

July 1, 2016

Biometric Screening Deadline – July 15

The deadline to complete the biometric screening is fast approaching.

To complete the requirement, members have a few options:

- If they have a doctor's appointment, they can download the Physician Screening Form (PSF) [here](#) and take it to their appointment.
- OR, 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"**.

As a reminder to you: Members can check status of completed requirements by calling 888-741-3390 and selecting option 1. However, it does take a few days for the information to be updated once a screening form is submitted.

****Share this information below with Partnership Promise members****

Biometric Screening Deadline – July 15

You must complete your biometric screening and submit your Physician Screening Form by July 15, 2016. If you have not completed your 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"**.

All-day, In-Person ABC Training - Higher Ed

We hope you can join us for our annual all-day, in-person ABC training, which will take place on Thursday, August 11 from 9 a.m. to 4 p.m. Central at the Tennessee Tower (312 Rosa L. Parks Avenue; Nashville, TN 37243).

The meeting will include updates from Benefits Administration as well as presentations from our vendor partners. Our vendor partners will also have informational tables set up and will be available to talk with you throughout the day. We will break for lunch mid-day. Feel free to bring your lunch, and we will have area maps of local restaurants if you would prefer to eat elsewhere.

If you plan to attend, please register here:

<https://docs.google.com/forms/d/1ZT4ikcxms9xcKGG88yIw227ZIRA5JwLLvDBOXMNJJ6g/edit>

Deadline to register is August 1.

All-day, In-Person ABC Training - State

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Deadline to register is August 1.

State Offices Closed Monday, July 4

State offices and the Benefits Administration Service Center will be closed on Monday, July 4, for the Independence Day holiday. We hope you have a great and safe weekend!

July 8, 2016

ABC Conference Calls

Don't forget - ABC conference calls are next week! The agenda is **attached** and it includes the webinar link.

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

Biometric Screening Deadline – July 15

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Members can 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 can check status of completed requirements by calling 888-741-3390 and selecting option 1.

****Share this information below with Partnership Promise members****

Biometric Screening Deadline Alert!

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If you have not completed your biometric screening, you can download the Physician Screening Form (PSF) [here](#) and take it 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”**.

Forms Automation Workshops (LE, LG and HE)

Forms automation is a new process, and starting July 21, all ABCs will need to hire employees using the eForm function. Agencies will have the option of using eForms or ESS for benefits enrollment. **The only exception to this will be LG agencies that are not set up with keying access.** It is very important that you join one of the Forms Automation workshop webinars below:

July 12 – 9 a.m. to 10 a.m. Central
July 14 – 9 a.m. to 10 a.m. Central
July 21 – 9 a.m. to 10 a.m. Central
July 21 - 1p.m. to 2 p.m. Central

Please follow the instructions below to sign into the webinar.

Instructions for signing in:

To attend the web meeting click the following link or copy it into your web browser:
<http://stateoftennessee.adobeconnect.com/abcworkshops/>

Select the “Enter as a Guest” radio button and enter your first and last name.

Using your desk or conference room telephone, call the conference line to communicate during the meeting. The conference call-in number: 1-866-741-6464

Q3 Head To Tone Exercise Challenge

Head To Tone Exercise Challenge is a six-week challenge. The goal is to help members move more, feel good and have fun. Enrollment starts on July 11 and the challenge runs from July 18 to August 28. Last day to register is July 25.

Each week members will receive a weekly email with one new exercise focused on a specific body area along with a reminder to use the exercise tracker and chatter board in Well-Being Connect. The **attached** flier includes instructions on how to register and set up the exercise tracker.

All-day, In-Person ABC Training - Higher Ed

We hope you can join us for our annual all-day, in-person ABC training at the Tennessee Tower on Thursday, August 11 from 9 a.m. to 4 p.m. Central. (312 Rosa L. Parks Avenue, Nashville, TN 37243).

The training will include Benefits Administration updates and vendor partner presentations. Our vendor partners will be available to talk with you throughout the day. You can bring your lunch, and we will have area maps of local restaurants if you would prefer to eat offsite.

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Attachments: Head to Tone FAQ

THE "HEAD TO TONE" EXERCISE CHALLENGE

Head to Tone is a fun, six-week exercise challenge that's part of the *ParTNers for Health Wellness Program*. Each week, you will bend, stretch, strengthen and tone your body—one area at a time. The goal is to help you move more, feel good and have fun.

Join the fun! **Head to Tone** runs from **July 18 to August 28**. It is open to all state employees and members of the State Group Insurance Plan.

HOW DOES THE CHALLENGE WORK?

During the challenge, you will get:

- ✓ **A weekly email** with one new exercise focused on a different body area that you can practice anywhere
- ✓ **A reminder to stay active online** by using your Exercise Tracker and the chatter board

HOW DO I SET UP AND USE MY EXERCISE TRACKER?

