
- Based on feedback from Benefits Administration employees and Agency Benefit Coordinators, Benefits Administration will be making some changes to the format of the ABC-view page in Remedy. These changes are designed to add clarity and simplicity to the incident submission process.
- It is our hope that by making the process of creating and submitting a ticket as easy as possible, more ABC's will use the online submission method. Doing so helps save time, and leads to quicker resolution of a reported issue!
- These changes are scheduled to go into effect April 20, 2015.

- This is the current ABC-view page in Remedy.
- ABC's and an internal focus group noted that some of the fields were confusing.
- In an effort to address these issues and make using Remedy easier for everyone, we've implemented a few small changes which we hope will make a big difference.

- As you can see, the changes are minimal, and the basic template has remained the same.
- Let's go over the changes in more detail.



- We've added the "HOC" designation, or, head of contract, to three fields in order to clarify whose ID, name, and e-mail are needed.



- Additionally, we've added a special caption which further clarifies the HOC Edison Employee ID field.
- If an ABC is submitting a ticket about or on behalf of a member, the member's EE ID should be used.
- Otherwise, if the ticket is about a general ABC question, the ABC should use their own EE ID.

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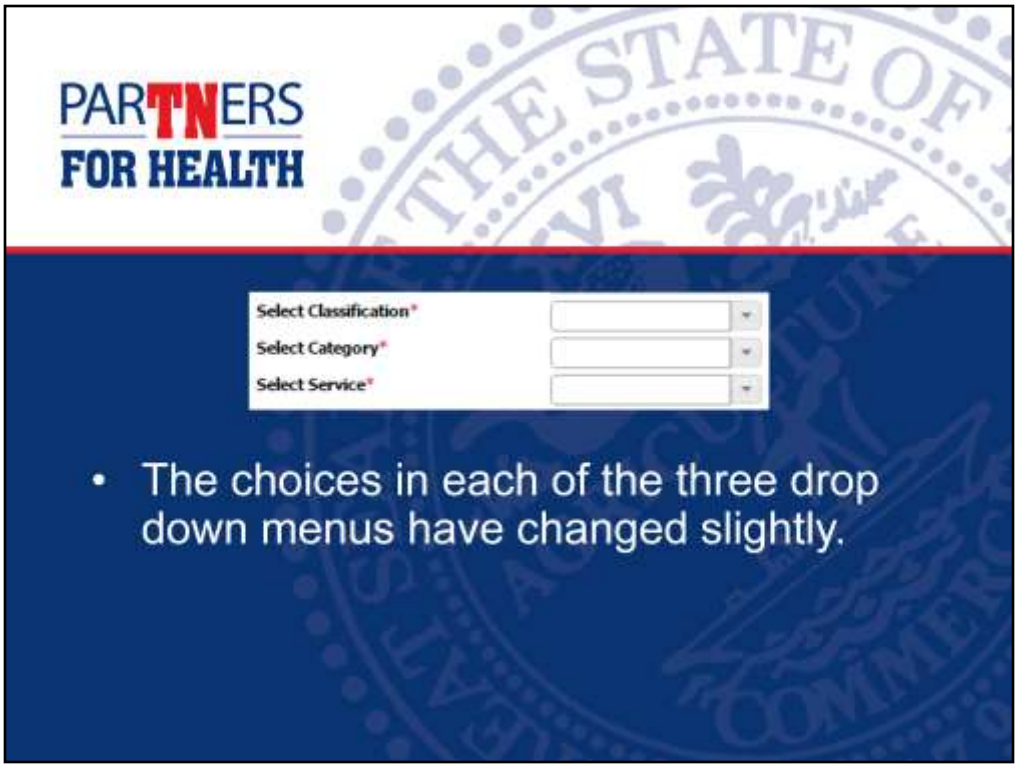
ABC Phone Number*

Format: 000-000-0000

ABC Email Address*

- Two new fields for ABC information have been added.
- This is especially helpful if the ticket is about a member, and not an ABC question.

- We've added two new fields that begin with "ABC". These are included so that we can collect ABC contact information.
- This is helpful especially when the ticket is about a specific member, and we need to contact the ABC for further information.



- We've made a few changes to the options for each of the three drop-down menus as well.
- Let's take a look at the options in more detail.

- There are four choices for the Select Classification field: Local Education, Local Government, State, and UT/TBR

PARTNERS FOR HEALTH

There are also four choices available for the ***Select Category*** drop down:

1. HOC
2. Spouse
3. Child
4. ABC

- Once you've made a choice for the Select Classification field, you have four options under the Select Category drop down menu.

PARTNERS FOR HEALTH

- The ***Select Service*** drop down choices will differ based on the ***Select Category*** choice that is made.
- The choices are different for ***ABC*** than they are for ***HOC, Spouse, and Child.***

- When making a choice for the Select Service field, the options will differ based on what choice you've made in the previous field (Select Category).
- Note that the choices for ABC will be different than the choices for State, Local Education, and Local Government (which will all be the same).

- Please note the options above when ABC is selected under the Select Category field.

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HOC/Spouse/Child Choices

Cancellation	Leave w/o Pay
Certificate of Coverage	Prescription
Claims Issues	Coverage Election Questions
Refund Inquiry	Update Personal Information
Direct Pay	Vendor Update
Eligibility Question	Waiver/Refused Coverage
Enrollment Error	Keying Error

- Please note the choices above when State, Local Education, or Local Government is selected under the Select Category field.

PARTNERS FOR HEALTH

Questions?

PARTNERS FOR HEALTH

Thank you for your time and attention!

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Date

<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <Zip>

This is an important message from BlueCross BlueShield of Tennessee.

By now, you may have heard the news that Premera Blue Cross was the victim of a cyber-attack. Some personal information of many past and current members of Premera and other Blue Cross plans was accessed – including BlueCross BlueShield of Tennessee.

Since you were our member, your peace of mind is our number one concern. We wanted to let you know that some of your data was included in the incident. One or all of the following data elements may be included: Name, BCBST ID number, address and/or date of birth.

Since you were a BCBST member, and not directly affiliated with Premera, you are no doubt concerned about why that company would have your data. If you received care or other services, from a provider in Washington or Alaska, it is possible that some of your personal data may have been accessed in the criminal act against Premera.

You will also receive a letter from Premera with more details. That letter tells you how to sign up for two free years of credit monitoring and identity theft repair services. Premera is paying for this service for you. You do not need your letter from Premera to sign up. You can do so now. For more information on the services you can get, visit **PremeraUpdate.com** or call **1-800-768-5817**, Monday through Friday, between 7 a.m. and 10 p.m. CT (6 a.m. and 9 p.m. MT).

We are working closely with Premera to help make sure your information can't be used in a harmful way. If you have any concerns or issues with Premera during this process, we can help you. Please call member service at 1-800-558-6213. We are here Monday through Friday from 7 a.m. to 4:15 p.m. (CT).

We're sorry this happened, and for the concern this causes you. We want you to know we are working on your behalf during this difficult event.

Thank you for putting your trust in us.

SAMPLE

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener asistencia en Español, llame al 1-800-565-9140
Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140
Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140
BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Henry Smith
Senior Vice-President Operations & Chief Marketing Officer

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Date

<First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <Zip>

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Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助，请拨打这个号码 1-800-565-9140
Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-565-9140
BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Henry Smith
Senior Vice-President Operations & Chief Marketing Officer

the "WONDERWALK" STEPS CHALLENGE

Frequently Asked Questions

What's the challenge about?

WonderWalk is an exciting six-week steps challenge that's part of the ParTNers for Health Wellness Program. It runs from **April 27 to June 7**. And it's open to all state employees and members of the State Group Insurance Plan.

This challenge is designed to help you move more—through walking or other activities—and enjoy how it makes you feel. For inspiration, we'll encourage you to set a steps goal and we'll take you on **a virtual tour of some of America's most wondrous man-made structures. You'll learn how the size of each landmark relates to your goal.** And you can marvel at how far your steps take you.

How does the challenge work?

During the challenge, you will receive:

- ☑ **A weekly email with motivating tips** to help you increase your steps and move toward a healthier, active lifestyle
- ☑ **A reminder to stay active online** by using your Steps Tracker and the challenge chatter board

How do I set my daily steps goal?[1]

When you register, you must enter the number of daily steps you want to achieve. A good long term goal to consider is 10,000 steps per day, which is about five miles depending on your stride.

You can use these tips to help you know the right goal for you.

1. **ASSESS WHERE YOU ARE.** Use a pedometer or mobile app to count your steps for three days. Add up your total steps and divide by three to get your daily average.
2. **SET YOUR STEPS GOAL.** Take your daily average and consider adding 500 to 1,000 additional steps to your daily average, and make that number your goal for the challenge period.
3. **ADD MORE STEPS OVER TIME.** During the challenge, use your Steps Tracker in Well-Being Connect® to mark your progress. Consider gradually increasing your goal to keep challenging yourself.

How should I count my daily steps during the challenge?

So you know what to enter into Well-Being Connect, you can:

- Wear a pedometer.
- Download a free pedometer mobile app. You'll find several options like Moves, Runstastic Pedometer, Accupedo Pedometer or MapMyWalk.
- Use the built-in Health app on the iPhone® 5s or newer model.

Or, if you wear a Fitbit®, you can sync to your Well-Being Connect account, and your steps will be added to your tracker.

Can other activities count toward my step goal?

Yes. When you use your Steps Tracker in Well-Being Connect, you can add other types and duration of activities to be converted into steps.

How can physical activity make me feel better?[2]

It can help you:

- Improve your mood
- Boost your energy
- Sleep better
- Connect with others
- Keep off excess weight
- Prevent/manage health conditions

REGISTER NOW.

Last day to register: May 4

1. Go to **www.partnersforhealthtn.gov** and click on the **My Wellness Login** button.
2. Sign in to your Well-Being Account.*
3. In the **Groups & Challenges** tab, click **Join This Challenge** under **WonderWalk**.
4. **Set up your Steps Tracker** with your daily steps goal for the six-week challenge (10,000 steps/day is a good long term goal).
5. Finish registration. Then start logging your steps on April 27.

**If you haven't already, you must create a Well-Being Account, complete the Well-Being Assessment and set-up your Well-Being Plan before joining the challenge. If you already have a Well-Being Account, you will need to complete the Well-Being Assessment and set up your Well-Being Plan to enroll in the challenge.*

ParTNers for Health • partnersforhealth@healthways.com • www.partnersforhealthtn.gov • 1-888-741-3390

HEALTHWAYS

PARTNERS FOR HEALTH

Always consult your physician or other health care professional before starting this or any other fitness, nutrition and/or weight management program to determine if it is right for your needs.

[1] Reference: Mayo Clinic; [2] Reference: Mayo Clinic

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April 24, 2015

Correction: April ABC Conference Call Notes
During the higher education conference call, we answered one question about the deadline of appeal letters and stated an incorrect timing. The call notes have been corrected and can be found on the **ABC website** in the **Conference Call Notes box** and by **clicking here**.

The question and correct answer are also included below:
Higher Ed Question: When are the appeals due?

Answer: Coaching transfer letters: We are sending the coaching transfer letters out monthly. Members who appeal the coaching transfer letter must submit the appeal **within 30 days of the date of the letter (this is written in the letter)**. **WBA Transfer letters:** The WBA transfer letters will go out around May 1. Members who appeal this transfer letter must **submit the appeal by June 15, 2015 (this is written in the letter).**

Following the conference calls, Healthways confirmed the WBA transfer letters will mail from May 4 through May 12.

Partnership PPO Well-Being Assessment Transfer Letters
Well-Being Assessment transfer letters to members who did not complete the requirement by the deadline will mail to 8,998 members from May 4 to May 12. There are three different versions (head of contract and spouse, head of contract only, and spouse only) and we have attached sample letters for your reference.

Members who wish to appeal may do so by following the instructions on the letter and responding by email, fax, mail or phone. Appeal forms are found on the ParTNers for Health website at **www.partnersforhealthtn.gov** in the **Quick links box** and found by **clicking here**.

Note: The deadline for members to appeal the WBA transfer letter is June 15, 2015.

IT Contact Webinars – (Local Ed, Local Gov and Higher Ed)
We conducted "IT contact" webinars this week and have attached the presentation for your reference.

The next set of webinars will provide information learned from agencies that have attempted to log in, and what changes were needed. We will also have more information for using Safari and Chrome and we will take questions and provide support

on the calls. Everyone who participated in the first webinar will need to participate in these next webinars.

An email about these webinars will be sent to the IT contacts you have supplied, and you can share the following information with them directly. Both webinars will cover the same information so your IT contact will only need to attend one of the two scheduled webinars.

Wednesday, May 6, 2:00 p.m. – 3:00 p.m. Central
Thursday, May 7, 9:00 a.m. – 10:00 a.m. Central

You will not have to register for these webinars. On the day of the webinar, call 1-877-820-7831, passcode 217506#. To join the webinar on the dates listed above, click on this link: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

Applicable to Local Government agencies required to use Edison (more than 100 employees).

Quick Video: ESS for New Hires

We have created a new Quick Video for new hires, which is a step-by-step guide to ESS. It is on our BA website under the New Employees tab as well as the ABC page in the Training box. We have included the website address below:
http://stateoftennessee.adobeconnect.com/newhireess2015/

Attachments:

2015 WBA Transfer Letter HOC
2015 WBA Transfer Letter Spouse
2015 WBA Transfer Letter HOC & Spouse
Identity Access IT Webinar

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you** did not meet the 2015 Partnership Promise requirement of completing the Well-Being Assessment (WBA) by the March 15, 2015 deadline. Therefore, you will not be eligible to enroll in the Partnership PPO in 2016. You will automatically be transferred out of the Partnership PPO as of January 1, 2016.

The Partnership Promise requirements were provided to you in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you did not complete the WBA, you and your covered dependents will have to choose from other benefit options for 2016.

If you do not agree with this, **you may appeal** if:

- You are under a doctor's care for a medical or mental health condition that kept you from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have a record of this condition so you must provide that information in your appeal.
- If you have attempted to take the assessment and/or had any issues completing the assessment.

There are several ways to file your appeal, but you must do so **on or before June 15, 2015**. You can go to www.partnersforhealthtn.gov and download the appeals form (found in the Quick Links box).

- **Email:** You may email your appeal to us at **tnappeals@healthways.com**
- **Fax:** Appeals can be faxed to us at 1.615.807.3996
- **Mail:** Send appeals through the mail **postmarked on or before June 15, 2015** to:
  Attn: ParTNers for Health Wellness Program, Appeals
  701 Cool Springs Blvd.
  Franklin, TN 37067**.**
- **Phone:** You may also call Customer Service at 1.888.741.3390 and file your appeal over the phone. Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central Time).

All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records**, you and your covered spouse** did not meet the 2015 Partnership Promise requirement of completing the Well-Being Assessment (WBA) by the March 15, 2015 deadline. Therefore, you will not be eligible to enroll in the Partnership PPO in 2016. You will automatically be transferred out of the Partnership PPO as of January 1, 2016.

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Address 2
City, State, ZIP code

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Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

State of TN Identity & Access Manager

April 2015

Overview

- Edison implemented software known as Identity and Access Manager to provide more advanced, complex levels of security protection
- Comparable to security software commonly used within banks and many large corporations
- Provides multiple levels of additional security control (multi-level and multi-factor authentication capability)
- Significantly impacts user login process and password access
- Roll out was January 20, 2015
- **Members wanting to make a benefit change during Annual Enrollment will need to reset their password through Identity and Access Manager**

Business Drivers

- Critical for protecting data housed within the Edison system in light of current exponential growth of national and international identity theft
- 15 million victims a year nationally
- > $50 billion in damages
- 33% increase between 2005-2010
- Biggest targets are **employees** and not companies
- Web-based systems particularly vulnerable
- Edison-specific: Several known instances of key logger use to gain access to Edison through ESS and divert paychecks/travel reimbursements to other accounts

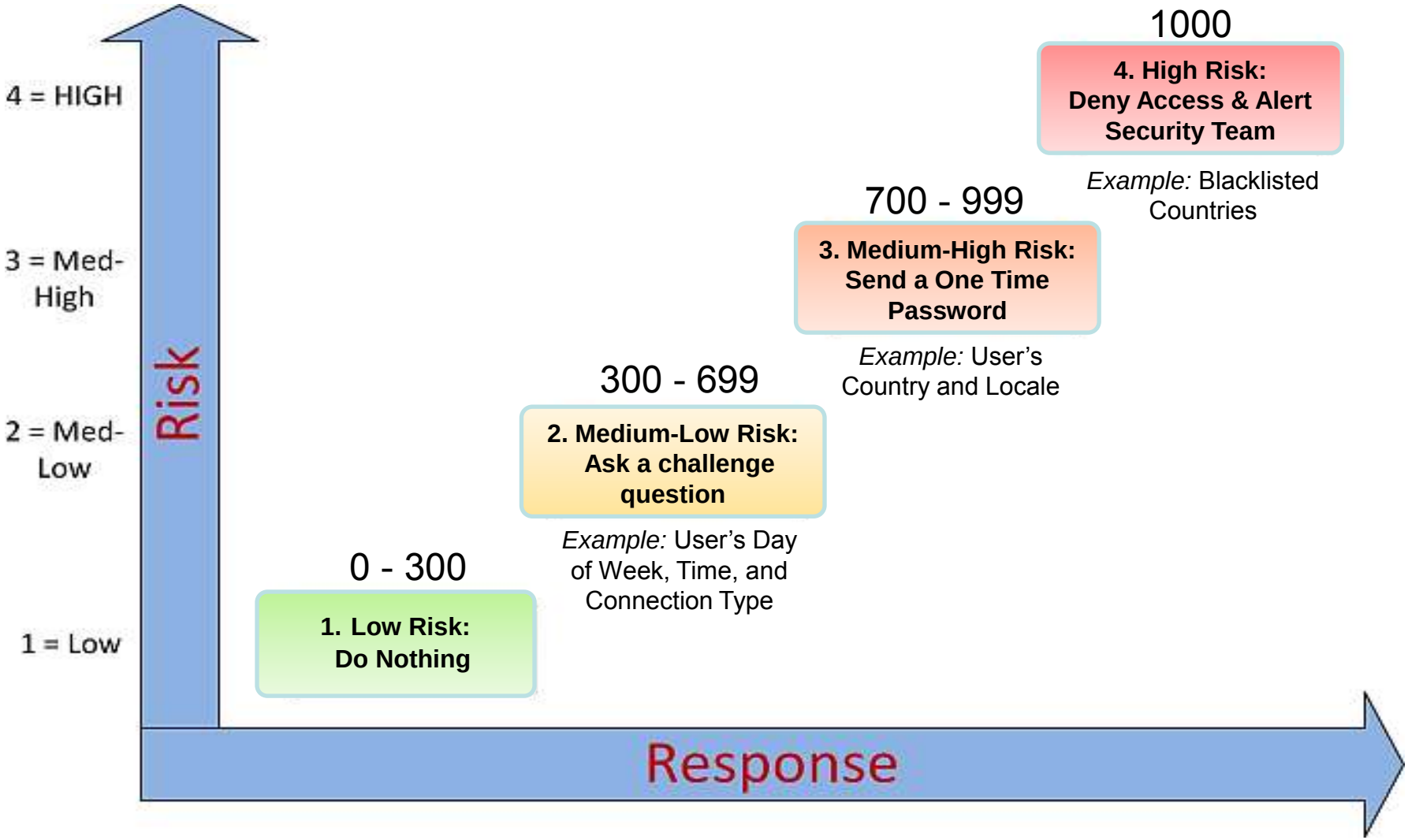
Features and Benefits

Features	Benefits
Challenge Questions **One-Time Password** **User Self-Service Password Resets**	• **Reduce Help Desk Calls** • **Real Time Analytics -** Recognizes user profile characteristics (when, where, time access) • **Federation (Future) -** Link access to other systems, i.e., University of TN and other state colleges and universities (less passwords to remember)

Potential to Identify

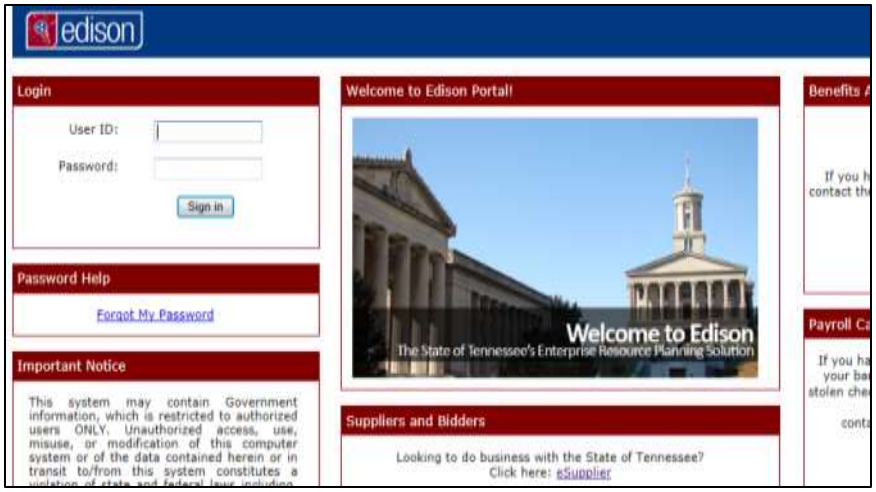
- User Profile → **Who is logging in?**
- Device Identifier → **What device is being used?**
- IP Address → **Where is the user logging in from?**
- Application & Contextual Data → **What internet browser is being used?-** (Internet Explorer, Chrome, Firefox)

Access Manager: Risk Levels

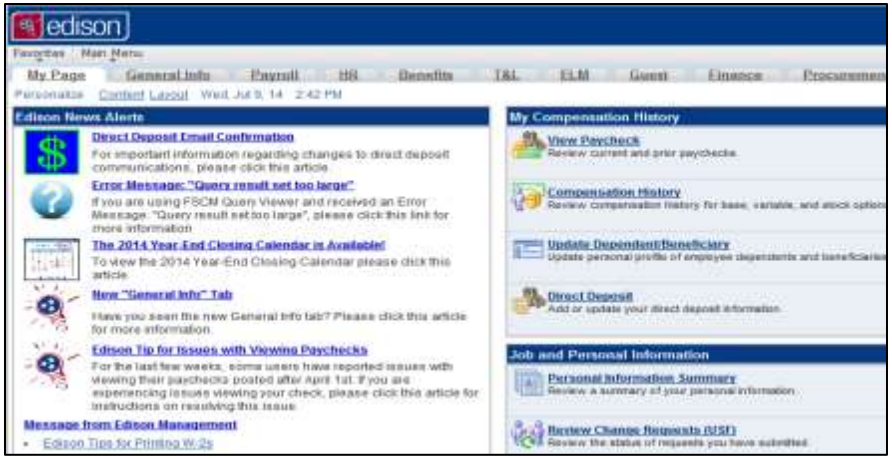


Prior Login Process

- Login Page –
  - *Enter User ID and Password*
  - *Sign In*



- Portal Opens



Identity and Access Management
Initial Login Process

edison

Home | Sign out

Welcome to Edison

Favorites | Main Menu

Personalize Mon, Sep 22, 14 1:45 PM

Edison News Alerts

Edison Upgrade Alert- Compatibility Standards

Will Edison work with any Internet browser? Click here for information about compatibility issues and standards.

Message from Edison Management

- Edison Tips for Printing W-2s

More...

View All Articles and Sections

Edison Maintenance Alerts

Routine Edison system maintenance , Testing/Upgrade Environment (TST) System Maintenance 03/10/14

Routine Edison system maintenance , Testing/Upgrade Environment (TST) System Maintenance 03/10/14-03/11/14. Please click the link for more information.

View All Articles and Sections

Important Notice

This system may contain Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of state and federal laws including, but not limited to Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213(a), 7213A (the Taxpayer Browsing Protection Act), and 7431.

This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated via this system.

Welcome to Edison Portal!

Sign-On

Please sign-in **here**

Suppliers and Bidders

Do you have an existing eSupplier username?
Edison Supplier Portal

Vendor Account Maintenance
615-741-9745

Looking to do business with the State of TN?

Bidder Registration/Central Procurement Office
Please click Central Procurement Office to be routed to their website
615-741-6875

Benefits Administration

PARTNERS FOR HEALTH

If you have questions about your benefits contact the **Benefits Administration Service Center** at:

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partnersforhealthtn.gov

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615-741-PAID(7243)

OIR Service Desk

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Edison Help Desk

Edison Help Desk Hours:
7:00 a.m. to 4:30 p.m. CST
Monday through Friday (except holidays)

1-866-376-0104 or
615-741-HELP(4357)

Identity and Access Manager

Enter your Access ID

Click *Allow once* or *close* the physical location tracking pop-up.

Sign In:

Enter your Access ID

Access ID:

Continue

Where do I enter my password?

sso-uat.edison.tn.gov wants to track your physical location.

Allow once

Options for this site

Enter your Temporary Password

Click Enter

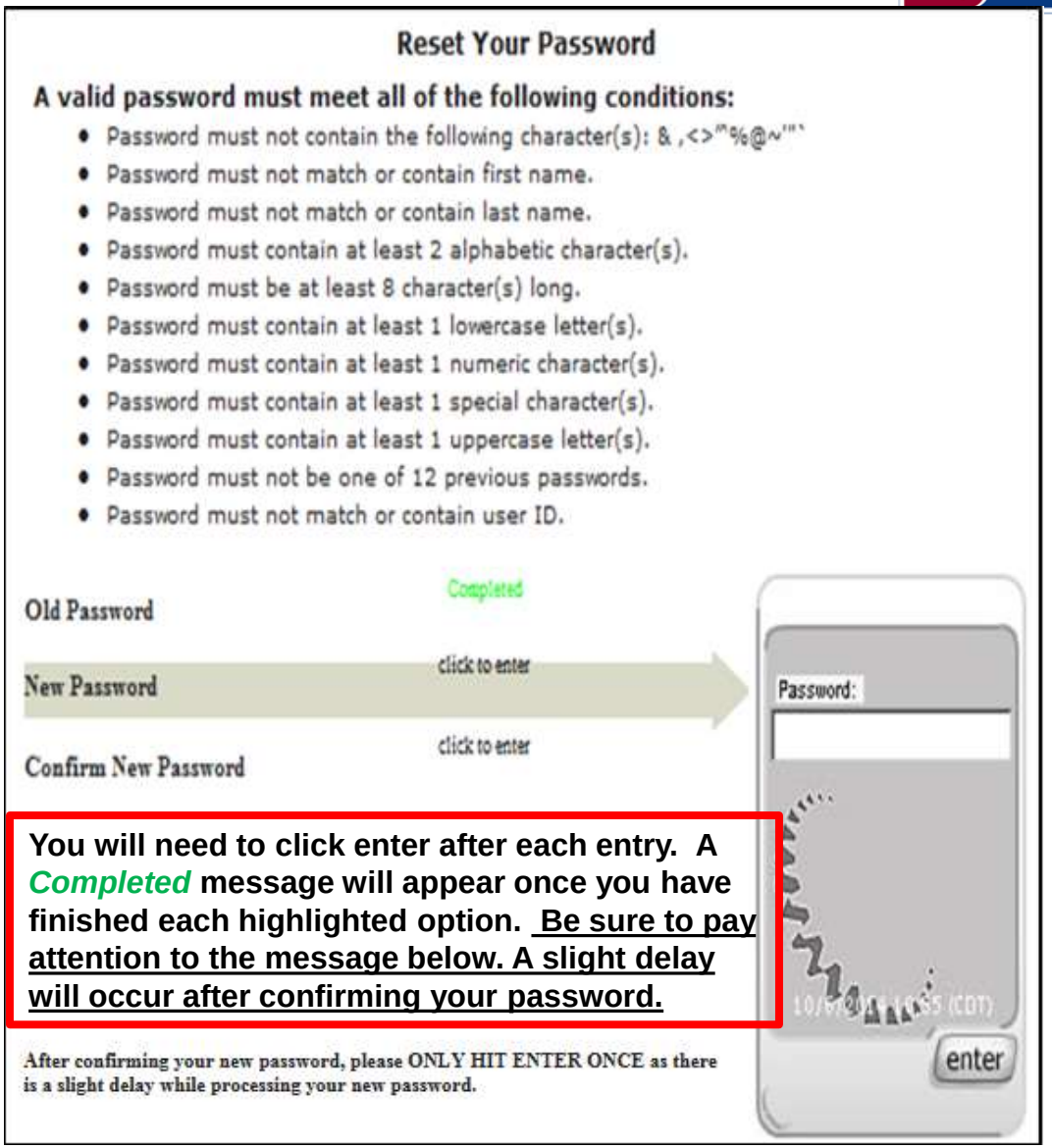
Change your password based on the conditions listed.

Note:

1. When **Old Password** is highlighted, click in the Password field, enter your temporary password.

2. When **New Password** is highlighted, click in the Password field, enter your new password.

3. When **Confirm New Password** is highlighted, click in the Password field, re-enter your new password.



You will need to click enter after each entry. A *Completed* message will appear once you have finished each highlighted option. <u>Be sure to pay attention to the message below. A slight delay will occur after confirming your password.</u>

Your New Security Profile

Setting up your new security profile enhances your online protection.
It adds new layers of security to your account by helping us identify you and will help you identify our site.

Security Image and Phrase

Enhanced data security
Your new personalized security image and phrase will help safeguard your identity and personal information. The image, phrase and date are proof that you are on our official site.

Security Questions and Answers

Additional layer of security
You will be required to answer five security questions. We will use your security questions and answers to confirm your identity at times when extra verification is needed. These questions and answers should be kept secret just like your password.

Contact Information

Email Address for One Time Password
We will use your email address to confirm your identity with a one-time password when additional verification is needed.

To register your security profile now >> Continue

Selecting your Security Image and Phrase

The security image and phrase feature is used to ensure that you are entering your password on our official site. The image below is your currently selected security image and phrase where you will enter your password when logging into Edison in the future. To select a different image, which includes an auto-generated phrase, please click Change your image and phrase until you find an image and phrase you like. Once selected, please click Continue to proceed.

Note:

Please remember to never enter your password when logging into Edison unless you see your personalized image and phrase with a current freshness date.

DO NOT ATTEMPT to enter your password here. You will ONLY be changing your security image and phrase on this screen.

Your personal security image

Your personal security phrase

Learn more about your personalized security image and phrase

Change your image and phrase

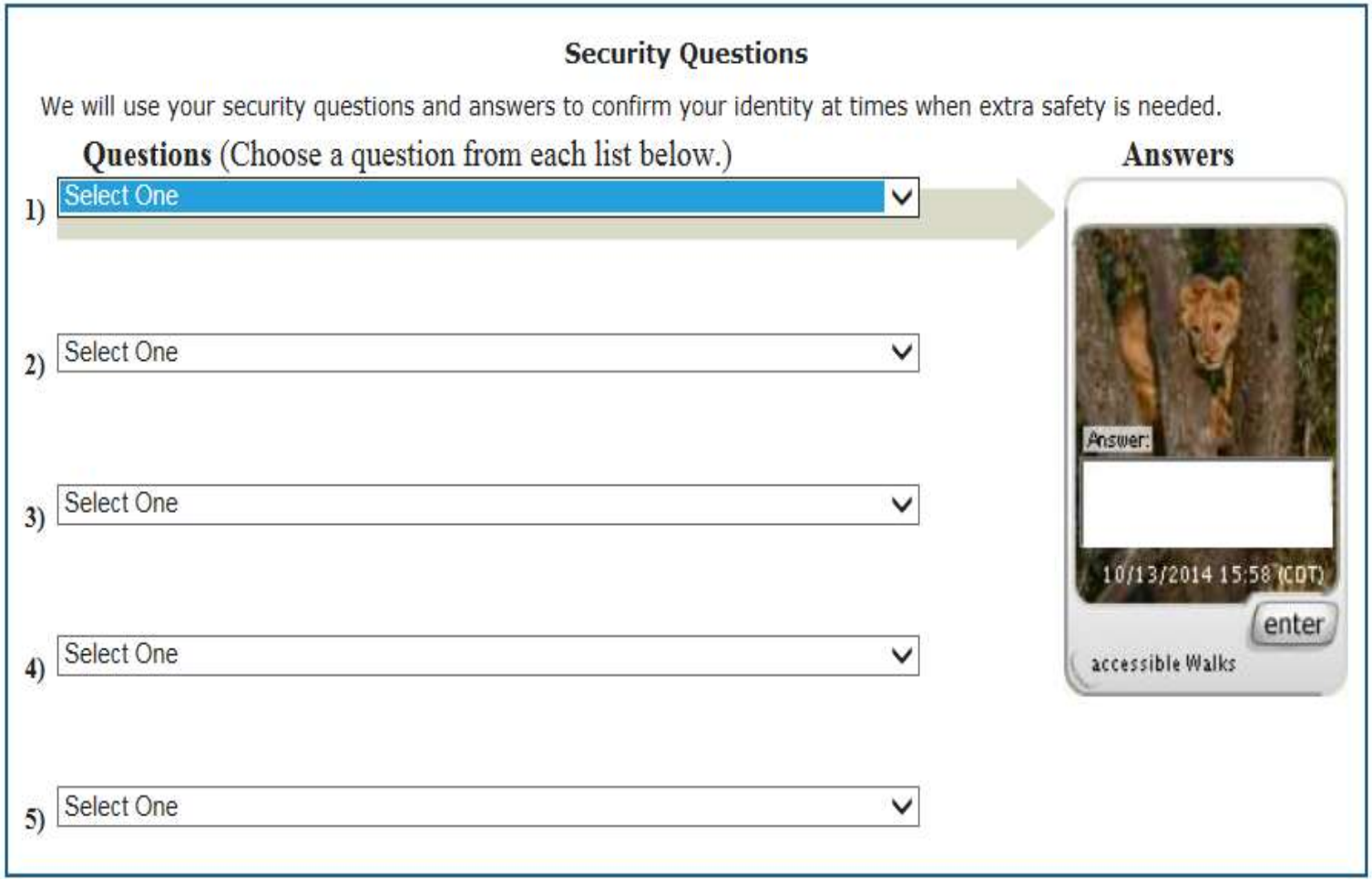
Click the link to change your image and phrase.

Note:

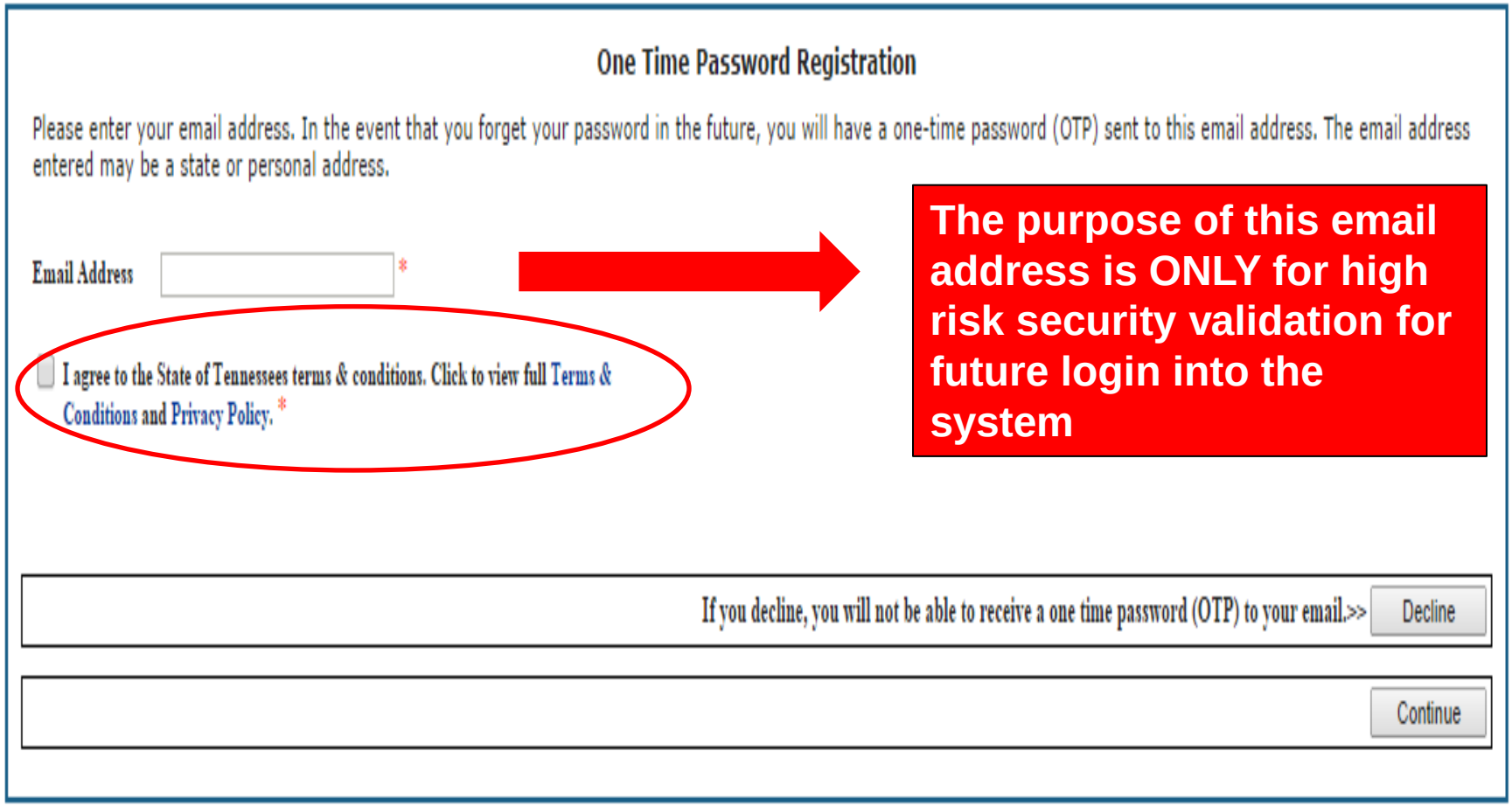
1. You cannot go back to an image once you have passed it. There are over 1200 images available.
2. Each phrase is directly tied to the image and cannot be selected separately from the image.

Once you have selected your image and phrase combination, click *Continue.*

Continue



Select your challenge questions and type your answers in the white box imbedded in the image.



The purpose of this email address is ONLY for high risk security validation for future login into the system

Input an email address for the one time password registration and check the Terms & Conditions box. If you decline to enter, you will be prompted every time you log in until an email address is provided.

Acceptable Use Policy

STATE OF TENNESSEE

Acceptable Use Policy

Network Access Rights and Obligations

Purpose:
To establish guidelines for State-owned hardware and software, computer network access and usage, Internet and email usage, telephony, and security and privacy for users of the State of Tennessee Wide Area Network.

Reference:
Tennessee Code Annotated, Section 4-3-5501, et seq., effective May 10, 1994.
Tennessee Code Annotated, Section 10-7-512, effective July 1, 2000.
Tennessee Code Annotated, Section 10-7-504, effective July 1, 2001.
State of Tennessee Security Policies.

Objectives:
- Ensure the protection of proprietary, personal, privileged, or otherwise sensitive data and resources that may be processed in any manner by the State, or any agent for the State.
- Provide uninterrupted network resources to users.
- Ensure proper usage of networked information, programs and facilities offered by the State of Tennessee networks.
- Maintain security of and access to networked data and resources on an authorized basis.
- Secure email from unauthorized access.
- Protect the confidentiality and integrity of files and programs from unauthorized users.
- Inform users there is no expectation of privacy in their use of State-owned hardware, software, or computer network access and usage.
- Provide Internet and email access to the users of the State of Tennessee networks.

Scope:
This Acceptable Use Policy applies to all individuals who have been provided access rights to the State of Tennessee networks, State provided email, and/or Internet via agency issued network or system User ID's. The scope does not include State phone systems, fax machines, copiers, State issued cell phones or pagers unless those services are delivered over the State's IP network.

Use and Prohibitions:

A. Network Resources

Read the *Acceptable Use Policy*.

You will have to scroll to the bottom of the page to review the entire document.

Network Access Rights and Obligations

User Agreement Acknowledgement

As a user of State of Tennessee data and resources, I agree to abide by the Acceptable Use Network Access Rights and Obligations Policy and the following promises and guidelines as they relate to the policy established:

1. I will protect State confidential data, facilities and systems against unauthorized disclosure and/or use.

2. I will maintain all computer access codes in the strictest of confidence; immediately change them if I suspect their secrecy has been compromised, and will report activity that is contrary to the provisions of this agreement to my supervisor or a State-authorized Security Administrator.

3. I will be accountable for al

4. I will not disclose any conf

5. I agree to report to the Of

1. Check the *Terms and Conditions* box to accept the policy.
2. Select the *I agree* button

Privacy Expectations

The State of Tennessee actively monitors network services and resources, including, but not limited to, real time monitoring. Users should have no expectation of privacy. These communications are considered to be State property and may be examined by management for any reason including, but not limited to, security and/or employee conduct.

I acknowledge that I must adhere to this policy as a condition for receiving access to State of Tennessee data and resources.

I understand the willful violation or disregard of any of these guidelines, statute or policies may result in my loss of access and disciplinary action, up to and including termination of my employment, termination of my business relationship with the State of Tennessee, and any other appropriate legal action, including possible prosecution under the provisions of the Computer Crimes Act as cited at TCA 39-14-601 et seq., and other applicable laws.

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☑ I accept to the Terms and Conditions

I agree

New Login Process

edison

Home | Sign out

Welcome to Edison

avorites | Main Menu

Personalize Fri, Aug 8, 14 10:32 AM

Edison News Alerts

No articles currently available

View All Articles and Sections

Edison Maintenance Alerts

Routine Edison system maintenance , Testing/Upgrade Environment (TST) System Maintenance 03/10/14

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Bidder Registration/
Department of General Services Purchasing:
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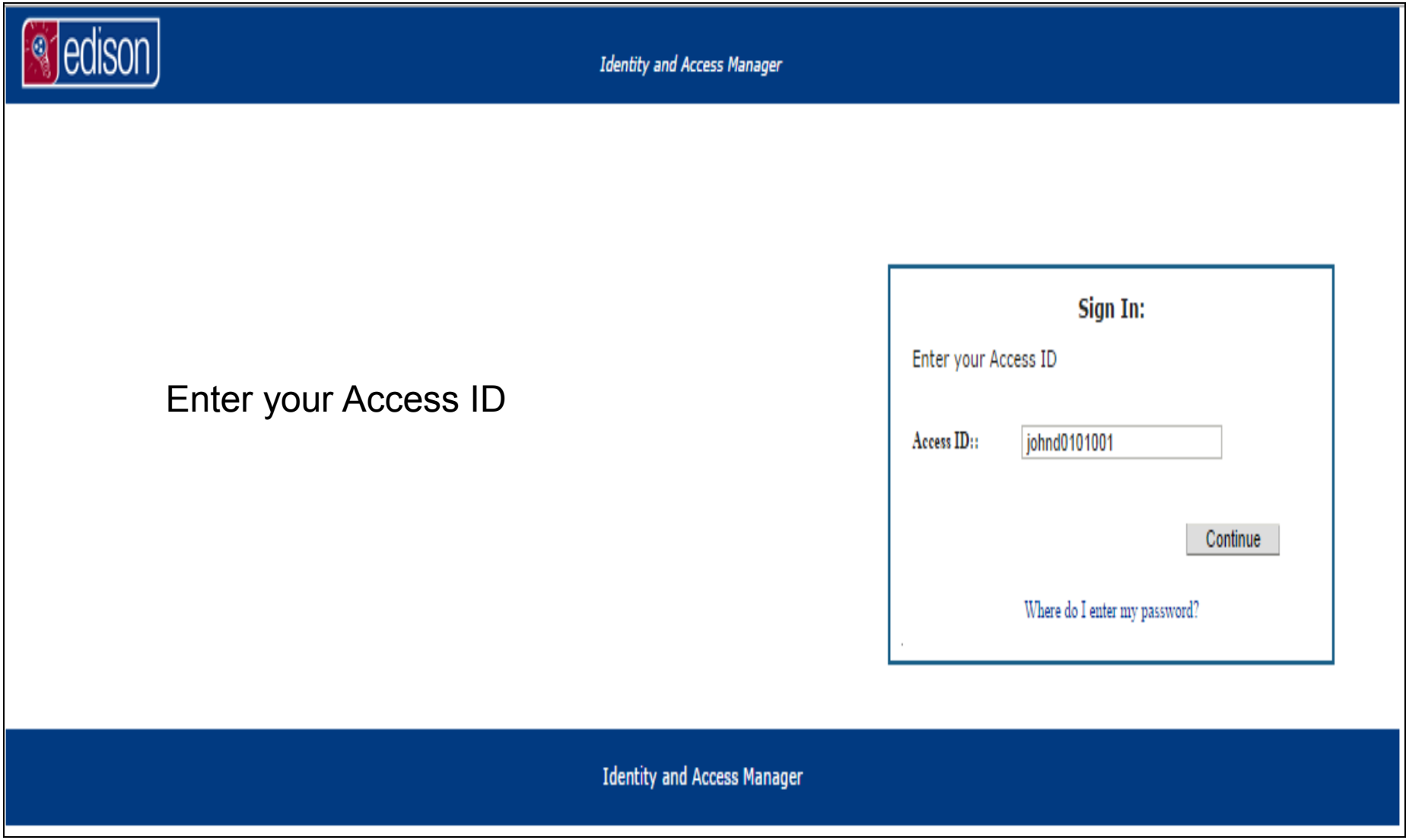
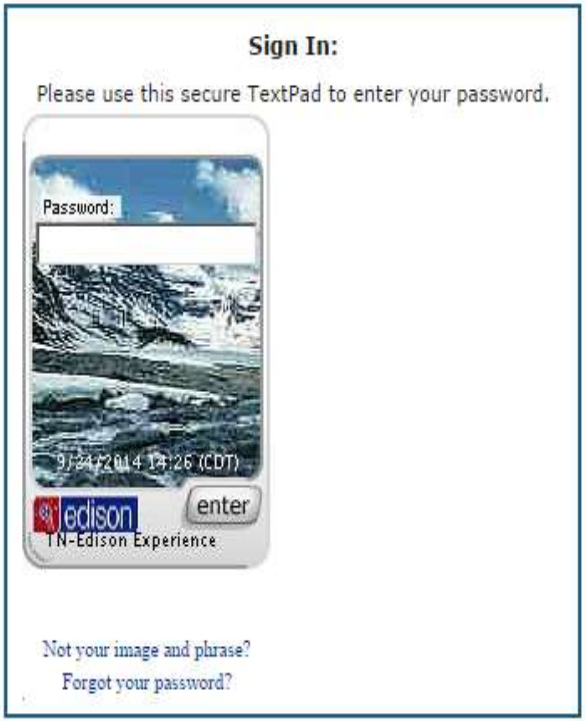


Enter your Access ID

Enter your password.

Only enter your password if you recognize the personalized image and phrase.



Successful Login

Enterprise Portal

User has authenticated and been authorized in Edison.

Required Member Actions

MEMBERS MUST COMPLETE THE FOLLOWING STEPS TO ACCESS EDISON FOR BENEFIT SELECTIONS

1. Change temporary password
2. Select Security Image & Phrase
3. Select & answer Security Challenge questions
4. Enter e-mail address for One-Time Password
5. Accept Terms & Conditions

Importance of My System Profile Email Address

- All system generated notifications will go to this email address, including confirmation statements for benefit changes
- Detailed instructions on how to update the email address will be provided with the Annual Enrollment training being developed for members

Lessons Learned

- **Browser Compatibility**
- **Internet Settings**
- **Compatibility View**
- **Firewall Issues**

Browser Compatibility

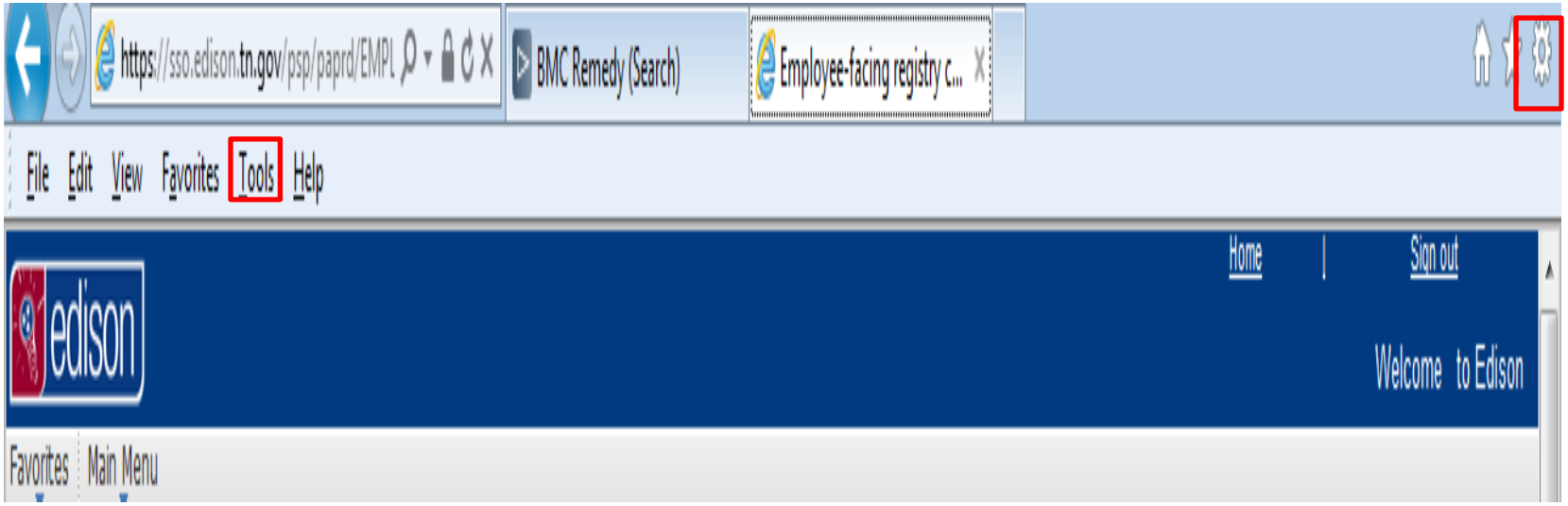
- Edison recommends IE9, 10,11 or Firefox
- Use of “Compatibility view” to work properly with IE 10 & 11
- Edison Identity Manager is not compatible with IE8 or below, Google Chrome, or Safari

Internet Explorer Security Settings

- Check security settings before attempting to log into Edison
- Some users with high security settings on their browsers are not able to log in
- Change the security settings to always allow access to the tn.gov website

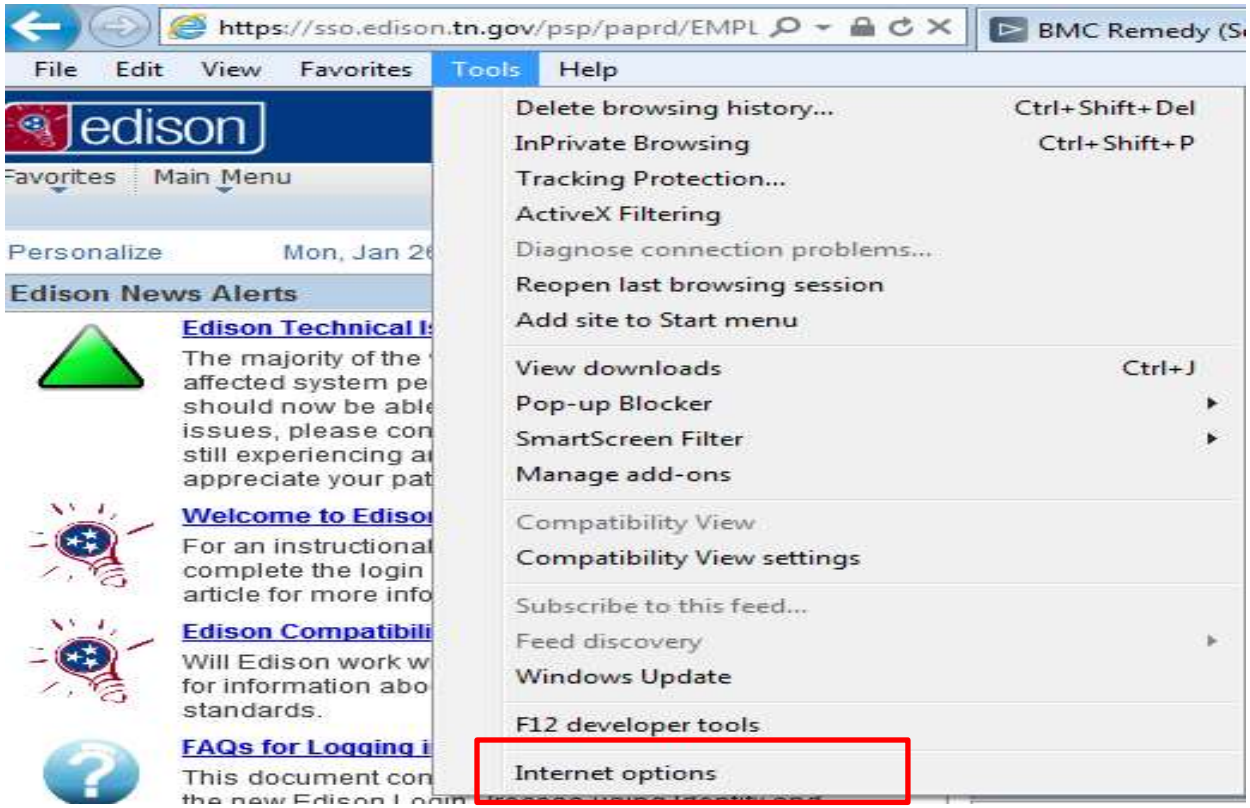
Security Settings

- Click **Tools** or the icon. *If you don't see these options, select the ALT key to bring up the Menu bar.*



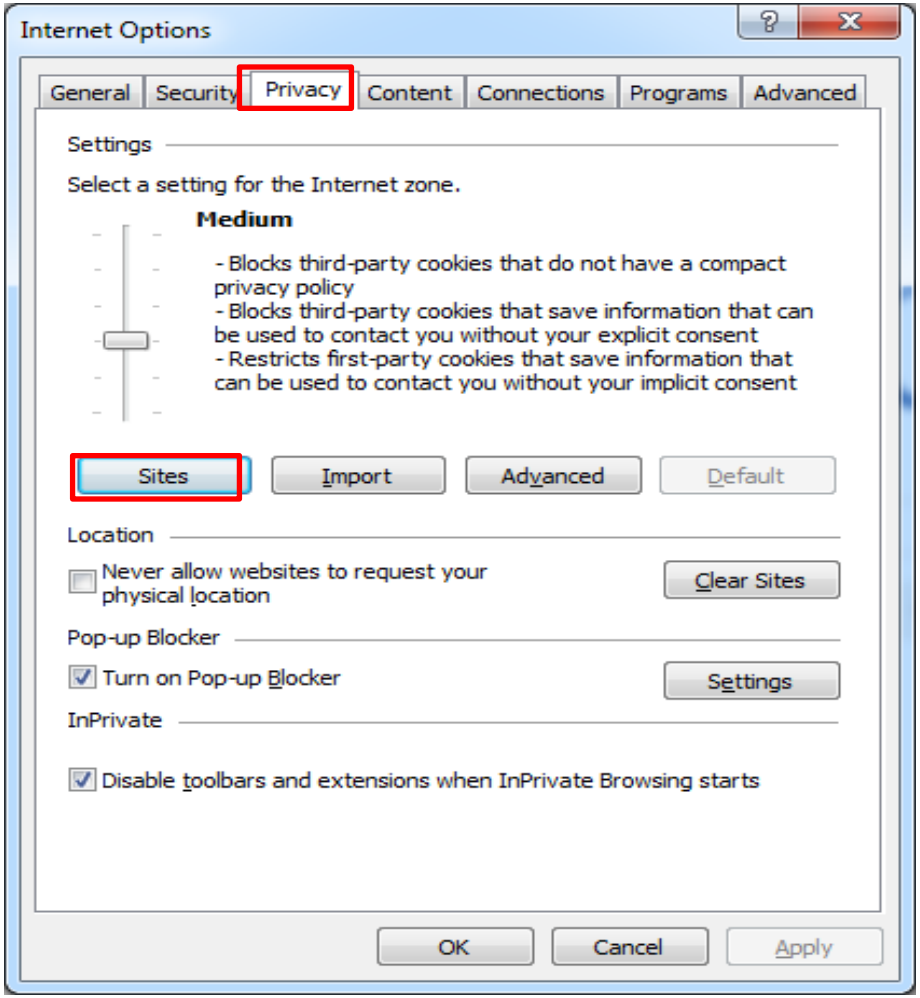
Security Settings

- Click **Internet Options.**



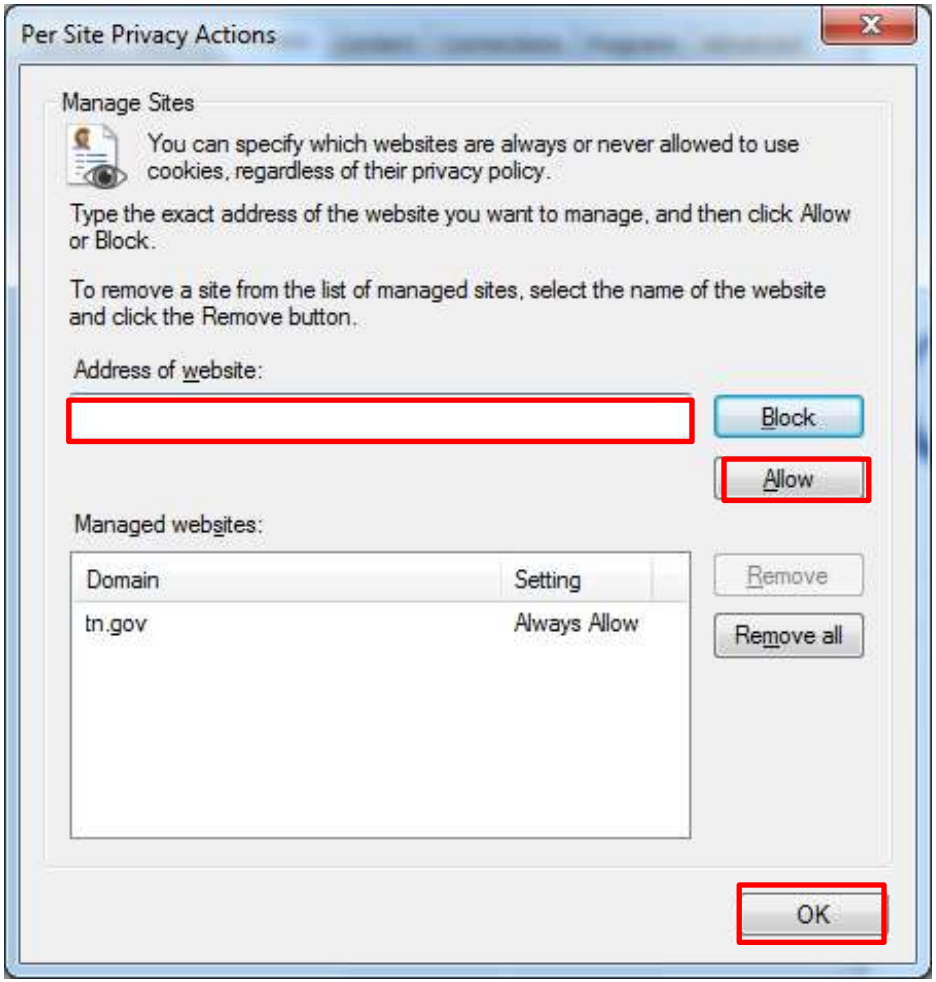
Security Settings

- Under **Internet Options**, click the *Privacy* tab and verify the settings are similar to the screenshot.
- After verifying the setup, click the **Sites** button.



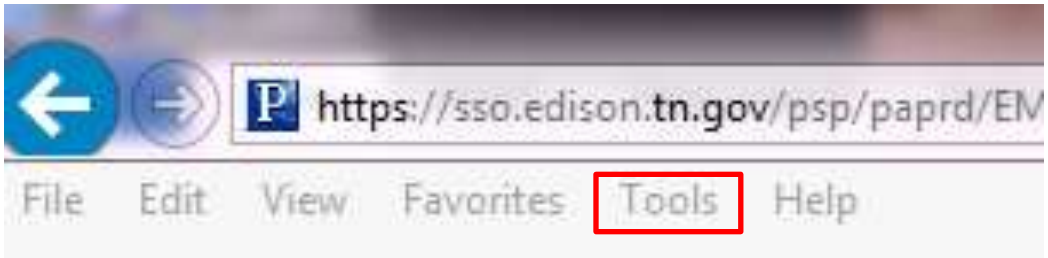
Security Settings

- Type tn.gov in the *Address of website* field.
- Click the **Allow** button.
- Once finished, click **OK.**



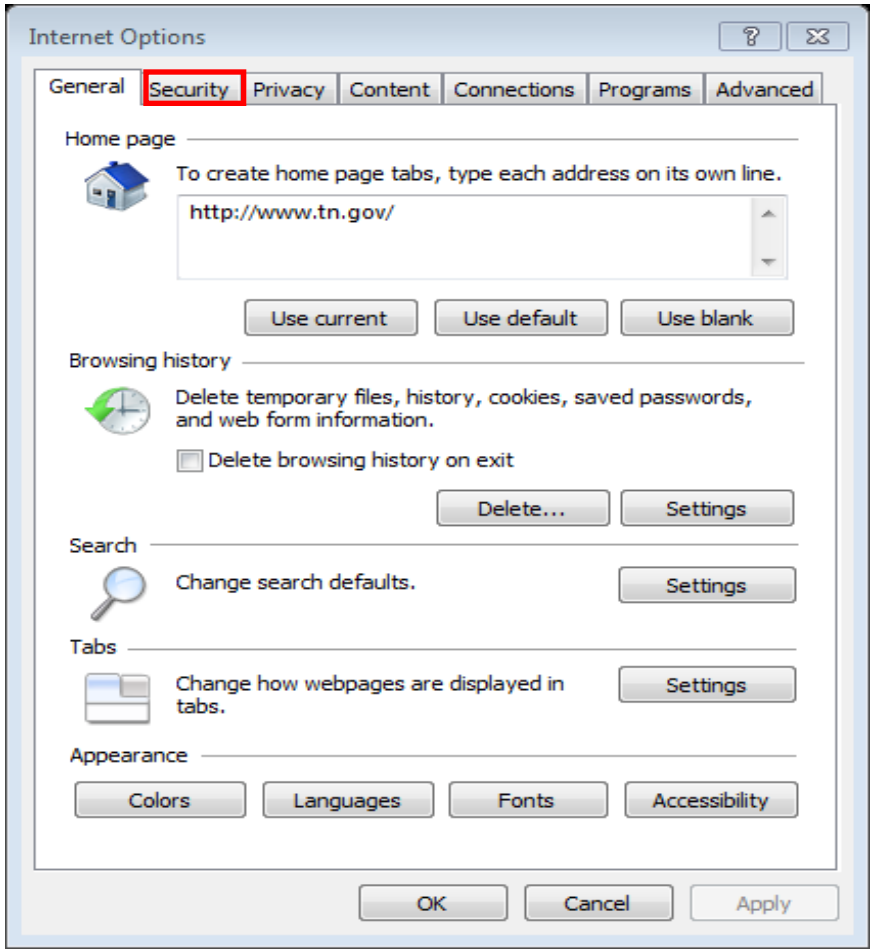
Security Settings

- If you receive a white screen when attempting to log in, follow the steps below.
- Select **Tools** then select the last option - **Internet Options.**
- *Note: If you do not see the list of options click in an open area on the screen and click the ALT key on your keyboard*



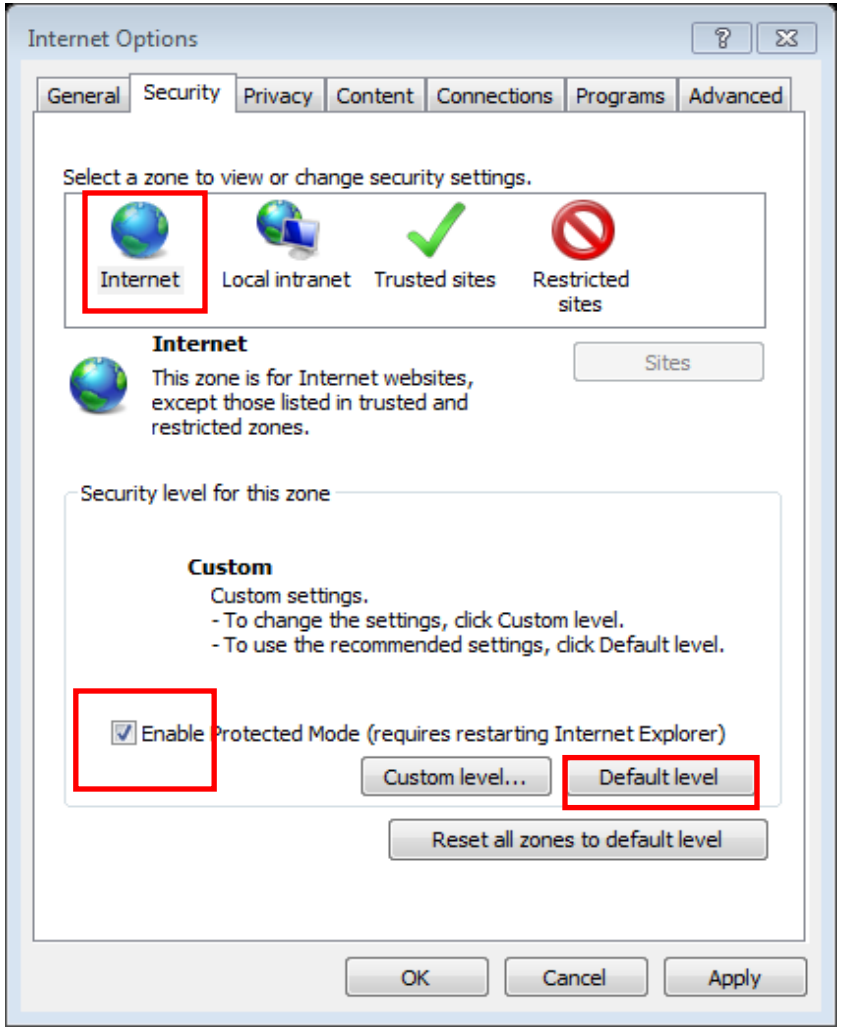
Security Settings

- Once you select Internet Options, select the **Security** tab.



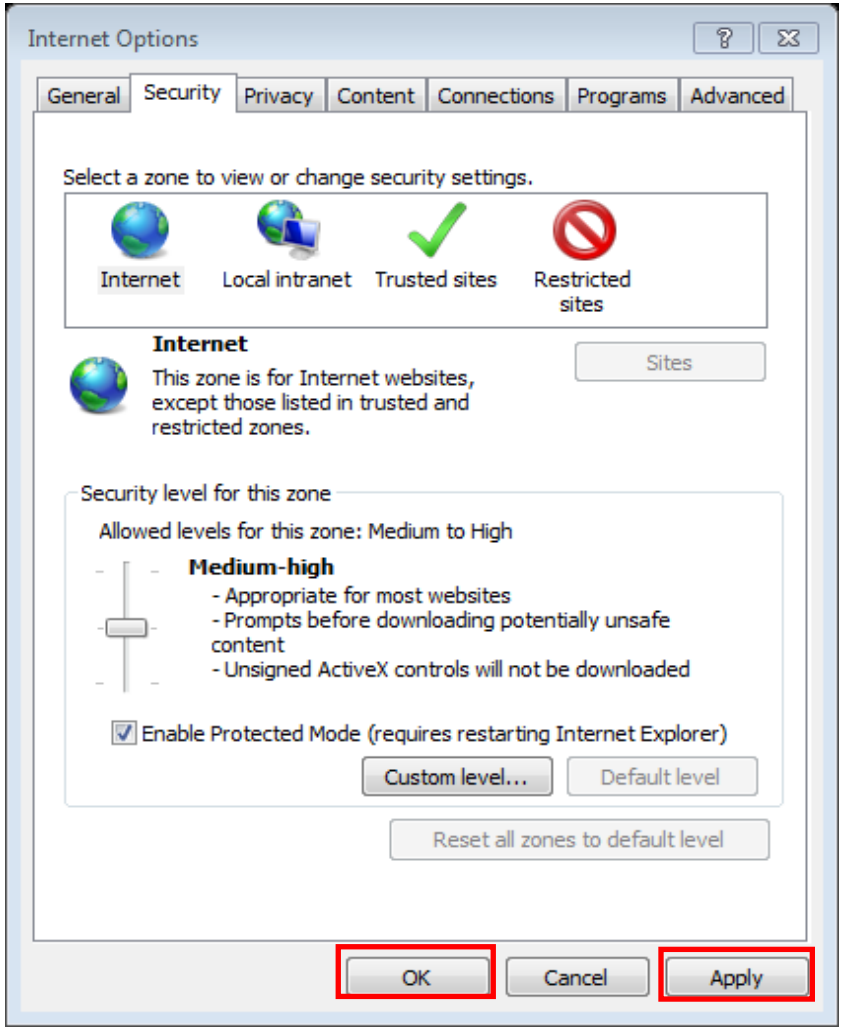
Security Settings

- Select **Internet** if the option has not been selected already.
- Change the security level from Custom level to **Default level.**
- Make sure that the **Enable Protected Mode** checkbox is checked.



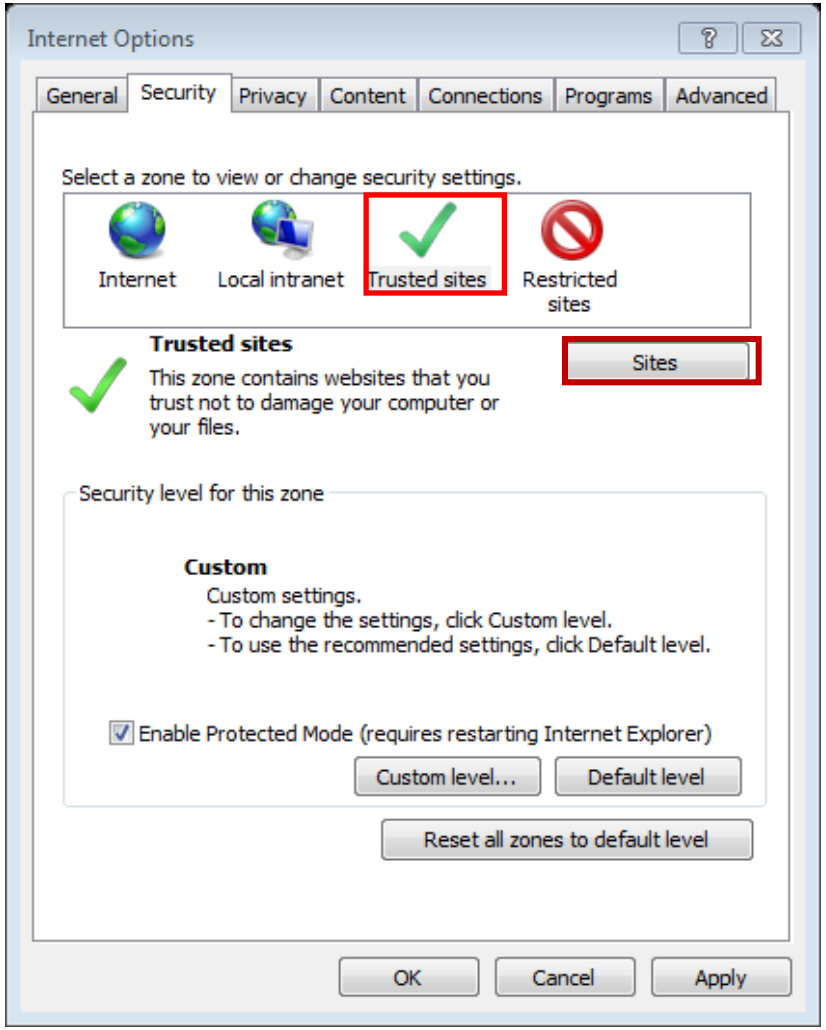
Security Settings

- Once the levels are set back to Default level, click **Apply** then **OK.**



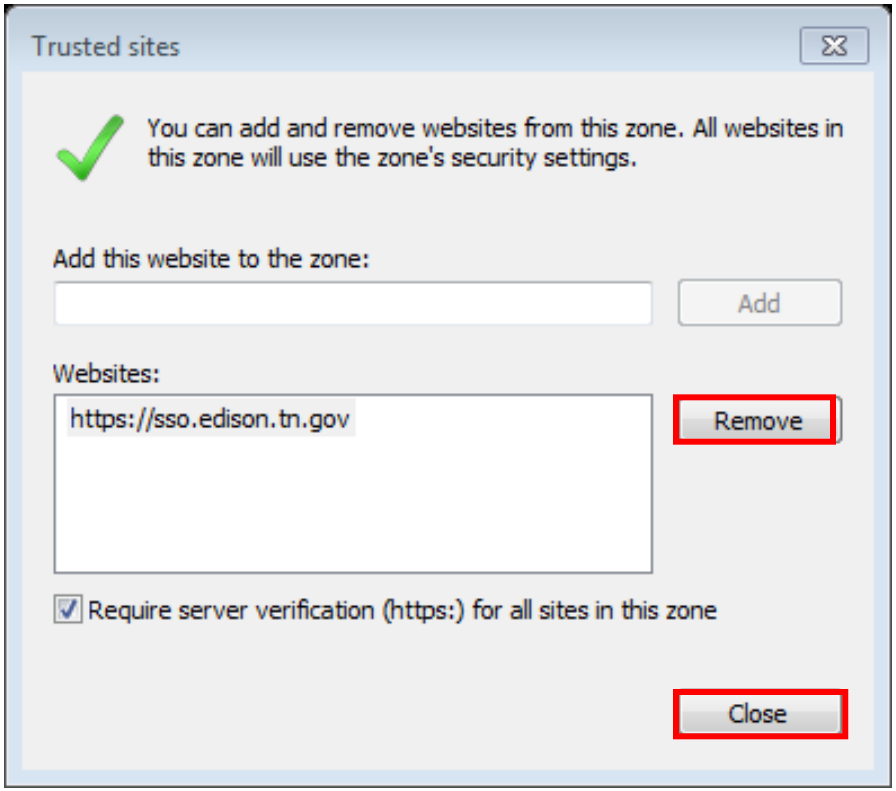
Security Settings

- After you have changed the security levels for Internet, then select **Trusted sites.**
- Then select **Sites.**



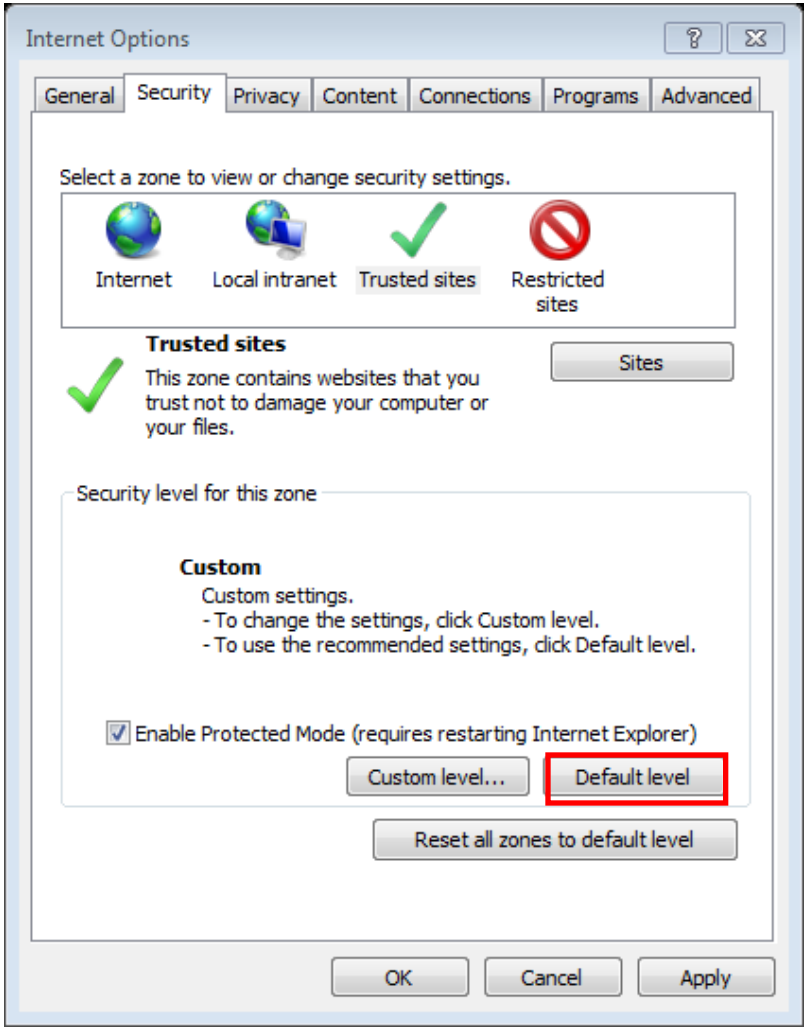
Security Settings

- If you see http://sso.edison.tn.gov in the Websites field, click the link and select **Remove** then click **Close**.