- **During registration:** You will be guided to enter an exercise goal into your online Exercise Tracker. There are many goals to choose from and personalize.
- **Each day of the challenge:** Use your Exercise Tracker to record whatever exercise and stretches you do and how long you did them.



WHAT IS A GOOD EXERCISE GOAL?

For adults, groups like the Centers for Disease Control and Prevention recommend a weekly goal of:

- ✓ **150 minutes of aerobic activity at a moderate pace** (for example, 30 minutes each on five days) **OR** 75 minutes of aerobic activity at a vigorous intensity **OR** an equivalent mix of moderate-and vigorous-intensity aerobic activity

- ✓ **Muscle-strengthening** activities on two or more days

If you're not there yet, ease into more exercise each week. You can even break up your exercise into 10-minute sessions at a time.

DO I HAVE TO FOLLOW ALL OF THE ACTIVITIES PROVIDED?

It is up to you. Include them as part of your normal exercise routine or complete and track any other activities that you enjoy.

REGISTER NOW!

Last day to register*: Monday, July 25

1

Sign in to your Well-Being Account.

2

In the **Groups & Challenges** tab, click **Join This Challenge** under **Head to Tone**.

3

Set up your **Exercise Tracker** with your goal. Finish registration. Then return on July 18 to start participating.

* If you haven't already, you must create a Well-Being Account and Well-Being Plan before joining the challenge. You will also need to complete the Healthways Well-Being Assessment, if you haven't already this year.

partnersforhealth@healthways.com • www.partnersforhealth.gov • 1.888.741.3390

Please consult your health care provider before starting this challenge to be sure it is appropriate for you. Source: "How Much Physical Activity Do Adults Need?" Centers for Disease Control and Prevention, 04 June 2015. Web. 08 Jan. 2016.

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July 15, 2016

ABC Conference Call Notes

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

State and Higher Ed: We have also **attached** a PDF that includes information about the 2017 plan changes and premiums.

Regional Meetings with Directors & Fiscal Directors Mon – Wed (Local Ed only)

Attached is an email from Department of Education Commissioner Candice McQueen to all Schools Directors about meetings to discuss insurance benefits and funding for 2017, along with the registration links. Please make sure that your director and fiscal officer know about these meetings.

Local Ed and Local Gov: We are adding another ABC call on July 26 to go over the 2017 plan changes and premiums with you. We will use the same webinar login we do for monthly ABC calls. We'll send you an agenda prior to the calls.

- **Local Education – Tuesday, July 26 at 9:00 a.m. Central**
- **Local Government – Tuesday, July 26 at 1:00 p.m. Central**

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2. Select the "Enter as a Guest" radio button and enter your first and last name.
3. Using your desk or conference room telephone, call the conference line to communicate during the meeting.
The conference call-in number: 1-866-741-6464

HIPPA Training Workshop

If you can access ELM in Edison, please complete the training online. If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar. If you have more than one person viewing the webinar, please send an email to the HIPAA Privacy Officer with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is chanda.rainey@tn.gov.

Here are the webinar dates and times:

- **July 19 at 10:00 a.m. Central**
- **July 21 at 10:00 a.m. Central**

The conference call-in number: **1-877-820-7831 passcode 217506#**

Instructions for signing in:

1. To attend the web meeting hold down the Ctrl key and click the following link or copy it into your web browser:
http://stateoftennessee.adobeconnect.com/hipaa_2016/
2. Then, select the "Enter as a Guest" radio button and enter your first and last name.
3. Click **Enter Room**.
4. Using your desk or conference room telephone, call the conference call-in number to communicate during the meeting.

In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP plan and Health Savings Account, Forms Automation, and Password login and reset.

Date	Location	Address	City	Times
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Registration Link Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit

Registration Link State/Higher Ed: <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

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Attachments: Commissioner Memo to Superintendents
State and Higher Ed Plan Changes

From: Commissioner McQueen
Sent: Friday, July 15, 2016 3:45 PM
To: suptonly@lists.k12tn.net
Cc: Larry Martin
Subject: Reminder: Regional Insurance Meetings Next Week

Directors,

We appreciate TOSS Executive Director Wayne Miller setting up regional meetings for all superintendents next week.

Yesterday the Local Education Insurance Committee approved the health insurance benefits and premiums for 2017. The committee did not change existing policy regarding supplemental ("gap") health insurance, which is not permitted under Agencies' Memoranda of Understanding.

We look forward to discussing this with you as well as the additional financial support the state is providing, in light of this decision, including:

- funds for a 6.1 percent premium increase
- additional funds to increase the dollar value of the insurance benefits through the BEP to account for migration to other plans

This will result in more money for each LEA and provide equity throughout the system. These additional funds will be available Jan. 1, 2017, in anticipation of members choosing other options.

TOSS has set up registration links for next week's meetings; please see below. It may be helpful to bring your fiscal officer as well.

[WEST - Monday, July 18, 10 a.m. - 12 p.m. CDT](#)

Dyersburg Professional Development Center
305 College St., Dyersburg

[MIDDLE - Tuesday, July 19, 10 a.m. - 12 p.m. CDT](#)

Murfreesboro City School District
2552 South Church St., Murfreesboro

[EAST - Wednesday, July 20, 10 a.m. - 12 p.m. EDT](#)

Lincoln Memorial University
421 Park 40 N Blvd., Knoxville

Best,
Candice



Candice McQueen, Ph.D. | Commissioner
Andrew Johnson Tower, 9th Floor
710 James Robertson Parkway, Nashville, TN 37243
p: 615-741-5158
candice.mcqueen@tn.gov
tn.gov/education
TNClassroomChronicles.org



STATE OF TENNESSEE

State and Higher Ed

2017 Benefits Changes and Premiums

07/15/16

Premium Incentives and Surcharges

- Wellness Program
 - Any member may enroll in the Partnership PPO regardless of wellness participation
 - Partnership PPO: Those participating in wellness receive a premium incentive of \$50 for employee and employee + child(ren) and \$100 for employee + spouse and employee + family
 - For the HealthSavings CDHP plan, the incentive for wellness participation is \$500/\$1,000 through HSA funding
- Statewide Network Surcharge
 - Currently, there are 2 networks offered across the state: BCBS of TN Network S and Cigna LocalPlus
 - In 2017, a more broad network will be offered- Cigna Open Access Plus (OAP)
 - If a member elects this network, the surcharge will be \$40/\$80 each month

Benefit Changes

- Deductibles and Maximum Out-of-Pocket Limits
 - Maintain the actuarial value of the plan to remain at target levels
 - If not adjusted, fixed dollar thresholds increase actuarial value over time
- Pharmacy Co-Pay Increases
 - Adjusts the overall percentage of Rx costs members pay to be more in line with the market and historical plan design
- Specialty Pharmacy Tier
 - When presented with two clinically equivalent options, this benefit encourages members to choose the more cost effective option
- Emergency Room Co-Pay Increases
 - Encourages appropriate utilization and drives members to choose the more cost effective and clinically appropriate care setting
- Coinsurance for Labs, X-rays & Diagnostics
 - Aligns benefit with the market
 - Preventive services still covered at 100%

Benefit Enhancements

- Combined Medical and Pharmacy Maximum Out-of-Pocket (MOOP)
 - Creates ease of administration and simplifies the benefits
 - Partnership and Standard PPOs in-network proposed combined MOOPs are lower than current separate pharmacy and medical MOOPs
- Coverage of Brand Obesity Medications
 - Provides a less expensive non-surgical option for losing weight which should also help lower the incidence and/or severity of other comorbidities
- Telehealth Co-pay Reduction
 - Offers a more cost effective option that benefits employees and employers by improving access to care, reducing the time members must be away from work, and providing 24/7 coverage
 - Incentive designed to help increase utilization of this new benefit

2017 State Plan Offerings

	PARTNERSHIP PPO		Wellness HealthSavings CDHP		STANDARD PPO		HealthSavings CDHP	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Health Saving Account (Ind/Fam)	N/A		\$500/\$1,000		N/A		0	
Deductible (Individual/Family)	\$500/\$1,250	\$1,000/\$2,500	\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,500	\$2,000/\$5,000	\$1,500/\$3,000	\$3,000/\$6,000
OOPM (Ind/Fam) Medical&Rx Combined	\$3,600/\$9,000	\$4,000/\$10,000	\$2,500/\$5,000	\$4,500/\$9,000	\$4,000/\$10,000	\$4,500/\$11,250	\$2,500/\$5,000	\$4,500/\$9,000
X-Ray, Lab & Diagnostics including Reading & interpretation	10% Coinsurance - deductible does not apply		20%	40%	20% Coinsurance - deductible does not apply		20%	40%
Telehealth	\$15	N/A	20%	N/A	\$15	N/A	20%	N/A
Emergency Room	\$150	\$150	20%	20%	\$175	\$175	20%	20%
Retail Drug Network - 30 Day Supply								
Generic	\$7	Copay plus amount exceeding MAC	20%	40% coinsurance plus amount exceeding MAC	\$14	Copay plus amount exceeding MAC	20%	40% coinsurance plus amount exceeding MAC.
Brand	\$40		20%		\$50		20%	
Non-Preferred Brand	\$90		20%		\$100		20%	
Mail Order or Retail - 90 Day Supply								
Generic	\$14	N/A - no network	20%	N/A - no network	\$28	N/A - no network	20%	N/A - no network
Brand	\$80		20%		\$100		20%	
Non-Preferred Brand	\$180		20%		\$200		20%	
Maintenance Drug - 90 Day Supply								
Generic	\$7	N/A - no network	10% coinsurance deductible does not apply	N/A - no network	\$14	N/A - no network	10% coinsurance deductible does not apply	N/A - no network
Brand	\$40				\$50			
Non-Preferred Brand	\$160				\$180			
Specialty Drugs	10% coins min \$50, max \$150	N/A - no network	20%	N/A - no network	10% coins min \$50, max \$150	N/A - no network	20%	N/A - no network