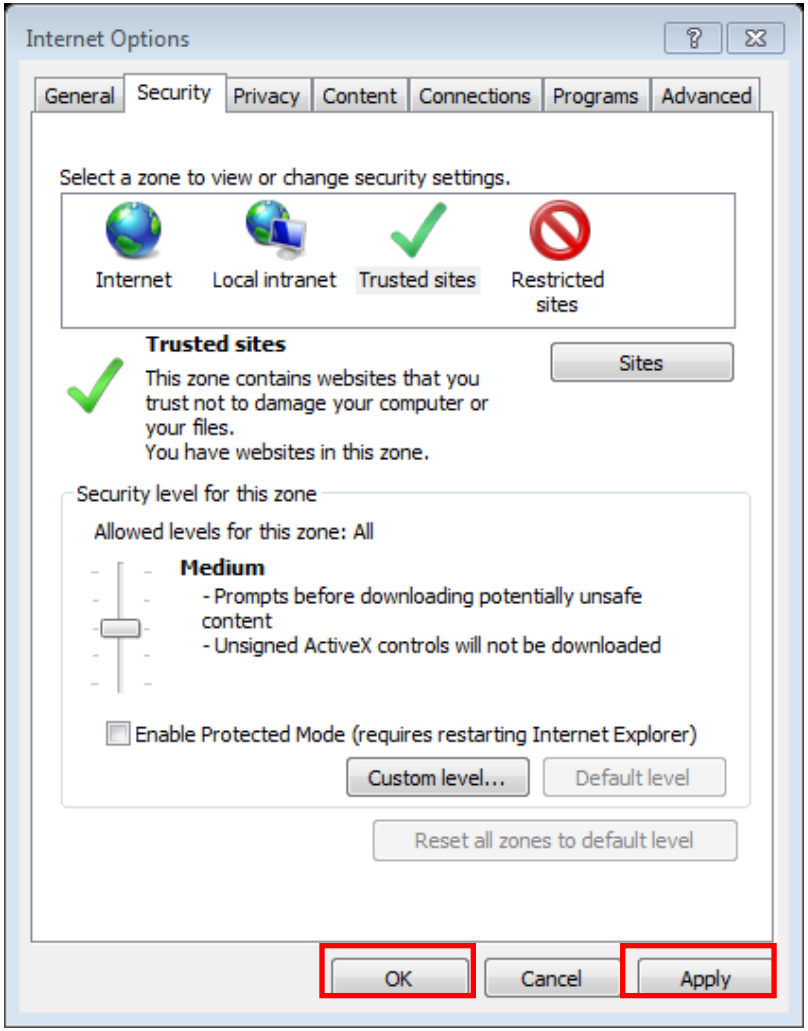
Security Settings

- Then you will need to change the security level from Custom level to **Default level.**



Security Settings

- Once the levels are set back to Default level, click **Apply** then **OK.**

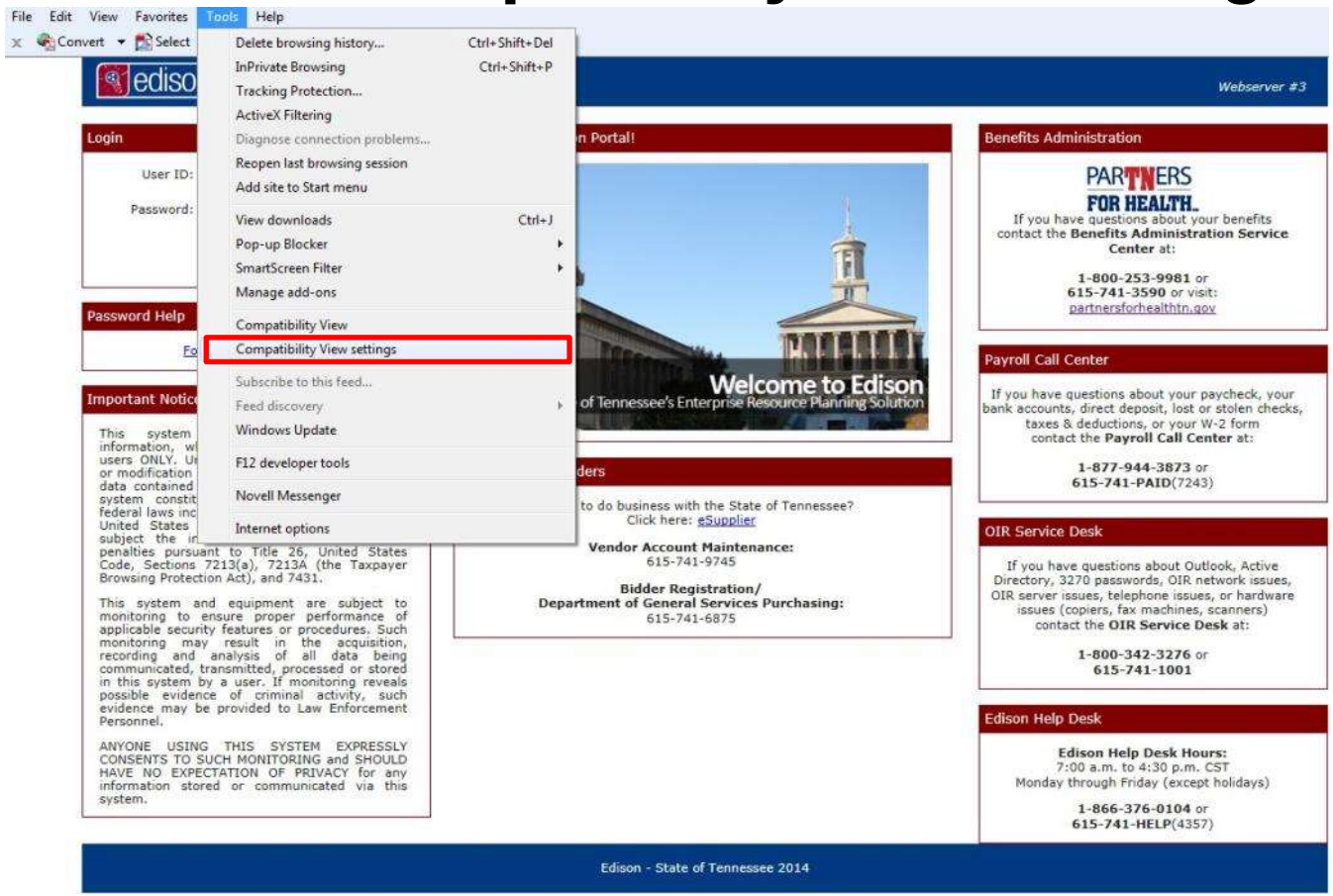


Compatibility View

- Websites that were designed for earlier versions of Windows Internet Explorer might not display correctly in Internet Explorer 10 & 11.
- You can often improve how a website will look by using a feature called Compatibility View.
- If you reset your security settings to “Default” then you may lose your compatibility settings.
- If you clear your cache you may also lose your compatibility settings.

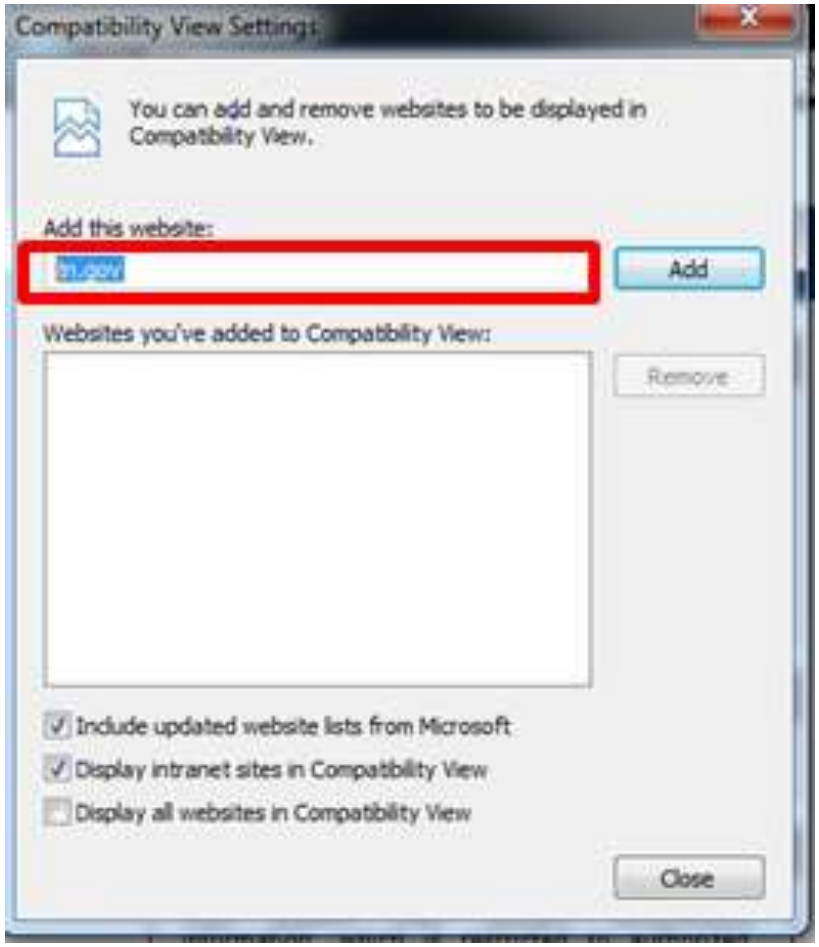
Compatibility View Settings

- Open the Browser and click the **Tools** dropdown
- Click on the **Compatibility View Settings** link.



Compatibility View Settings

- Enter tn.gov in the **Add this website** box.
- Click **Add.**
- Click **Close.**



Firewall Issues

- The URL to use for the Edison system remains the same, i.e. https://www.edison.tn.gov. You automatically get redirected to the https://sso.edison.tn.gov URL.
- If you receive a “webpage not found” or a similar message, you will need to contact your IT or network department to open access to https://sso.edison.tn.gov (on port 443).
- If you are able to see the Edison Portal page today, you do not have any issues with firewall or sites being restricted from your location.

Next Steps

- Determine current browser, security settings, and whether any firewall issues exist
- Log into Edison using the instructions and identify any issues experienced and send to Benefits.info@tn.gov with your agency identified and the subject of "IT Question."
- If you have not logged in since January 20th, your password has expired. Contact our Service Center at **800-253-9981 option 3** to reset your password.
- Webinars will be scheduled 1st week in May to discuss issue resolution

May 1, 2015

IT Contact Webinars – (Local Ed, Local Gov and Higher Ed)
A reminder that the next set of IT webinars are scheduled for next week. An email about these webinars was sent to the IT contacts you have supplied, and you can share the following information below with them directly.

Both webinars will cover the same information so your IT contact only needs to attend one of the two scheduled webinars:

Wednesday, May 6, 2:00 p.m. – 3:00 p.m. Central
Thursday, May 7, 9:00 a.m. – 10:00 a.m. Central

You will not have to register for these webinars.
On the day of the webinar, call 1-877-820-7831, passcode 217506#.

To join the webinar on the dates listed above, click on this link:
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

Applicable to local government agencies required to use Edison (more than 100 employees).

Mental Health Awareness Month Flier (State/Higher Ed)
May is Mental Health Awareness month. We have attached a ParTNers for Health EAP flier you can post and/or share with your eligible employees.

As a reminder, ParTNers EAP services are offered to all benefits eligible state and higher education employees and their eligible family members, even if they do not participate in the State Group Insurance Program. For more information, visit **www.Here4TN.com** or call at 1.866.437.3486.

Mental Health Awareness Month Flier (Local Ed/Local Gov)
May is Mental Health Awareness month. We have attached a ParTNers for Health EAP flier you can post and/or share with your eligible employees.

As a reminder, ParTNers EAP services are offered to all local education (K-12) and local government employees who participate in any of the state's medical insurance plans and their eligible family members have full access to both EAP and Behavioral Health services. For more information, visit **www.Here4TN.com** or call at 1.866.437.3486.

Enrollment for "WonderWalk" Steps Challenge Ends on Monday

Reminder: Enrollment for the second quarter wellness program challenge "**WonderWalk**" ends on Monday, May 4. You can share the attached flier with all members of the State Group Insurance Plan and all state employees.

The "WonderWalk" steps challenge started on April 27 and continues through June 7.

Attachments:

Mental Health Awareness Month Flier
WonderWalk Wellness Challenge Flier

The impact of mental health

May is mental health awareness month

Early identification and treatment is critical to support individuals with a mental illness. By ensuring access to proven, alternative treatment and recovery programs, recovery is accelerated and the further harm related to the course of illness is minimized.[1]

1 in 5 people experience mental illness[2]

Without treatment people may suffer from:

- Unnecessary disabilities
- Unemployment
- Substance use and abuse
- Homelessness
- Inappropriate incarceration
- Suicide

The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.[1]

Suicide is the 10th leading cause of death in the US[3]

Mental illness is real and treatable. Those who live with mental illness can live healthy, happy, productive lives with the right support and access to the right type of care needed.

1. www2.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm
2. www.samhsa.gov/newsroom/press-announcements/201411200815
3. www2.nami.org/factsheets/mentalillness_factsheet.pdf

PARTNERS FOR HEALTH
EMPLOYEE ASSISTANCE PROGRAM

1.855.Here4TN
(1.855.437.3486)
1.800.456.4006 TTY users
www.Here4TN.com

Visit the website now!

B-126-TN (4/15) ©2015 Magellan Health, Inc.

the "WONDERWALK" STEPS CHALLENGE

Frequently Asked Questions

What's the challenge about?

WonderWalk is an exciting six-week steps challenge that's part of the ParTNers for Health Wellness Program. It runs from **April 27 to June 7**. And it's open to all state employees and members of the State Group Insurance Plan.

This challenge is designed to help you move more—through walking or other activities—and enjoy how it makes you feel. For inspiration, we'll encourage you to set a steps goal and we'll take you on **a virtual tour of some of America's most wondrous man-made structures. You'll learn how the size of each landmark relates to your goal.** And you can marvel at how far your steps take you.

How does the challenge work?

During the challenge, you will receive:

- ☑ **A weekly email with motivating tips** to help you increase your steps and move toward a healthier, active lifestyle
- ☑ **A reminder to stay active online** by using your Steps Tracker and the challenge chatter board

How do I set my daily steps goal?[1]

When you register, you must enter the number of daily steps you want to achieve. A good long term goal to consider is 10,000 steps per day, which is about five miles depending on your stride.

You can use these tips to help you know the right goal for you.

1. **ASSESS WHERE YOU ARE.** Use a pedometer or mobile app to count your steps for three days. Add up your total steps and divide by three to get your daily average.
2. **SET YOUR STEPS GOAL.** Take your daily average and consider adding 500 to 1,000 additional steps to your daily average, and make that number your goal for the challenge period.
3. **ADD MORE STEPS OVER TIME.** During the challenge, use your Steps Tracker in Well-Being Connect® to mark your progress. Consider gradually increasing your goal to keep challenging yourself.

How should I count my daily steps during the challenge?

So you know what to enter into Well-Being Connect, you can:

- Wear a pedometer.
- Download a free pedometer mobile app. You'll find several options like Moves, Runstastic Pedometer, Accupedo Pedometer or MapMyWalk.
- Use the built-in Health app on the iPhone® 5s or newer model.

Or, if you wear a Fitbit®, you can sync to your Well-Being Connect account, and your steps will be added to your tracker.

Can other activities count toward my step goal?

Yes. When you use your Steps Tracker in Well-Being Connect, you can add other types and duration of activities to be converted into steps.

How can physical activity make me feel better?[2]

It can help you:

- Improve your mood
- Boost your energy
- Sleep better
- Connect with others
- Keep off excess weight
- Prevent/manage health conditions

REGISTER NOW.

Last day to register: May 4

1. Go to **www.partnersforhealthtn.gov** and click on the **My Wellness Login** button.
2. Sign in to your Well-Being Account.*
3. In the **Groups & Challenges** tab, click **Join This Challenge** under **WonderWalk**.
4. **Set up your Steps Tracker** with your daily steps goal for the six-week challenge (10,000 steps/day is a good long term goal).
5. Finish registration. Then start logging your steps on April 27.

**If you haven't already, you must create a Well-Being Account, complete the Well-Being Assessment and set-up your Well-Being Plan before joining the challenge. If you already have a Well-Being Account, you will need to complete the Well-Being Assessment and set up your Well-Being Plan to enroll in the challenge.*

ParTNers for Health • partnersforhealth@healthways.com • www.partnersforhealthtn.gov • 1-888-741-3390

HEALTHWAYS

PARTNERS FOR HEALTH

Always consult your physician or other health care professional before starting this or any other fitness, nutrition and/or weight management program to determine if it is right for your needs.

[1] Reference: Mayo Clinic; [2] Reference: Mayo Clinic

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May 8, 2015

ABC Conference Calls

Don't forget, conference calls for Local Education, Central State, Local Government and Higher Education are next week!

Local Education – Tuesday, May 12 at 9:00 a.m. Central
State – Tuesday, May 12 at 10:30 a.m. Central
Local Government – Tuesday, May 12 at 1:00 p.m. Central
Higher Education – Wednesday, May 13 at 9:00 a.m. Central

The call agenda is attached. You can **click here** to find the webinar instructions and link to log in to the presentation.

Attachment:

Call Agenda

ABC Call Agenda
May 12 and 13, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **Primary ABC Survey Reminder**
- **Legislation Policy Update**

ParTNers for Health Wellness Program

- **Well-Being Assessment Completion Numbers**
- **Well-Being Assessment Strategy and Results**
- **Physician Screening Form Upload Capability for Doctors**
- **Coaching Outreach**

Operations

- **Local Ed: Dependent Query**
- **New ABC Trainings and ABC Workshops**
- **April Call Data**

Questions

May 15, 2015

ABC Conference Call Notes

The combined notes from the May 12 and 13 ABC conference calls are attached.

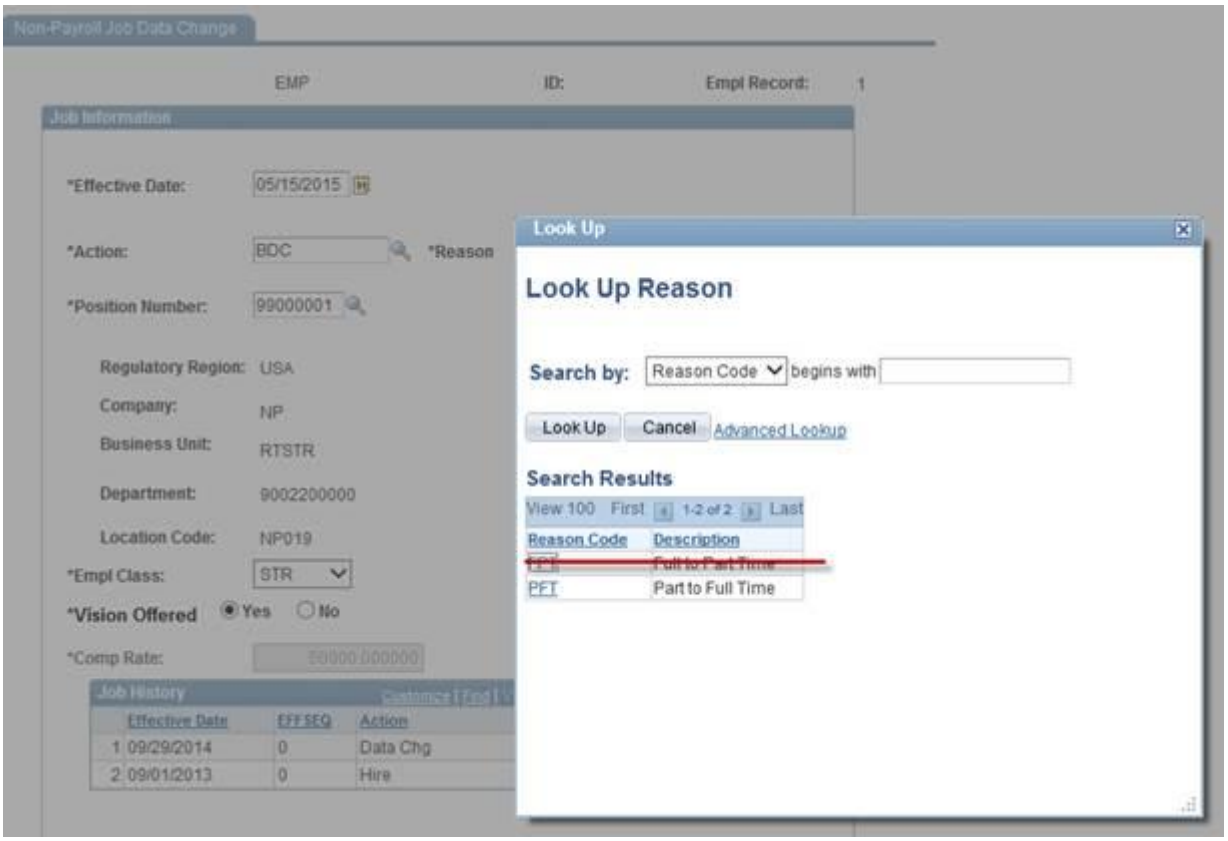
Edison Process for Employees Going from Full-time to Part-time

The BA Service Center's current process for handling employee's going from full-time to part-time status is for ABC's to make the entry in Non-Payroll Job Data using an action reason of **Benefits Data Change/Full-time to Part-time**.

During the process of recalibrating staff and processes it was determined that a more efficient entry would be to use a termination row. This change is being made so that only eligible employees are active in the Edison system.

Going forward, when an employee loses their insurance because they went part-time, use an action reason of **Termination.**

Note: The employee is termed because only benefit-eligible employees should be active in Edison.



May 22, 2015

Benefits User Security Form

The Edison Benefits User Security form (Form FA1016) used to gain and remove ABC Edison access has been revised. The revised form is on the ABC website and ready for use. Make sure to utilize the new form starting immediately to ensure your security requests are addressed timely. All requests sent on the old version will be rejected.

Providers Leaving Network

From time to time, we learn that individual providers or provider groups have chosen to leave an insurance carrier's network. We were just recently made aware that St. Thomas Medical Group (STMG), a group of physicians not owned by the St Thomas Hospital Facilities System, will be joining the non-participating group Advance Diagnostic Imaging (ADI) in June. By joining ADI, the St. Thomas Medical Group will become part of a group that is not participating with Cigna at this time. We want to assure members that the St. Thomas Hospital Facility System is and will remain in the Cigna OAP network.

As a reminder, the physicians listed in the Provider Directories are independent contractors. They are not agents nor employees of, nor under the control of Benefits Administration or the insurance company. Participation by health care professionals or physicians listed in the directories is current at the time of printing, but is not guaranteed and may be subject to change. When a provider or provider group leaves a network, the status of that provider or provider group becomes non-participating or out-of-network. Members have a choice of health care providers, but will have lower out-of-pocket costs when they visit in-network providers.

Legislative Update Presentation

Following the Legislative Update presentation webinar conference calls held this week, we have attached a copy of the PowerPoint for your reference.
We did have several questions during these webinars and will email the questions and answers to ABCs next week.

State Offices Closed on Monday, May 25

State offices, including Benefits Administration (BA) and the BA Service Center, will be closed on Monday, May 25 due to the Memorial Day holiday.

We hope you have a great weekend!

Attachments:

Legislative Update Presentation LE/LG

Legislative Update Presentation ST
Legislative Update Presentation HE

PARTNERS FOR HEALTH

Legislative Update Webinar

Benefits Administration

Local Education/Local Government

Broad Issues Addressed by the Legislation

- Tennessee will recruit, retain and reward the best employees by providing a performance-based total compensation package with competitive salaries and benefits consistent with the market
- Regulation, medical trend and above-market retiree health coverage drive health care cost pressures, jeopardizing the state's fiscal health and ability to offer competitive total compensation.
- State law restricts the state's ability to design an effective benefit to address these two issues

Issues Detail

- The Governmental Accounting Standards Board (GASB) will require public entities to report retiree health (Other Post Employment Benefit or OPEB) obligation as a liability on their balance sheets (the CAFR) in 2018. Tennessee owes a $1.2B OPEB obligation to future retirees. This obligation is not offset by an asset, such as a reserve fund or trust, as are pensions. It is uncertain how bond rating agencies will view this liability.
- Medical inflation continues at more than 2x the cost of living, which reduces funding that could go toward other compensation.
- Private employers control costs by adjusting: 1) premium subsidy amounts 2) eligibility, 3) risk pooling and management, and 4) plan design. Current law **limits** the state's options to only plan design, which greatly restricts our ability to make needed changes.
- Legislation provides the Insurance Committees with the needed tools to develop a financially sustainable, market competitive, and employee-focused health insurance plan.

Legislation, As Amended

- State and higher education, local education, local government employees and elected officials hired or elected after July 1, 2015, will not be eligible for continuation coverage at retirement. Current employees, elected officials and current retirees will be grandfathered.
- The state will not offer Medicare Supplement Insurance for employees or elected officials hired or elected after July 1, 2015. Current employees, elected officials and current Medicare Supplement members will be grandfathered.

Legislation, As Amended Continued

- Permits establishment of retiree health trust fund and Treasury oversight and management of investments associated with a retiree defined contribution benefit, if implemented.
- Requires that the Insurance Committee's actions regarding the basic plan and other plan options and the state premium support amounts must comply with a written policy approved by the Council on Pensions and Insurance.

PARTNERS FOR HEALTH

Q&A

PARTNERS FOR HEALTH

Legislative Update Webinar

Benefits Administration

State

Broad Issues Addressed by the Legislation

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Legislation, As Amended

- The State and Local Education Insurance Committees will be able to offer a new option--a defined contribution (i.e., cash payment) toward premium--in addition to the current defined benefit for state, higher education and local education employees, elected officials and retirees for continuation coverage at retirement.
- The State Insurance Committee will be required to offer one basic health plan that subsidizes at the current level of 80% for the employee and his or her eligible dependents. Preserves this benefit.

Legislation, As Amended Continued

- The State Insurance Committee has the option to require a state or higher education employee's, elected official's or retiree's spouse to choose their employer's plan if he/she is offered group health insurance through their employer. Applies to employees, elected officials and retirees whose employment commenced on or after July 1, 2015; effective only upon action by the Insurance Committee.
- After July 1, 2015, no state or higher education employee working less than, on average, 30 hours/week may be eligible for any insurance plan. Current state and higher education employees working 1,450 hours or more per year will be grandfathered.

Legislation, As Amended Continued

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- Requires that the Insurance Committee's actions regarding the basic plan and other plan options and the state premium support amounts must comply with a written policy approved by the Council on Pensions and Insurance.

Effective Date Change

- Beginning July 1, the effective coverage date will be the first day of the month following one full calendar month of employment from the hire date.
- Flexible Savings Accounts are tied to the insurance coverage effective date.
- For example:

  Hire date is Monday, 8/2, coverage begins 10/1. FSA benefits would begin the same date as insurance coverage.

PARTNERS FOR HEALTH

Q&A

PARTNERS FOR HEALTH

Legislative Update Webinar

Benefits Administration
Higher Education

Broad Issues Addressed by the Legislation

- Tennessee will recruit, retain and reward the best employees by providing a performance-based total compensation package with competitive salaries and benefits consistent with the market
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Issues Detail

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Effective Date Change

- Beginning July 1, the effective coverage date will be the first day of the month following one full calendar month of employment from the hire date.
- For example:

  Hire date is Monday, 8/2, coverage begins 10/1.

PARTNERS FOR HEALTH

Q&A

May 29, 2015

The following email was sent to Agency Benefits Coordinators today.

There are no updates this week. We are continuing to work on the questions and answers from our Legislative Update webinars and will provide those in next week's Friday email.

June 5, 2015

The following email was sent to Agency Benefits Coordinators today.

ABC Conference Calls

Don't forget, the Local Education, Central State, Local Government and Higher Education conference calls are next week!

Local Education – Tuesday, June 9 at 9:00 a.m. Central
Central State – Tuesday, June 9 at 10:30 a.m. Central
Local Government – Tuesday, June 9 at 1:00 p.m. Central
Higher Education – Wednesday, June 10 at 9:00 a.m. Central

The call agenda is attached which includes the link to the webinar.

Eligibility and Enrollment Guide Addendum

We have attached a revised Eligibility and Enrollment Guide addendum for your use.

We included a version that contains the tracked changes to the previous addendum and this is for your reference so that you can actually see where the changes are. The final copy version is marked FINAL and is what you will need to copy and give to new hires and those newly eligible to enroll in coverage along with a copy of the 2015 guide.

Legislative Update Webinar Questions and Answers

We have attached the questions and answers we received during the Legislative Update webinars. Note, the document includes the questions and answers for all calls and are separated out by plan.

TN.gov Redesign – Impacts Benefits Administration Website

TN.gov will be updated with a new layout and look at 10 p.m. today, June 5. The entire site for all of state government has been redesigned. We have made the Benefits Administration (BA) page navigation similar to the previous one so you can still find the forms and publications you need with ease.

One important thing to note is **that all of the links will change**. You will no longer be able to find us at tn.gov/finance/ins. You will go to **www.tn.gov/finance** and you will find the BA website under the "**Looking For**" drop down box, as well as the "**Employee Resources**" drop down box.

The links on any forms, emails, letters and other publications that you use will have to be changed, as well as TN.gov pages that are bookmarked on your computer.

We are updating all of the links on our forms and publications and will present the new site to you during the ABC calls next week.

Attachments:

Call Agenda

Addendum for Changes Effective July 1 LE

Addendum for Changes Effective July 1 LG

Addendum for Changes Effective July 1 ST

Legislative Webinar Questions and Answers Final

ABC Call Agenda
June 9 and 10, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **New 2016 Plan Option**
- **2016 Benefits Update**
- **TN.gov Redesign**
- **Updated Presentations and Forms**
- **Adding or Removing Dental and Vision Deadline**

ParTNers for Health Wellness Program

- **Biometric Screening Deadline**
- **Physician Screening Form/OHD Website**
- **Transfer Letters**
- **Automated Verification System Reminder**

Operations

- **New ABC Trainings and ABC Workshops**
- **May Call Data**

Questions

ABC Call Agenda
June 9 and 10, 2015
1-877-820-7831
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- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
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Materials and Communications

- **New 2016 Plan Option**
- **2016 Benefits Update**
- **TN.gov Redesign**
- **Updated Presentations and Forms**

Benefits

- **Minnesota Life Insurance Update**

ParTNers for Health Behavioral Health Program

- **Tufts Project**

ParTNers for Health Wellness Program

- **Biometric Screening Deadline**
- **Physician Screening Form/OHD Website**
- **Transfer Letters**
- **Automated Verification System Reminder**

Operations

- **Coverage Effective Date Reminder**
- **New ABC Trainings and ABC Workshops**
- **May Call Data**

Questions

STATE OF TENNESSEE
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Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

Eligibility and Enrollment Guide – Local Education
Addendum for July 1, 2015, eligibility changes

Employee Eligibility

The following employees are eligible to enroll in coverage:

- A teacher as defined in Tennessee Code Annotated, Section 8-34-101-(46)
- An interim teacher whose salary is based on the local school system's schedule
- Full-time employees not defined above who are regularly scheduled to work at least 30 hours per week
- Full-time non-certified employees who have completed 12 months of employment with a local education agency that participates in the plan and work a minimum of 25 hours per week — a resolution passed by the school system's governing body authorizing the expanded 25 hour rule for the local education agency must be sent to Benefits Administration before enrollment
- School board members
- All other individuals cited in state statute, approved as an exception by the Local Education Insurance Committee or defined as full-time employees for health insurance purposes by federal law

Enrollment and Effective Date of Coverage

If you are a part-time employee who has completed one full calendar month of employment and you gain full-time status, your coverage will start the first day of the month after gaining full-time status. Application must be made within 31 calendar days of the date of the status change, but you should submit your enrollment request as soon as possible to avoid the possibility of double premium deductions.

Continuing Coverage at Retirement

Members hired prior to July 1, 2015, who meet the eligibility rules may continue health insurance at retirement for themselves and covered dependents until eligible for Medicare. For service retirement, a minimum of ten years employment is required. To continue coverage as a retiree, you must submit an application within one full calendar month of the date active coverage ends. A member cannot have retiree coverage and keep active coverage as an employee in the same plan. Information on eligibility requirements can be found in the guide to continuing insurance at retirement available on the Benefits Administration website. Employees whose first employment with local education commenced on or after July 1, 2015, will not be eligible to continue insurance coverage at retirement.

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Eligibility and Enrollment Guide – State and Higher Education
Addendum for July 1, 2015, eligibility changes

Employee Eligibility

The following employees are eligible to enroll in coverage:

- Full-time employees regularly scheduled to work at least 30 hours per week
- Seasonal employees with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year, (July–June) [per state law, will not apply to employees hired on or after July 1, 2015]
- All other individuals cited in state statute, approved as an exception by the State Insurance Committee or defined as full-time employees for health insurance purposes by federal law

Enrollment and Effective Date of Coverage

As a new employee, your eligibility date is your hire date. You must complete enrollment within 31 days after your hire date. Coverage starts on the first day of the month after you complete one full calendar month of employment.

State plan employees in the 1,450 hour category must apply within 31 calendar days of meeting the 24-month requirement. The 1,450 category does not apply to employees hired on or after July 1, 2015.

If you are a part-time employee who has completed one full calendar month of employment and you gain full-time status, your coverage will start the first day of the month after gaining full-time status. Application must be made within 31 calendar days of the date of the status change, but you should submit your enrollment request as soon as possible to avoid the possibility of double premium deductions.

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Deleted: You must complete one full calendar month of employment.

Deleted: one full calendar month after becoming eligible

Local Education Legislative Update Webinar Questions

1. **What about a person hired before July 1 but their insurance doesn't start until Sept.**

   For retirement insurance purposes, we will look to the employee's original hire date as a certified teacher and the requirements for retirement from a participating agency.

2. **What about employees who transfer after July 1, 2015 from one school system to another? They would be a new hire for our school system.**

   For Local Education agencies (as well as State and Higher Education agencies), we look at the original hire date as a certified teacher and the requirements for retirement from a participating agency. Employees would also need to meet other retirement eligibility requirements including total years of creditable service and participation in the plan.

3. **Would a rehire be considered a new hire for this purpose?**

   If rehired by the same agency within 60 days, the employee is not considered a new hire for insurance purposes. If rehired by a different agency, the employee would be considered a new hire, but the rehired date will not make them ineligible for continuation of insurance coverage at retirement as long as their initial hire date as a certified teacher was prior to July 1, 2015 and they are otherwise eligible.

4. **What was that on slide 8 about change in effective date, start of one month later?**

   Slide 8 only applied to State and Higher Education, not Local Education. Sorry for the confusion.

5. **Will this information be included in the new hire presentations? Or do the ABC's just need to mention it?**

   Yes, this information will be included in the new hire presentations.

6. **Could a new employee's hire date be June 30? How would their effective date be Sept for insurance with the 60 days to take insurance?**

   Yes, a hire date could be June 30. The effective date for a newly-hired Local Education employee depends on the employee's eligibility date. The eligibility date is the hire date or no

later than the end of the subsequent month. The effective date of coverage, then, is the first day of the month following the eligibility date. For retirement insurance purposes, look to the hire date.

7. **What exactly is the new option - defined benefit?**

   A defined benefit is what we currently have for pre-65 retirees—the benefit is defined by the state and a premium is set based on that benefit. The new law gives the State and Local Education Insurance Committees the flexibility to add a defined contribution plan as a new option for pre-65 retirees. It is not currently offered and the Insurance Committees are not currently considering it. In a defined contribution plan, the member is paid a fixed dollar amount that they can apply toward an insurance product that is either offered by the state plans or in the commercial market.

8. **Currently, our new employee coverage starts the first of the month after hire date...are you saying that is changing?**
   If this question is referring to slide 8, that slide was included by mistake and does not apply to Local Education agencies.

9. **When will the new hire presentation be ready? We have our first meeting with new hires in mid-June?**

   We plan to have the revised new hire presentations available for use by June 12.

10. **What about an employee hired before July 1, 2015 but does not take insurance until a later date? Would they be considered grandfathered in at retirement?**
    Yes, if the employee meets all of the other eligibility requirements for retirement insurance. We will look at the hire date of the employee.

11. **And if there is a break in service...**
    The other eligibility requirements for retirement insurance still apply. The employee would need to meet those and have a hire date before July 1, 2015.

12. **We will begin our interviews and hiring of teachers for the 2015-2016 school year on June 1. These people will not begin working for us until August 10. Where will they be considered?**

    The hire date applies in this situation. If the new employees are hired on or after July 1, 2015, those employees are not eligible for retirement insurance. If you have a teacher who has previously worked for any school system that would grant them certified teacher status under

Title 8 Chapter 34 (prior to July 1, 2015), the teacher's previous hire date will count for retirement insurance purposes.

Local Government Legislative Update Webinar Questions

1. **We are a utility district in Chattanooga. We are a local government. Does this apply to us? My manager was telling me this did not apply to us.**
   Yes, for continuing insurance at retirement purposes, an initial hire date prior to July 1, 2015 does apply to your agency.

2. **The wording in our email states: One thing in particular to note is that the legislation makes future employees who leave their jobs ineligible for state-sponsored insurance until they are 65....Can you please explain that part?**
   Please disregard. This does not apply.

3. **If a person leaves but does not officially retire but is retirement age, is he/she eligible for COBRA under the local government plan as they have been in the past? Also, when they reach or decide to retire and are hired before the date indicated they will be able to participate in the current local government retirement plan?**
   To the COBRA question, yes the employee is eligible for COBRA. To the retirement insurance question, participation in the retirement plan depends on meeting all of the requirements at retirement. Hire date will not be an issue if prior to July 1, 2015, and with the local government agency from which the employee is retiring. The Local Government Plan Document lists all of the requirements for retirement insurance.

4. **A Local Government employee who was hired before July 1, then leaves, and then returns after July 1...are you saying that they will still be able because their first hire date was before July 1?**
   Yes, if the employee meets all of the other requirements for retirement insurance.

5. **What about if there is a difference of only two years from leave date and official retirement date?**
   The employee would need to meet all of the requirements for retirement insurance listed in the Local Government Plan document. There may be an issue with the employee's requirement that he or she must have a minimum number of continuous years of insurance coverage in the plan immediately prior to final termination for retirement.

6. **What if agency is not in state retirement plan?**

   If you are referring to TCRS pension plan, a local government agency does not have to participate in TCRS for the agency to offer retirement insurance. If referring to retirement insurance, local government agencies participate as part of our health insurance plan. The hire date will not be an issue if before July 1, 2015 but employees will still need to meet non-TCRS requirements listed in the Local Government Plan document.

State and Higher Education Legislative Update Webinar Questions

1. **We (Higher Education) have our own flex plan rules. Will the date have to change?**

   No. The information regarding flexible savings accounts on Slide 8 only applies to Central State.

2. **We have a part time employee that will be eligible for benefits after the July 1 date. Will she be under the new eligibility date or the old one?**
   An employee hired prior to July 1, 2015 will be eligible for retirement insurance if the other eligibility requirements are met, which includes a status change from part time to full time. We will look to the hire date not the effective date of coverage, or the date of the status change.

3. **Please confirm rehires can continue retiree option.**
   Yes, if first hired prior to July 1, 2015 and provided the individual meets all other requirements at retirement.

4. **What if we have an employee that was retired and comes back full time? How will that affect their insurance when they retire again?**
   The initial hire date must be prior to July 1, 2015, and the individual must meet all other requirements at retirement.

5. **Based on any rehire date? Not like TCRS where there is a 7-year window?**
   For purposes of continuing insurance at retirement, the initial hire date must be prior to July 1, 2015, and the individual must meet all other requirements at retirement, including the required number of years of employment with the employer (creditable service) and the minimum number of continuous years of insurance coverage in the plan immediately prior to final termination for retirement. TCRS has separate pension eligibility requirements.

6. **If a new hire starts to work on the first working day of the month (say in August 2015), the first working day is Monday 8/3/15 would it mean their medical coverage would be effective October 1, 2015 instead of September since the first working day on the month was not on the 1st?**
   This is more of a health insurance eligibility question and not regarding retirement insurance. To answer about active health insurance, the effective date for health insurance depends on the hire date. If the hire date and first working day are different, eligibility will be determined based on the hire date entered in Edison. Based on recent approval of the State Insurance Committee, the insurance effective date for state group employees newly hired on or after July 1, 2015 will be the first day of the month following completion of one full calendar month of employment. For example, if the hire date entered in Edison is 8/1 but the first working day is 8/3, the eligibility date is 8/1. The new hire would be required to complete employment for the full calendar month of August, and the effective date for insurance coverage would be 9/1.

For retirement insurance purposes, we would use the hire date and if on or after July 1, 2015 the employee would not be eligible for retirement insurance at retirement.

7. **What if there original hire date was for part time service?**
   An employee hired prior to July 1, 2015 will be eligible for retirement insurance if the other eligibility requirements are met, which includes a status change from part time to full time. We will look to the hire date not the effective date of coverage or the date of the status change.

8. **Any new hires? Even adjuncts?**
   The answer to question #7 applies here as well. An employee hired prior to July 1, 2015 will be eligible for retirement insurance if the other eligibility requirements are met, which includes a status change from part time to full time. We will look to the hire date not the effective date of coverage or the date of a status change.

9. **Post docs and residents (here at UTHSC)?**
   The previous answer to questions #7 and 8 apply here as well. This would also depend on the definition of an employee with your agency. The IRS regulations regarding common law employee, employee and independent contractor would need to be determined.

10. **If a person retires at 60 with 39 years of service, will he or she still be able to continue current state health insurance with the state paying 80% and the retiree paying 20%. Is this correct?**

    An employee whose initial hire date was prior to July 1, 2015 will be able to apply as they can today to continue insurance at retirement. Eligibility requirements include length of employment (creditable service) and a minimum number of continuous years of insurance coverage in the plan. The premium amounts paid by the state and the retiree will depend upon the contribution levels in effect at the time of retirement. The State Insurance Committee is authorized by law to establish a schedule of defined contributions for retirees. State premium support amounts are subject to approval of the State Insurance Committee and must comply with a written policy approved by the Council on Pensions and Insurance before becoming effective.

June 12, 2015

The following email was sent to Agency Benefits Coordinators today.

ABC Conference Call Notes
The combined notes from the June 9 and 10 ABC conference calls are attached.

Revised New Hire Presentations – (LE/LG)
We are still revising the new hire presentation with audio, which incorporates the retirement insurance changes that are effective on July 1, 2015. We hope to have the revised presentation posted on the BA website on the **For New Employees** page by the end of the day Monday, June 15.

Revised New Hire Presentations (ST/HE)
We are still revising the new hire presentation with audio, which incorporates the coverage effective date change and retirement insurance changes that are effective on July 1, 2015. We hope to have the revised presentation posted on the BA website on the **For New Employees** page by the end of the day Monday, June 15.