2017 State Monthly Rates

	2016 Premiums			2017 Premiums			Change			Wellness Incentive*
	EMPLOYEE SHARE	EMPLOYER SHARE	Total	EMPLOYEE SHARE	EMPLOYER SHARE	Total	EMPLOYEE SHARE	EMPLOYER SHARE	Total	
Partnership PPO (NonWellness)										
Employee				\$183	\$572	\$755				
Employee+Child(ren)				\$250	\$857	\$1,107				
Employee+Spouse				\$380	\$1,200	\$1,580				
Employee+Spouse+Child(ren)				\$446	\$1,486	\$1,932				
Partnership PPO										
Employee	\$118	\$540	\$658	\$133	\$572	\$705	\$15	\$32	\$47	\$50
Employee+Child(ren)	\$178	\$810	\$987	\$200	\$857	\$1,057	\$22	\$47	\$70	\$50
Employee+Spouse	\$249	\$1,134	\$1,382	\$280	\$1,200	\$1,480	\$31	\$66	\$98	\$100
Employee+Spouse+Child(ren)	\$308	\$1,404	\$1,712	\$346	\$1,486	\$1,832	\$38	\$82	\$120	\$100
HealthSavings CDHP										
Employee	\$81	\$540	\$621	\$84	\$572	\$656	\$3	\$32	\$35	
Employee+Child(ren)	\$123	\$810	\$932	\$127	\$857	\$984	\$5	\$47	\$52	
Employee+Spouse	\$171	\$1,134	\$1,304	\$177	\$1,200	\$1,377	\$7	\$66	\$73	
Employee+Spouse+Child(ren)	\$212	\$1,404	\$1,616	\$219	\$1,486	\$1,705	\$7	\$82	\$89	
Standard PPO										
Employee	\$143	\$540	\$683	\$130	\$572	\$702	(\$13)	\$32	\$19	
Employee+Child(ren)	\$203	\$810	\$1,012	\$197	\$857	\$1,054	(\$6)	\$47	\$42	
Employee+Spouse	\$299	\$1,134	\$1,432	\$275	\$1,200	\$1,475	(\$24)	\$66	\$43	
Employee+Spouse+Child(ren)	\$358	\$1,404	\$1,762	\$340	\$1,486	\$1,826	(\$18)	\$82	\$64	

* This is the amount the member saves each month by choosing the Partnership PPO and agreeing to complete the Partnership Promise. Wellness incentive for HealthSavings CDHP is annual \$500/\$1,000 HSA funds



July 21, 2016

The following email was sent to LE, LG and HE Agency Benefits Coordinators today.

E-Forms

The new eForms functionality is available in Edison! There are two separate forms.

Instead of using the NP New Hire page, you should begin using the Hire eForm found here: Main Menu > HCM > Benefits > **Hire eForm**.

We will also no longer be accepting benefit enrollment forms for new hires and rehires, except for local government agencies that don't have keying access in Edison. The Benefit eForm can be found here: Main Menu > HCM > Benefits > **Benefit eForm**.

The training materials are available on the ABC website under the Training section. You can access the document directly here: http://www.tn.gov/assets/entities/finance/benefits/attachments/abc_eforms.pdf.

If you have not attended eForms training, there is a webinar scheduled for 1:00 p.m. to 2:00 p.m. Central time today. You don't have to enroll in Edison for the training! At 1:00 p.m., you can click this link to be connected directly to the training class:
<http://stateoftennessee.adobeconnect.com/abcworkshops/>.

PLEASE NOTE: The number to call for the webinar has changed. The number is now 877-820-7831
Passcode: 217506#.

If you have questions, you can call our service center or enter a Zendesk ticket.

July 22, 2016

ABC Conference Calls

Don't forget – we have Local Ed and Local Gov ABC conference calls next week to review the 2017 benefits! The agenda is **attached** and it includes the webinar link.

Local Education – Tuesday, July 26 at 9:00 a.m. Central
Local Government – Tuesday, July 26 at 1:00 p.m. Central

Federal Marketplace Notice (State)

We have updated the [Required Federal Marketplace Notice](#) on the ABC webpage by adding a BA phone number to the employer contact section. Please use this revised version dated 07/18/16.