State/Higher Ed Addendum Questions
We had several questions about the revised Eligibility and Enrollment Guide addendum we attached to last Friday's email. Here are answers to some of your inquiries. If you need additional information, please contact us through the benefits.info@tn.gov email address.

From State ABCs:
1. Seasonal employees with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year, (July–June) [per state law, will not apply to employees hired on or after July 1, 2015]
Q: So employees hired after 7-1-2015 will not be offered insurance after completing 24-month rule?
A: That is correct. Seasonal employees hired on or after July 1, 2015 will not be eligible under the 1,450 rule, but you should consider the other employee criteria to determine if they are otherwise eligible. For example, is the employee regularly scheduled to work at least 30 hours per week, are they cited as eligible in state statute, have they been approved as an exception by the State Insurance Committee or defined as full-time employees for health insurance purposes by federal law?

2. As a new employee, your eligibility date is your hire date. You must complete enrollment within 31 days after your hire date. Coverage starts on the first day of the month after you complete one full calendar month of employment.

Q: If the employee is hired on the first day of the month will health benefits still begin after 31 days have passed or the first day of the following month? Example: an employee is hired on July 1, 2015 his benefits will begin Aug 1. If an employee is hired on July 2, 2015 or any day there after his benefits will begin Sept 1?
A: Your example is correct. The determination of the effective date will be based on the actual hire date. As long as the hire date is the 1st of any calendar month, the employee is expected to complete that full month of employment for coverage to be effective the 1st of the next month. The effective date of coverage has more to do with the employee completing one full calendar month of employment than the passing of 31 days. The two may seem like the same thing, but the requirement to complete one full calendar month of employment is stated as it is to allow for the fact that some months will have 31 days and some months will have 30 or less. The 31 days, on the other hand, is referring to the length of time the employee has to complete enrollment. An employee may take the full 31 days to complete enrollment, but it's always better to complete the enrollment sooner rather than later.

3. State plan employees in the 1,450 hour category must apply within 31 calendar days of meeting the 24-month requirement. The 1,450 category does not apply to employees hired on or after July 1, 2015.
Q: [Same question as #2] If the employee is hired on the first day of the month will health benefits still begin after 31 days have passed or the first day of the following month? Example: an employee is hired on July 1, 2015 his benefits will begin Aug 1. If an employee is hired on July 2, 2015 or any day there after his benefits will begin Sept 1?
A: An employee who does not meet new hire criteria may be eligible under the 1,450 rule <u>if they were hired prior to July 1, 2015</u>, even if they don't achieve 1,450 status until after July 1. If you have employees who fit this scenario, they should be treated as existing employees who have experienced a status change. In other words, you may have some employees who are already in the process of meeting the 1,450 criteria prior to the hire date cut-off of July 1, 2015. They will have 31 days from the date they satisfy the 1,450 requirements to apply, and coverage will be effective the first day of the month following the date they meet the 1,450 requirements. Unlike new hires, these employees will not be required to complete one full calendar month of employment after they achieve 1,450 status because they will have already met the 24-month employment requirement as a part of the 1,450 criteria. Their effective date of coverage will be the first of the month after the date of the status change. In your example, an employee could achieve 1,450 status on any day of the month in July (July 1st, July 5th, July 17th, July 31st, etc.) and coverage will still be effective August 1. It will be important for these employees to complete enrollment as soon as possible once they have satisfied the 1,450 requirements to avoid the possibility of double premium deductions.

From Higher Education:

1. **If you are a part-time employee who has completed one full calendar month of employment**

and you gain full-time status, your coverage will start the first day of the month after gaining full-time status. Application must be made within 31 calendar days of the date of the status change, but you should submit your enrollment request as soon as possible to avoid the possibility of double premium deductions.

Q: We did not realize there was going to be a different effective date for employees changing from part time to full time. To be sure, what about employees who are changing from temporary to regular or student to regular. Can their effective date also be the first of the month following the change in status?

A: Temporary to regular and student to regular scenarios are similar to the status change from part-time to full-time. Benefits Administration will treat them all the same way.

Attachment:

Combined Notes ABC Calls 06.09.05

June 19, 2015

CVS Health Purchasing Nationwide Target Pharmacies

CVS Health (the parent company of CVS/caremark) announced earlier this week that it has entered into an agreement with the Target Corporation to purchase all nationwide Target in-store pharmacies. This affects about 1,700 Target pharmacies nationwide in 47 states that will be rebranded as CVS/pharmacy inside the Target stores. Target also has about 80 clinics that will be rebranded as MinuteClinics, as those in other free-standing CVS/pharmacies are called.

This is a positive impact for plan members, as they will have greater access to network pharmacies and more choices in Retail-90 pharmacies.

We will update you with additional information as it is available.

Deadline For Agencies to Add Vision and Dental Coverage – (LE/LG)

The **deadline for agencies to add 2016 dental and vision coverage** is Wednesday, July 1, 2015, (for agencies not already enrolled in our dental or vision plans).

Your notification letter to Benefits Administration must:
-Be on agency letterhead
-State your agency's intent to join the vision or dental plan
-Be approved by your governing body, if appropriate, and signed by your agency director
-Indicate your willingness to allow payroll deduction

Please send your letter to Seannalyn Brandmeir at **Seannalyn.brandmeir@tn.gov**. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.

If your **agency would like to drop dental or vision coverage** for the 2016 calendar year, the same July 1 deadline applies. BA needs a written notice sent to Seannalyn Brandmeir by this date.

Revised New Hire Presentation – (LE/LG)

A revised 2015 new hire presentation was posted to the BA website this week and can be found for employees on the **For New Employees** page. The revised version includes an audio version and a PDF version with notes for the new employee. A PowerPoint version for ABCs is located on the **ABC webpage** by plan.

Please note, we had an additional change to the retirement insurance slide and the change is noted in red. If you downloaded the revised version earlier this week, please make sure the presentation you are using includes this change.

Revised New Hire Presentation (ST/HE)

A revised 2015 new hire presentation was posted to the BA website this week and can be found for employees on the **For New Employees** page. The revised version includes an audio version and a PDF version with notes for the new employee. A PowerPoint version for ABCs is located on the **ABC webpage** by plan.

ABC Call Schedule

As we prepare for the Annual Enrollment Period, our weekly ABC conference calls will begin July 14 and 15, and will run through November 3 and 4, 2015.

State Offices Closed July 3

State offices, which include the Benefits Administration Service Center, will be closed on Friday, July 3.

June 26, 2015

Invalid Physician Screening Form Letters

Attached are three versions of invalid Physician Screening Form (PSF) letters Healthways will mail to members who are missing information on their forms. Letters will drop in the mail on June 29.

These letters explain that Onsite Health Diagnostics has tried to reach the member multiple times about one of these three issues with their PSF:

- V1 = missing value(s) (653 members)
- V2 = missing signature (264 members)
- V3 = incomplete fax (361 members)

Until this information is obtained, the member will not receive credit for completing the biometric screening. Should you receive questions from members, please refer all questions to Healthways at 1.888.741.3390. The hours are Monday through Friday between 8:00 a.m. and 8:00 p.m. (Central).

As a reminder, **members who are in a coaching program must complete a biometric screening and submit their PSF by July 15, 2015**. **Members contacted to enroll in coaching after April 15, 2015, have until October 1, 2015, to submit their PSF**.

New members and newly enrolled members have different requirements. You can find more information at **www.partnersforhealthtn.gov** on the **2015 Partnership Promise page**.

Pharmacy – July 2015 Preferred Drug List (PDL)

Attached is the July 2015 preferred drug list (PDL). There is a 90-day grace period, which allows members to pay the preferred copay until September 30, 2015. In June, notification letters were mailed to members impacted by the single-source brand changes. There were 520 members in the last four months who filled a prescription for one of the impacted drugs being removed from the PDL. Of these members, 517 filled for a drug that has an equivalent generic available. The remaining three members filled a prescription for a single-source drug.

Drugs being removed from the PDL on July 1, 2015 include:

Drug	Use	Alternate/Comments
Carac	Topical treatment of multiple actinic or solar	Will be replaced by the "A" rated generic, fluorouracil cream 0.5%

	keratoses	
Celebrex	Osteoarthritis; acute pain, rheumatoid arthritis	Will be replaced by the "A" rated generic, celecoxib
Clobex Spray	Moderate to severe plaque psoriasis affecting up to 20% of body	Will be replaced by the "A" rated generic clobetasol propionate spray 0.05%
Fareston	Metastatic breast cancer	Availability of an oral generic therapy option for the treatment of metastatic hormone receptor positive breast cancer.
Faslodex	Treatment of hormone receptor positive metastatic breast cancer	Availability of an oral generic therapy option for the treatment of metastatic hormone receptor positive breast cancer. An alternative on the PDL includes tamoxifen
Marplan	Depression	Availability of alternative generic MAOI therapy options. Alternatives on the PDL include phenelzine (Nardil) and tranylcypromine (Parnate)
Vivelle-Dot	Menopause and other related indications	Will be replaced by the "A" rated generic, estradiol transdermal

BA Webpage Now Found At www.tn.gov/finance

The tn.gov website redesign launched on Monday, June 22. **All of the links have changed.** To find the Benefits Administration website, you will go to **www.tn.gov/finance** click on the "**Looking For**" drop down box or the "**Employee Resources**" drop down box and select **Insurance & Benefits** to find the **BA webpage**.

We have made the Benefits Administration (BA) page navigation similar to the previous one so you can still find the forms and publications you need with ease. The ABC webpage link is at the bottom on the left hand side.

The links on any forms, emails, letters and other publications that you use have to be changed, as well as TN.gov pages that are bookmarked on your computer.

Revised New Hire Benefits Program Sample Letter (ST only)
We have attached a revised State of Tennessee Insurance program sample letter you can use with all new hires. Some of the links on the previous letter have changed. This letter includes links to benefits information new employees can review prior to making benefits selections. It also includes a link to information about dependent verification documents.

You will need to insert your department and/or office information in the brackets provided prior to sending to new employees.

Extended Deadline For Agencies to Add Vision and Dental Coverage – (LE/LG)
We have extended the deadline for agencies to add 2016 dental and vision coverage to August 1, 2015, (for agencies not already enrolled in our dental or vision plans).

Your notification letter to Benefits Administration must:
-Be on agency letterhead
-State your agency's intent to join the vision or dental plan
-Be approved by your governing body, if appropriate, and signed by your agency director
-Indicate your willingness to allow payroll deduction

Please send your letter to Seannalyn Brandmeir at **Seannalyn.brandmeir@tn.gov**. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.

If your **agency would like to drop dental or vision coverage** for the 2016 calendar year, the same deadline applies. BA needs a written notice sent to Seannalyn Brandmeir by this date.

State Offices Closed July 3
As a reminder, State offices, which include the Benefits Administration Service Center, will be closed on Friday, July 3,

Attachments:
- **Invalid Physician Form (Missing Value)**
- **Invalid Physician Form (Missing Sign)**
- **Invalid Physician Form (Fax Failure)**
- **July 2015 PDL**
- **State of TN Group Insurance Program Sample Letter**

State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 1-800-253-9981 • www.tn.gov/finance

June 26, 2015

Dear (New Employee's Name),

The Department of [insert department here] is pleased to welcome you as a new employee of the State of Tennessee.

Please review the health benefits available to you and make note of questions to ask during your orientation. Taking these steps now should allow you to enroll in benefits during your first week at work and eliminate two months of premium payments from being withdrawn from your first paycheck.

- **Benefits Orientation with Audio** – https://stateoftennessee.adobeconnect.com/_a828793869/statenewhireaudio/
- **Compare Health Options** – http://www.partnersforhealthtn.gov/compare_ppos.shtml
- **Partnership Promise** – http://www.partnersforhealthtn.gov/promise.shtml
- **Compare Dental Options** – http://www.partnersforhealthtn.gov/dental.shtml
- **Compare Vision Options** – http://www.partnersforhealthtn.gov/vision.shtml

The main page to find all of this information and more is www.tn.gov/finance, go to the "**Looking For**" drop down tab and select "**For New Employees**". The New Employees Page also provides information about other voluntary benefits, including life insurance and long-term care insurance.

Be sure to bring any applicable healthcare-related documents, including:

- **Dependent Verification Documents** – if you are adding dependents (spouse and/or children), please bring documents to prove their relationship to you. A list of acceptable documents can be found here: http://www.tn.gov/assets/entities/finance/benefits/attachments/deva_eligible_docs.pdf

We hope this information is helpful and allows you to make timely benefits decisions.

Sincerely,

Benefits Administration & [insert your office here]

701 Cool Springs Blvd.
Franklin, TN 37067

<First M. Last Name
123 Any Street
Apt 123
Anytown, ST 12345-6789>

<date>

Dear <first and last name>:

Our records show that you need to submit a complete Physician Screening Form to fulfill the biometric screening requirement as part of the 2015 Partnership Promise.

There are missing lab results on your submitted 2015 Physician Screening Form. Onsite Health Diagnostics (OHD) has tried to contact you multiple times to let you know. Your form cannot be processed until this information is provided.

> **ACTION NEEDED:** Call 1.888.741.3390 for more specific information about what lab results(s) you are missing and next steps on how to update your form. The deadline to complete your form is **July 15, 2015**. This is a step you must take to fulfill part of your 2015 Partnership Promise.

For questions call us at 1.888.741.3390, Monday through Friday between 8:00 a.m. and 8:00 p.m. (Central). You can also learn more about the Partnership Promise at www.partnersforhealthtn.gov.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

Your privacy is important to us. We take care to protect the confidentiality of your information. We do so in accordance with all federal and state laws. This program is administered by Healthways who complies with HIPAA and all applicable state laws. Programs are provided by Healthways, Inc. Information provided is not a substitute for medical advice from your physician. Please refer to your benefits plan document for benefit specifics.

701 Cool Springs Blvd.
Franklin, TN 37067

<First M. Last Name
123 Any Street
Apt 123
Anytown, ST 12345-6789>

<date>

Dear <first and last name>:

Our records show that you need to submit a complete Physician Screening Form to fulfill the biometric screening requirement as part of the 2015 Partnership Promise.

Your signature is missing from your submitted 2015 Physician Screening Form. Onsite Health Diagnostics (OHD) has tried to contact you multiple times to let you know. Your form cannot be processed until your signature is provided.

> **ACTION NEEDED: Please submit a complete and signed form by July 15, 2015 to fulfill your Partnership Promise.** If you have a copy of your completed form, sign the form and re-submit it in one of three ways outlined below:
>
> - **Fax to:** 972.823.0684
> - **Mail to:** OHD, 7801 Mesquite Bend, Suite 106A, Irving, TX, 75063
> - **Upload to:**
> - For members: https://my.onsitehd.com/restricted/signup/tn
> - For physicians: https://my.onsitehd.com/dropbox/pcp

If you or your physician do not have a copy of your completed Physician Screening Form, follow the steps below to obtain a blank form.

1. Go to www.ParTNersForHealthTN.gov.
2. Under the Quick Links box, select **Complete Your Biometric Screening**.
3. Enter your information. Then, choose the blue button "**Click to download form here**"
4. Follow the form's instructions to fill it out and submit it*.

If you download a blank form, **please sign your name above the electronic signature. We must have your actual signature on your form in order to process the form.*

For questions call us at 1.888.741.3390, Monday through Friday between 8:00 a.m. and 8:00 p.m. (Central). You can also learn more about the Partnership Promise at www.partnersforhealthtn.gov.

Sincerely,

The **ParTNers for Health** Wellness Program Team

Your privacy is important to us. We take care to protect the confidentiality of your information. We do so in accordance with all federal and state laws. This program is administered by Healthways who complies with HIPAA and all applicable state laws. Programs are provided by Healthways, Inc. Information provided is not a substitute for medical advice from your physician. Please refer to your benefits plan document for benefit specifics.

SAMPLE

701 Cool Springs Blvd.
Franklin, TN 37067

<First M. Last Name
123 Any Street
Apt 123
Anytown, ST 12345-6789>

<date>

Dear <first and last name>:

Our records show that you need to re-submit your Physician Screening Form to fulfill the biometric screening requirement as part of the 2015 Partnership Promise.

Your faxed form did not come through completely. Onsite Health Diagnostics (OHD) has tried to contact you multiple times to let you know. Your information cannot be processed until we receive your entire form.

ACTION NEEDED: Please re-submit a complete form by July 15, 2015 to fulfill your Partnership Promise. If you have a copy of your existing form, you can resend your form in one of three ways outlined below:

- **Fax to:** 972.823.0684
- **Mail to:** OHD, 7801 Mesquite Bend, Suite 106A, Irving, TX, 75063
- **Upload to:**
  - For members: https://my.onsitehd.com/restricted/signup/tn
  - For physicians: https://my.onsitehd.com/dropbox/pcp

For questions call us at 1.888.741.3390, Monday through Friday between 8:00 a.m. and 8:00 p.m. (Central). You can also learn more about the Partnership Promise at www.partnersforhealthtn.gov.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

Your privacy is important to us. We take care to protect the confidentiality of your information. We do so in accordance with all federal and state laws. This program is administered by Healthways who complies with HIPAA and all applicable state laws. Programs are provided by Healthways, Inc. Information provided is not a substitute for medical advice from your physician. Please refer to your benefits plan document for benefit specifics.

July 2, 2015

Supreme Court Ruling on Constitutional Right to Same-Sex Marriage

Benefits Administration is accepting and processing insurance applications from same-sex legally married couples.

Applicants will have 60 days to apply from the later of:

- the marriage date, or
- the date of the Supreme Court ruling – June 26, 2015 (for those whose marriages occurred prior to the ruling in states where the marriage was legally authorized)

Applications will be processed according to the same standards used for all married couples, which includes documentation requirements, notifications, etc.

If the application is outside the initial eligibility period, or if the employee is requesting to add other eligible dependents along with the spouse, the usual rules regarding enrollment by special qualifying event or open enrollment will apply.

Additional information on eligibility and enrollment can be found in our Plan Documents, available at http://www.tennessee.gov/finance/article/fa-benefits-publications.

Coverage effective dates:

As stated on the enrollment change application, for those adding a new dependent – spouse, the effective date is the date of marriage OR first day of the month following marriage.

For those applicants who have 60 days from the date of the Supreme Court ruling to apply for coverage, they can make the coverage effective date the date of the decision on June 26. They would have to pay the full month of premium for the added spouse and/or dependents. Or they can make the coverage effective date the first day of July.

Members can also add eligible spouses and dependents during the annual enrollment period in the fall.

If you have questions, you can call the Benefits Administration Service Center at 1-800-253-9981, Monday through Friday, 8 a.m. to 4:30 p.m. Central.

A reminder, the BA Service Center will be closed on Friday, July 3 due to the Fourth of July holiday.

July 10, 2015

ABC Conference Calls
Don't forget, the Local Education, Central State, Local Government and Higher Education conference calls are next week!

Local Education – Tuesday, July 14 at 9:00 a.m. Central
Central State – Tuesday, July 14 at 10:30 a.m. Central
Local Government – Tuesday, July 14 at 1:00 p.m. Central
Higher Education – Wednesday, July 15 at 9:00 a.m. Central

The call agenda is attached which includes the link to the webinar.

Note: Due to 2016 benefits changes and to assist ABCs with annual enrollment questions, weekly ABC conference calls will begin July 28 & 29 and will continue through the first week in November.

Partnership Promise – Biometric Screening Deadline is Next Week!
Members who are in a coaching program must complete a biometric screening and submit their PSF by next Wednesday, July 15, 2015.

Members have two options to complete the requirement:

- Download the Physician Screening Form (PSF) **here** and take it to their personal doctor.
- Download the PSF **here** and take the PSF to an **in-network** walk-in clinic or urgent care center. Members should call first to verify that biometric screening services are offered at that location. There should be **no charge** for the biometric screening **as long as the provider codes the visit as "preventive**".

Members contacted to enroll in coaching after April 15, 2015, have until October 1, 2015, to submit their PSF.

New members and newly enrolled members have different requirements. You can find more information at **www.partnersforhealthtn.gov** on the **2015 Partnership Promise page**.

Members can check status of completed requirements by calling 1-888-741-3390 and selecting Option 1.

*****Share the information below with your Partnership PPO members*****

Members Required to Coach Who Have Not Completed a Biometric Screening

Members enrolled in coaching program must complete a biometric screening and submit their Physician Screening Form (PSF) by July 15, 2015. If you have not completed a biometric screening and you are unable to get an appointment with your doctor, you do have another option.

You can download the PSF **here** and take the PSF to an **in-network** walk-in clinic or urgent care center. Call first to verify that biometric screening services are offered at that location. There should be **no charge** for the biometric screening **as long as the provider codes the visit as "preventive**".

Members contacted to enroll in coaching after April 15, 2015, have until October 1, 2015, to submit their PSF.

Eligibility and Enrollment Guide Update - LE

We have updated the **Local Education Eligibility and Enrollment guide** to clarify the rules based on recent questions we have received regarding substitute teachers and eligibility. The change clarifies that groups of employees identified as normally ineligible for insurance, may still qualify under PPACA.
The updated guide information is below:

Employees NOT Eligible to Participate in the Plan
Individuals who do not meet the employee eligibility rules outlined above, are ineligible UNLESS they otherwise meet the definition of an eligible employee under applicable state or federal laws or by approval of the Local Education Insurance Committee. As an example, the following individuals are normally ineligible but might qualify for coverage if they meet the federal definition of a full-time employee under the Patient Protection and Affordable Care Act.

- Substitute teachers
- Individuals performing services on a contract basis
- Individuals in positions that are temporary appointments

Q3 The "Just Add Water" Hydration Challenge

Enrollment for the Q3 Wellness Challenge – "Just Add Water" Hydration Challenge begins on Monday, July 13 and continues through July 27. The challenge runs from July 20 to August 30.

"Just Add Water" is a six-week, thirst-quenching hydration challenge that's like a recipe – the easiest one you've ever made. You just add at least six cups of water to your glass each day.

Here is a **link to a flier** about the challenge you can share with state employees and health plan members.

Enrollment Date Changes (ST/HE)

Note: The Annual Enrollment Period dates are different this year.

State and Higher Education members: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)

Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government members: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

ABC Call Agenda
July 14 and 15, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Benefits Update**
- **Local Ed/Local Gov: Adding or Removing Dental and Vision Deadline**
- **State/Higher Ed: All Day Meeting Reminder**

ParTNers for Health Wellness Program

- **Biometric Screening Deadline**
- **Q3 Wellness Challenge – "Just Add Water" Hydration Challenge**

Operations

- **Address Updates**
- **State/Higher Ed: Coverage Effective Date Reminder**
- **May Call Data**

Questions

July 2, 2015

Partnership Promise – Biometric Screening Deadline – July 15
As a reminder, **members who are in a coaching program must complete a biometric screening and submit their PSF by July 15, 2015.**

Members have two options to complete the requirement:

- Download the Physician Screening Form (PSF) **here** and take it to their personal doctor.
- Download the PSF **here** and take it to an **in-network** walk-in convenience clinic or urgent care center. The provider will need to code the visit as "preventive".

Members contacted to enroll in coaching after April 15, 2015, have until October 1, 2015, to submit their PSF.

New members and newly enrolled members have different requirements. You can find more information at **www.partnersforhealthtn.gov** on the **2015 Partnership Promise page**.

Members can check status of completed requirements by calling 1-888-741-3390 and selecting Option 1.

*****Share the information below with your Partnership PPO members*****

Members Required to Coach Who Have Not Completed a Biometric Screening
Members enrolled in coaching program must complete a biometric screening and submit their PSF by July 15, 2015. If you have not completed a biometric screening and you are unable to get an appointment with your doctor, you do have another option.

You can download the Physician Screening Form (PSF) **here** and take the PSF to an **in-network** walk-in clinic or urgent care center. There should be **no charge** for the biometric screening **as long as the provider codes the visit as "preventive**".

Members contacted to enroll in coaching after April 15, 2015, have until October 1, 2015, to submit their PSF.

State Offices Closed July 3
As a reminder, State offices, which include the Benefits Administration Service Center, will be closed on Friday, July 3 due to the Fourth of July holiday.

Enrollment Date Changes (ST/HE)
Note: The Annual Enrollment Period dates are different this year.

State and Higher Education members: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)

Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government members: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

July 17, 2015

ABC Conference Call Notes
The combined notes from the July 14 and 15 ABC conference calls are attached.

Health Carrier Networks
During ABC calls this week, we had many questions about the health insurance carrier networks for 2016. BlueCross BlueShield of Tennessee (BCBST) put together a list of the hospitals currently in Network S, and Cigna put together a list of the hospitals currently in LocalPlus. These lists are attached.

You can also find information about the networks by going to the **BCBST website** and the **Cigna website**.

Partnership Promise – Processing Physician Screening Forms
Healthways is receiving and processing many Physician Screening Forms following the July 15 deadline. Currently it may take up to seven business days for the member's completed biometric screening to appear in the Healthways' automated verification system.

Please note: Even if the member's form is posted after the July 15 deadline, the member will receive credit for the biometric screening as long as the date of service was between July 16, 2014, and July 15, 2015, and the information was submitted on the OHD form.

As a reminder, members can check the status of their Partnership Promise requirements by call 1-888-741-3390 and selecting option 1.

Enrollment Date Changes (ST/HE)
Note: The Annual Enrollment Period dates are different this year.
State and Higher Education members: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15. Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)
Note: The Annual Enrollment Period dates are different this year.
Local Ed and Local Government members: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30. Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Attachments:
Combined Notes ABC Calls

BCBST Network S Facility List
Cigna LocalPlus Facility List

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
Dekalb Community Hospital	Smithville	DeKalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Gateway Medical Center	Clarksville	Montgomery
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Harton Regional Medical Center	Tullahoma	Coffee
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Heritage Medical Center	Shelbyville	Bedford
Highlands Medical Center	Sparta	White

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jamestown Regional Medical Center	Jamestown	Fentress
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene
Lebonheur Childrens Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Memphis Healthcare- Germantown	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Perry Community Hospital	Linden	Perry
Pioneer Community Hospital of Scott	Oneida	Scott
Regional Hospital of Jackson	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	Mc Minnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Memphis	Memphis	Shelby
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Skyridge Medical Center	Cleveland	Bradley
Southern Tennessee Medical Center- Sewannee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn
Stones River Hospital	Woodbury	Cannon
Sumner Regional Medical Center	Gallatin	Sumner
Sweetwater Hospital Association	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Childrens Hosp	Chattanooga	Hamilton
Takoma Regional Hospital	Greeneville	Greene
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell
Tennova Healthcare Newport Medical Center	Newport	Cocke

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Tennova Healthcare Physicians Reg Med Ctr- Knoxville Turkey Creek	Knoxville	Knox
Tennova Healthcare Physicians Reg Med Ctr- Powell	Powell	Knox
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Unicoi County Memorial Hospital Inc	Erwin	Unicoi
United Regional Medical Center	Manchester	Coffee
University Medical Center	Lebanon	Wilson
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt Univ Medical Center	Nashville	Davidson
Volunteer Community Hospital	Martin	Weakley
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

Network S Border State Facilities
Eliza Coffee Memorial Hospital, Florence, AL
Hutcheson Medical Center in Fort Oglethorpe, GA
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS
Monroe County Medical Center, Tompkinsville, KY
Murray Calloway County Hospital, Murray, KY

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Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Union City	Union City	Obion
Blount Memorial Hospital	Alcoa	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Centennial Medical Center	Nashville	Davidson
Caliborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Cooperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center Inc	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
Dekalb Community Hospital	Smithville	Dekalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Emerald Hodgson Hospital	Sewanee	Franklin
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie	Dunlap	Sequatchie
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Gateway Medical Center	Clarksville	Montgomery
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Harton Regional Medical Center	Tullahoma	Coffee
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner
Henry County Medical Center	Paris	Henry
Heritage Medical Center	Shelbyville	Bedford
Highlands Medical Center	Sparta	White
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Humboldt Medical Center	Humboldt	Gibson
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madision
Jamestown Regional Medical Center	Janestown	Fentress
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Kindred Hospital Nashville	Nashville	Davidson
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greeneville	Greene
Lebonheur Childrens Hospital	Memphis	Shelby
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	McKenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist Healthcare Memphis	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown-Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center		
Nashville General Hospital Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge West Hospital	Jasper	Marion

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Parkwest Medical Center	Knoxville	Knox
Perry Community Center	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Med Extended Care Hospital LLC	Memphis	Shelby
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	McMinnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Select Specialty Hospital	Nashville	Davidson
Select Specialty Hospital-Knoxville Inc	Knoxville	Knox
Select Specialty Hospital-North Knoxville Inc	Knoxville	Knox
Select Specialty Hospital - Tri Cities	Bristol	Sullivan
Shelby County Health Care Corp	Memphis	Shelby
Skyline Medical Center	Nashville	Davidson
Skyridge Medical Center	Cleveland	Bradley
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
St Jude Children's Research Hospital	Memphis	Shelby
Stonecrest Medical Center	Smyrna	Rutherford
Stones River Hospital	Woodbury	Cannon
Summit Medical Center	Nashville	Davidson
Sweetwater Hospital ASC	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
Takoma Regional Hospital	Greeneville	Greene
TCT Childrens Hospital	Chattanooga	Hamilton
Tennova Healthcare	Knoxville	Knox
Tennova Healthcare Jefferson	Jefferson City	Jefferson
Tennova Healthcare LaFollette	LaFollette	Campbell
Tennova Healthcare Newport	Newport	Cocke
Tennova Healthcare North Knoxville Medical Center	Knoxville	Knox
Tennova Healthcare Physicians Regional Medical Center	Powell	Knox
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
United Regional Medical Center	Manchester	Coffee
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Volunteer Community Hospital	Martin	Weakley
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

Cigna LocalPlus Border State Facilities
Dickenson Community Hospital, Clinton, VA
Hutcheson Medical Center, Fort Ogelthorpe, GA
Johnston Memorial Hospital, Abingdon, Va
Lonesome Pine Hospital, Bisstone Gap, VA
Methodist Olive Branch Hospital, Olive Branch, MS
Norton Community Hospital, Norton, VA
Russell County Medical Center, Lebanon, VA
Smyth County Community Hospital, Marion, VA

July 24, 2015

ABC Conference Calls

Don't forget, the Local Education, Central State, Local Government and Higher Education weekly conference calls begin next week!

Local Education – Tuesday, July 28 at 9:00 a.m. Central
Central State – Tuesday, July 28 at 10:30 a.m. Central
Local Government – Tuesday, July 28 at 1:00 p.m. Central
Higher Education – Wednesday, July 29 at 9:00 a.m. Central

The call agenda is attached which includes the link to the webinar.

Note: BA will present information about the new CDHP/HSA health insurance plan option during these calls. For your reference and to prepare you for the call, we have attached a sample direct mail piece about the CDHP/HSA that eligible employees will receive by mail the first week of August.

Enrollment Date Changes (ST/HE)

Note: The Annual Enrollment Period dates are different this year.

State and Higher Education employees: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)

Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government employees: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Attachments:

Call Agendas
CDHP Direct Mail Newsletter

ABC Call Agenda
July 28 and 29, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Benefits Update**
- **Local Ed/Local Gov: Adding or Removing Dental and Vision Deadline Reminder**

Benefits

- **CDHP/HSA Presentation**

ParTNers for Health Wellness Program

- **Partnership Promise Updates**

Operations

- **Operations Updates**

Questions

ABC Call Agenda
July 28 and 29, 2015
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Materials and Communications

- **2016 Benefits Update**

Benefits

- **State/Higher Ed: Voluntary (Optional) Term Life Insurance Updates**
- **CDHP/HSA Presentation**

ParTNers for Health Wellness Program

- **Partnership Promise Updates**

Operations

- **Operations Updates**

Questions

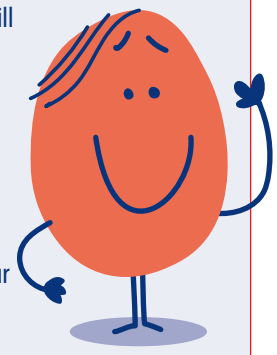
PARTNERS FOR HEALTH

NEW FOR 2016

FOR ALL LOCAL EDUCATION AND LOCAL GOVERNMENT EMPLOYEES

Online Assistance

ALEX®, your personal online ParTNers for Health benefits expert, will be here later this summer to tell you more about your options.



ALEX can help you choose which insurance plan option, a PPO or HealthSavings/HSA, may work best for you. He will be available on partnersforhealthtn.gov. While ALEX is getting ready, we want to give you a preview of the new options.

Annual Enrollment Period

The enrollment period for 2016 benefits for local education and local government employees is **October 1 through October 30.** The deadline to submit changes is **4:30 pm CT.**

The enrollment period for state and higher education employees is September 15 through October 15.

New HealthSavings CDHP Insurance Plan option

During annual enrollment this fall, there is a new health insurance option that can help you save money. This is in addition to the existing Preferred Provider Organization (PPO) plans.

The new HealthSavings CDHP is a lower monthly premium plan with a higher deductible. It includes a health savings account (HSA) which can be used to pay for qualified medical, dental and vision expenses. This type of plan is sometimes called a consumer driven health plan with a health savings account or CDHP/HSA. The HSA:

- Is your money — you own the account and can take your account with you when you retire or leave your job
- Is tax-advantaged

What is the difference between HealthSavings CDHP insurance option and the PPO insurance options?

With HealthSavings CDHP insurance option you have…

- A lower monthly premium but a higher deductible
- A tax-free health savings account (HSA) which you own — you can roll it over each year and it's yours to keep if you leave
- To meet your deductible before the plan starts paying for covered expenses — but you can use the money in your HSA to cover your qualified medical expenses, including your deductible
- Coinsurance (a set percentage of the discounted network rates) instead of copays (a set amount), until your reach your out-of-pocket maximum
- A single, lower out-of-pocket maximum

In-Network Comparison	Partnership PPO	Standard PPO	Limited PPO	HealthSavings CDHP
Deductible	$450 individual $1,150 family	$800 individual $2,050 family	$1,200 individual $2,600 family	$1,500 individual $3,000 family
Medical Out-of-Pocket Max	$2,300 individual 4,600 family	$2,600 individual $5,200 family	$6,600 individual $13,200 family	$3,800 individual $7,600 family
Pharmacy Out-of-Pocket Max	$2,500 individual $5,000 family	$3,000 individual $6,000 family	included with medical	included with medical
HSA Contributions	N/A	N/A	N/A	member and employer option

What is the same?

Like the PPOs, the HealthSavings CDHP plan…

- Is a health insurance plan
- Provides the same comprehensive health insurance coverage
- Covers **preventive care** (annual well visit, routine screenings and tests) in-network at **no cost to you**
- Offers the same provider network and provider discounts as the PPOs
- Include pharmacy coverage
  Note: the way you pay for prescription drugs is different:
  - » For certain 90-day chronic maintenance drugs (e.g., hypertension, high cholesterol, etc.) you do not have to meet your deductible first — you pay the coinsurance amount
  - » After the deductible is met, instead of a copay, members pay a percentage (coinsurance) of the discounted network rate for prescriptions

How will an HSA work for you?

The HSA money is your money to keep, year after year, even after you retire or leave your job. You can use it tax-free to cover qualified medical expenses.

You can contribute money to the account via payroll deduction to use for your qualified healthcare expenses. Some employers may make contributions to employee's HSAs. Check with your agency benefits coordinator to see if your agency is making contributions.

HSA benefits include:

- The money you save in the HSA (both yours and, if applicable, employer contributions) rolls over each year and collects interest. You don't lose it at the end of the year.
- You can use money in the account to pay your deductible and qualified medical, vision and dental expenses.

Continued on next page

Benefit Comparison	PPOs (Partnership, Standard, Limited)	HealthSavings CDHP
Covered Services	Each option covers the same set of services	
Preventive Care — routine screenings and preventive care	Covered at 100% (no deductible)	
Employee Contribution — premium	Higher than the HealthSavings Plan	Lower than the PPOs
Deductible — the dollar amount of covered services you must pay each calendar year before the plan begins reimbursement	Lower than the HealthSavings Plan	Higher than the PPOs
Physician Office Visits — includes specialists and behavioral health and substance abuse services	You pay fixed copays without having to first meet your deductible	You pay the discounted network cost until the deductible is met, then you pay coinsurance
Non Office Visit Medical Services — hospital, surgical, therapy, ambulance, advanced x-rays, etc.	You pay the discounted network cost until the deductible is met, then you pay applicable coinsurance	
Prescription Drugs	You pay fixed copays without having to first meet your deductible, with the exception of the Limited PPO which has a separate pharmacy deductible	You pay for the medication at the discounted network cost until your deductible is met — then you pay coinsurance until you meet the out-of-pocket maximum*
Out-of-Pocket Maximum — The most you pay for covered services; once you reach the out-of-pocket maximum, the plan pays 100%	Higher than the HealthSavings Plan	Lower than the PPOs
Health Savings Account	None	Your contributions are pre-tax

*For certain 90-day chronic maintenance drugs (e.g., hypertension, high cholesterol, etc.) you pay coinsurance and do not have to meet your deductible first

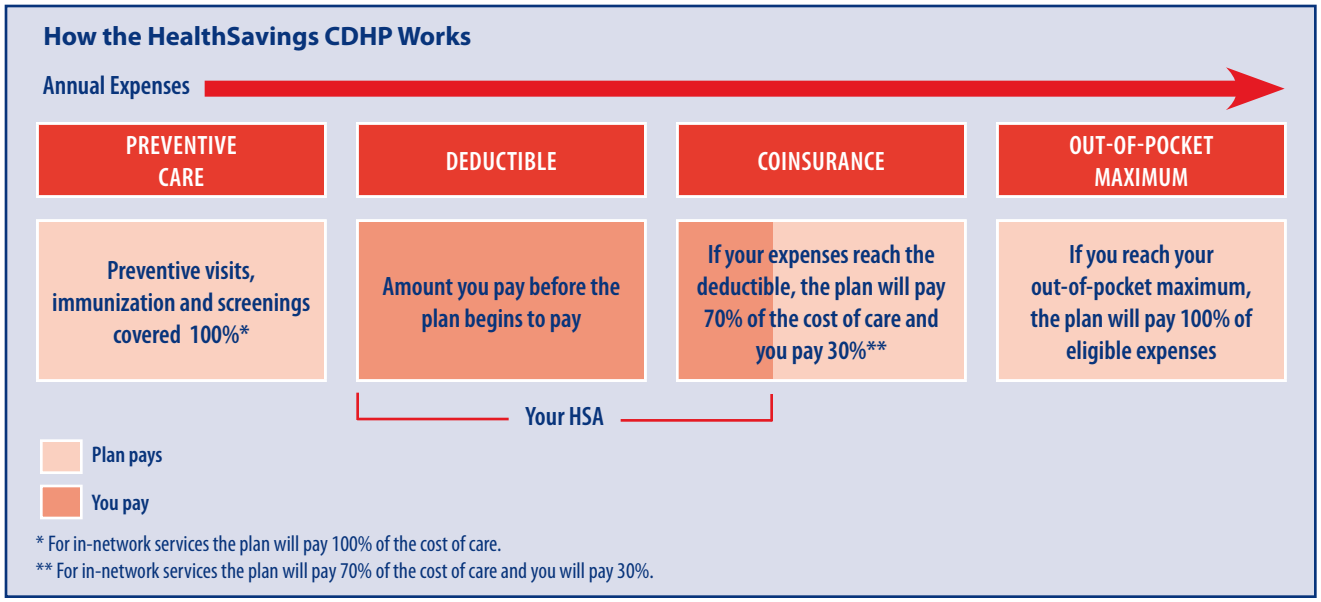
- The HSA offers a triple tax advantage on money in your account:
  1) Both employer and employee contributions are **tax free**
  2) Withdrawals for qualified medical expenses are **tax free**
  3) Interest accrued on HSA balance is **tax free**
- The HSA can also be used to pay for qualified medical expenses that may not be covered by your plan (like vision and dental expenses, hearing aids, contact lenses, acupuncture and more) with a great tax advantage.
- Money in the account can be used tax free for health expenses when you retire. And, when you turn 65, it can be used for non-medical expenses. But non-medical expenses will be taxed.