Federal & State Agency Notices and Calls – Exchanges (Higher Ed)

In mid-June, we informed you that you may receive notices from the federal Department of Health and Human Services (HHS) verifying insurance eligibility for employees who enrolled in the federal Marketplace insurance exchange and received premium tax credits to subsidize their coverage.

You do **not** need to send a copy of these notices to Benefits Administration. If you wish to submit an appeal, you will need to do as directed on the notice you have received. Only central state ABCs have been requested to send a copy of any notices received to our office.

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In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP and Health Savings Account, Forms Automation, and Password login and reset.

Date	Location	Address	City	Times
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Registration Link - Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit

Registration Link - State/Higher Ed: <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

July 27, 2016

The following email was sent to LE, LG and HE Agency Benefits Coordinators today.

ABC eForms Workshop

If you have not attended eForms training, there is a webinar scheduled tomorrow:

July 28: 1 p.m. to 2 p.m. Central

You don't have to enroll in Edison for the training. **On July 28** at 1 p.m. Central, click on the link to connect directly to webinar:

<http://stateoftennessee.adobeconnect.com/abcworkshops/>

Call in number - 877-820-7831 Passcode 217506#

ABC Zendesk Workshop

If you have not attended Zendesk training, there is a webinar scheduled:

August 4: 1 p.m. to 2 p.m. Central

You don't have to enroll in Edison for the training. **On August 4** at 1 p.m. Central, click on the link to connect directly to webinar:

<http://stateoftennessee.adobeconnect.com/abcworkshops/>

Call in number – 866-741-6464

July, 28, 2016

The following email was sent to Local Ed and Local Gov Agency Benefits Coordinators today.

We wanted to get this to you as quickly as possible, so this email replaces the Friday ABC email.

ABC Conference Call Notes

The combined notes from the July 26 Local Ed and Local Gov ABC conference calls are **attached**.

We have also **attached** a PDF that includes the information presented about the 2017 plan changes and premiums.

Premium Charts

2017 premium charts for employees, retirees, COBRA members, and dental and vision are **attached**. This same information will be included in the 2017 Decision Guide, but we wanted you to have a copy as soon as it is available. Note, the charts include the premiums for the different network options. **Please review the information carefully.**

In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP plan and Health Savings Account, forms automation, and password login and reset.

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Registration Link Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit

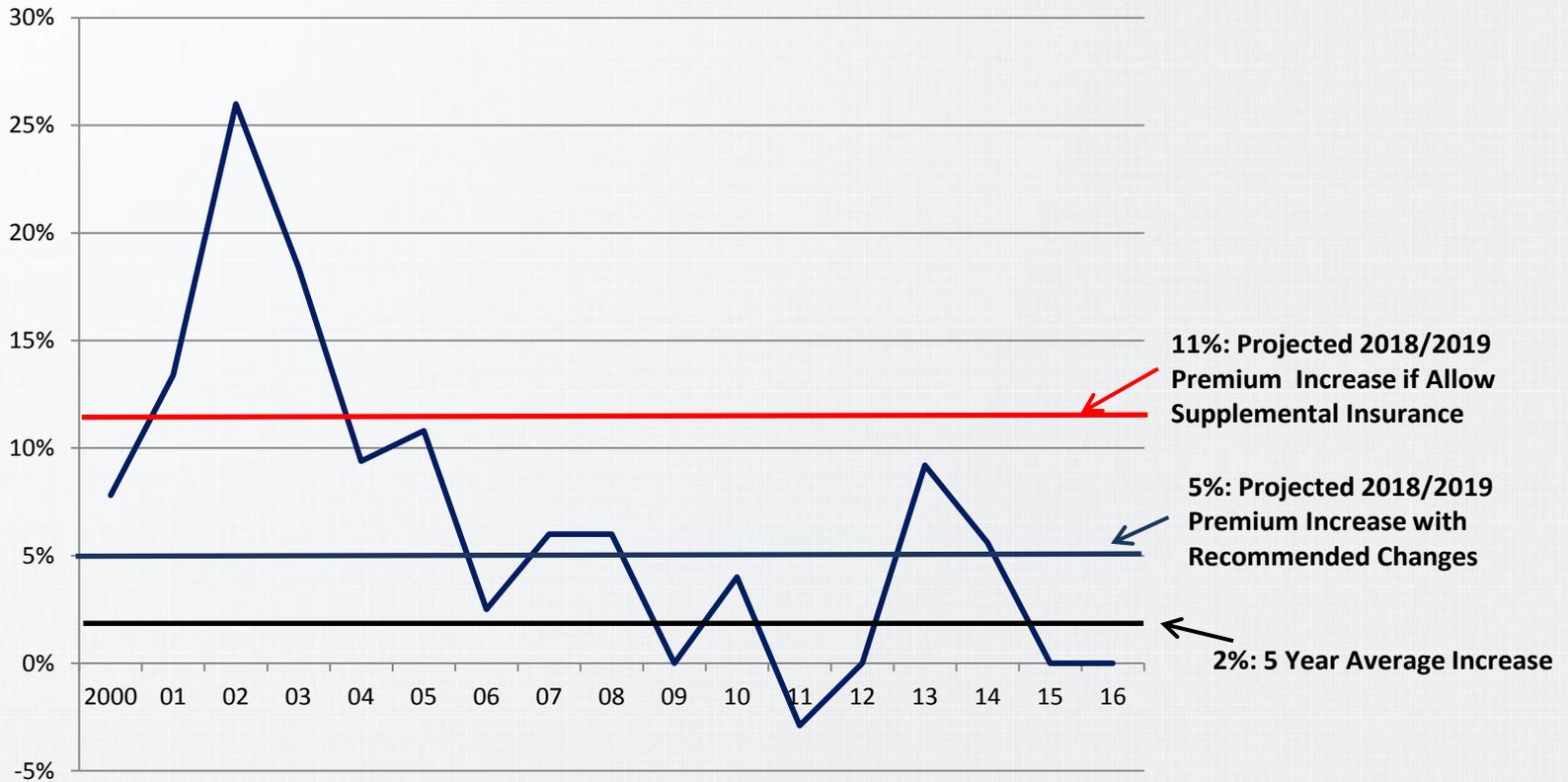
Attachment: Local Ed Plan & Premium Info
 Local Ed Premium Active
 Local Ed Premium Cobra
 Local Ed Premium Support Ret
 Local Ed Premium Teacher Ret
 Local Gov Plan & Premium Info
 Local Gov Premium Active
 Local Gov Premium Cobra
 Local Gov Premium Ret
 Premium Dental
 Premium Vision

Background – State Group Insurance Plan

- Purpose of state-sponsored group insurance plan
 - Comprehensive, affordable, sustainable group benefits
 - Market competitive
- Advantages of state group insurance plan
 - Self-funded – no premium tax, no reinsurance fees, surplus remains with the plan and its members
 - All agencies benefit from low group rates and low premium increases
 - Affordable benefits for all plan types
 - Support for retiree health contribution
- History of providing low cost, high value products
 - Surplus returned to members and agencies through below-market rate increases: 2% and 3% average premium rate increase over five years for Local Education plan and Local Government plan, respectively
 - Leverages competitive procurement and group purchasing power

Historical Rate Increases

Local Education



Local Education Insurance Committee Action - 2/4/16 Mtg

- Memorandum of Understanding (MOU) has always prohibited group sponsored supplemental policies
- Committees did not change existing policy regarding supplemental health insurance
- Committees voted to:
 - Strengthen the MOU to specifically list what is permitted
 - Enforce sanctions if agencies do not comply

Local Education Plan/Limited PPO

- In 2014, Local Education Committee introduced the Limited PPO so agencies could offer affordable coverage to all employees as required by PPACA
- Limited PPO has a lower premium because it has a higher deductible with member cost-sharing
 - Experience with the Limited PPO in the Local Government Plan since 2004
 - Priced anticipating similar utilization
- Supplemental insurance not contemplated or permitted under current MOU; the Limited PPO price would have been higher if priced with the supplemental policies based on higher risk and utilization

Considerations for 2017

- Must ensure integrity of insurance fund
- Presence of supplemental policies affect 2017 product design and premiums
- Considerations
 - Continue to address the ACA affordability concerns with low cost option
 - Budget constraints
 - Balance choice and variety of price points with offering too many options
 - Pricing Limited PPO to actuarial value and risk eliminates the value proposition of the Limited PPO
 - Unauthorized supplemental policies would require agency-specific underwriting

Benefit Changes

- Deductibles and Maximum Out-of-Pocket Limits
 - Maintain the actuarial value of the plan to remain at target levels
 - If not adjusted, fixed dollar thresholds increase actuarial value over time
- Pharmacy Co-Pay Increases - \$2 to \$15 increases
 - Adjusts the overall percentage of Rx costs members pay to be more in line with the market and historical plan design
- Specialty Pharmacy Tier
 - When presented with two clinically equivalent options, this benefit encourages members to choose the more cost effective option
- Emergency Room Co-Pay Increases - \$25 to \$35 increase
 - Encourages appropriate utilization and drives members to choose the more cost effective and clinically appropriate care setting
- Coinsurance for Labs, X-rays & Diagnostics – 10% to 30%
 - Aligns benefit with the market
 - Preventive services still covered at 100%

Benefit Enhancements

- Combined Medical and Pharmacy Maximum Out-of-Pocket (MOOP)
 - Creates ease of administration and simplifies the benefits
 - Partnership and Standard PPOs in-network proposed combined MOOPs are lower than current separate pharmacy and medical MOOPs
- Coverage of Brand Obesity Medications
 - Provides a less expensive non-surgical option for losing weight which should also help lower the incidence and/or severity of other comorbidities
- Telehealth Co-pay Reduction
 - Offers a more cost effective option that benefits employees and employers by improving access to care, reducing the time members must be away from work, and providing 24/7 coverage
 - Incentive designed to help increase utilization of this new benefit