Is there a limit on how much a member can contribute to an HSA each year?

- In 2016, IRS guidelines allow total tax free contributions up to $3,350 for individuals and $6,750 for families annually.
- At age 55 and older, you can make an additional $1,000/year contribution ($4,350 for individuals or $7,750 for families).

HSA vs. FSA

If you are on the HealthSavings CDHP you cannot use a flexible spending account (FSA) for medical expenses. You can still have a limited purpose FSA to use for dental and vision expenses. You should consider contributing the maximum allowed to your HSA before contributing to your limited purpose FSA because HSA dollars are not "use-it-or-lose-it" like an FSA.



What else is changing for 2016?

- Health insurance premiums will not increase in 2016
- There will no longer be a network surcharge depending on your choice of health insurance carrier
- Chiropractic coverage will be limited to 50 visits per year — additional visits are the responsibility of the member
- The pharmacy lower cost 90-day maintenance tier will be expanded to include medications to treat asthma, depression, chronic obstructive pulmonary disease (COPD which includes emphysema and chronic bronchitis) and additional anti-hypertensives for coronary artery disease (CAD) and congestive heart failure (CHF)
- The PPO copay for convenience clinics will be lowered to the same level as a primary care visit — these facilities are often located within neighborhood drug stores and provide treatment for common, non-life-threatening conditions like minor burns and sprains, sinus infections, sore throats, skin rashes and upset stomachs
- The PPO copay for urgent care facilities will be increased to the same level as a specialist visit — facilities that provide treatment for more serious illnesses and injuries, including moderately severe trauma for non-life-threatening conditions such as broken bones or deep lacerations

PARTNERS FOR HEALTH

NEW FOR 2016

FOR ALL LOCAL EDUCATION AND LOCAL GOVERNMENT EMPLOYEES

WHAT YOU'LL FIND INSIDE

New **HealthSavings CDHP Insurance Plan** option

Questions? Go to **partnersforhealthtn.gov**

Tennessee Department of Finance and Administration. Authorization Number 317575, 154,000 copies, July 2015.
This public document was promulgated at a cost of $0.12 per copy.

PARTNERS FOR HEALTH

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
19TH FLOOR, 312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TN TOWER
NASHVILLE, TN 37243-1102

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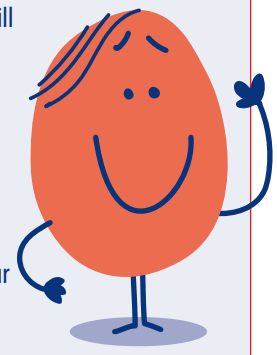
PARTNERS FOR HEALTH

NEW FOR 2016

FOR ALL STATE AND HIGHER EDUCATION EMPLOYEES

Online Assistance

ALEX®, your personal online ParTNers for Health benefits expert, will be here later this summer to tell you more about your options.



ALEX can help you choose which insurance plan option, a PPO or HealthSavings/HSA, may work best for you. He will be available on partnersforhealthtn.gov. While ALEX is getting ready, we want to give you a preview of the new options.

Annual Enrollment Period

The enrollment period for 2016 benefits for state and higher education employees is **September 15 through October 15.** The deadline to submit changes is **4:30 pm CT.**

The enrollment period for local education and local government employees will be held from October 1 through October 30.

New HealthSavings CDHP Insurance Plan options

During annual enrollment this fall, there is a new health insurance option that can help you save money. This is in addition to the existing Preferred Provider Organization (PPO) plans.

The new HealthSavings CDHPs are lower monthly premium plans with a higher deductible. They include a health savings account (HSA) which can be used to pay for qualified medical, dental and vision expenses. This type of plan is sometimes called a Consumer Driven Health Plan with a Health Savings Account or CDHP/HSA. The HSA:

- Is your money — you own the account and can take your account with you when you retire or leave your job
- Is tax-advantaged
- If you choose the Wellness HealthSavings plan option the state contributes to your HSA account

What is the difference between HealthSavings CDHP insurance options and the PPO insurance options?

With HealthSavings CDHP insurance options you have…

- A lower monthly premium but a higher deductible
- A tax-free health savings account (HSA) which you own — you can roll it over each year and it's yours to keep if you leave
- A Wellness HealthSavings CDHP option or a regular HealthSavings CDHP option
- To meet your deductible before the plan starts paying for covered expenses — but you can use the money in your HSA to cover your qualified medical expenses, including your deductible
- Coinsurance (a set percentage of the discounted network rates) instead of copays (a set amount), until your reach your out-of-pocket maximum
- A single, lower out-of-pocket maximum

In-Network Comparison	Partnership PPO	Standard PPO	Wellness HealthSavings CDHP	HealthSavings CDHP
Deductible	$450 individual $1,150 family	$800 individual $2,050 family	$1,400 individual $2,800 family	$1,500 individual $3,000 family
Medical Out-of-Pocket Max	$2,300 individual 4,600 family	$2,600 individual $5,200 family	$2,300 individual $4,600 family	$3,800 individual $7,600 family
Pharmacy Out-of-Pocket Max	$2,500 individual $5,000 family	$3,000 individual $6,000 family	included with medical	included with medical
HSA Employer Contributions	N/A	N/A	$500 individual $1,000 family	$0

What is the same?

Like the PPOs, the HealthSavings CDHP plans…

- Are health insurance plans
- Provide the same comprehensive health insurance coverage
- Cover **preventive care** (annual well visit, routine screenings and tests) in-network at **no cost to you**
- Offer the same provider network and provider discounts as the PPOs
- Include pharmacy coverage
  Note: the way you pay for prescription drugs is different:
  - » For certain 90-day chronic maintenance drugs (e.g., hypertension, high cholesterol, etc.) you do not have to meet your deductible first — you pay the coinsurance amount
  - » After the deductible is met, instead of a copay, members pay a percentage (coinsurance) of the discounted network rate for prescriptions

How will an HSA work for you?

If you enroll in any HealthSavings CDHP, you can contribute money to the account via payroll deduction, up to certain limits, to use for your qualified healthcare expenses.

If you enroll in the Wellness HealthSavings CDHP and participate in the 2016 Partnership Promise, the state will deposit money in your account each year ($500 for employee or $1,000 for family in 2016). You can also contribute your own money pre-tax via payroll deduction. The HSA money is your money to keep, year after year, even after you retire or leave the state.

HSA benefits include:

- The money you save in the HSA (both yours and, if applicable, state contributions) rolls over each year and collects interest. You don't lose it at the end of the year.
- You can use money in the account to pay your deductible and qualified medical, vision and dental expenses.

Continued on next page

Benefit Comparison	PPOs (Partnership & Standard)	HealthSavings CDHP
Covered Services	Each option covers the same set of services	
Preventive Care — routine screenings and preventive care	Covered at 100% (no deductible)	
Employee Contribution — premium	Higher than the HealthSavings Plan	Lower than the PPOs
Deductible — the dollar amount of covered services you must pay each calendar year before the plan begins reimbursement	Lower than the HealthSavings Plan	Higher than the PPOs
Physician Office Visits — includes specialists and behavioral health and substance abuse services	You pay fixed copays without having to first meet your deductible	You pay the discounted network cost until the deductible is met, then you pay coinsurance
Non Office Visit Medical Services — hospital, surgical, therapy, ambulance, advanced x-rays, etc.	You pay the discounted network cost until the deductible is met, then you pay applicable coinsurance	
Prescription Drugs	You pay fixed copays without having to first meet your deductible	You pay for the medication at the discounted network cost until your deductible is met — then you pay coinsurance until you meet the out-of-pocket maximum*
Out-of-Pocket Maximum — The most you pay for covered services; once you reach the out-of-pocket maximum, the plan pays 100%	Higher than the HealthSavings Plan	Lower than the PPOs
Health Savings Account	None	If you enroll in the Wellness HealthSavings CDHP, the state will contribute $500 for single coverage and $1,000 for family coverage to help offset the deductible — your contributions are pre-tax

*For certain 90-day chronic maintenance drugs (e.g., hypertension, high cholesterol, etc.) you pay coinsurance and do not have to meet your deductible first

- The HSA offers a triple tax advantage on money in your account:
  1) Both employer and employee contributions are **tax free**
  2) Withdrawals for qualified medical expenses are **tax free**
  3) Interest accrued on HSA balance is **tax free**
- The HSA can be used to pay for qualified medical expenses that may not be covered by your plan (like vision and dental expenses, hearing aids, contact lenses, acupuncture and more) with a great tax advantage.
- The HSA can also serve as a retirement savings account. Money in the account can be used tax free for health expenses when you retire. And, when you turn 65, it can be used for non-medical expenses. But non-medical expenses will be taxed.

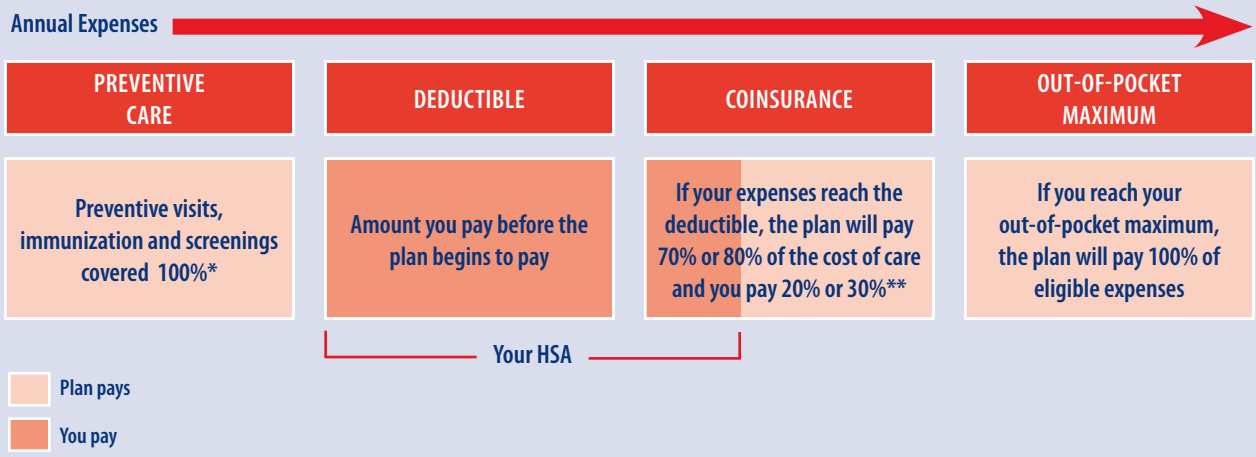
Is there a limit on how much a member can contribute to an HSA each year?

- In 2016, IRS guidelines allow total tax free contributions up to $3,350 for individuals and $6,750 for families annually.
- At age 55 and older, you can make an additional $1,000/year contribution ($4,350 for individuals or $7,750 for families).

HSA vs. FSA

If you are on either HealthSavings CDHP you cannot use a flexible spending account (FSA) for medical expenses. You can still have a limited purpose FSA to use for dental and vision expenses. You should consider contributing the maximum allowed to your HSA before contributing to your limited purpose FSA because HSA dollars are not "use-it-or-lose-it" like an FSA.

How the HealthSavings CDHP Works



* For in-network services the plan will pay 100% of the cost of care.
** For in-network services in the Wellness HealthSavings CDHP the plan will pay 80% of the cost of care and you will pay 20%.

What else is changing for 2016?

- Health insurance premiums will increase 3.5 percent in 2016
- There will no longer be a network surcharge depending on your choice of health insurance carrier
- Chiropractic coverage will be limited to 50 visits per year — additional visits are the responsibility of the member
- The pharmacy lower cost 90-day maintenance tier will be expanded to include medications to treat asthma, depression, chronic obstructive pulmonary disease (COPD which includes emphysema and chronic bronchitis) and additional anti-hypertensives for coronary artery disease (CAD) and congestive heart failure (CHF)
- The PPO copay for convenience clinics will be lowered to the same level as a primary care visit — these facilities are often located within neighborhood drug stores and provide treatment for common, non-life-threatening conditions like minor burns and sprains, sinus infections, sore throats, skin rashes and upset stomachs
- The PPO copay for urgent care facilities will be increased to the same level as a specialist visit — facilities that provide treatment for more serious illnesses and injuries, including moderately severe trauma for non-life-threatening conditions such as broken bones or deep lacerations

PARTNERS FOR HEALTH

NEW FOR 2016

FOR ALL STATE AND HIGHER EDUCATION EMPLOYEES

WHAT YOU'LL FIND INSIDE

New **HealthSavings CDHP Insurance Plan** options

Questions? Go to **partnersforhealthtn.gov**

Tennessee Department of Finance and Administration. Authorization Number 317575, 154,000 copies, July 2015.
This public document was promulgated at a cost of $0.12 per copy.

PARTNERS FOR HEALTH

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

STATE OF TENNESSEE
BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
19TH FLOOR, 312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TN TOWER
NASHVILLE, TN 37243-1102

PRESORTED STANDARD
U.S. POSTAGE
PAID
NASHVILLE, TN
PERMIT NO. 936

July 29, 2015

New Dental Vendors for 2016

Based on the results of a new procurement, **the dental plan vendors will change for 2016**. The prepaid dental plan vendor will be **Cigna** (will replace Assurant), and the dental preferred provider organization will be **MetLife** (will replace Delta Dental).

Members currently enrolled in the prepaid dental plan who **do not** make a change during annual enrollment will automatically be enrolled in Cigna for 2016. Members currently enrolled in the dental preferred provider organization plan who **do not** make a change during annual enrollment will automatically be enrolled in MetLife for 2016. Members who wish to enroll (if eligible) or make dental plan changes can do so during annual enrollment.

We will provide additional details during next week's ABC conference calls.

Local Government and Local Education Agencies: If you need additional information about the dental plans this week in order for your agency to decide whether to offer dental insurance to your eligible employees in 2016, please email benefits.info@tn.gov. The deadline to inform the state whether you want to add or drop dental insurance is August 1, 2015, as outlined in your Friday, July 24 ABC email.

ABC CDHP/HSA Training Schedule – ST/HE

Benefits Administration has scheduled training sessions for ABCs to help you learn more about the HealthSavings CDHP/HSA health plan options and PayFlex, the banking vendor, offered during Annual Enrollment for 2016. As soon as possible click on the link below and register for the training session nearest you. Space is limited. Please only register for one training class.

State/Higher Ed ABCs:
https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

ABC CDHP/HSA Training Schedule – LE/LG

Benefits Administration has scheduled training sessions for ABCs to help you learn more about the HealthSavings CDHP/HSA health plan option offered during Annual Enrollment for 2016. As soon as possible click on the link below and register for the training session nearest you. Space is limited. Please only register for one training class.

Note: Please invite your fiscal directors or budgeting/payroll office staff to join you at this training because PayFlex, the HSA banking vendor, will make a presentation at the training sessions.

Local Ed/Local Gov ABCs:
https://docs.google.com/forms/d/1A4WtHExIIOFZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

Attachments:

ABC CDHP Training Schedule LE/LG
ABC CDHP Training Schedule ST/HE

ABC Training Schedule

LOCAL EDUCATION/LOCAL GOVERNMENT:

- **August 13, Thursday** – 1 p.m. Central – Murfreesboro – Linebaugh Library, 105 Vine Street – Board Room
- **August 13, Thursday** – 3 p.m. Central – Murfreesboro – Linebaugh Library, 105 Vine Street – Board Room
- **August 19, Wednesday** – 10 a.m. Eastern – Blountville –Sullivan County Health and Education Building, 154 Blountville Byp. – Board Room
- **August 19, Wednesday** – 2 p.m. Eastern – Blountville –Sullivan County Health and Education Building, 154 Blountville Byp. – Board Room
- **August 20, Thursday** – 12 p.m. Eastern – Knoxville – Environment & Conservation – 3711 Middlebrook Pike – Large Meeting Room (PLEASE BRING YOUR OWN LUNCH)
- **August 20, Thursday** – 2 p.m. Eastern – Knoxville – Environment & Conservation – 3711 Middlebrook Pike – Large Meeting Room
- **August 24, Monday** – 12 p.m. Eastern – Chattanooga – TN Career Center, 5600 Brainerd Rd, Suite A-5 – Tennessee Room (PLEASE BRING YOUR OWN LUNCH)
- **August 24, Monday** – 2 p.m. Eastern – Chattanooga – TN Career Center, 5600 Brainerd Rd, Suite A-5 – Tennessee Room
- **August 27, Thursday** – 12 p.m. Central –Memphis – TN Career Center, 3040 Walnut Grove Rd. (PLEASE BRING YOUR OWN LUNCH)
- **August 27, Thursday** – 2 p.m. Central – Memphis – TN Career Center, 3040 Walnut Grove Rd.
- **August 28, Friday** – 12 p.m. Central – Jackson – Lowell Thomas State Office Building, 225 Dr. Martin Luther King Jr. Blvd. – Conference Room 1 (PLEASE BRING YOUR OWN LUNCH)
- **August 28, Friday** – 2 p.m. Central – Jackson – Lowell Thomas State Office Building, 225 Dr. Martin Luther King Jr. Blvd. – Conference Room 1

ABC Training Schedule

STATE/ HIGHER EDUCATION:

- **August 13, Thursday** – 9:30 a.m. Central – Nashville – Tennessee Tower, 3rd Floor – Conference Rooms A & C
- **August 19, Wednesday** – 12 p.m. Eastern – Blountville – Sullivan County Health and Education Building, 154 Blountville Byp. – Board Room (PLEASE BRING YOUR OWN LUNCH)
- **August 20, Thursday** – 10 a.m. Eastern – Knoxville – Environment & Conservation – 3711 Middlebrook Pike – Large Meeting Room
- **August 24, Monday** – 10 a.m. Eastern – Chattanooga – TN Career Center, 5600 Brainerd Rd, Suite A-5 – Tennessee Room
- **August 27, Thursday** – 10 a.m. Central – Memphis – TN Career Center, 3040 Walnut Grove Rd.
- **August 28, Friday** – 10 a.m. Central – Jackson -- Lowell Thomas State Office Building, 225 Dr. Martin Luther King Jr. Blvd. – Conference Room 1

July 30, 2015

New Dental Vendors Information Update

Many of you have asked for additional information regarding our dental options for 2016. Attached you will find the 2016 premiums and benefits grid.

To remind you, **the dental plan vendors will change for 2016**. The prepaid dental plan vendor will be **Cigna** (will replace Assurant), and the dental preferred provider organization will be **MetLife** (will replace Delta Dental). If you would like to add vision or dental, you need to send a notification letter to Benefits Administration by August 1.

Your notification letter to Benefits Administration must be:

-On agency letterhead
-State your agency's intent to join the vision or dental plan
-Be approved by your governing body, if appropriate, and signed by your agency director
-Indicate your willingness to allow payroll deduction

Please send your letter to Seannalyn Brandmeir at **Seannalyn.brandmeir@tn.gov**.

When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.

If your **agency would like to drop dental or vision coverage** for the 2016 calendar year, the same August 1 deadline applies. BA needs a written notice sent to Seannalyn Brandmeir by this date.

Attachments:

2016 Premium Table Dental
2016 Benefit Grid Dental

PARTNERS FOR HEALTH

DENTAL PREMIUMS

2016 Monthly Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$12.61	$21.51
Employee + Child(ren)	$26.18	$49.46
Employee + Spouse	$22.35	$40.69
Employee + Spouse + Child(ren)	$30.73	$79.62
COBRA PARTICIPANTS		
Employee Only/Single	$12.86	$21.94
Employee + Child(ren)	$26.70	$50.45
Employee + Spouse	$22.80	$41.50
Employee + Spouse + Child(ren)	$31.34	$81.21
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$18.92	$32.27
Employee + Child(ren)	$39.27	$74.19
Employee + Spouse	$33.53	$61.04
Employee + Spouse + Child(ren)	$46.10	$119.43
RETIREE PARTICIPANTS		
Retiree Only	$13.87	$27.77
Retiree + Child(ren)	$28.81	$63.86
Retiree + Spouse	$24.59	$52.54
Retiree + Spouse + Child(ren)	$33.79	$102.80

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance for 2016 under the dental options. Costs represent what the member pays.

	CIGNA PREPAID OPTION		METLIFE DPPO OPTION	
COVERED SERVICES	**GENERAL DENTIST**	**SPECIALIST DENTIST**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible	none		$25 single; $75 family, per policy year [1]	$100 single; $300 family, per policy year [1]
Annual Maximum Benefit	none		$1,500 per person, per policy year	
Pre-existing Conditions	covered		some exclusions	
Office Visit	$10 copay [2]		no charge	20% of MAC
Periodic Oral Evaluation	no charge		no charge	20% of MAC
Routine Cleaning – Adult	no charge		no charge	20% of MAC
Routine Cleaning – Child	no charge	$15 copay	no charge	20% of MAC
X-ray — Intraoral, Complete Series	no charge	$5 copay	20% of MAC	40% of MAC
Amalgam (silver) Filling — 2 Surfaces Permanent	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	50% of MAC	
Major Restorations — Crowns (porcelain fused to high noble metal)	$200 copay, plus lab fees [3]		50% of MAC [4]	
Extraction of Erupted Tooth (minor oral surgery)	$15 copay	$70 copay	20% of MAC	40% of MAC
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	$100 copay	$120 copay	50% of MAC	
Dentures — Complete Upper	$310 copay, plus lab fees [3]		50% of MAC [4]	
Orthodontics	25% off participating orthodontist's usual fees		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	none		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist)

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge of $20 may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

July 31, 2015

The following email was sent to Agency Benefits Coordinators today.

ABC Conference Call Notes
The combined notes from the July 28 and 29 ABC conference calls are attached.

ABC Conference Calls
Don't forget, the Local Education, Central State, Local Government and Higher Education ABC conference calls are next week!

Local Education – Tuesday, August 4 at 9:00 a.m. Central
Central State – Tuesday, August 4 at 10:30 a.m. Central
Local Government – Tuesday, August 4 at 1:00 p.m. Central
Higher Education – Wednesday, August 5 at 9:00 a.m. Central

The call agenda is attached which includes the link to the webinar.

2016 Health Insurance Premiums
We have attached the 2016 health insurance, dental and vision premium charts for your reference. This same information will be included in the 2016 Decision Guides.

CDHP/HSA In-Person Trainings
Several of you have registered for the August 13 CDHP/HSA trainings in Murfreesboro and Nashville and noticed that they were already full. **We have added additional trainings**. The August 13 Murfreesboro locations have been moved to MT Training Room, Sam Ingram Building on the MTSU campus and the 3 p.m. session is open for registration again. It's is an easy building to find and has plenty of free parking.

We have also added August 14 in Nashville at the Tennessee Tower. The times are **9:30 a.m. Central for State/Higher Education** employees and **12 p.m. or 2 p.m. Central for Local Government/Local Education** employees.

To register for these additional dates:

State/Higher Ed: https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

Local Ed/Local Gov:
https://docs.google.com/forms/d/1A4WtHExIIOFZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

If you have already registered and would like to transfer to a new date, please email benefits.info@tn.gov.

Enrollment Date Changes (ST/HE)

Note: The Annual Enrollment Period dates are different this year.

State and Higher Education employees: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)

Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government employees: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Attachment:

8.4.15 Call Agenda
Combined Notes from 7.28.15 Calls
Premium LE Active 2016
Premium LE Support Retiree 2016
Premium LE Cobra 2016
Premium LE Teacher Retiree 2016
Premium LG Active 2016
Premium LG Cobra 2016
Premium LG Retiree 2016
Premium ST Active 2016
Premium ST Cobra 2016
Premium ST Retiree 2016
Premium Dental 2016
Premium Vision 2016

ABC Call Agenda
August 4 and 5, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**

Benefits

- **Cigna Health Carrier Vendor Presentation**
- **MetLife Dental Vendor Presentation**

ParTNers for Health Wellness Program

- **Physician Screening Form Transfer Letters**

Operations

- **Operations Updates**

Questions

August 7, 2015

ABC Conference Call Notes

The combined notes from the August 4 and 5 ABC conference calls are attached.

ABC Conference Calls

Don't forget, the Local Education, Central State, Local Government and Higher Education ABC conference calls are next week!

Local Education – Tuesday, August 11 at 9:00 a.m. Central
Central State – Tuesday, August 11 at 10:30 a.m. Central
Local Government – Tuesday, August 11 at 1:00 p.m. Central
Higher Education – Wednesday, August 12 at 9:00 a.m. Central

The call agenda is attached which includes the link to the webinar.

CDHP/HSA In-Person Trainings

We still have dates open for you to register to attend a CDHP/HSA training session at a location near you. **To register:**

State/Higher Ed: https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

Local Ed/Local Gov:
https://docs.google.com/forms/d/1A4WtHExIIOFZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

If you have already registered and would like to transfer to a new date, please email benefits.info@tn.gov.

Vendor List - Benefits Fairs

We have attached the current vendor list. You can use this list to contact vendor representatives about your upcoming benefits fairs and to request materials.

Physician Screening Form Transfer Letters

As a reminder, Physician Screening Form Transfer letters mailed to approximately 9,000 members this week. There are three versions of the letter that the Head of Contract (HOC) may receive (HOC only, spouse only, or both HOC and spouse). Members will have until Friday, August 21 to file an appeal.

We have attached sample letters for your reference. We discussed how members could file an appeal during calls this week and the information is found in the attached call notes.

National Change of Address (NCOA) Data Match

BA is sending out updates today from our NCOA data match. If you receive a spreadsheet, please review it and make corrections in Edison by August 31, 2015.

Outstanding Questions from July 28 and 29 ABC Conference Calls

We had a few outstanding questions following the July 28 and 29 ABC conference calls and the information follows:

HEALTHSAVINGS CDHP/HSA QUESTIONS

- **Local Ed Question:** The contribution for an employee comes from the employee's checking account not a payroll deduction correct?
  - **Answer:** Contributions can come from both payroll deduction and directly made by the employee into the account. PayFlex will work with agencies on setting up payroll deduction for your employees. Note that additional contributions can be made from the members' bank accounts at any time, even if they have a payroll contribution set up. Employees will need to record those contributions on their tax return to get the pre-tax benefit. As a reminder, please invite your fiscal officers to the in-person CDHP trainings as we will go over the options available.

- **Local Ed Question:** So if we have to offer the CDHP then we are required to offer HSA by payroll deduction?
  - **Answer:** Yes, we ask all agencies to allow payroll deductions for employees if they choose the HealthSavings CDHP.

- **Local Gov Question:** How will ABCs police if the employee is covered under a spouse's plan or are claimed as a dependent?
  - **Answer:** It is not the ABC's responsibility. However, it is the member's responsibility. The member could face serious penalties, as it is a federal law that they cannot be covered under another plan and have a HSA.

- **Local Gov Question:** An FSA is pretax for both income and social security, is the HSA the same way?
  - **Answer:** HSA income contributions are pretax. If you make a pretax contribution to your HSA, it is not subject to federal income tax, Medicare tax or Social Security tax. If you pay on an after-tax basis, your contributions are subject to all of those taxes. However, when you file your tax return, you avoid paying federal income tax, but you are still responsible for Medicare or Social Security taxes.

- **Local Gov Question:** If an employee has the CDHP/HSA and their employment terminates, will they still be offered COBRA? Also, if they elect COBRA, will they still be able to use the HSA?
  - **Answer:** Yes, the member would be offered COBRA. If a member elects COBRA, he or she can still contribute to the account up to the maximum and could use the funds in the account to pay for qualified medical expenses. As the member would typically no longer receive a payroll check, he or she could make post tax contributions by personal check or electronically by linking to a personal bank account.

LIFE INSURANCE QUESTIONS (ST/HE)

- **State Question:** Are employees going to be notified via mail regarding the change (voluntary life insurance rate change)?
  - **Answer:** No, letters did **not** go out to members about the change in voluntary term life insurance, but the information is included in the Decision Guide.

- **State Question:** When did you say the employees would get the letter (spouse moving to employee coverage)?
  - **Answer:** The letters went out last week. ABC's received an email showing the employees impacted, but not every ABC received an email as this only impacts 140 employees.

- **State Question:** Will the coverage for the spouse transfer or will the coverage be cancelled?
  - **Answer:** The coverage for the spouse will transfer from spouse certificate of coverage to employee certificate of coverage. However, either spouse or the member can notify MN Life they would like to cancel the coverage.

- **State Question:** The basic term life insurance (not voluntary) - will these rates go up?
  - **Answer:** No, the basic term life insurance rates will stay the same.

- **State Question:** The basic term life insurance is not voluntary, it is mandatory. If an employee does not select this during enrollment does this automatically enroll them?
  - **Answer:** Yes.

- **Higher Ed Question:** What is the overall percentage increase for the new premiums?
  - **Answer:** The rate increase for the voluntary term life insurance is 7.5 percent. For many members, the increase will be minimal. Members with high levels of coverage will see a moderate increase.

- **Higher Ed Question:** About term life insurance rate changes, can we get the new rates for employees earlier this year? We have to run the report early in December due to the holiday and it impacts payroll.
  - **Answer:** As the rates are effective on January 1, MN Life sends the new rates for a December withdrawl. After the annual enrollment period, changes are entered into the MN Life system and they process changes in November. This includes members who

have chosen the $5,000 annual guaranteed increase and underwriting applications. They submit the premium information to State Payroll by the first of December. The earliest the information is available is on the Premiums Due report in early December.

- **Higher Ed Question:** Did you say the premium (rate increase) is for voluntary only?
  - **Answer:** Yes, it is only for voluntary term life insurance.

- **Higher Ed Question:** Will the 5K guaranteed increase be available again this year?
  - **Answer:** Yes. For those enrolled members that are not already at their guaranteed maximum, they will receive a letter about the $5,000 guaranteed voluntary term life insurance increase.

Attachments:

8.11.15 Call Agenda LE/LG
8.11.15 Call Agenda ST/HE
2015 Vendor List
BCBST Network S Facility List
Cigna LocalPlus Facility List
PSF Transfer Letter Spouse/HOC
PSF Transfer Letter HOC
PSF Transfer Letter Spouse
Combined Notes 8.4.15

ABC Call Agenda
August 11 and 12, 2015
1-877-820-7831
Enter Passcode: 217506#

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  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**
- **Local Ed/Local Gov: Employer Insurance Contributions for Retirees Survey**

Benefits

- **Cigna Dental Vendor Presentation (new vendor replacing Assurant in 2016)**

Operations

- **Operations Updates**

Questions

ABC Call Agenda
August 11 and 12, 2015
1-877-820-7831
Enter Passcode: 217506#

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Materials and Communications

- **2016 Annual Enrollment Updates**

Benefits

- **Cigna Dental Vendor Presentation (new vendor replacing Assurant in 2016)**

Operations

- **Operations Updates**

Questions

Vendor Contact List

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Christine Proscia	(860) 273-8032	ProsciaC@aetna.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Sheila Anderson Robyn Lepoidevin	(813) 673-3521 (908) 253-1045	sanderson4@metlife.com rwodash@metlife.com
Wellness		
Healthways		
Nancy Parker	(615) 614-4680	Nancy.parker@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Magellan		
Deborah Roberts	1-800-450-7281 ext. 74641	daroberts@magellanhealth.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Kathy Szymanski	(585) 238-3610	Kathy.Szymanski@medamericaltc.com
Vision		
EyeMed Vision Care		
Anne Stratmann	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
Dekalb Community Hospital	Smithville	DeKalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Gateway Medical Center	Clarksville	Montgomery
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Harton Regional Medical Center	Tullahoma	Coffee
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Heritage Medical Center	Shelbyville	Bedford
Highlands Medical Center	Sparta	White

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jamestown Regional Medical Center	Jamestown	Fentress
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene
Lebonheur Childrens Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Memphis Healthcare- Germantown	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Perry Community Hospital	Linden	Perry
Pioneer Community Hospital of Scott	Oneida	Scott
Regional Hospital of Jackson	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	Mc Minnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Memphis	Memphis	Shelby
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Skyridge Medical Center	Cleveland	Bradley
Southern Tennessee Medical Center- Sewannee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn
Stones River Hospital	Woodbury	Cannon
Sumner Regional Medical Center	Gallatin	Sumner
Sweetwater Hospital Association	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
T C Thompson Childrens Hosp	Chattanooga	Hamilton
Takoma Regional Hospital	Greeneville	Greene
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell
Tennova Healthcare Newport Medical Center	Newport	Cocke

BlueCross BlueShield of TN- Network S Hospitals for 2016

BlueCross BlueShield of TN- Network S	City	County
Tennova Healthcare Physicians Reg Med Ctr- Knoxville Turkey Creek	Knoxville	Knox
Tennova Healthcare Physicians Reg Med Ctr- Powell	Powell	Knox
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Unicoi County Memorial Hospital Inc	Erwin	Unicoi
United Regional Medical Center	Manchester	Coffee
University Medical Center	Lebanon	Wilson
University of Tennessee Medical Center	Knoxville	Knox
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt Univ Medical Center	Nashville	Davidson
Volunteer Community Hospital	Martin	Weakley
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

Network S Border State Facilities
Eliza Coffee Memorial Hospital, Florence, AL
Hutcheson Medical Center in Fort Oglethorpe, GA
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS
Monroe County Medical Center, Tompkinsville, KY
Murray Calloway County Hospital, Murray, KY

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Union City	Union City	Obion
Blount Memorial Hospital	Alcoa	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Centennial Medical Center	Nashville	Davidson
Caliborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Cooperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center Inc	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
Dekalb Community Hospital	Smithville	Dekalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Emerald Hodgson Hospital	Sewanee	Franklin
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie	Dunlap	Sequatchie
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Gateway Medical Center	Clarksville	Montgomery
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Harton Regional Medical Center	Tullahoma	Coffee
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner
Henry County Medical Center	Paris	Henry
Heritage Medical Center	Shelbyville	Bedford
Highlands Medical Center	Sparta	White
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Humboldt Medical Center	Humboldt	Gibson
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madision
Jamestown Regional Medical Center	Janestown	Fentress
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Kindred Hospital Nashville	Nashville	Davidson
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greeneville	Greene
Lebonheur Childrens Hospital	Memphis	Shelby
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	McKenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist Healthcare Memphis	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown-Hamblen Hospital	Morristown	Hamblen
Nashville General Hospital Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge West Hospital	Jasper	Marion

PARTNERS FOR HEALTH℠

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
Parkwest Medical Center	Knoxville	Knox
Perry Community Center	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional Med Extended Care Hospital LLC	Memphis	Shelby
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	McMinnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Select Specialty Hospital	Nashville	Davidson
Select Specialty Hospital-Knoxville Inc	Knoxville	Knox
Select Specialty Hospital-North Knoxville Inc	Knoxville	Knox
Select Specialty Hospital - Tri Cities	Bristol	Sullivan
Shelby County Health Care Corp	Memphis	Shelby
Skyline Medical Center	Nashville	Davidson
Skyridge Medical Center	Cleveland	Bradley
Southern Hills Medical Center	Nashville	Davidson
Southern Tennessee Medical Center	Winchester	Franklin
St Jude Children's Research Hospital	Memphis	Shelby
Stonecrest Medical Center	Smyrna	Rutherford
Stones River Hospital	Woodbury	Cannon
Summit Medical Center	Nashville	Davidson
Sweetwater Hospital ASC	Sweetwater	Monroe
Sycamore Shoals Hospital	Elizabethton	Carter
Takoma Regional Hospital	Greeneville	Greene
TCT Childrens Hospital	Chattanooga	Hamilton
Tennova Healthcare	Knoxville	Knox
Tennova Healthcare Jefferson	Jefferson City	Jefferson
Tennova Healthcare LaFollette	LaFollette	Campbell
Tennova Healthcare Newport	Newport	Cocke
Tennova Healthcare North Knoxville Medical Center	Knoxville	Knox
Tennova Healthcare Physicians Regional Medical Center	Powell	Knox
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox
Three Rivers Hospital	Waverly	Humphreys
Trousdale Medical Center	Hartsville	Trousdale
Trustpoint Hospital	Murfreesboro	Rutherford
Unicoi County Memorial Hospital	Erwin	Unicoi

Cigna LocalPlus Hospitals for 2016

Cigna LocalPlus	City	County
United Regional Medical Center	Manchester	Coffee
Vanderbilt Childrens Hospital	Nashville	Davidson
Vanderbilt University Medical Center	Nashville	Davidson
Volunteer Community Hospital	Martin	Weakley
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

Cigna LocalPlus Border State Facilities
Dickenson Community Hospital, Clinton, VA
Hutcheson Medical Center, Fort Ogelthorpe, GA
Johnston Memorial Hospital, Abingdon, Va
Lonesome Pine Hospital, Bisstone Gap, VA
Methodist Olive Branch Hospital, Olive Branch, MS
Norton Community Hospital, Norton, VA
Russell County Medical Center, Lebanon, VA
Smyth County Community Hospital, Marion, VA
Mountain View Regional Medical Center, Norton, VA

Updated August 7, 2015

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you and your spouse did not meet the 2015 Partnership Promise requirement to complete a Physician Screening Form by the deadline**. You will automatically be transferred out of the Partnership PPO as of January 1, 2016, and you will not be eligible to enroll in a Partnership option during the 2016 enrollment period.

The Partnership Promise requirements were included in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you and your spouse. You and your spouse should have received reminders from your coaches about completing the Physician Screening Form.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you and your spouse did not complete all applicable requirements, you and your covered dependents will have to choose from other benefit options for 2016.

If you do not agree with this, **you may appeal** if:

- You and your spouse are under a doctor's care for a medical or mental health condition that kept you and your spouse from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have a record of this condition so you must provide that information in your appeal.
- You and your spouse have attempted to submit the Physician Screening Forms and/or had any issues submitting the forms.

There are several ways to file your appeal, but you must do so **on or before August 21, 2015.** You can go to **www.partnersforhealthtn.gov** and download the appeal form (found in the **Quick Links box**).

- **Email:** You may email your appeal to us at **tnappeals@healthways.com**
- **Fax:** Appeals can be faxed to us at 1.615.807.3996
- **Mail:** Send appeals through the mail **postmarked on or before August 21, 2015** to:
  Attn: ParTNers for Health Wellness Program, Appeals
  701 Cool Springs Blvd.
  Franklin, TN 37067
- **Phone:** You may also call Customer Service at 1.888.741.3390 and **file your appeal over the phone**. Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central Time).

All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you did not meet the 2015 Partnership Promise requirement to complete a Physician Screening Form by the deadline.** You will automatically be transferred out of the Partnership PPO as of January 1, 2016, and you will not be eligible to enroll in a Partnership option during the 2016 enrollment period.

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Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **your spouse did not meet the 2015 Partnership Promise requirement to complete a Physician Screening Form by the deadline**. You will automatically be transferred out of the Partnership PPO as of January 1, 2016, and you will not be eligible to enroll in a Partnership option during the 2016 enrollment period.

The Partnership Promise requirements were included in the 2015 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for your spouse. Your spouse should have also received reminders from his/her coach about completing the Physician Screening Form.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because your spouse did not complete all applicable requirements, you and your covered dependents will have to choose from other benefit options for 2016.

If you do not agree with this, **you may appeal** if:

- Your spouse is under a doctor's care for a medical or mental health condition that kept your spouse from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have a record of this condition so you must provide that information in your appeal.
- Your spouse has attempted to submit their Physician Screening Form and/or had any issues submitting the form.

There are several ways to file your appeal, but you must do so **on or before August 21, 2015.** You can go to **www.partnersforhealthtn.gov** and download the appeal form (found in the **Quick Links box**).

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All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal.

Sincerely,

The **ParTNers for Health** Wellness Program Team

SAMPLE

SAMPLE

August 14, 2015

ABC Conference Call Notes
The combined notes from the August 11 and 12 ABC conference calls are attached.

ABC Conference Call – Higher Ed
As many Higher Ed ABCs will attend the Monday, August 17 all-day training in Nashville, we have decided to **cancel next week's Wednesday morning ABC conference call**.
Higher Education – Wednesday, August 19 - NO CALL
The weekly ABC calls will resume on Wednesday August 26. The annual enrollment period conference call schedule has been posted to the ABC webpage and you can find it **here**.

ABC Conference Call – State, LE and LG
Don't forget, the Local Education and Local Government ABC conference calls are next week! There will be no Central State or Higher Ed ABC calls next week.

Local Education – Tuesday, August 18 at 9:00 a.m. Central
Central State – Tuesday, August 18 - NO CALL
Local Government – Tuesday, August 18 at 1:00 p.m. Central

The annual enrollment period conference call schedule has been posted to the ABC webpage and you can find it **here**.

For Local Ed and Local Gov calls, the agenda is attached which includes the webinar link.

CDHP/HSA In-Person Trainings
We still have open dates next week and the following week for you to register to attend a CDHP/HSA training session at a location near you.
To register:
State/Higher Ed: https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

Local Ed/Local Gov:
https://docs.google.com/forms/d/1A4WtHExIIOFZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

If you have already registered and would like to transfer to a new date, please email benefits.info@tn.gov.

Vendor List - Benefits Fairs
We have attached the current vendor list. You can use this list to contact vendor representatives about your upcoming benefits fairs and to request materials.

2016 Premiums (LE/LG)
We have attached the 2016 health insurance, dental and vision premium charts for your reference. This same information will be included in the 2016 Decision Guides.

Enrollment Date Changes (ST/HE)
Note: The Annual Enrollment Period dates are different this year.
State and Higher Education employees: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.
Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)
Note: The Annual Enrollment Period dates are different this year.
Local Ed and Local Government employees: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.
Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Attachments:

- **Combined Notes ABC Calls 8.11.15**
- **Premium LG Cobra 2016**
- **Premium LG Retiree 2016**
- **Premium LG Active 2016**
- **Premium ST Cobra 2016**
- **Premium ST Retiree 2016**
- **Premium ST Active 2016**
- **Premium LE Cobra 2016**
- **Premium LE Teacher Retiree 2016**
- **Premium LE Support Retiree 2016**
- **Premium LE Active 2016**
- **Premium Vision 2016**
- **Premium Dental 2016**
- **2015 Vendor List**
- **8.18.15 Call Agenda LE/LG**

ABC Call Agenda
August 18, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**

Benefits

- **ParTNers for Health Wellness Program and 2016 Partnership Promise Presentation**

Operations

- **September New ABC Training and ABC Workshop**
- **IVR (Interactive Voice Response)**
- **Annual Enrollment Password Resets**
- **Important Annual Enrollment Information**

Questions

Vendor Contact List

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Christine Proscia	(860) 273-8032	ProsciaC@aetna.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Sheila Anderson Robyn Lepoidevin	(813) 673-3521 (908) 253-1045	sanderson4@metlife.com rwodash@metlife.com
Wellness		
Healthways		
Nancy Parker	(615) 614-4680	Nancy.parker@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Magellan		
Deborah Roberts	1-800-450-7281 ext. 74641	daroberts@magellanhealth.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Kathy Szymanski	(585) 238-3610	Kathy.Szymanski@medamericaltc.com
Vision		
EyeMed Vision Care		
Anne Stratmann	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

PARTNERS FOR HEALTH

DENTAL PREMIUMS

2016 Monthly Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	$12.61	$21.51
Employee + Child(ren)	$26.18	$49.46
Employee + Spouse	$22.35	$40.69
Employee + Spouse + Child(ren)	$30.73	$79.62
COBRA PARTICIPANTS		
Employee Only/Single	$12.86	$21.94
Employee + Child(ren)	$26.70	$50.45
Employee + Spouse	$22.80	$41.50
Employee + Spouse + Child(ren)	$31.34	$81.21
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$18.92	$32.27
Employee + Child(ren)	$39.27	$74.19
Employee + Spouse	$33.53	$61.04
Employee + Spouse + Child(ren)	$46.10	$119.43
RETIREE PARTICIPANTS		
Retiree Only	$13.87	$27.77
Retiree + Child(ren)	$28.81	$63.86
Retiree + Spouse	$24.59	$52.54
Retiree + Spouse + Child(ren)	$33.79	$102.80

PARTNERS FOR HEALTH

VISION PREMIUMS

2016 Monthly Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	$3.35	$5.86
Employee + Child(ren)	$6.69	$11.72
Employee + Spouse	$6.35	$11.14
Employee + Spouse + Child(ren)	$9.83	$17.23
COBRA PARTICIPANTS		
Employee Only/Single	$3.42	$5.98
Employee + Child(ren)	$6.82	$11.95
Employee + Spouse	$6.48	$11.36
Employee + Spouse + Child(ren)	$10.03	$17.57
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	$5.03	$8.79
Employee + Child(ren)	$10.04	$17.58
Employee + Spouse	$9.53	$16.71
Employee + Spouse + Child(ren)	$14.75	$25.85
RETIREE PARTICIPANTS		
Retiree Only	$3.35	$5.86
Retiree + Child(ren)	$6.69	$11.72
Retiree + Spouse	$6.35	$11.14
Retiree + Spouse + Child(ren)	$9.83	$17.23

PARTNERS FOR HEALTH

Local Education

HEALTH PREMIUMS—ACTIVE

2016 Monthly Premiums for Active Employees

ALL REGIONS AND CARRIERS	
PARTNERSHIP PPO	
Employee Only	$540.71
Employee + Child(ren)	$892.18
Employee + Spouse	$1,054.39
Employee + Spouse + Child(ren)	$1,405.85
STANDARD PPO	
Employee Only	$565.71
Employee + Child(ren)	$917.18
Employee + Spouse	$1,104.39
Employee + Spouse + Child(ren)	$1,455.85
LIMITED PPO	
Employee Only	$346.06
Employee + Child(ren)	$571.00
Employee + Spouse	$674.81
Employee + Spouse + Child(ren)	$899.75
HEALTHSAVINGS CDHP	
Employee Only	$321.06
Employee + Child(ren)	$529.75
Employee + Spouse	$626.06
Employee + Spouse + Child(ren)	$834.75

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

PARTNERS FOR HEALTH

Local Education

HEALTH PREMIUMS—COBRA

2016 Monthly Premiums for COBRA Participants

ALL REGIONS AND CARRIERS	
PARTNERSHIP PPO	
Employee Only/Single	$551.53
Employee + Child(ren)	$910.03
Employee + Spouse	$1,075.48
Employee + Spouse + Child(ren)	$1,433.97
STANDARD PPO	
Employee Only/Single	$577.03
Employee + Child(ren)	$935.53
Employee + Spouse	$1,126.48
Employee + Spouse + Child(ren)	$1,484.97
LIMITED PPO	
Employee Only/Single	$352.98
Employee + Child(ren)	$582.42
Employee + Spouse	$688.31
Employee + Spouse + Child(ren)	$917.74
HEALTHSAVINGS CDHP	
Employee Only/Single	$327.48
Employee + Child(ren)	$540.34
Employee + Spouse	$638.58
Employee + Spouse + Child(ren)	$851.45

PARTNERS FOR HEALTH

Local Education

HEALTH PREMIUMS — RETIREE

2016 Monthly Premiums for Support Staff Retirees

ALL REGIONS AND CARRIERS	
PARTNERSHIP PPO	
Retiree Only	$540.71
Retiree + Child(ren)	$892.18
Retiree + Spouse	$1,054.39
Retiree + Spouse + Child(ren)	$1,405.85
Spouse Only	$513.68
Child(ren) Only	$351.47
Spouse + Child(ren)	$865.14
STANDARD PPO	
Retiree Only	$565.71
Retiree + Child(ren)	$917.18
Retiree + Spouse	$1,104.39
Retiree + Spouse + Child(ren)	$1,455.85
Spouse Only	$538.68
Child(ren) Only	$351.47
Spouse + Child(ren)	$890.14
LIMITED PPO	
Retiree Only	$346.06
Retiree + Child(ren)	$571.00
Retiree + Spouse	$674.81
Retiree + Spouse + Child(ren)	$899.75
Spouse Only	$328.76
Child(ren) Only	$224.94
Spouse + Child(ren)	$553.69
HEALTHSAVINGS CDHP	
Retiree Only	$321.06
Retiree + Child(ren)	$529.75
Retiree + Spouse	$626.06
Retiree + Spouse + Child(ren)	$834.75
Spouse Only	$305.00
Child(ren) Only	$208.69
Spouse + Child(ren)	$513.69

PARTNERS FOR HEALTH

Local Education

HEALTH PREMIUMS — RETIREE

2016 Monthly Premiums for Teacher Retirees

ALL REGIONS AND CARRIERS			
	AT LEAST 30 YEARS OF SERVICE	20-29 YEARS OF SERVICE	LESS THAN 20 YEARS OF SERVICE
PARTNERSHIP PPO			
Retiree Only	$297.39	$351.46	$405.54
Retiree + Child(ren)	$490.70	$579.92	$669.14
Retiree + Spouse	$579.92	$685.36	$790.80
Retiree + Spouse + Child(ren)	$773.22	$913.80	$1,054.39
Spouse Only	$282.52	$333.89	$385.26
Child(ren) Only	$193.31	$228.45	$263.60
Spouse + Child(ren)	$475.83	$562.34	$648.85
STANDARD PPO			
Retiree Only	$322.39	$376.46	$430.54
Retiree + Child(ren)	$515.70	$604.92	$694.14
Retiree + Spouse	$629.92	$735.36	$840.80
Retiree + Spouse + Child(ren)	$823.22	$963.80	$1,104.39
Spouse Only	$307.52	$358.89	$410.26
Child(ren) Only	$193.31	$228.45	$263.60
Spouse + Child(ren)	$500.83	$587.34	$673.85
LIMITED PPO			
Retiree Only	$190.33	$224.94	$259.54
Retiree + Child(ren)	$314.05	$371.15	$428.25
Retiree + Spouse	$371.15	$438.63	$506.11
Retiree + Spouse + Child(ren)	$494.86	$584.83	$674.81
Spouse Only	$180.82	$213.69	$246.57
Child(ren) Only	$123.72	$146.21	$168.71
Spouse + Child(ren)	$304.53	$359.90	$415.28
HEALTHSAVINGS CDHP			
Retiree Only	$176.58	$208.69	$240.80
Retiree + Child(ren)	$291.36	$344.34	$397.31
Retiree + Spouse	$344.33	$406.94	$469.55
Retiree + Spouse + Child(ren)	$459.11	$542.59	$626.06
Spouse Only	$167.75	$198.25	$228.75
Child(ren) Only	$114.78	$135.65	$156.52
Spouse + Child(ren)	$282.53	$333.90	$385.27

PARTNERS FOR HEALTH

Local Government

HEALTH PREMIUMS — ACTIVE

2016 Monthly Premiums for Active Employees

ALL REGIONS AND CARRIERS			
	LEVEL 1	LEVEL 2	LEVEL 3
PARTNERSHIP PPO			
Employee Only	$611.55	$672.71	$733.25
Employee + Child(ren)	$947.90	$1,042.69	$1,136.53
Employee + Spouse	$1,314.81	$1,446.30	$1,576.48
Employee + Spouse + Child(ren)	$1,651.18	$1,816.29	$1,979.77
STANDARD PPO			
Employee Only	$636.55	$697.71	$758.25
Employee + Child(ren)	$972.90	$1,067.69	$1,161.53
Employee + Spouse	$1,364.81	$1,496.30	$1,626.48
Employee + Spouse + Child(ren)	$1,701.18	$1,866.29	$2,029.77
LIMITED PPO			
Employee Only	$391.61	$430.77	$469.54
Employee + Child(ren)	$606.99	$667.70	$727.78
Employee + Spouse	$841.96	$926.16	$1,009.51
Employee + Spouse + Child(ren)	$1,057.35	$1,163.08	$1,267.76
HEALTHSAVINGS CDHP			
Employee Only	$366.61	$405.77	$444.54
Employee + Child(ren)	$568.24	$628.95	$689.03
Employee + Spouse	$788.21	$872.41	$955.76
Employee + Spouse + Child(ren)	$989.85	$1,095.58	$1,200.26

The premium amounts shown reflect the total monthly premium. The different premium levels are based on the demographics of your agency. Please see your agency benefits coordinator for your monthly deduction, your employer's contribution or if you are unsure as to which premium level applies to you.

PARTNERS FOR HEALTH

Local Government

HEALTH PREMIUMS—COBRA

2016 Monthly Premiums for COBRA Participants

ALL REGIONS AND CARRIERS			
	LEVEL 1	LEVEL 2	LEVEL 3
PARTNERSHIP PPO			
Employee Only/Single	$623.78	$686.16	$747.91
Employee + Child(ren)	$966.86	$1,063.54	$1,159.27
Employee + Spouse	$1,341.10	$1,475.22	$1,608.01
Employee + Spouse + Child(ren)	$1,684.20	$1,852.61	$2,019.36
STANDARD PPO			
Employee Only/Single	$649.28	$711.66	$773.41
Employee + Child(ren)	$992.36	$1,089.04	$1,184.77
Employee + Spouse	$1,392.10	$1,526.22	$1,659.01
Employee + Spouse + Child(ren)	$1,735.20	$1,903.61	$2,070.36
LIMITED PPO			
Employee Only/Single	$399.44	$439.39	$478.93
Employee + Child(ren)	$619.13	$681.05	$742.34
Employee + Spouse	$858.80	$944.68	$1,029.70
Employee + Spouse + Child(ren)	$1,078.50	$1,186.34	$1,293.11
HEALTHSAVINGS CDHP			
Employee Only/Single	$373.94	$413.89	$453.43
Employee + Child(ren)	$579.61	$641.53	$702.81
Employee + Spouse	$803.97	$889.85	$974.88
Employee + Spouse + Child(ren)	$1,009.65	$1,117.49	$1,224.26

PARTNERS FOR HEALTH

Local Government

HEALTH PREMIUMS — RETIREE

2016 Monthly Premiums for Retirees

ALL REGIONS AND CARRIERS			
	LEVEL 1	LEVEL 2	LEVEL 3
PARTNERSHIP PPO			
Retiree Only	$611.55	$672.71	$733.25
Retiree + Child(ren)	$947.90	$1,042.69	$1,136.53
Retiree + Spouse	$1,314.81	$1,446.30	$1,576.48
Retiree + Spouse + Child(ren)	$1,651.18	$1,816.29	$1,979.77
Spouse Only	$703.26	$773.59	$843.23
Child(ren) Only	$336.35	$369.98	$403.29
Spouse + Child(ren)	$1,039.63	$1,143.58	$1,246.52
STANDARD PPO			
Retiree Only	$636.55	$697.71	$758.25
Retiree + Child(ren)	$972.90	$1,067.69	$1,161.53
Retiree + Spouse	$1,364.81	$1,496.30	$1,626.48
Retiree + Spouse + Child(ren)	$1,701.18	$1,866.29	$2,029.77
Spouse Only	$728.26	$798.59	$868.23
Child(ren) Only	$336.35	$369.98	$403.29
Spouse + Child(ren)	$1,064.63	$1,168.58	$1,271.52
LIMITED PPO			
Retiree Only	$391.61	$430.77	$469.54
Retiree + Child(ren)	$606.99	$667.70	$727.78
Retiree + Spouse	$841.96	$926.16	$1,009.51
Retiree + Spouse + Child(ren)	$1,057.35	$1,163.08	$1,267.76
Spouse Only	$450.35	$495.38	$539.97
Child(ren) Only	$215.38	$236.93	$258.24
Spouse + Child(ren)	$665.74	$732.31	$798.22
HEALTHSAVINGS CDHP			
Retiree Only	$366.61	$405.77	$444.54
Retiree + Child(ren)	$568.24	$628.95	$689.03
Retiree + Spouse	$788.21	$872.41	$955.76
Retiree + Spouse + Child(ren)	$989.85	$1,095.58	$1,200.26
Spouse Only	$421.60	$466.63	$511.22
Child(ren) Only	$201.63	$223.17	$244.49
Spouse + Child(ren)	$623.24	$689.81	$755.72

August 20, 2015

We are sending the ABC email on Thursday this week as staff will be out of the office at a training on Friday, August 21. We will respond to emails in the BI box on Monday.

ABC Conference Call Notes (LE/LG)
The combined notes from the August 18 ABC conference calls are attached.

ABC Conference Call
Don't forget, ABC conference calls are next week! The agenda is attached which includes the webinar link.

Local Education – Tuesday, August 25 at 9:00 a.m. Central
Central State – Tuesday, August 25 at 10:30 a.m. Central
Local Government – Tuesday, August 25 at 1:00 p.m. Central
Higher Education – Wednesday, August 26 at 9:00 a.m. Central

The annual enrollment period conference call schedule has been posted to the ABC webpage and you can find it **here**.

Out of Country Health Insurance Coverage
We had a question this week about *out of country* health insurance coverage offered by our carriers, BCBST and Cigna. This would apply to students, professors, or vacationers.

Cigna: The situation must require urgent or emergency care. **Emergency care** examples can include broken bones, bleeding, chest pain, shortness of breath, slurred speech, severe pain, suspected overdose or poisoning. **Urgent care** includes injuries and illnesses that require prompt medical attention, but aren't considered emergencies. Examples include bronchitis or sinusitis, ear or eye infection, fever, minor laceration, severe sore throat, sprains or strain, stomach flu and urinary tract infections. Emergency coverage is provided at the in-network rate. Urgent care is provided at the out-of-network rate.

BlueCross: Has coverage for out-of-country **urgent** and **emergency care**. Emergency care includes severe pain that could result in serious impairment or placing the member's health in jeopardy such as severe chest pain, uncontrollable bleeding or unconsciousness. Examples of urgent care-outpatient care requiring immediate attention but not life or limb threatening include bronchitis or sinusitis, ear or eye infections, fever, minor lacerations, severe sore throat, sprains or strain, stomach flu and urinary tract infections. BCBST coverage is provided at the in-network rate for both emergency and urgent care.

Both carriers have special contact information for out of country travelers and members should call member services for their carrier before they leave the U.S. for more information. Of course, there would be no coverage available from either BCBST or Cigna if the intent of travel is to seek medical services outside the U.S.

HealthSavings CDHP/HSA Benefit Clarification (ST/HE)

We had questions come up during the HealthSavings CDHP trainings about prorating the state contribution for those who enroll in the Wellness HealthSavings CDHP for 2016. **The state will not prorate state contributions in 2016**. For new hires and newly covered members who enroll in the Wellness HealthSavings CDHP with coverage effective dates January 1 through September 1, 2016, the state will fund the HSA at $500 for individual coverage and $1,000 for family coverage.

For new hires and those who enroll in the Wellness HealthSavings CDHP with coverage effective dates September 2 through December 1, 2016, the state will **not** put funds into the HSA accounts for these members.

CDHP/HSA In-Person Trainings

We still have open dates next week and the following week for you to register to attend a CDHP/HSA training session at a location near you.
To register:

State/Higher Ed: https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

Local Ed/Local Gov:
https://docs.google.com/forms/d/1A4WtHExIIOFZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

If you have questions, please email benefits.info@tn.gov.

Enrollment Date Changes (ST/HE)

Note: The Annual Enrollment Period dates are different this year.
State and Higher Education employees: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15. Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)

Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government employees: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30. Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

ABC Call Agenda
August 25 and 26, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**

Benefits

- **BlueCross BlueShield of Tennessee Presentation**

Operations

- **September New ABC Training and ABC Workshop**

Questions

August 28, 2015

ABC Conference Call Notes
The combined notes from the August 25 and 26 ABC conference calls are attached.

ABC Conference Call
Don't forget, ABC conference calls are next week! The agenda is attached which includes the webinar link.

Local Education – Tuesday, September 1 at 9:00 a.m. Central
Central State – Tuesday, September 1 at 10:30 a.m. Central
Local Government – Tuesday, September 1 at 1:00 p.m. Central
Higher Education – Wednesday, September 2 at 9:00 a.m. Central

2016 Annual Enrollment Period PowerPoint Presentation (ST/HE)
The 2016 AEP PowerPoint presentation for state and higher education has been posted on the **ABC webpage under Training**. You can use this presentation during your benefits fairs or annual enrollment period meetings.

The notes below the slides provide you with additional information about the benefits and processes, or you can print the slides out with the notes for members to read. Higher education ABCs can cut information or slides that only apply to state employees and/or add additional material. Information that is only for state employees has been noted.

PayFlex on Upcoming ABC Conference Calls (LE, LG and HE)
On September 2, ABCs will receive an email with a letter and attachments outlining the HSA payroll deduction process and how to set up file transfers with PayFlex.

PayFlex will be on upcoming September ABC calls to provide more information on the HSA account set up process, reporting and to answer your questions.

The call schedule is as follows:
September 8 and 9: General information about HSAs, and review of the letters and attachments sent to ABCs on September 2.
September 15 and 16: File layout presentation. You may want to invite your fiscal directors, payroll managers, or other HR staff to join you on this call.

CDHP Make-Up Webinar

Many of you were unable to join us at our in-person trainings across the state and we want to provide the CDHP information to you before annual enrollment begins. During an upcoming webinar, we will cover the information that was presented during the in-person training meetings.

If you were unable to attend, would like to hear the information again, or have budget or financial staff that would like to participate please mark your calendar with the date and time. **We will not have a registration page for this webinar so you will not have to sign-up.** The webinar will be limited to 300 participants.

State and Higher Education: Wednesday, September 3 from 11 a.m. until 12 p.m. Central
Local Education and Local Government: Thursday, September 9 from 1 p.m. to 2 p.m. Central

Webinar information:
Click on the link to join the webinar:
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

NOTE: You will need the latest version of Adobe Flash player:
http://get.adobe.com/flashplayer/

The system can call you back directly if you use the "Call" feature when you login. If they system doesn't call you or you would rather call in, the phone number is 1-877-820-7831 and enter the passcode: 217506#.

Enrollment Date Changes (ST/HE)
Note: The Annual Enrollment Period dates are different this year.

State and Higher Education employees: Enrollment dates will be September 15 through October 15, 2015. Enrollment will end at 4:30 p.m. Central on October 15.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Enrollment Date Changes (LE/LG)
Note: The Annual Enrollment Period dates are different this year.

Local Ed and Local Government employees: Enrollment dates will be October 1 through October 30, 2015. Enrollment will end at 4:30 p.m. Central on October 30.

Members enrolled in the **retiree plan** will be able to make enrollment changes from September 15 through October 30, 4:30 p.m. Central.

Attachments:

9.1.15 Call Agenda LE/LG/HE
9.1.15 Call Agenda ST

ABC Call Agenda
September 1 and 2, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**

Operations

- **September New ABC Training and ABC Workshop**

Questions

ABC Call Agenda
September 1 and 2, 2015
1-877-820-7831
Enter Passcode: 217506#

A webinar presentation is included during the ABC conference calls. When you click on the link and sign-in, the system can call you back directly and you will not need to call the number listed above.

- **Click on this link to join the webinar: https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting**
  - ***NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call. http://get.adobe.com/flashplayer/***
- **If you are not able to view the presentation, you can call in and listen to the conference call by dialing the number and passcode at the top of the page.**

Materials and Communications

- **2016 Annual Enrollment Updates**

Operations

- **September New ABC Training and ABC Workshop**
- **PPACA Full-Time to Part-Time Document and PPACA Information Sheet**

Questions

September 3, 2015

Local Education and Local Government ABCs:

As we said on the calls this week, representatives from PayFlex will be on the ABC calls for the next two weeks to talk about the HSA, payroll deduction and actions schools and agencies need to take.

Attached is a memo outlining what Benefits Administration will do, what PayFlex will do and what you need to do to establish payroll deduction, and fund if you wish, the new HSA option for your employees.

Please share this information with whomever in your Agency needs to see it. Feel free to invite others to join you on your ABC call next week to ask questions or get clarification on any of the information presented here. Please have a copy of the memo and the embedded documents with you during the calls for the next two weeks.

Sincerely,
Benefits Administration

Attachments:

Payflex Reporting Memo for Local Ed/Local Gov

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION
312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone (615) 741-4517 or (866) 576-0029
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

To: **Local Education and Local Government Agencies**

Date: **September 3, 2015**

This memo is to provide your agency with information needed to establish and fund the Health Savings Accounts (HSAs). The HSAs are provided to employees who enroll in the new *HealthSavings CDHP*, which is a **Consumer Driven Health Plan with Health Savings Account** (CDHP/HSA).

What is a Health Savings Account (HSA)?

- A HSA is a tax-exempt trust or custodial account set up with a qualified HSA trustee to pay or reimburse qualified medical expenses members incur under the health plan.
- Each member must be enrolled in a CDHP to be eligible for a HSA.

Establishing Employee HSAs

No action is required by the Employer to establish Employee HSAs

- Benefits Administration (BA) has contracted with **PayFlex** to manage employee HSAs.
- Employees enrolling in the Local Education/Local Government CDHP will automatically have a HSA established for them.
    - After annual enrollment, PayFlex will have an enrollment file of all members who enrolled in the CDHP. Beginning January 2016, PayFlex will retrieve these files weekly from BA for new hires.
    - PayFlex will validate each employee's information and set up an account for him or her.
    - If PayFlex cannot validate an employee's information they will reach out to the employee up to three times over a 90-day period.
    - Once the HSA is set-up PayFlex can receive employee and employer contributions into the employee's account.
    - Employers can use existing Edison queries to see which employees enrolled in the CDHP.

Funding the HSA

Both employees and employers can contribute pre-tax funds to employee HSAs. If you want your employees to contribute their money to the HSA as a pre-tax deduction OR if you want to provide an employer contribution you must report these contributions to PayFlex.

Employer Considerations:

1. **To offer payroll deduction for employee HSA contributions:**

☑ **Yes**	**You must:**
	• Collect employee payroll contribution information o A template report for collecting payroll deduction information is provided below. Employers may customize the form. • Establish an ACH debit process with PayFlex • Report employee contributions to PayFlex using the file formats provided in the new client checklist below • Report employee contributions on Form W2
	You should consider:
	• If PayFlex **cannot** validate an employee's information, they will reach out to the employee over a 90-day period. The employee or employer contribution cannot be deposited until the employee HSA is established. • Tracking HSA contribution limits to ensure payroll deduction amounts plus employer contributions do not exceed the annual IRS contribution limits.
☒ **No**	**If you do not choose to offer payroll deduction, you should know:**
	• Employees who enroll in the HealthSavings Plan will only be able to contribute to their HSAs post-tax. Employees may claim these post-tax contributions on their tax return.

2. **Will you, as the employer, add additional funds to employee HSAs?**

☑ **Yes**	**You must be able to:**
	• Report employer contributions to PayFlex using the file formats provided in the new client checklist below • Establish an ACH debit process with PayFlex • Report employer contributions on Form W2
	You should consider:
	• Employer HSA contributions (including contributions made through a cafeteria plan) may be excluded from the employee's gross income • Amounts contributed to employees' HSAs are generally not subject to employment taxes • It is each agency's choice whether to fund, how much to fund and how often to fund the employee's HSA. Each agency should communicate this to their

	employees to set expectations.
	• Employer HSA contributions count toward employee IRS contribution limits
	• For your reference, for members of the state health plan the state:
	  o Will only fund accounts for members enrolled on or before September 1 each year to avoid employer contributions crossing calendar years. This allows ample time to establish the HSA and return the employer funds if the account is not opened and eliminates the need for the state to issue corrected W2s.
	  o Is funding $500 for employee only coverage and $1,000 for all family tiers. The funds will be provided in a lump sum in January.
	• Tracking HSA contribution limits to ensure payroll deduction amounts plus employer contributions do not exceed the annual IRS limits

☒ **No**	• Employer contributions are not required
	• Employees can still contribute up to the IRS annual maximum

Setting Up File Transfers with PayFlex

If you plan to provide employer funding and/or allow employee payroll contributions for the HSA, **you must complete the new client checklist below and submit it to PayFlex by September 25, 2015.**

Payroll deductions to the HSA must be captured by each Employer from their employees and reported to PayFlex via electronic file. PayFlex offers two electronic files (samples of file options attached). PayFlex will set up your file contact with access to their secure site to upload files reporting payroll contributions according to your payroll schedule.

- The File Feed Guide is a programmable file layout to report payroll deductions and employer funding if you are reporting them.
- The Macro Funding File is a simple document for smaller enrollments but is manual.
- Both file options require secure access to PayFlex's website and you will be guided on this process as well as how to fill out the files.

File Feed Guide Spending Account (6.

SAMPLE ONLY MACRO FUNDING FIL

With each file, the matching funds are pulled from your designated bank by PayFlex. This funding arrangement provides immediate posting of funds to employees with an open HSA, which will happen even before PayFlex initiates the debit against your bank account. This methodology is critical for HSAs given the nature of these accounts as often times there are accounts that are not able to be immediately funded. By having PayFlex pull only the appropriate funding at each cycle, this avoids potential cash balances and post-funding reconciliation for both entities. For example, an employee may

not yet have passed the vetting process that is required by the USA PATRIOT Act and thus should not yet be funded. Because PayFlex will allow pull of funds for all truly opened accounts, this process avoids the employer over-funding accounts and creating potentially complex reconciliation issues.

PayFlex_HSA_ACH Debit_Corp Auth_Aug

Questions?

General questions about this process may be sent to Benefits.Info@tn.gov.

Questions about the New Client Checklist or the file formats should be sent to PayFlex at StateofTennessee@payflex.com.

PayFlex New Client Checklist

Send this completed form to StateofTennessee@payflex.com by Sept 25, 2015

Employer's Legal Name:
Federal Tax ID:
Physical Address:
City:
Zip Code:

Primary Contact

Name:	Email:
Address: City: Zip Code:	
Phone:	
*Roles:	

Contact #2

Name:	Email:
Address: City: Zip Code:	
Phone:	
*Roles:	

***Roles:** PayFlex will set up access to our employer portal based on your selection of Roles for each contact. Please note the required roles for each contact.

1. Executive: Receives high level communication/general plan information.
2. Communication: Contact to receive notifications sent from PayFlex
3. PayFlex HSA: Contact for HSA related items
4. Website Administration: Can set up additional users and view participants
5. Reporting: Can view and run reports online

Add additional lines as needed for additional contacts.

Number of Employees eligible for benefits:	
Anticipated number of HSA enrollees:	
Will you offer employer contributions to the HSA?	Amount?
Will you offer payroll deductions to the HSA?	Frequency?
First Pay Date:	
File Contact, email address, and phone number:	

SAMPLE

Employee Authorization for Payroll Deduction to Health Savings Account

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

I wish to:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction Effective date_____

Your payroll office can confirm the effective date.

Section 1: Employee Information

Name_____ (*Last, First, Middle initial*) Mailing address_____ City/State/ZIP_____	SSN or employee ID _____ Work phone number_____ Agency name_____

Section 2: Calculate Your Maximum HSA Contribution

Use the worksheet below to determine how much you can contribute to your HSA in 2016.

	Select your enrollment status	
	Individual HSA	**Family HSA**
A. Maximum amount that can be put in your HSA for 2016	$3,350	$6,750
B. Are you age 55 or older? No, write $0. Yes, write $1,000		
C. How much your employer will contribute in 2016		
D. A + B – C = *The **most** you can contribute in 2016*		

If your contributions exceed the amount in D, you risk paying IRS tax penalties. If you are submitting a midyear change, be sure to include any amounts you have already contributed in 2016.

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 you will receive in 2016 _____	E. Number of paychecks you will receive in 2016 _____
F. D ÷ E = *This is the **most** you can contribute per paycheck* $_____	F. D ÷ E = *This is the **most** you can contribute per paycheck* $ _____
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* $_____

Employee's Signature *Required*

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

Benefits Office Use

Employee's annual contribution	Number of paychecks remaining for 2015	Employee's contribution per paycheck *(amount in Section 3 must must)*
$	$	$

Return this form to your personnel, payroll, or benefits office. Keep a copy for your records.

September 3, 2015

ABC Conference Call Notes
The combined notes from the September 1 and 2 ABC conference calls are attached.

ABC Conference Call
Don't forget, ABC conference calls are next week! The agenda is attached which includes the webinar link.

Local Education – Tuesday, September 8 at 9:00 a.m. Central
Central State – Tuesday, September 8 at 10:30 a.m. Central
Local Government – Tuesday, September 8 at 1:00 p.m. Central
Higher Education – Wednesday, September 9 at 9:00 a.m. Central

Reminder
The Benefits Administration and our Service Center will be closed on Monday, September 7th in observance of the Labor Day holiday.

Employee Informational Benefits Webinars
We have attached a flier you can share with your employees about upcoming 2016 Employee Informational Webinars. The webinars will include brief information about 2016 benefits and focus on the new HealthSavings CDHP options.

Employees will use the same webinar link and phone number used for ABC conference calls and employees will not need to register. Information on how they can join the call is included on the flier.

You can email the fliers directly to your members -- the links are live and they can just click to join the call. Please share the fliers with your employees who might want to participate.

PayFlex on Upcoming ABC Conference Calls (LE, LG and HE)
On Thursday, September 3, primary ABCs received an email with a memo that contained attachments outlining the CDHP HSA payroll deduction process and how to set up file transfers with PayFlex.

PayFlex will be on the September 8 and 9 ABC calls and the September 15 and 16 calls to walk you through the information contained in the memo and their processes.

Please hold your questions about the memos until the ABC conference calls.

CDHP Make-Up Webinar – Day of the Week Correction (LE/LG)

Many of you were unable to join us at our in-person trainings across the state and we want to provide the CDHP information to you before annual enrollment begins. During an upcoming webinar, we will cover similar information as presented during the in-person meetings.

If you were unable to attend, would like to hear the information again, or have budget or financial staff that would like to hear the information please mark your calendar with the date and time. **We will not have a registration page for this webinar so you will not have to sign-up.** The webinar will be limited to 300 participants.

Local Education and Local Government: Wednesday, September 9 from 1 p.m. to 2 p.m. Central

Webinar information:

Click on the link to join the webinar:
https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

NOTE: You will need the latest version of Adobe Flash player:
http://get.adobe.com/flashplayer/

The system can call you back directly if you use the "Call" feature when you login. If they system doesn't call you or you would rather call in, the phone number is 1-877-820-7831 and enter the passcode: 217506#.

Attachments:

Combined Notes ABC Calls 09.15.15
Webinar Flier LE/LG
Webinar Flier ST/HE
PPACA Full time to Part time Changes
9.18.15 Call Agenda
Patient Protection and Affordable Care Act

PARTNERS FOR HEALTH

EMPLOYEE INFORMATIONAL WEBINAR

2016 Benefits with a focus on the NEW HEALTHSAVINGS CDHP OPTION

To participate in this webinar:

No registration necessary. Click on the link and sign-in as a guest:
stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

For audio: The system can call you back directly or you can call the conference line number at: **877.820.7831 participant code is 217506#**.

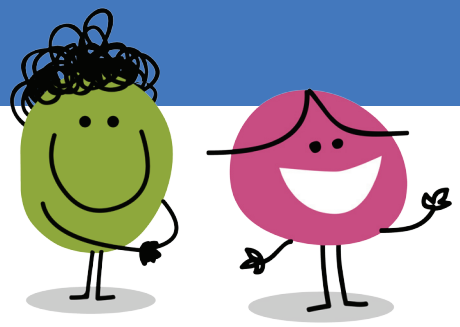
NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call — **get.adobe.com/flashplayer/**

If you would like step-by-step instructions, **click here**.

Local Education and Local Government

September 30	10:30 to 11:30 a.m. Central
October 1	11 to 12 p.m. Central
October 5	1 to 2 p.m. Central
October 21	2:30 to 3:30 p.m. Central
October 27	2:30 to 3:30 p.m. Central

Pick the benefits plans that are best for you. ALEX® CAN HELP!



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To meet ALEX, go to partnersforhealthtn.gov

PARTNERS FOR HEALTH

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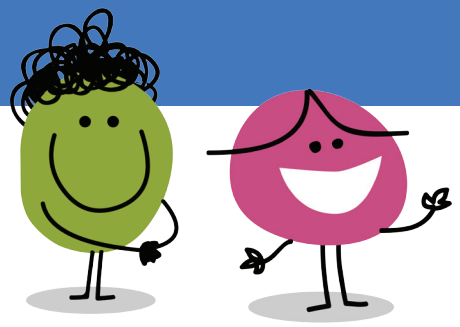
If you would like step-by-step instructions, **click here**.

State and Higher Education

September 14	1:30 to 2:30 p.m. Central
September 16	10:30 to 11:30 a.m. Central
September 21	1:30 to 2:30 p.m. Central
September 25	9:30 to 10:30 a.m. Central

Pick the benefits plans that are best for you. ALEX® CAN HELP!



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PPACA Full-time to Part-time Changes

Definitions:
Measurement period can be any period from 3 -12 months as determined by the employer. The state chose a 12 month measurement period beginning the first week in October and ending the first week of October of the following year.

Administrative period can be up to 90 days to allow the employer time to evaluate the hours from the measurement period and offer coverage to the eligible employees. The state's administrative period begins the day after the measurement period ends and ends on December 31st.

Stability period equals the period in the plan year that is equal in length to the measurement period but not less than 6 months. The state's stability period is 12 months and begins the day after the administrative period ends.

Full-time (State definition) - A position or an employee budgeted for or scheduled to work a full-time schedule as defined by the Commissioner (of Human Resources) and the Commissioner of Finance and Administration usually one thousand nine hundred and fifty (1,950) hours or more a year. (State of Tennessee Rule 1120-01-.01(23)

Full-time (PPACA) - working on average 30 hours or more a week during the measurement or stability period.

For Example:
Measurement period 1 – October 6, 2013 - October 4, 2014
Administrative period 1 – October 5, 2014 - December 31, 2014
Stability period 1 – January 1, 2015 - December 31, 2015
Measurement period 2 – October 5, 2014 - October 3, 2015

The employee's status as full-time or part-time, based on the measurement period, governs the employee's status for the subsequent stability period, even if the employee's hours change during the stability period. In order to comply with the federal PPACA (Patient Protection and Affordable Care Act), we are required to continue active health insurance for employees that have a status change from full-time to part-time during their stability period. Additionally, we are required to continue active insurance for employees who are terminated from a full-time position and rehired into a part-time position, which includes full-time employees who retire and are hired back as 120-day retirees, as long as they are rehired back within 13 weeks of their termination date.

Note: If the full-time employee declined health insurance when hired and then changed status to part-time, they are not eligible for insurance. Also, part-time employees age 65 and older are excluded from these regulations because they are eligible for Medicare.

Employees will automatically continue their coverage and will have 31 calendar days from the date of their status change to submit an enrollment change application to waive their health insurance coverage if they do not want to continue it as a part-time employee. They are considered to be eligible for everything that a full-time employee is eligible for (including basic life even when health insurance is waived), with the exception of pension contributions if they are a 120-day retiree. Also, 120 day retirees are eligible to make deferred compensation contributions but will not receive the state match. If they decide to keep their coverage, they will only be eligible to retain what they were actively enrolled in at the time of their status change and will not be eligible to make changes or add new coverage unless: 1) they have a qualifying event or 2) they retain eligibility and make changes through the Annual Enrollment period for the next year's coverage.

Any employee under age 65 that changes from full-time to part-time (or is terminated and rehired within 13 weeks) will be eligible to continue their active health insurance coverage through the remainder of their stability period and will be re-evaluated during the current measurement period. If they changed to part-time and still worked 30 or more hours per week on *average* during the measurement period, they will be eligible to continue insurance

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through the next stability period (calendar year) as well. If they did not work 30 or more hours a week on *average*, their insurance would stop at the end of the current stability period.