2017 Local Education and Local Government Plan Offerings and Premium Increases

- Plan Offerings:
 - Partnership Promise PPO (with wellness)
 - No Partnership Promise PPO (no wellness)
 - Standard PPO
 - Limited PPO
 - Local HealthSavings CDHP
- Rates vary by plan option and coverage tier
- Actuarial value: Plans have actuarial value – a percentage of total average costs for covered benefits that a plan will pay for. The higher the percentage or actuarial value, the more the plan will pay on average.

Plan Options	Actuarial Value
Partnership PPO	83.9%
Standard PPO	78.2%
Limited PPO	71.1%
HealthSavings CDHP	70.9%

2017 Local Education and Local Government Plan Offerings

	PARTNERSHIP PPO		STANDARD PPO		Limited		HealthSavings CDHP	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible (Individual/Family)	\$500/\$1,250	\$1,000/\$2,500	\$1,000/\$2,500	\$2,000/\$5,000	\$1,600/\$3,200	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000
OOPM (Ind/Fam) Medical&Rx Combined	\$3,600/\$9,000	\$4,000/\$10,000	\$4,000/\$10,000	\$4,500/\$11,250	\$6,600/\$13,200	\$10,000/\$20,000	\$3,500/\$7,000	\$5,000/\$10,000
X-Ray, Lab and Diagnostics including Reading and interpretation	10% Coinsurance - Deductible does not apply		20% Coinsurance - Deductible does not apply		30% Coinsurance - Deductible does not apply		30%	50%
Emergency Room	\$150	\$150	\$175	\$175	\$200	\$200	30%	30%
Prescription Drug Benefits								
Retail Drug Network								
Generic	\$7	Copay plus amount exceeding MAC	\$14	Copay plus amount exceeding MAC	\$14	Copay plus amount exceeding MAC	30%	50% coinsurance plus amount exceeding MAC.
Brand	\$40		\$50		\$60		30%	
Non-Preferred Brand	\$90		\$100		\$110		30%	
Mail Order Prescription (90 day supply)								
Generic	\$14	N/A - no network	\$28	N/A - no network	\$28	N/A - no network	30%	N/A - no network
Brand	\$80		\$100		\$120		30%	
Non-Preferred Brand	\$180		\$200		\$220		30%	
Maintenance Drug								
Generic	\$7	N/A - no network	\$14	N/A - no network	\$14	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network
Brand	\$40		\$50		\$60			
Non-Preferred Brand	\$160		\$180		\$200			
Specialty Drugs	10% coins min \$50, max \$150	N/A - no network	10% coins min \$50, max \$150	N/A - no network	10% coins min \$50, max \$150	N/A - no network	30%	N/A - no network

Premium Surcharges

- Wellness Program
 - Any member may enroll in the Partnership PPO regardless of wellness participation
 - Those participating in wellness receive a premium incentive of \$50 for employee and employee + child(ren) and \$100 for employee + spouse and employee + family
 - The premium incentive takes into account the 2016 premium differential and the difference of actuarial value between the Partnership and Standard PPO
- Statewide Network Surcharge
 - Currently, there are 2 networks offered across the state: BCBS of TN Network S and Cigna Local Plus
 - In 2017, a more broad network will be offered- Cigna Open Access Plus (OAP)
 - If a member elects this network, the surcharge will be \$40/\$80 per month

Premium Rate Setting Strategy

- Price the plan in accordance with the actuarial value of the plan; the richest plans having the highest premiums
- Plans also reflect recent experience and not based purely on the actuarial value
- Plan offerings and premium prices assume other supplemental insurance plans are not allowed

2017 Local Education Monthly Rates

	2016	2017	% Increase Over 2016	\$ Increase	Wellness Incentive
Partnership PPO (NonWellness)					
Employee		\$621			
Employee+Child(ren)		\$991			
Employee+Spouse		\$1,213			
Employee+Spouse+Child(ren)		\$1,583			
Partnership PPO					
Employee	\$541	\$571	5.6%	\$30	\$50
Employee+Child(ren)	\$892	\$941	5.5%	\$49	\$50
Employee+Spouse	\$1,054	\$1,113	5.6%	\$59	\$100
Employee+Spouse+Child(ren)	\$1,406	\$1,483	5.5%	\$77	\$100
Standard PPO					
Employee	\$566	\$585	3.4%	\$19	
Employee+Child(ren)	\$917	\$965	5.2%	\$48	
Employee+Spouse	\$1,104	\$1,140	3.2%	\$36	
Employee+Spouse+Child(ren)	\$1,456	\$1,520	4.4%	\$64	
Limited PPO					
Employee	\$346	\$426	23.1%	\$80	
Employee+Child(ren)	\$571	\$702	22.9%	\$131	
Employee+Spouse	\$675	\$830	23.0%	\$155	
Employee+Spouse+Child(ren)	\$900	\$1,106	22.9%	\$206	
HealthSavings CDHP					
Employee	\$321	\$383	19.3%	\$62	
Employee+Child(ren)	\$530	\$632	19.3%	\$102	
Employee+Spouse	\$626	\$747	19.3%	\$121	
Employee+Spouse+Child(ren)	\$835	\$995	19.2%	\$160	