- **Example 1:** An under 65 employee retires January 11th, 2015 and returns to work February 1st, 2015 as a 120-day retiree. Since the employee was full-time during the entire previous measurement period (10/6/13-10/4/14), they will be eligible to continue active health insurance through the remainder of their stability period (through 12/31/15). At the same time, they will be evaluated during the current measurement period (10/5/14-10/3/15). Since they retired early in the measurement period, they did not average 30 hours per week. Therefore, their active insurance would end on 12/31/15 and it would be a SQE to pick up retirement insurance if they are eligible.
- **Example 2:** An under 65 employee retires July 11th, 2015 and returns to work July 28th, 2015 as a 120-day retiree. Since the employee was full-time during the entire previous measurement period (10/6/13-10/4/14), they will be eligible to continue active health insurance through the remainder of their stability period (through 12/31/15). At the same time, they will be evaluated during the current measurement period (10/5/14-10/3/15). Since they retired later in the measurement period, they averaged working more than 30 hours per week. Therefore, they would be eligible to continue active health insurance throughout the following stability period as well (1/1/16-12/31/16).
- **Example 3:** An under 65 employee retires January 11th, 2015 and returns to work July 28th as a 120-day retiree. Since the employee had more than a 13 week gap between the time they separated and the time they returned to work, they are considered a new employee and would not be eligible for insurance.
- **Example 4:** An employee changes from full-time to part-time on June 26th, 2015. They would be eligible to continue active health insurance through 12/31/15. If they work an *average* of 30 or more hours per week during the current measurement period (10/5/14-10/3/15), they will be eligible to continue active health insurance throughout the following stability period as well (1/1/16-12/31/16).

If an employee terminates and then is rehired, the length of time between the two dates will determine when they are eligible for coverage. If the employee terminates and is rehired within a calendar month, they will not have a gap in coverage and their insurance as a rehire would start the same date it ended when they terminated. If the employee has more than a one-calendar month gap of employment, their insurance will start back the first of the month following their rehire date.

- **Example 1:** An employee terminates on January 11th and is rehired on February 1st; they would not have a gap in coverage.
- **Example 2:** An employee terminates on January 11th and is rehired April 1st. Their coverage would terminate on February 28th and would begin again on May 1st. If they are a retiree and are enrolled in retirement insurance upon termination, they would keep their retirement coverage until their active health insurance begins.

An employee that retires and is rehired back as a 120-day retiree may choose to either start their retirement insurance (if eligible) upon retirement or reinstate their active insurance and pick up their retirement coverage when they lose eligibility as an active employee. Even though they are eligible for retirement insurance, we are still required to offer them active employee insurance. If they elect insurance as an active employee, the same affordability guidelines will apply to them as all other active employees with insurance.

Your agency will continue to be billed 80% of the premium for any part-time employee including 120-day retirees that continues active health insurance coverage.

Any enrollment forms or documentation must be scanned and e-mailed instead of uploaded directly in Edison
to: Connie.Guthrie@tn.gov cc: Patrice.Steinhart@tn.gov cc: Melissa.Wiseman@tn.gov

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PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

The Patient Protection and Affordable Care Act (**PPACA**) commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Barack Obama on March 23, 2010.

Reminder: Every newly hired benefits eligible employee must receive the *New Health Insurance Marketplace Coverage Options and Your Health Coverage* letter, which is available on the ABC website at: http://www.tn.gov/assets/entities/finance/benefits/attachments/st_marketplace_form.pdf.

PPACA Queries
ABCs are able to run PPACA queries to determine health insurance coverage eligibility for part-time and 120-day retiree rehires.

TN_BA350_TN_HOURS_FOR_BENEFITS and TN_BA351_TN_HOURS_FOR_MIL_INT
You will be prompted to enter a measurement period.

- Last year's measurement period ran from 10/6/2013 - 10/4/2014.
- This year's measurement period is 10/5/2014 - 10/3/2015.
- The measurement period is based on a FLSA week (Sunday – Saturday). This is why the dates change from year to year.
- This query must be run and closely reviewed by each ABC twice per month. The best time to pull the queries is after Absence Management processing and Balance Update (check Payroll Calendar in Edison).
- 120-day retiree rehires and part-time employees age 65 or older are not included on this report. We are not required to track these individuals due to their age and Medicare eligibility.
- If a part-time or 120-day retiree works on average 30 hours or more a week within the defined measurement period, we are required to offer the employee active health coverage, effective January 1, of the following calendar year. If retiree waits 13 weeks from retirement to begin their 120-day appointment, they are considered a new hire for PPACA purposes and their measurement period begins with their new rehire date.
- Part-time or 120-day retiree rehires who become eligible for health insurance under PPACA are also eligible for all other benefits programs available to full-time State employees (including flexible benefits and life insurance), with the exception of pension contributions if they are a 120-day retiree.
- If an employee becomes eligible for health insurance benefits under the PPACA:
  - The employee must be offered health insurance (and all other optional products as well) and will have thirty-one (31) days to complete their enrollment form. Example: If an employee becomes eligible under the PPACA for the current measurement period (10/5/14-10/3/2015), we must notify the employee by December 1, 2015, of their eligibility; and, if the employee chooses to enroll, the effective date of coverage will be January 1, 2016. If an employee is eligible under the PPACA, they are entitled to the basic life insurance coverage at no cost to them. A beneficiary will need to be designated by the employee at the time they "decline" the insurance on the enrollment form.
    - A paper enrollment form must be completed (http://www.tn.gov/assets/entities/finance/benefits/attachments/1043.pdf).
  - The paper enrollment form has been slightly modified to accommodate the PPACA enrollment. See lower right corner of the form for an added check box that says "PPACA eligible". Be sure to check this box.
  - An enrollment form must be completed even if the employee declines the health insurance offer.
  - All standard dependent verification documentation is required when an employee is enrolling due to eligibility under the PPACA.
  - Do NOT upload paper enrollment forms and backup documentation via the regular method into Edison.
  - The enrollment form and all backup documentation must be scanned and e-mailed (even if the employee declines) to: Connie.Guthrie@tn.gov cc: Patrice.Steinhart@tn.gov cc: Melissa.Wiseman@tn.gov

The full list of current queries can be found on the **ABC webpage** in the Training box titled **Edison Query Information (http://www.tn.gov/assets/entities/finance/benefits/attachments/abc_query_list.pdf)**.

Importance of Maintaining Documentation Regarding Employees Waiving Health Coverage
If you have employees who waive coverage via paper enrollment form, you must submit these forms to (BA). These forms must be maintained on file at BA, for two (2) reasons:

1. The IRS may conduct an audit - BA is required to maintain these forms on file as proof that the eligible employee was offered coverage. If the employee waives coverage and then attempts to purchase it on the exchange and he or she states health coverage was never offered by their employer, this completed enrollment form provides proof that the coverage was offered.
2. If an employee states after their initial enrollment period that he/she was not offered coverage or that he/she signed up for coverage but was not enrolled, BA will have a copy of the waiver form to assist in the determination for an appeal or audit outcome.

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September 8, 2015

Higher Education Agency Benefits Coordinators:

Good news for you - we are cancelling tomorrow's ABC call (9/9/15) so you will have a free hour in your schedule on Wednesday morning. The reason is that TBR and UT and the State still have a number of processes to work out with PayFlex before we discuss them on a call with all of you.

Our next higher education call will be next week on Wednesday, September 16, at 9 am CT. Meanwhile, send any questions for which you need an immediate answer, not related to PayFlex, to benefits.info@tn.gov.

September 11, 2015

ABC Conference Call Notes
The combined notes from the September 8 ABC conference calls are attached.

ABC Conference Call
Don't forget, ABC conference calls are next week! The agenda is attached which includes the webinar link.

Local Education – Tuesday, September 15 at 9:00 a.m. Central
Central State – Tuesday, September 15 at 10:30 a.m. Central
Local Government – Tuesday, September 15 at 1:00 p.m. Central
Higher Education – Wednesday, September 16 at 9:00 a.m. Central

Pharmacy- January 2016 Changes
We have been notified by CVS/caremark that the following medications will move to **non-preferred** status starting on January 1, 2016. We are sharing this with you in advance of the Annual Enrollment Period so that you may share it with your employees and they may make an informed decision regarding which plan to enroll in for next year, as these medications will cost the highest copayment or coinsurance.

These medications will be non-preferred (Tier 3) and will cost members their plan's highest copayment (or coinsurance, in the case of the HealthSavings CDHP and the Wellness HealthSavings CDHP) starting on January 1, 2016.

Drug moving becoming non-preferred 1/1/2016	Use	Alternatives
Abilify	Depression/Schizophrenia	Latuda, Seroquel XR, various generics
Amitiza	Irritable Bowel Disease	Linzess
Avonex	Multiple Sclerosis	Betaseron, Copaxone, Aubagio, Glenya, Rebif
Bydureon	Diabetes	Trulicity, Victoza
Carac	Dermatology	Picato, Zyclara, various generics
Cardizem	High Blood Pressure	diltiazem extended release (except generic of Cardizem LA)
Cardizem CD	High Blood Pressure	diltiazem extended release (except generic of Cardizem LA)
Cardizem LA	High Blood	diltiazem extended release (except

	Pressure	generic of Cardizem LA)
Clobetasol Spray	Dermatology	clobetasol foam
Clobex Spray	Dermatology	clobetasol foam
Cymbalta	Depression	duloxetine, venlafaxine, venlafaxine XR, Pristiq
Diovan	High Blood Pressure	valsartan, losartan, Benicar, and various generics
Exforge	High Blood Pressure	amlodipine-telmisartan, amlodipine-valsartan, Azor
Exforge HCT	High Blood Pressure	amlodipine-valsartan-HCTZ, Tribenzor
Extavia	Multiple Sclerosis	Betaseron, Copaxone, Aubagio, Glenya, Rebif
Fluorouracil cream .5%	Dermatology	Fluorouracil cream 5%, fluorouacil solution, Picato, Zyclara
Fortesta	Testosterone replacement	AndroDerm, Axiron
Fosrenol	Kidney disease	calcium acetate, Phoslyra, Renvela, Velphoro
Incruse Ellipta	COPD	Sprivia
Intuniv	ADHD	Strattera, Vyvanse, and various generics
Invokamet	Diabetes	Xigduo XR
Invokana	Diabetes	Farxiga, Jardiance
Matzim LA	High Blood Pressure	diltiazem extended release (except generic of Cardizem LA)
Monovisc	Osteoarthritis	Gel-One, Hyalgan, Supartz
Noritate	Dermatology	Finacea, Soolantra, and various generics
Plegridy	Multiple Sclerosis	Betaseron, Copaxone, Aubagio, Glenya, Rebif
Relistor	Gastrointestinal agents	Movantik
Viagra	Erectile dysfunction	Cialis
Zubsolv	Opioid dependence agents	Suboxone film, buprenorphine-naloxone sublingual tablet

Updated Dental Information

Attached is the updated dental benefit grid from the 2016 decision guides for active employees. This information was updated after the Decision Guides were printed and is included in the electronic versions of the Decision Guides (page 19). To view, download or print new Decision Guides, click here.

We added the MetLife handbook and the Cigna Prepaid Dental Patient Charge Schedule to the Benefits Administration website. The Cigna PrePaid Plan handbook is not posted on the website yet. We will let you know when it is.

Flu Shot Clinic information – ST

Attached is the flu shot clinic information mentioned on this week's ABC Call. Please post and distribute this information to employees. The flier includes times, locations and physical addresses. All clinics are from 9 a.m. until 3 p.m. CT. Employees will need a State ID or driver's license for building access.

Annual Enrollment Period Begins – ST

The annual enrollment period for 2016 benefits begins on Tuesday, September 15. We are sending out an all-employee email Tuesday morning before 8 a.m. Central time. A copy of the email is attached. Please share with any employees who do not receive all-employee emails.

Annual Enrollment Period Begins – HE

Attached is a text-ready email for you to distribute to all of your employees on the first day of annual enrollment (Tuesday, September 15).

LE/LG – HSA Maximum Annual Contribution Update

A follow up to questions on the ABC calls this week regarding who will monitor HSA limits and if there are penalties or liabilities on the agency.

While the IRS is silent on penalties, the expectation is that an employer would not make a pretax contribution unless they believed at the time that the contribution would be excludable from the employee's income. The State plans to ensure that employees do not exceed the contribution limits by keeping track of how much money is payroll deducted.

Below is the excerpt from the W-2 instructions:

Health savings account (HSA): An employer's contribution (including an employee's contributions through a cafeteria plan) to an employee's HSA is not subject to federal income tax withholding or social security, Medicare, or railroad retirement taxes (or FUTA tax) if it is reasonable to believe at the time of the payment that the contribution

will be excludable from the employee's income. However, if it is not reasonable to believe at the time of payment that the contribution will be excludable from the employee's income, employer contributions are subject to federal income tax withholding, social security and Medicare taxes (or railroad retirement taxes, if applicable), and FUTA tax and must be reported in boxes 1, 3, and 5 (use box 14 if railroad retirement taxes apply), and on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.

Attachments:

Active Dental 2016 Decision Guide Update
State Employee Email on Alex
HE Employee Email on Alex
2015 Flu Shot Clinic Flier
State Call Agenda
LE/LG Call Agenda
HE Call Agenda
Combined ABC Notes

Monthly Premiums for Active Members

	PREPAID PLAN	DPPO PLAN
Employee Only	$12.61	$21.51
Employee + Child(ren)	$26.18	$49.46
Employee + Spouse	$22.35	$40.69
Employee + Spouse + Child(ren)	$30.73	$79.62

Monthly Premiums for COBRA Participants

	PREPAID PLAN	DPPO PLAN
Employee Only/Single	$12.86	$21.94
Employee + Child(ren)	$26.70	$50.45
Employee + Spouse	$22.80	$41.50
Employee + Spouse + Child(ren)	$31.34	$81.21

Covered Dental Services

Here is a comparison of deductibles, copays and your share of coinsurance under the dental options. Costs represent what the member pays.

	CIGNA PREPAID OPTION		METLIFE DPPO OPTION	
COVERED SERVICES	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	none		$25 single; $75 family, per policy year [1]	$100 single; $300 family, per policy year [1]
Annual Maximum Benefit	none		$1,500 per person, per policy year	
Pre-existing Conditions	covered		some exclusions	
Office Visit	$10 copay [2]		no charge	20% of MAC
Periodic Oral Evaluation	no charge		no charge	20% of MAC
Routine Cleaning – Adult	no charge		no charge	20% of MAC
Routine Cleaning – Child	no charge	$15 copay	no charge	20% of MAC
X-ray — Intraoral, Complete Series	no charge	$5 copay	no charge	20% of MAC
Amalgam (silver) Filling — 2 Surfaces Permanent	$8 copay	$10 copay	20% of MAC	40% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	$125 copay	$600 copay	50% of MAC	
Major Restorations — Crowns (porcelain fused to high noble metal)	$200 copay, plus lab fees [3]		50% of MAC [4]	
Extraction of Erupted Tooth (minor oral surgery)	$15 copay	$70 copay	20% of MAC	40% of MAC
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	$100 copay	$120 copay	50% of MAC	
Dentures — Complete Upper	$310 copay, plus lab fees [3]		50% of MAC [4]	
Orthodontics	$140 monthly copay for treatment [6]		50% of MAC	
• Annual Deductible	none		none	
• Lifetime Maximum	$3,360 treatment fee only [6]		$1,250 [5]	
• Waiting Period	none		12 months	
• Age Limit	none		up to age 19	

MAC—Maximum Allowable Charge (maximum amount of charge agreed to by dentist)

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

[1] Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

[2] A charge may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

[3] Members are responsible for additional lab fees for these services.

[4] A 6-month waiting period applies.

[5] The orthodontics lifetime maximum is for a dependent member enrolled in the state group dental insurance program even if the member has been covered under different employing agencies.

[6] Additional copays apply for specific orthodontic procedures.

Highlighted information changed after document print date

It's Benefits Enrollment Time!

YOUR ENROLLMENT DATES:
SEP. 15 – OCT. 15

Don't forget to sign up for your 2016 benefits, and don't forget to talk to ALEX, your personal benefits counselor. ALEX explains all your options in plain English, and helps you choose the plans that make the most sense for you and your family.

Meet ALEX at
www.partnersforhealthtn.gov

alex® PARTNERS FOR HEALTH

The Annual Enrollment Period for 2016 Benefits begins today!

In addition to the PPO plans, you have two new Consumer Driven Health Plans with Health Savings Account options for 2016: *Wellness HealthSavings CDHP (with an extra $500 or $1,000 of State funding)* and the *HealthSavings CDHP.*

- ✓ If you're happy with your current coverage, **no action is required**.
- ✓ If you want to **make changes** to your benefits, add or drop dependents, you must use Employee Self Service (ESS) in Edison.
  - o To add or continue **flexible benefits** (FSA) for medical or dependent care, you must make an election through ESS.
- ✓ If you want to **make changes** to your benefits, add or drop dependents, you must use Employee Self Service (ESS) in Edison.
  - o To add or continue **flexible benefits** (FSA) for medical or dependent care or parking and transportation, you must make an election through ESS.
  - o Please note: enrollees in the *HealthSavings CDHP* options can only have a **limited purpose medical FSA** to use for dental and vision expenses. Dependent care, parking and transportation flexible accounts are still allowed.
- ✓ **You can make changes in ESS until 4:30 p.m. CT on October 15.** Benefit selections aren't final until you click "submit" (once submitted, you'll receive a confirmation statement immediately if you have an email address in Edison).
- ✓ New this year is ALEX! Your online, confidential benefits expert can help you compare plan options based on your own situation. Meet ALEX at www.partnersforhealth@tn.gov.

- ✓ The Benefits Administration Service Center will be open M-F, from 7:00 a.m. to 4:30 p.m. Central and can be reached at 800.253.9981.

More information about all of your benefits and the Annual Enrollment Period is available at the state's benefits website: www.partnersforhealthtn.gov.

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If you need help with your password, call the Password Reset Call Center at 844-330-9100 from 7:00 am to 4:30 pm CT, M-F.

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PARTNERS HEALTH&WELLNESS CENTER

FREE FLU SHOT CLINICS

DATES & LOCATIONS

Building	Date	Time	Location
WRS Tennessee Tower 312 Rosa L. Parks Ave.	**Friday, October 9**	9 a.m. - 3 p.m.	3rd floor Conference Center, room D
Andrew Johnson 710 James Robertson Pkwy.	**Friday, October 16**	9 a.m. - 3 p.m.	1st floor, Multi-Media Room
Andrew Jackson 500 Deaderick St.	**Friday, October 23**	9 a.m. - 3 p.m.	Hearing Room, room 201
MetroCenter – Dept. of Health 665 Mainstream Dr.	**Friday, October 30**	9 a.m. - 3 p.m.	1st floor, Mockingbird Room

Roll up your sleeve!

- No appointment necessary.
- Bring your State ID or driver's license for building access.
- Don't miss out! Shots are given on a first come, first served basis.
- Beginning in November, flu shots will be available in the ParTNers Center by appointment only, while supplies last.

partnershealthcenter.com

September 16, 2015

The September 15 PayFlex PowerPoint presentation and the PayFlex Reporting Memo have been posted to the ABC webpage. The PayFlex Reporting Memo and embedded attachments are located under the header **PayFlex Memo for Local Ed & Local Gov**.

The PayFlex presentation is found here.
The PayFlex Reporting Memo sent to ABCs is found here.
The PayFlex Client Checklist (included in the PayFlex memo) is found here.

You will need to print the checklist out, complete it and email it back to PayFlex at StateofTennessee@payflex.com **by September 25**. All agencies must complete the checklist even if your agency is not setting up payroll deduction or contributing to your employees' HSAs. All eligible employees can enroll in a HealthSavings CDHP and contribute directly to their HSA. PayFlex needs to have information included on the checklist for all agencies and employers.

As a reminder, all agencies have to offer the HealthSavings CDHP/HSA as a plan option to eligible employees. You may choose to provide funding for your enrolled employees' HSAs but there is no requirement to do so.

CDHP Training Questions

For your reference, we have attached a list of the questions and answers from the ABC CDHP/HSA Training meetings held across the state.

Quick Video: ESS How to Guide (ST/HE)

The Quick Video: ESS How to Guide has been posted to the website for your employees. The video is a step-by-step guide for members including screenshots of ESS.

To access the video, go to www.partnersforhealthtn.gov and **click on the Enrollment tab** and then **click on the words 'Edison ESS'**. The direct link to the video is https://stateoftennessee.adobeconnect.com/_a828793869/esshowto/

Attachments:

CDHP Training Questions ST/HE
CDHP Training Questions LE/LG

CDHP Training Questions/Answers –Local Ed and Local Gov Meetings

1. **Does co-insurance count towards the deductible?**
   Coinsurance does not kick in until the deductible is met (with the exception of 90-day maintenance drugs). It does count towards the out-of-pocket maximum.

2. **Are flu shots and other immunizations covered?**
   All in-network preventive treatment is covered 100% just like in the PPO options.

3. **What is covered on the maintenance drug list?**
   There is not an all-inclusive list of drugs for all of the categories because there are a large number of generics and many preferred brands and the number changes regularly. Drug categories generally covered as a 90-day maintenance drug are:
   - Anti-hypertensives (used to treat high blood pressure)
   - Statins (cholesterol-lowering drugs)
   - Diabetes drugs, insulins, One Touch test strips, One Touch lancets, and BD needles
   - Coronary Artery Disease (CAD) medications
   - Congestive Heart Failure (CHF) medications
   - Depression medications
   - Asthma/COPD meds

4. **Can employees make post-tax contributions? And if so, will they get the tax benefit?**
   Yes, and then it can be claimed as a deduction on their annual tax return.

5. **Is payroll deduction required of the LE/LG agencies?**
   It is strongly encouraged. It not only provides a tax benefit to the employee, but to the employer as well.

6. **Can you designate a beneficiary?**
   Yes, PayFlex will ask you to designate a beneficiary.

- If your spouse is the designated beneficiary of your HSA, it will be treated as your spouse's HSA after your death.
- If your spouse is not the designated beneficiary of your HSA:
  - The account stops being an HSA, and
  - The fair market value of the HSA becomes taxable to the beneficiary in the year in which you die.
  - If your estate is the beneficiary, the value is included on your final income tax return.

7. **Are there fees associated with the health savings account?**
   The state is covering the monthly HSA account fee for all state, higher education, local education and local government employees while they are enrolled in a state sponsored CDHP. Members are responsible for the following fees:
   - Non-Sufficient Funds (NSF) Fee (Overdraft) - $25.00
   - Deposit Item Returned – $25.00
   - Stop Payment (per check) - $25.00
   - Monthly Investment Account Fee - $1.30

8. **If the employee leaves the HealthSavings CDHP plan or changes jobs, he/she will be responsible for covering all HSA fees?**
   Yes.

9. **What is the PayFlex enrollment/set up?**
   If you choose the HealthSavings CDHP option during annual enrollment, you will receive a welcome packet from PayFlex with information on the Customer Identification Process (CIP) to verify your name, Social Security number, address and date of birth. Once that is complete, you will receive a debit card from PayFlex and can set up your account online or on your mobile app.

10. **What is the timeframe for how quickly the money from payroll deduction shows up in the health savings account?**
    The money will typically be available within 48 hours of the bank transfer.

11. **If my spouse has insurance, can I use my HSA account for his/her expenses?**
    Yes. Qualified medical expenses are those incurred by the following persons.
    1. You and your spouse.
    2. All dependents you claim on your tax return.
    3. Any person you could have claimed as a dependent on your return except that:
       a. The person filed a joint return,
       b. The person had gross income of $3,950 or more, or
       c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return.

12. **Can an employer set an amount for its contribution into employees' HSA accounts?**
    Yes, each agency may determine how much, if any, they will contribute to employee HSA accounts.

13. **If you have a cafeteria or 125 plan, can an employee use it to pay for HealthSavings CDHP premiums?**
    Yes. Both an HSA and a CDHP may be offered as options under a cafeteria plan. Thus, an employee may elect to have amounts contributed as employer contributions to an HSA and an HDHP on a salary-reduction basis.

14. **Can the employer use the cafeteria plan to cover its contribution into the HSA?**
    In the case of an employee who is an eligible individual, employer contributions to the employee's HSA are treated as employer-provided coverage for medical expenses under an accident or health plan and are excludable from the employee's gross income. The employer contributions are not subject to withholding from wages for income tax or subject to the Federal Insurance Contributions Act (FICA), the Federal Unemployment Tax Act (FUTA), or the Railroad Retirement Tax Act. Contributions to an employee's HSA through a cafeteria plan are treated as employer contributions. The employee cannot deduct employer contributions on his or her federal income tax return as HSA contributions or as medical expense deductions under section 213.

15. **What are the rules regarding closing out your FSA so you can be eligible to use your HSA account?**
    An employee or their spouse cannot have an FSA or HRA account with funds in it and also open an HSA account.

Example 1: If the FSA is calendar year and has a grace period:

- If your FSA plan runs 1/1/15 – 12/31/15 and the FSA is with a grace period allowing an employee to incur claims until 3/15/16 and…
  - Their FSA balance is zero on 12/31/15, they are eligible to open an HSA on 1/1/16 if covered by the CDHP.
  - Their FSA balance is not at zero on 12/31/15, they are not eligible to open an HSA until the first of the month following the grace period, or 4/1/16 if covered by the CDHP.

Example 2: If your FSA plan runs on a non calendar year and has a grace period:

- 2/1/15 – 1/31/16 and the FSA is with a grace period allowing an employee to incur claims until 4/15/16 and…
  - Their FSA balance is zero on 12/31/15 they are eligible to open an HSA on 1/1/16 if covered by the CDHP.
  - Their FSA balance is not at zero on 12/31/15, they are not eligible to open an HSA until the first of the month following the grace period, or 5/1/16, if covered by the CDHP.

NOTE: Any funds posted in their HSA cannot be used for claims incurred prior to or the date their HSA opened. For FSA plans where the grace period is less than examples shown, employees with an FSA balance at the end of the plan year are not eligible to open an HSA until the first of the month following the FSA grace period.

16. How will ABC's know if an employee has both?

If your agency offers an FSA plan, you can run a query in Edison (BA265) to see who has selected the HealthSavings CDHP and match it against the list of those who are in your agency's FSA and make sure those individuals are aware of the IRS rules before they make their final annual enrollment choice.

It is also suggested to reach out to all those in the FSA at the start of open enrollment to make sure they are aware of the rules before they make their enrollment selections. Ultimately, it is the employees' responsibility to follow the rules as they could face tax penalties for having funds in both.

17. Are ABC's responsible if an employee and an employer are contributing and an employee reaches their maximum?

While the IRS is silent on penalties, the expectation is that an employer would not make a pretax contribution unless they believed at the time that the contribution would be excludable from the employee's income. The State plans to ensure that state employees do not exceed the contribution limits by keeping track of how much money is payroll deducted.

Keep in mind, the employee can also make post tax contributions that you won't be aware of. It is ultimately each employee's responsibility to keep track of the amount of money contributed to his or her HSA. Members can easily check online to view contributions for the year at any time.

If employees want to change their payroll deduction, whom do they contact?

Each agency is responsible for letting employees know what their procedure is to make changes in payroll deduction. The agency must then make these changes on the funding file sent to PayFlex to ensure the correct amount is deposited into the employee's HSA.

18. **Do employers have to give the option to change the payroll deduction amount once per month? Can an employee stop payroll deductions at any time?**
    Yes. IRS regulations state:
    Contributions may be made to an HSA through a cafeteria plan. A cafeteria plan offering HSA contributions through salary reduction may permit employees to make prospective salary reduction elections or change or revoke salary reduction elections for HSA contributions (for example, to increase or decrease salary reduction elections for HSA contributions) at any time during the plan year, effective before salary becomes currently available.
    If a cafeteria plan offers HSA contributions as a qualified benefit, the plan must—
    (i) Specifically describe the HSA contribution benefit;
    (ii) **Allow a participant to prospectively change his or her salary reduction election for HSA contributions on a monthly basis** (or more frequently); and
    (iii) Allow a participant who becomes ineligible to make HSA contributions to prospectively revoke his or her salary reduction election for HSA

19. **Can ABC's see the employees' HSA balances?**
    No. That is the employee's personal account, like a bank account.

20. **When you reach $1,000 in your HSA you have the option to invest additional funds. Is this money tax deductible?**
    Yes, both the money invested and any interest it earns are tax free. However, while funds in your HSA account are FDIC insured, funds in your investment account are not.

21. **At the end of the year, does the balance in your HSA roll over?**
    Yes. The employee can continue to save it or use it for future qualified medical expenses.

22. **Can you cash it out at 65 or use the funds for non-medical expenses?**
    Yes, but you will have to pay taxes for those non-qualified expenditures.

23. **Do surgeries have to be approved in the CDHP?**
    The same pre-approvals that the carriers require in the PPO plans are required in the HealthSavings CDHP.

24. **Does Alex come in Spanish?**
    No.

25. **How will employers know if an employee has chosen the CDHP/HSA?**
    They will run a BA265 query in Edison just as they do for the PPOs.

26. **Can dependents not covered under the CDHP plan use the money in the HSA?**
    Qualified medical expenses are those incurred by the following persons.
    1. You and your spouse.
    2. All dependents you claim on your tax return.
    3. Any person you could have claimed as a dependent on your return except that:
        a. The person filed a joint return,

b. The person had gross income of $3,950 or more, or
c. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's 2014 return.

27. Do the percentages employers pay towards each plan have to be the same? Can they pay a flat rate or percentage? Are these percentages set by PPACA?
It is up to each agency to determine how they want to fund the plans. If an agency has concerns about PPACA regulations, it should be discussed with their attorney.

28. Can employers contribute different HSA amounts towards all four premium tiers or does it have to be single/family?
Benefits Administration doesn't have a rule about contribution level. It is up to each agency to determine what its contributions will be. From the state's perspective, employers/agencies can contribute varying levels of contribution for the health plans. Keep in mind, the PPACA requirement of affordable coverage. LEAs also need to meet the BEP funding requirements.

29. Can Local Government agencies contribute funds towards HSAs for their board of commissioners?
Yes, if they are plan members as long as it is they are comparable to the contribution made for employees.
According to the IRS:

> If you decide to make contributions, you must make comparable contributions to all comparable participating employees' HSAs. Your contributions are comparable if they are either:
> - The same amount, or
> - The same percentage of the annual deductible limit under the CDHP covering the employees.
>
> The comparability rules do not apply to contributions made through a cafeteria plan.
>
> ***Comparable participating employees.*** Comparable participating employees:
> - Are covered by your CDHP and are eligible to establish an HSA,
> - Have the same category of coverage (either self-only or family coverage), and
> - Have the same category of employment (part-time, full-time, or former employees).

Please consult with your attorney if you have further questions.

30. If a spouse has an HRA that is not covering the employee does that still exclude the employee from being eligible for HSA?
It depends. FSAs and HRAs that are limited purpose (limited to dental, vision, or preventive care) or post-deductible (pay for medical expenses after the plan deductible is met) are allowed with a HSA. You cannot have a HSA if your spouse's FSA or HRA can pay for any of your medical expenses before your CDHP deductible is met.

31. If the spouse of a policy holder goes on Medicare, can the employee still choose the HealthSavings CDHP?
Yes, but the employee will only be able to contribute the individual amount unless there are other dependents claimed on their tax return. The spouse on Medicare cannot be

covered by the HealthSavings CDHP, however, the HSA funds can be used to cover his or her qualified medical expenses.

32. Are the Payflex HSA funds FDIC insured?

Yes, the funds in the HSA account are FDIC insured. However, once the funds reach $1,000 and if the account holder chooses to invest the funds, the investments are not insured. Additionally, the PayFlex debit card is a MasterCard® so PayFlex cardholders have access to Identity Theft Resolution Services at no cost.

33. Can I have "gap" coverage or other health coverage and be enrolled in the HealthSavings CDHP at the same time?

According to the IRS, http://www.irs.gov/publications/p969/ar02.html, you (and your spouse, if you have family coverage) generally cannot have any other health coverage that is not a CDHP. However, you can still be an eligible individual even if your spouse has non-CDHP coverage provided you are not covered by that plan.

You can have additional insurance that provides benefits only for the following items.

- Liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property
- A specific disease or illness (e.g., cancer policy)
- A fixed amount per day (or other period) of hospitalization

You can also have coverage (whether provided through insurance or otherwise) for the following items.

- Accidents
- Disability
- Dental care
- Vision care
- Long-term care

PLEASE NOTE: Other coverage not specifically listed above cannot include payment for or reimbursement for your coinsurance or deductible.

CDHP Training Questions/Answers – State and Higher Ed Meetings

1. **Can someone under CDHP not be covered by any other plan as a dependent?**
   To qualify for a the HealthSavings CDHP with a health savings account (HSA) employees must
   - Have no other health coverage that covers services prior to meeting deductible
   - Not be covered by a medical FSA or HRA
   - Not be enrolled in Medicare, Veteran's Health Benefits or other government insurance program
   - Not be claimed as a dependent on someone else's tax return.

2. **Can they be covered under two CDHP plans?**
   Yes, they can be covered under two qualified consumer driven or high deductible health plans, however, they are still limited to the total amount they can contribute to an HSA per year.

3. **If Higher Education employees already has an FSA through Payflex can they use the same login for HSA on the PayFlex website?**
   No, they need to use the state portal and new login info at: stateoftn.payflexdirect.com to access the HSA account

4. **Can Higher Education agencies contribute monthly or biweekly?**
   Timing for monthly employee payroll deductions for higher education can be determined by each higher education agency.

5. **Will the TBR schools all need to be on the same contribution payment schedule? (weekly/biweekly/monthly?)**
   No.

6. **Is the Partnership Promise required for the Partnership PPO the same required for the Wellness HealthSavings CDHP? Does a spouse have to complete the promise as well?**
   Yes. To be eligible for the Wellness HealthSavings CDHP the employee and spouse (if covered) need to fulfill the same Partnership Promise as those who select the Partnership PPO.

7. **What is the out of pocket amount?**
   The maximum out of pocket for the both HealthSavings CDHPs include deductibles and pharmacy out of pockets. They are:
   Wellness HealthSavings CDHP: $2,300 individual; $4,600 for family
   HealthSavings CDHP: $3,800 individual; $7,600 family.

8. **Does the deductible go towards the out of pocket maximum?**
   Yes and so does pharmacy deductible and coinsurance.

9. **Is a colonoscopy screening covered?**
   All in-network preventive services covered by the PPOs are covered by the HealthSavings CDHPs 100% including physicals, mammograms, immunizations and preventive screening tests like colonoscopies.

10. **Does a maintenance drug co-insurance amount go towards the deductible?**
    Yes.

11. **Can you only use the funds in the HSA for health expenses?**
    They can only be used tax free for qualified medical expenses as defined by the IRS. If the HSA funds are used for expenses other than those, the account holder is subject to fines and taxes. If the account holder is 65 or older, the funds can be used for non-medical expenses which will be subject to taxes, but no fines.

12. **Does STOLA get the $500/$1000 as well?**
    Yes.

13. **Can a STOLA agency make an additional employer contribution?**
    Yes.

14. **If someone leaves at the end of August, what happens to the account?**
    The employee takes the account with them and can continue to use it to pay for qualified medical expenses. PayFlex will start deducting the account fees that the state was covering ($4/month) from the account.

15. **Can an employee make post-tax contributions?**
    Yes. The employee needs to keep records of those contributions so they can be claimed as a deductible expense on that year's tax return.

16. **What about retirees?**
    Retirees are eligible for the HealthSavings CDHP, not the Wellness HealthSavings CDHP. A retiree will need to make contributions to the account on a post-tax basis and then claim them on his or her tax return for the year.

17. **Can medical expenses for children not claimed on taxes be paid from the HSA account?**
    You cannot cover medical expenses for children not claimed as dependents on your tax return. However, if you and a former spouse were legally divorced or separated at the end of the calendar year or lived apart during the last six months of the calendar year, your child is then treated as a dependent of both you and your former spouse, even if your child's tax exemption is claimed by your former spouse. In this situation, you could use your HSA to pay for your child's eligible health care expenses.
    It's important to note that if you use your HSA to pay for your child's eligible health care expenses; your former spouse can't use his or her HSA to pay for the same expenses. This is also true if your former spouse pays for your child's eligible health care expenses, you can't use your HSA to pay for the same expenses.
    For more information, please refer to IRS publication 969

18. **Will ALEX tell them that you can't have other coverage and the CDHP?**
    In the medical section, while gathering information about the member, ALEX does not ask about other coverage or age.

    However, in the Tax Saving module, when ALEX explains the difference between an FSA and an HSA he says an HSA can only be opened with a compatible medical plan. He also says you can't use an HSA if you are getting benefits from another plan.

This information is also found in the Decision Guide, in the HealthSavings CDHP section under restrictions, on Edison when they enroll and in the CDHP Frequently Asked Questions on the Partners for Health website.

19. **Will Edison/ESS tell employees that they can't have other coverage and the CDHP?**
    Yes.

20. **Will employees set payroll deductions through Edison?**
    Yes.

21. **When does an employee have to set up the PayFlex account? Where/What do they go/do to open a PayFlex account?**
    If an employee chooses the HealthSavings CDHP option during annual enrollment, you will receive a welcome packet from PayFlex with your debit card and instructions about activating your online account.

22. **Does an employee have to make a contribution when opening the HSA account?**
    No.

23. **Is there a transfer fee from the investment account to the HSA?**
    The state is covering all administrative and transfer fees for employees enrolled in the HealthSavings CDHPs.

24. **If an employee is Medicare eligible is he or she eligible for the CDHP and HSA?**
    If the employee is Medicare eligible but has not been automatically enrolled or applied for enrollment in Medicare, he or she is eligible for the HealthSavings CDHP.

25. **If an employee is already on the CDHP and goes on Medicare, what happens to the HSA account?**
    While the employee can no longer contribute to the HSA, he or she can use the money in the account to pay for any future qualified medical expenses.

26. **Can married state employees who have individual health insurance sign up for individual CDHP and HSAs?**
    Yes, but they are limited to the individual contribution maximum amount in their HSA account.

27. **Does the CDHP have an impact on the life insurance benefit from the State?**
    No.

28. **Can a married couple who have separate insurance and file taxes separately have two HSA accounts?**
    Yes, but they must keep the total of the two accounts combined to the family maximum contribution per year.

29. **What if an employee has Medicare, Tricare or gets care from the VA?**
    They are not eligible for either HealthSavings CDPH if they have Medicare, TriCare or another government plan, or if they have received care from the Veteran's

Administration in the last three months. If an employee enrolls in the HealthSavings CDHP and then receives care from the VA, he or she has to wait three months after the date of the care to make any contributions to his or her HSA. They can, however, use their existing HSA funds to pay for qualified medical costs during that time.

30. How will the state know (if an employee has other coverage)?

While it is ultimately the employee's responsibility to abide by the IRS regulations, the state is working to educate them about these rules. They are included in the Decision Guides, on the ParTNers for Health website, in Edison during the enrollment process and ALEX mentions them in his Tax Savings section.

31. If you are Medicare eligible, but not enrolled for Medicare benefits, can you have the CDHP?

Yes, as long as you do not enroll in Medicare or are not automatically enrolled.
If an employee becomes Medicare eligible in the middle of 2016 and is either automatically enrolled in or chooses to enroll in Medicare, even if they're still working, it is a SQE so they could switch back to a PPO and spend the money that is in their HSA on qualified medical expenses.

32. If an employee signs up during open enrollment and has FSA funds after 1/1 does he or she have to wait to open the HSA account? What are the rules regarding closing out your FSA so you can be eligible to use your HSA account?

An employee or their spouse cannot have an FSA or HRA account with funds in it and also open an HSA account.
Example: If the FSA is calendar year and has a grace period:

- If your FSA plan runs 1/1/15 – 12/31/15 and the FSA is with a grace period allowing an employee to incur claims until 3/15/16 and
- their FSA balance is not at zero on 12/31/15, they are not eligible to open an HSA until the first of the month following the grace period, or 4/1/16

NOTE: Any funds posted in their HSA cannot be used for claims incurred prior to or the date their HSA opened. For FSA plans where grace period is less than examples shown, employees are not eligible to open an HSA until the first of the month following that grace period.

33. Can you withdraw from the HSA account?

If you leave the HealthSavings CDHP plan for any reason (leave your job, choose a PPO option during subsequent annual enrollment, choose to be covered by a spouse's plan) you can take the HSA account with and use it to cover qualified medical expenses. You will become responsible for the $4/month PayFlex service charge, or you can move the account to another qualified HSA.

34. What happens when the employee passes away?

PayFlex will ask you to designate a beneficiary when you set up your online access to your account:

- If your spouse is the designated beneficiary of your HSA, it will be treated as your spouse's HSA after your death.
- If your spouse is not the designated beneficiary of your HSA:
- The account stops being an HSA, and
- The fair market value of the HSA becomes taxable to the beneficiary in the year in which you die.

- If your estate is the beneficiary, the value is included on your final income tax return.

35. **Can you clarify about maintenance drugs? Can you explain how it works?-**
    Ninety-day supplies of maintenance drugs either mail ordered or purchased at an in-network pharmacy are covered without meeting the deductible at a reduced coinsurance amount. Members pay a reduced co-insurance only: Wellness HealthSavings CDHP members pay 10% coinsurance of negotiated cost. HealthSavings CDHP members pay a 20% coinsurance of the negotiated cost.

36. **If we already have a HSA, can transfer these funds into the HealthSavings CDHP/HSA?**
    Yes. Contact your existing HSA bank and they can tell you how to make the transfer to your PayFlex amount. The transferred amount will not count towards your annual maximum.

37. **On the chance that you won't offer the CDHP next year, what happens to the funds in your HSA?**
    The funds in the account belong to the member. Members can use the funds to pay for qualified medical expenses no matter what type of coverage they have. However, they cannot continue to make contributions to the HSA unless they are enrolled in a qualified plan like the HealthSavings CDHPs.

38. **What if you (the state) cancels the plan, can you still contribute to your HSA?**
    No, you would not be able to continue to contribute to the HSA if the state does not offer a CDHP plan, unless you are enrolled in a different CDHP. For example if you left the state and worked for another organization that offered a CDHP.

39. **Can you roll another account into the HSA, like a 401K?**
    No.

40. **If you enroll in single coverage (employee only), can your husband contribute to the account (HSA)? What about the taxes on this contribution?**
    Yes, as long as you don't contribute more than the maximum annual contribution for an individual to the account. All post tax contributions can be claimed as deductions on your tax return for the year.

41. **We have a FSA with PayFlex. Will employees have to have a separate login?**
    Yes. The PayFlex HSA accounts will be separate from your FSA account with separate cards and log in. Note that you cannot have a medical FSA and HSA at the same time.

42. **Higher Ed: Will the state be paying the contribution?**
    Yes. The State is making the contributions to those eligible for the Wellness HealthSavings CDHP.

43. **How will payroll deductions be made?**
    State: the deductions will be divided up by pay period
    Higher Ed: Each school system will determine how this will be handled.

44. **With flexible benefits, you have a set contribution amount, Can you change your amount on the HSA?**

Yes, you can change your contribution amount to your HSA in Edison on a monthly basis if you choose.

45. **Can you use your HSA for someone else in the household not enrolled in your CDHP?**
    Yes, it can be used for your spouse and for other dependents as long as the dependent is claimed as a dependent on your tax return.

46. **What about medical treatments that are sometimes billed differently – sometimes the charge is considered out-patient treatment, sometimes drug costs (IV treatments). How is this paid with the HSA?**
    It doesn't matter how the treatment is billed. If it is a treatment covered by the insurance plan, you pay the full negotiated discounted rate until you meet your deductible, then you pay coinsurance until

47. **If an employee has children and the spouse has them enrolled in secondary coverage, can the children be covered by the CDHP?**
    No, they cannot be enrolled in both plans. But you can use the money in your HSA to cover their qualified medical expenses.

48. **If the employee does not put any money into the HSA will they still receive a card?**
    Yes.

49. **Can employees above 65 use the HSA funds for non-medical expenses?**
    Yes, but it will be taxed.

50. **Can dependents not covered under the plan use the money in the HSA?**
    Yes, as long as you claim them dependent on taxes.

51. **Whose responsibility is it to stop payroll contributions once the employee has contributed their maximum amount to the HSA?**
    It is the employees' responsibility to stop the contributions. However, if they are making payroll contributions, you can track the amount you know they are contributing and alert them if they are reaching their limit. Keep in mind that employers will not be aware of any post tax contributions that also are applied to the maximum.

52. **Does the employer contribution go through payroll?**
    The employer contribution will appear as non-taxable income on the employee's W2 along with any contributions made by the employee.

53. **Does social security automatically enroll you in Medicare part a when you turn 65?**
    If you are receiving or have received government services, you may be automatically enrolled and can no long contribute to your HSA. However, if you become Medicare eligible, are not automatically enrolled and choose not to enroll, you are eligible for continued HealthSavings CDHP enrollment and to make contributions to your HSA.

54. **Can you make the extra $1000 a year contribution if you have a spouse over 55 but you're younger than 55?**

If you are 55 or older, you can make “catch-up” contributions, meaning you can deposit an additional $1,000 per year. If your spouse is also 55 or older and in a qualified health plan, he or she may establish a separate HSA and make a “catch-up” contribution to that account. But, your total family amount of your two accounts combined, must remain within the IRS guidelines for maximum contribution with the catch up amount.

55. Is the employer penalized tax wise if you let employees contribute over the max? (Higher Ed)
No, the employee is penalized, not the employer.

56. Does an employee have to have a limited purpose FSA if we they enroll in HSA/CDHP?
Employees do not have to enroll in any type of a FSA plan if enrolled in a CDHP/HSA. But if employees choose to enroll in a CDHP, they may not have a general purpose FSA for medical expenses. They would need to enroll in a Limited Purpose FSA, which Treasury will make available to state employees in 2016.

57. If an employee has a child that is 19-26 and on their health plan but not a dependent. Why and how would the IRS or PayFlex know if they used those funds?
The agency and PayFlex will not know if HSA funds are used for a non-dependent family member BUT it would show up in an IRS audit. Note the IRS rules:

> HSA funds may be used for out-of-pocket medical expenses for tax-dependent (up to age 19 or, if full-time student, age 24), meaning those dependents that are claimed on the accountholder’s taxes.

When the child is no longer a tax-dependent but on the accountholder’s CDHP (through age 26), then the child’s out-of-pocket medical expenses cannot be paid with the HSA. The older covered dependent may open their own HSA and contribute up to the family max.

58. How will payroll people know if an employee still has money in their FSA on January 1? How will they know when to start doing their employees payroll deduction if they still have money in the FSA.
There is a query to find out who selected the CDHP during OE.

After annual enrollment, the state will match up the CDHP enrollment with which state employees still have FSA funds and will send them a letter letting them know that they need to spend it down by 12/31. Higher Education is encouraged to do the same.

59. TCRS currently did not count money contributed to flexible benefits towards state employee’s salary when calculating retirement. Will this be the same with HSA?
Yes.

60. Can Higher Education agencies contribute monthly or biweekly?
This is up to each school system

61. If your spouse has their own PPO he or she cannot be covered under the CDHP but we can use the money in the HSA to cover their expenses?
Yes.

62. How do you know the prices for a doctor's visit or prescription drugs?

- You can contact your healthcare provider or pharmacy directly to ask their negotiated cost.
- You can also check your providers' previous year costs for ongoing services by reviewing your Explanation of Benefits statements from the prior year to see what your provider's discounted fees were. You can access that history online and view online tools on your carriers' websites to view those statements and to search for the consumer cost of healthcare services prior to receiving care (you must register on these sites to access the costs)

Medical costs:

- Blue Cross Blue Shield of Tennessee: http://www.bcbst.com/members/tn_state/
- Cigna: http://www.cigna.com/sites/stateoftn/index.html?redir=/stateoftn

Prescription drugs costs: http://info.caremark.com/stateoftn

You can also call the respective carrier and ask them what the provider cost is for the services you seek.

63. Can I have "gap" coverage or other health coverage and be enrolled in the HealthSavings CDHP at the same time?

According to the IRS, http://www.irs.gov/publications/p969/ar02.html, you (and your spouse, if you have family coverage) generally cannot have any other health coverage that is not a CDHP. However, you can still be an eligible individual even if your spouse has non-CDHP coverage provided you are not covered by that plan.

You can have additional insurance that provides benefits only for the following items.

- Liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property
- A specific disease or illness (e.g., cancer policy)
- A fixed amount per day (or other period) of hospitalization

You can also have coverage (whether provided through insurance or otherwise) for the following items.

- Accidents
- Disability
- Dental care
- Vision care
- Long-term care

PLEASE NOTE: Other coverage not specifically listed above cannot include payment for or reimbursement for your coinsurance or deductible.

PARTNERS HEALTH&WELLNESS CENTER

FREE FLU SHOT CLINICS

DATES & LOCATIONS

Building	Date	Time	Location
WRS Tennessee Tower 312 Rosa L. Parks Ave.	**Friday, October 9**	9 a.m. - 3 p.m.	3rd floor Conference Center, room D
Andrew Johnson 710 James Robertson Pkwy.	**Friday, October 16**	9 a.m. - 3 p.m.	1st floor, Multi-Media Room
Andrew Jackson 500 Deaderick St.	**Friday, October 23**	9 a.m. - 3 p.m.	Hearing Room, room 201
MetroCenter – Dept. of Health 665 Mainstream Dr.	**Friday, October 30**	9 a.m. - 3 p.m.	1st floor, Mockingbird Room

Roll up your sleeve!

- No appointment necessary.
- Bring your State ID or driver's license for building access.
- Don't miss out! Shots are given on a first come, first served basis.
- Beginning in November, flu shots will be available in the ParTNers Center by appointment only, while supplies last.

partnershealthcenter.com

Delta Dental's Provider Communication is Causing Member Confusion.
During Annual Enrollment Plan Members Should Consider all the Implications of Leaving the State's Dental Plan.

The State has been alerted that Delta Dental has sent a letter and flier to dentists, and set up a special website encouraging our members to enroll in one of their stand-alone plans next year.

Things that you should know:

- **The State insurance plans have no relationship with Delta Dental in 2016 – 2017.** Therefore, Delta Dental will be **free to change premiums and benefits at their discretion.** MetLife, as the State's contractor, cannot make changes without approval from the State of Tennessee.

- **MetLife**, the state's contracted Dental Preferred Provider in 2016, **will** count the time you were enrolled in Delta Dental during 2015 **toward your waiting periods in 2016.**

- Employees who cancel their state dental insurance coverage **are not allowed to re-enroll** in State **dental coverage** until the 2017 Annual Enrollment Period.

- Members enrolled in the State's Dental Preferred Provider plan who cancel their plan during annual enrollment, stay out for a year, and re-enroll in our MetLife plan in 2017, **must start their waiting periods all over again.**

- Employees who enroll in a Delta Dental plan should know that if they purchase individual coverage, **their premiums are not pre-tax**. This is one advantage of enrolling through our employer-sponsored group plan.

- If you are currently enrolled in Delta Dental you will automatically be transferred to MetLife unless you make a change using Employee Self Service (ESS) in Edison during Annual Enrollment.

You may choose to enroll in any dental plan, but please be aware of the consequences.

September 18, 2015

Excellus Security Breach

Some of you or your members may have seen media reports about a sophisticated cyber-attack at Rochester, NY, based Excellus BlueCross BlueShield. Benefits Administration was informed on September 10 of a cyberattack that may have affected records of our **MedAmerica** members (our long term care insurance company) and, possibly, BlueCross Blue Shield members who have used the out of state Blue Card network. Benefits Administration is trying to clarify what, if any, of state plan members' data are included in the breach. Excellus has begun mailing letters to, according to media reports, 7 to 10.5 million people whose personal information could have been exposed. We will let you know if we hear that any of our plan members are affected or due to receive one of those letters.

Meanwhile, we have set up a link called HIPAA Breach on the front page of the Benefits Administration website at https://www.tn.gov/finance/section/fa-benefits. We will immediately post any new information we receive about this breach

Delta Dental's Provider Communication Is Causing Member Confusion

Delta Dental is taking aggressive steps to move our members from our current group dental DPPO insurance to Delta's individual coverage. Their actions are very confusing to our members and may be perceived to be endorsed or approved by the state of Tennessee. They have notified their contracted dentists with a flier that they are offering State of Tennessee active and retired employees "continuation coverage" and encouraging our members to enroll in one of their stand-alone plans next year. Dentists are giving the flier to members of the State Group Health Plans.

We realize from the emails ABCs have sent us, that Delta's actions are creating additional work for staff as we all respond to questions about this misleading information.

As a result, attached is some information that you may share with with your members as you wish.

Please email benefits.info@tn.gov if you have questions.

Dental Provider Handbooks

The dental provider handbooks for Cigna and MetLife have been posted to the BA website under Publications, **Member Handbooks – Dental 2016**. You can find them on the publications page here.

Gap Coverage or other Insurance and the HealthSavings CDHP

We have had several questions about whether or not you can have "gap" coverage or other health coverage and be enrolled in the HealthSavings CDHP at the same time. Here is information pulled from the IRS guidelines for your reference:

According to the IRS, http://www.irs.gov/publications/p969/ar02.html, you (and your spouse, if you have family coverage) generally cannot have any other health coverage that is not a CDHP. However, you can still be an eligible individual even if your spouse has non-CDHP coverage provided you are not covered by that plan.

You can have additional insurance that provides benefits only for the following items.

- Liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property
- A specific disease or illness (e.g., cancer policy)
- A fixed amount per day (or other period) of hospitalization

You can also have coverage (whether provided through insurance or otherwise) for the following items.

- Accidents
- Disability
- Dental care
- Vision care
- Long-term care

PLEASE NOTE: Other coverage not specifically listed above cannot include payment for or reimbursement for your coinsurance or deductible.

Maintenance Drugs/Deductible Clarification for CDHP (ST/HE)

We had one correction to the CDHP Training questions and answers sent to ABCs on Wednesday, September 16.

Does a maintenance drug co-insurance go towards the deductible? The correct answer is No. For the CDHP plans, the maintenance tier drugs bypass the deductible and DO count toward the member's maximum out-of-pocket (MOOP), but they do not count toward the deductible.

Attachments:

Higher Ed Call Agenda
Local Ed/State/Local Gov Call Agenda
Delta Dental Information
2015 Flu Clinic Flier
Combined Notes from ABC Calls

September 25, 2015

ABC Conference Call Notes

The combined notes from the September 22 and 23 ABC conference calls are attached.

ABC Conference Call

Don't forget, ABC conference calls are next week! The agenda is attached which includes the webinar link.

Local Education – Tuesday, September 29 at 9:00 a.m. Central
Central State – Tuesday, September 29 at 10:30 a.m. Central
Local Government – Tuesday, September 30 at 1:00 p.m. Central
Higher Education – Wednesday, September 30 at 9:00 a.m. Central

Cigna Network

Cigna announced this week that effective January 1, 2016, UT Medical Center and more than 800 affiliated doctors and other health care professionals (who are part of University Physicians' Association, Inc.) will be part of the Cigna LocalPlus network. This impacts our members in the Knoxville and surrounding area.

Also, Baptist Union in Obion County is in the Cigna LocalPlus network. This facility was left out of the directory in error and is being corrected. The hospital list we previously sent to ABCs included Baptist Union as an in-network provider and is correct.

Excellus CyberAttack Letters

As we have relayed during the ABC calls this week, Excellus BlueCross BlueShield experienced a cyberattack where attackers may have had unauthorized access to personal information of current and former members of Excellus and other BlueCross plans including BlueCross BlueShield of Tennessee (BCBST).

BCBST will send letters to impacted members and has reported that there are 109 households for a total of 130 state members who will receive these letters. These members will also receive an official notification letter from Excellus with the offer of free credit monitoring and identity repair services.

Marketplace Letters

The marketplace letters have been updated and are posted to the ABC webpage by plan.

October Preferred Drug List (PDL)

Attached is a copy of the October 2015 preferred drug list. Notification letters will be mailed in late October to members impacted by the single-source brand changes. There were 764 members in the last four months that filled for one of the non-preferred

drugs. Of these members, 762 filled for a drug that has an equivalent generic available. The remaining two members filled for a single-source drug.

Drugs being added to the PDL on October 1, 2015 include:

Drug	**Use**	**Options/Comments**
Abcavir tablets	HIV	To provide a generic component
Aripiprazole tablets	Schizophrenia; biopolar disorder	The "A" rated generic will replace the brand agent Abilify
Lamivudine tablets & oral solution	HIV	To provide a generic component
Lamotrigine orally disintegrating tabs	Epilepsy & bipolar disorder	The "A" rated generic will replace the brand agent Lamictal ODT
Omega-3 acid ethyl esters capsules	High triglycerides	The "A" rated generic will replace the brand agent Lovaza
Atripla	HIV	To provide a fixed-dose complete alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Complera	HIV	To provide a fixed-dose complete alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Epzicom	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines
Evotaz	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines
Isentress	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to

		DHHS guidelines
Movantik tablets	Opiod-induced constipation (OIC)	To provide an additional oral therapy for the treatment of opioid-induced constipation (OIC)
Norvir	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines
Prevcobix	HIV	To provide a component of an alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Prezista	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines
Reyataz	HIV	To provide a component of an alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Soolantra	Rosacea	To provide an additional topical rosacea therapy option for the treatment of inflammatory lesions
Stribild	HIV	To provide a fixed-dose complete alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Tivicay	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines
Toujeo	Diabetes	To provide a long-acting insulin therapy option for the treatment of

		diabetes mellitus
Tiumeq	HIV	To provide a fixed-dose complete alternative regimen for the treatment of HIV-1 according to DHHS guidelines
Truvada	HIV	To provide a component of a recommended regimen for the treatment of HIV-1 according to DHHS guidelines

Drugs being deleted from the PDL on October 1, 2015 include:

Drug	**Use**	**Options/Comments**
Abilify	Schizophrenia; bipolar disorder	Abilify tablets will be replaced on the State of TN Drug List by the "A" rated generic aripiprazole tablets
Lamictal ODT	Epilepsy & bipolar disorder	Lamictal ODT will be replaced on the State of TN Drug List by the "A" rated generic lamotrigine oral tablets
Lovaza	High triglycerides	Lovaza will be replaced on the State of TN Drug List by the "A" rated generic omega-3 acid ethyl esters

Reminder: Employee Informational Benefits Webinars (LE/LG)

The 2016 Employee Informational Webinars for local education and local government employees begin next week. We have attached a flier you can share with your employees. The webinars will include brief information about 2016 benefits and focus on the new HealthSavings CDHP options.

Employees will use the same webinar link and phone number used for ABC conference calls and employees will not need to register. Information on how they can join the call is included on the flier.

You can email the fliers directly to your members -- the links are live and they can just click to join the call. Please share the fliers with your employees who might want to participate.

Attachments:

9.29.15 Call Agenda
Combined Notes from ABC Call 9.22.15
October 2015 PDL
Employee Webinar Flier LE/LG

PARTNERS FOR HEALTH

EMPLOYEE INFORMATIONAL WEBINAR

2016 Benefits with a focus on the NEW HEALTHSAVINGS CDHP OPTION

To participate in this webinar:

No registration necessary. Click on the link and sign-in as a guest:
stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting

For audio: The system can call you back directly or you can call the conference line number at: **877.820.7831 participant code is 217506#**.

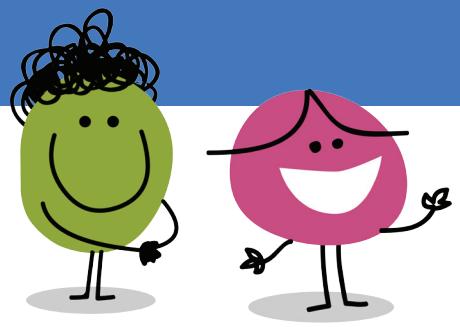
NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call — **get.adobe.com/flashplayer/**

If you would like step-by-step instructions, **click here**.

Local Education and Local Government

September 30	10:30 to 11:30 a.m. Central
October 1	11 to 12 p.m. Central
October 5	1 to 2 p.m. Central
October 21	2:30 to 3:30 p.m. Central
October 27	2:30 to 3:30 p.m. Central

Pick the benefits plans that are best for you. ALEX® CAN HELP!



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To meet ALEX, go to partnersforhealthtn.gov

October 2015

State of Tennessee Drug List with Advanced Control Specialty Formulary™

The **State of Tennessee Drug List with Advanced Control Specialty Formulary** is a list of preferred drugs for your prescription benefit. This list includes Generics and Preferred Brand drugs.

- **Generic** drugs are in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed.
- **Preferred Brand** drugs are in CAPS. These are the most cost-effective brand-name drugs for you.
- **Non-preferred Brand** drugs are not listed. Most of these brand-name drugs are covered but will cost you the most.

Generics are available in drug classes marked with § and should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name drug to treat a condition.

PLAN MEMBER

Ask your doctor to consider prescribing a generic drug or a preferred brand-name drug from this list, if medically appropriate. Take this list along when you see your doctor.

Please note:

- If you have questions about your prescription coverage or copays[1] you can:
  - Visit **www.caremark.com**, or
  - Contact a CVS/caremark™ Customer Care representative toll-free at **1-877-522-TNRX (8679)**.
- For mail service, CVS/caremark may contact your doctor after getting your prescription. They may ask your doctor to consider a preferred brand drug or a generic. Your doctor may choose, when medically appropriate, to prescribe a different brand-name drug or generic in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS/caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to **www.caremark.com** to check coverage and copay information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac sodium
meloxicam
naproxen

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium solution
VOLTAREN GEL

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
COLCRYS
ULORIC

§ OPIOID ANALGESICS

codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal lozenge (PA)
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
tramadol
tramadol ext-rel
ABSTRAL (PA)
BUTRANS
FENTORA (PA)
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN (QL)
SUBSYS (PA)

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole (PA)
terbinafine tablet (PA)

ANTIVIRALS

§ HERPES AGENTS

acyclovir
valacyclovir

INFLUENZA AGENTS

RELENZA (QL)
TAMIFLU (QL)

§ MISCELLANEOUS

clindamycin
ivermectin
metronidazole
nitrofurantoin
sulfamethoxazole-trimethoprim

PARTNERS FOR HEALTH

ALBENZA
SIVEXTRO
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS
ALKERAN
CYCLOPHOSPHAMIDE CAPSULE
HEXALEN
LEUKERAN
MYLERAN

§ ANTIMETABOLITES
TABLOID

§ MISCELLANEOUS
LYSODREN
MATULANE

CARDIOVASCULAR

§ ACE INHIBITORS
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS
candesartan / candesartan-hydrochlorothiazide
eprosartan
irbesartan / irbesartan-hydrochlorothiazide
losartan / losartan-hydrochlorothiazide
telmisartan / telmisartan-hydrochlorothiazide
valsartan / valsartan-hydrochlorothiazide
BENICAR / BENICAR HCT

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS
amlodipine-telmisartan
amlodipine-valsartan
AZOR

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS
amlodipine-valsartan-hydrochlorothiazide
TRIBENZOR

§ ANTIARRHYTHMICS
TIKOSYN (PA)

ANTILIPEMICS
§ BILE ACID RESINS
cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS
ZETIA

§ FIBRATES
fenofibrate
fenofibric acid

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS
atorvastatin
fluvastatin
lovastatin
pravastatin
simvastatin
CRESTOR
VYTORIN

§ NIACINS / COMBINATIONS
niacin ext-rel
SIMCOR

§ OMEGA-3 FATTY ACIDS
omega-3 acid ethyl esters

§ BETA-BLOCKERS
atenolol
carvedilol
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS
TEKTURNA / TEKTURNA HCT

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
TEKAMLO

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS
AMTURNIDE

§ DIURETICS
furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

§ NITRATES
nitroglycerin lingual spray
NITROLINGUAL
NITROSTAT

NITRATE / VASODILATOR COMBINATIONS
BIDIL

MISCELLANEOUS
RANEXA

CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS
carbamazepine
carbamazepine ext-rel
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
VIMPAT

§ ANTIDEMENTIA
donepezil
galantamine
galantamine ext-rel
rivastigmine
EXELON PATCH
NAMENDA
NAMENDA XR

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
BRINTELLIX
FLUOXETINE 60 MG
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
duloxetine
venlafaxine
venlafaxine ext-rel
KHEDEZLA
PRISTIQ

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS
amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
ropinirole
ropinirole ext-rel
selegiline
AZILECT
MIRAPEX ER
NEUPRO
ZELAPAR

ANTIPSYCHOTICS
§ ATYPICALS
aripiprazole
clozapine
olanzapine
quetiapine
risperidone
ziprasidone
LATUDA
RISPERDAL CONSTA
SEROQUEL XR

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
DAYTRANA
QUILLIVANT XR
STRATTERA
VYVANSE

FIBROMYALGIA
LYRICA
SAVELLA

HYPNOTICS
§ NONBENZODIAZEPINES
eszopiclone (QL)
zolpidem (QL)
zolpidem ext-rel (QL)

TRICYCLICS
SILENOR

MIGRAINE
§ SELECTIVE SEROTONIN AGONISTS
naratriptan (QL)
rizatriptan (QL)
sumatriptan (QL)
zolmitriptan (QL)
RELPAX (QL)
SUMAVEL DOSEPRO (QL)
ZOMIG NASAL SPRAY (QL)

SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS
TREXIMET (QL)

§ MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine

NARCOLEPSY
NUVIGIL (PA)

POSTHERPETIC NEURALGIA
GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS
§ OPIOID ANTAGONISTS
EVZIO

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS
buprenorphine-naloxone sublingual tablet
ZUBSOLV

VASOMOTOR SYMPTOM AGENTS
BRISDELLE

ENDOCRINE AND METABOLIC

§ ANDROGENS
ANDRODERM (PA)
AXIRON (PA)
FORTESTA (PA)

ANTIDIABETICS
AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES
metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS
JANUMET
JANUMET XR
JENTADUETO

INCRETIN MIMETIC AGENTS
BYDUREON
VICTOZA

INSULINS
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO

§ INSULIN SENSITIZERS
pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS
pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS
pioglitazone-glimepiride

§ MEGLITINIDES
nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS
INVOKANA

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS
INVOKAMET

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH ULTRA STRIPS AND KITS [2]
ONETOUCH VERIO STRIPS AND KITS [2]

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
ACTONEL
ATELVIA

§ CALCITONINS
calcitonin-salmon

CONTRACEPTIVES
§ MONOPHASIC
ethinyl estradiol-drospirenone
ethinyl estradiol-norethindrone acetate
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC
ethinyl estradiol-norgestimate
ORTHO TRI-CYCLEN LO

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

§ TRANSDERMAL
ethinyl estradiol-norelgestromin

VAGINAL
NUVARING

ESTROGENS
§ ORAL
estradiol
estropipate
PREMARIN

§ TRANSDERMAL
estradiol
DIVIGEL
EVAMIST
MINIVELLE

VAGINAL
ESTRACE CREAM
PREMARIN CREAM
VAGIFEM

§ ESTROGEN / PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS
DUAVEE

§ GLUCOCORTICOIDS
dexamethasone
methylprednisolone
prednisone

GLUCOSE ELEVATING AGENTS
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT

§ PHOSPHATE BINDER AGENTS
calcium acetate
PHOSLYRA
RENVELA
VELPHORO

PROGESTINS
§ ORAL
medroxyprogesterone
progesterone, micronized
MEGACE ES

VAGINAL
CRINONE

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS
raloxifene
OSPHENA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
trimethobenzamide
DICLEGIS
SANCUSO

§ H_2 RECEPTOR ANTAGONISTS
ranitidine

INFLAMMATORY BOWEL DISEASE
§ ORAL AGENTS
balsalazide
budesonide capsule
sulfasalazine
sulfasalazine delayed-rel
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS
hydrocortisone enema
mesalamine rectal suspension
CANASA
CORTIFOAM

IRRITABLE BOWEL SYNDROME
AMITIZA
LINZESS
LOTRONEX [3]

§ LAXATIVES
lactulose
peg 3350-electrolytes
MOVIPREP
SUCLEAR
SUPREP

OPIOID-INDUCED CONSTIPATION
MOVANTIK
RELISTOR

PANCREATIC ENZYMES
CREON
ULTRESA
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS
lansoprazole
omeprazole
omeprazole-sodium bicarbonate capsule
pantoprazole
DEXILANT (ST)
NEXIUM (ST)

§ STEROIDS, RECTAL
PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS
PYLERA

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS
MUSE (QL)

PHOSPHODIESTERASE INHIBITORS
CIALIS (QL)
VIAGRA (QL)

§ URINARY ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
GELNIQUE
MYRBETRIQ
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
ELIQUIS
PRADAXA
XARELTO

§ PLATELET AGGREGATION INHIBITORS
clopidogrel
AGGRENOX
BRILINTA
EFFIENT

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
GRASTEK (PA)
RAGWITEK (PA)

IMMUNOSUPPRESSANTS
§ ANTIMETABOLITES
AZASAN

NUTRITIONAL

§ PRENATAL VITAMINS
prenatal vitamins
CITRANATAL

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
ipratropium-albuterol inhalation solution
ANORO ELLIPTA
COMBIVENT RESPIMAT

BETA AGONISTS, INHALANTS
§ SHORT ACTING
albuterol inhalation solution
PROAIR HFA

LONG ACTING
ARCAPTA
FORADIL
PERFOROMIST
SEREVENT

§ LEUKOTRIENE RECEPTOR ANTAGONISTS
montelukast
zafirlukast

§ NASAL ANTIHISTAMINES
azelastine
olopatadine

§ NASAL STEROIDS
flunisolide
fluticasone
triamcinolone
NASONEX

PHOSPHODIESTERASE-4 INHIBITORS
DALIRESP

STEROID / BETA AGONIST COMBINATIONS
ADVAIR
DULERA

§ STEROID INHALANTS
budesonide inhalation suspension
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE
adapalene (PA2)
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin (PA2)
ACANYA
ATRALIN (PA2)
BENZACLIN
DIFFERIN (PA2)
EPIDUO
RETIN-A MICRO (PA2)
TAZORAC (PA)

§ ACTINIC KERATOSIS
fluorouracil
imiquimod
PICATO
ZYCLARA

§ ANTIFUNGALS
ciclopirox
clotrimazole
econazole
ketoconazole
nystatin
JUBLIA
LUZU
NAFTIN

§ ANTIPSORIATICS
acitretin
calcipotriene
methoxsalen
SORILUX

CORTICOSTEROIDS

§ Low Potency
desonide
hydrocortisone

§ Medium Potency
hydrocortisone butyrate
mometasone
triamcinolone
CLODERM
LOCOID LOTION

§ High Potency
desoximetasone
fluocinonide

§ Very High Potency
clobetasol

§ IMMUNOMODULATORS
tacrolimus (ST)
ELIDEL (ST)

§ ROSACEA
metronidazole
sulfacetamide-sulfur
FINACEA
ORACEA
SOOLANTRA

§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE
DENAVIR

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS
EPISIL

OPHTHALMIC

§ ANTIALLERGICS
azelastine
cromolyn sodium
PATADAY
PATANOL

§ ANTI-INFECTIVES
ciprofloxacin
erythromycin
gentamicin
levofloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
MOXEZA
VIGAMOX

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES

§ Nonsteroidal
bromfenac
diclofenac
ketorolac
PROLENSA

§ Steroidal
dexamethasone
ALREX
DUREZOL
LOTEMAX

BETA-BLOCKERS

§ Nonselective
timolol maleate solution
BETIMOL

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS
dorzolamide
AZOPT

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
dorzolamide-timolol
COSOPT PF

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS
SIMBRINZA

IMMUNOMODULATORS
RESTASIS

§ PROSTAGLANDINS
latanoprost
travoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS
brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS
COMBIGAN

OTIC

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
CIPRODEX

QUICK REFERENCE DRUG LIST

A

ABSTRAL (PA)
ACANYA
acitretin
ACTONEL
acyclovir
adapalene (PA2)
ADVAIR
AGGRENOX
ALBENZA
albuterol inhalation solution
alendronate
alfuzosin ext-rel
ALKERAN
allopurinol
ALPHAGAN P
ALREX
amantadine
AMITIZA
amlodipine
amlodipine-atorvastatin
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
AMTURNIDE
ANDRODERM (PA)
ANORO ELLIPTA
APRISO
ARCAPTA
aripiprazole
ASMANEX
ATELVIA
atenolol
atorvastatin
ATRALIN (PA2)
AUVI-Q
AVODART
AXIRON (PA)
AZASAN
azelastine
AZILECT
azithromycin
AZOPT
AZOR

B

balsalazide
BD INSULIN SYRINGES AND NEEDLES
BENICAR
BENICAR HCT
BENZACLIN
benzoyl peroxide
BESIVANCE
BETIMOL
BETOPTIC S
BEYAZ
BIDIL
BRILINTA
brimonidine
BRINTELLIX
BRISDELLE
bromfenac
budesonide capsule
budesonide inhalation suspension
buprenorphine-naloxone sublingual tablet
bupropion
bupropion ext-rel
BUTRANS
BYDUREON
BYSTOLIC

C

calcipotriene
calcitonin-salmon
calcium acetate
CANASA
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine

CIALIS (QL)
ciclopirox
CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobetasol
CLODERM
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
COLCRYS
COMBIGAN
COMBIVENT RESPIMAT
COREG CR
CORTIFOAM
COSOPT PF
CREON
CRESTOR
CRINONE
cromolyn sodium
cyclobenzaprine
CYCLOPHOSPHAMIDE CAPSULE

D

DALIRESP
DAYTRANA
DENAVIR
desonide
desoximetasone
dexamethasone
DEXILANT (ST)
diazepam rectal gel
DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
DIFFERIN (PA2)
DIFICID
digoxin
diltiazem ext-rel
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
dronabinol
DUAVEE
DULERA
duloxetine
DUREZOL

E

econazole
EFFIENT
ELIDEL (ST)
ELIQUIS
entacapone
EPIDUO
EPIPEN
EPIPEN JR
EPISIL
eprosartan
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
ESTRACE CREAM
estradiol
estradiol-norethindrone
estropipate
eszopiclone (QL)
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norgestimate
ethosuximide
EVAMIST
EVZIO
EXELON PATCH

F

fenofibrate
fenofibric acid
fentanyl transdermal
fentanyl transmucosal lozenge (PA)
FENTORA (PA)
FINACEA
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole
flunisolide
fluocinonide
fluorouracil
fluoxetine
FLUOXETINE 60 MG
fluticasone
fluvastatin
FORADIL
FORTESTA (PA)
fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

gabapentin
galantamine
galantamine ext-rel
GELNIQUE
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GRALISE
granisetron
GRASTEK (PA)
guanfacine ext-rel

H

HEXALEN
HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
imiquimod
INVOKAMET
INVOKANA
ipratropium-albuterol inhalation solution
irbesartan
irbesartan-hydrochlorothiazide
itraconazole (PA)
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JENTADUETO
JUBLIA

K

ketoconazole
ketorolac
KHEDEZLA

L

lactulose
lamotrigine
lamotrigine ext-rel
lansoprazole
LANTUS
latanoprost
LATUDA
LEUKERAN
LEVEMIR
levetiracetam
levetiracetam ext-rel
levofloxacin
levothyroxine
LIALDA
LINZESS
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOCOID LOTION
losartan
losartan-hydrochlorothiazide
LOTEMAX
LOTRONEX [3]
lovastatin
LUZU
LYRICA
LYSODREN

M

MATULANE
meclizine
medroxyprogesterone
MEGACE ES
meloxicam
mesalamine rectal suspension
metformin
metformin ext-rel
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
MINASTRIN 24 FE
MINIVELLE
minocycline
MIRAPEX ER
mirtazapine
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
MOVIPREP
MOXEZA
moxifloxacin
MUSE (QL)
MYLERAN
MYRBETRIQ

N

nadolol
NAFTIN
NAMENDA
NAMENDA XR
naproxen
naratriptan (QL)
NASONEX
NATAZIA
nateglinide
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
NEUPRO
NEXIUM (ST)
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
NITROLINGUAL
NITROSTAT
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUVARING
NUVIGIL (PA)
nystatin

O

ofloxacin
olanzapine
olopatadine
omega-3 acid ethyl esters
omeprazole
omeprazole-sodium bicarbonate capsule
ondansetron
ONETOUCH ULTRA STRIPS AND KITS [2]
ONETOUCH VERIO STRIPS AND KITS [2]
OPANA ER
ORACEA
ORTHO TRI-CYCLEN LO
OSPHENA
oxcarbazepine
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OXYCONTIN (QL)

P

pantoprazole
paroxetine
paroxetine ext-rel
PATADAY
PATANOL
peg 3350-electrolytes
penicillin VK
PENTASA
PERFOROMIST
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
PRADAXA
pramipexole
pravastatin
prednisone
PREMARIN
PREMARIN CREAM
PREMPHASE
PREMPRO
prenatal vitamins
primidone
PRISTIQ
PROAIR HFA
probenecid
prochlorperazine
PROCTOFOAM-HC

PARTNERS FOR HEALTH

For specific information, visit www.caremark.com or contact a CVS/caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

progesterone, micronized
PROLENSA
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA

Q

quetiapine
QUILLIVANT XR
quinapril
quinapril-hydrochlorothiazide
QVAR

R

RAGWITEK (PA)
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RELENZA (QL)
RELISTOR
RELPAX (QL)
RENVELA
repaglinide
RESTASIS
RETIN-A MICRO (PA2)
RISPERDAL CONSTA
risperidone
rivastigmine
rizatriptan (QL)
ropinirole
ropinirole ext-rel

S

SAFYRAL
SANCUSO
SAVELLA
selegiline
SEREVENT
SEROQUEL XR
sertraline
SILENOR
SIMBRINZA
SIMCOR
simvastatin
SIVEXTRO
SOOLANTRA
SORILUX
SPIRIVA
spironolactone-hydrochlorothiazide
STRATTERA
SUBSYS (PA)
SUCLEAR
sulfacetamide
sulfacetamide-sulfur
sulfamethoxazole-trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan (QL)
SUMAVEL DOSEPRO (QL)
SUPRAX
SUPREP
SYMLINPEN
SYNTHROID

T

TABLOID
tacrolimus (ST)
TAMIFLU (QL)
tamsulosin
TAZORAC (PA)
TEKAMLO
TEKTURNA
TEKTURNA HCT
telmisartan
telmisartan-hydrochlorothiazide
terazosin
terbinafine tablet (PA)
tetracycline
tiagabine
TIKOSYN (PA)
timolol maleate solution
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TRADJENTA
tramadol
tramadol ext-rel
TRAVATAN Z
travoprost
trazodone
tretinoin (PA2)
TREXIMET (QL)
triamcinolone
triamterene-hydrochlorothiazide
TRIBENZOR
trimethobenzamide
trospium
trospium ext-rel

U

UCERIS
ULORIC
ULTRESA

V

VAGIFEM
valacyclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VELPHORO
venlafaxine
venlafaxine ext-rel
verapamil ext-rel
VESICARE
VIAGRA (QL)
VICTOZA
VIGAMOX
VIIBRYD
VIMPAT
VIOKACE
VOLTAREN GEL
VYTORIN
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XIFAXAN 550 MG

Z

zafirlukast
ZELAPAR
ZENPEP
ZETIA
ZIOPTAN
ziprasidone
zolmitriptan (QL)
zolpidem (QL)
zolpidem ext-rel (QL)
ZOMIG NASAL SPRAY (QL)
zonisamide
ZUBSOLV
ZYCLARA
ZYLET

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list is a list of preferred drugs for your prescription benefit. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. This list represents brand products in CAPS and generic products in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed. Unless specifically indicated, drug list products will include all dosage forms. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

[1] Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

[2] A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a free blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS/caremark Mail Service Pharmacy™ benefits to qualify.

[3] For safety reasons, to prescribe Lotronex, the physician must be enrolled in the Prescribing Program for Lotronex. Physicians must understand the benefits and risks of treatment with Lotronex for severe diarrhea-predominant IBS, including the information in the Prescribing Information, Medication Guide and Patient-Physician Agreement for Lotronex. To enroll or for more information on the Prescribing Program for Lotronex, call toll-free: 1-888-423-5227 or visit www.lotronex.com to complete the Physician Enrollment Form. State of Tennessee and CVS/caremark do not manage the Lotronex Prescribing Program or operate the website. State of Tennessee and CVS/caremark are not responsible for the availability or reliability of the website's content. This listing does not imply or constitute an endorsement, sponsorship or recommendation by State of Tennessee or CVS/caremark.

(PA) Prior Authorization required.

(PA2) Prior Authorization required for 36 years of age and older.

(QL) Quantity Limits apply.

(ST) Step Therapy required.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.
This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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