Dental and Vision Premiums

- Cigna prepaid dental premiums will increase by 3% in 2017
- MetLife dental premiums will increase by 4% in 2017
- Vision premiums will not increase in 2017

Background – State Group Insurance Plan

- Purpose of state-sponsored group insurance plan
 - Comprehensive, affordable, sustainable group benefits
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 - Self-funded – no premium tax, no reinsurance fees, surplus remains with the plan and its members
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 - No Partnership Promise PPO (no wellness)
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Plan Options	Actuarial Value
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2017 Local Education and Local Government Plan Offerings

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	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible (Individual/Family)	\$500/\$1,250	\$1,000/\$2,500	\$1,000/\$2,500	\$2,000/\$5,000	\$1,600/\$3,200	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000
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Brand	\$40		\$50		\$60		30%	
Non-Preferred Brand	\$90		\$100		\$110		30%	
Mail Order Prescription (90 day supply)								
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Maintenance Drug								
Generic	\$7	N/A - no network	\$14	N/A - no network	\$14	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network
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 - The premium incentive takes into account the 2016 premium differential and the difference of actuarial value between the Partnership and Standard PPO
- Statewide Network Surcharge
 - Currently, there are 2 networks offered across the state: BCBS of TN Network S and Cigna Local Plus
 - In 2017, a more broad network will be offered- Cigna Open Access Plus (OAP)
 - If a member elects this network, the surcharge will be \$40/\$80 per month

Premium Rate Setting Strategy

- Price the plan in accordance with the actuarial value of the plan; the richest plans having the highest premiums
- Plans also reflect recent experience and not based purely on the actuarial value
- Plan offerings and premium prices assume other supplemental insurance plans are not allowed

2017 Local Government Monthly Rates

Level 1					
	2016	2017	% Increase Over 2016	\$ Increase	Wellness Incentive
Partnership PPO (No Wellness)					
Employee		\$668			
Employee+Child(ren)		\$1,008			
Employee+Spouse		\$1,429			
Employee+Spouse+Child(ren)		\$1,769			
Partnership PPO					
Employee	\$612	\$618	1.1%	\$6	\$50
Employee+Child(ren)	\$948	\$958	1.1%	\$10	\$50
Employee+Spouse	\$1,315	\$1,329	1.1%	\$14	\$100
Employee+Spouse+Child(ren)	\$1,651	\$1,669	1.1%	\$18	\$100
Standard PPO					
Employee	\$637	\$625	-1.8%	-\$12	
Employee+Child(ren)	\$973	\$968	-0.5%	-\$5	
Employee+Spouse	\$1,365	\$1,343	-1.6%	-\$22	
Employee+Spouse+Child(ren)	\$1,701	\$1,686	-0.9%	-\$15	
Limited PPO					
Employee	\$392	\$426	8.8%	\$34	
Employee+Child(ren)	\$607	\$661	8.9%	\$54	
Employee+Spouse	\$842	\$916	8.8%	\$74	
Employee+Spouse+Child(ren)	\$1,057	\$1,150	8.8%	\$93	
HealthSavings CDHP					
Employee	\$367	\$384	4.7%	\$17	
Employee+Child(ren)	\$568	\$595	4.7%	\$27	
Employee+Spouse	\$788	\$825	4.7%	\$37	
Employee+Spouse+Child(ren)	\$990	\$1,035	4.6%	\$45	

2017 Local Government Monthly Rates

Level 2					
	2016	2017	% Increase Over 2016	\$ Increase	Wellness Incentive
Partnership PPO (No Wellness)					
Employee		\$745			
Employee+Child(ren)		\$1,126			
Employee+Spouse		\$1,593			
Employee+Spouse+Child(ren)		\$1,975			
Partnership PPO					
Employee	\$673	\$695	3.3%	\$22	\$50
Employee+Child(ren)	\$1,043	\$1,076	3.2%	\$33	\$50
Employee+Spouse	\$1,446	\$1,493	3.2%	\$47	\$100
Employee+Spouse+Child(ren)	\$1,816	\$1,875	3.2%	\$59	\$100
Standard PPO					
Employee	\$698	\$702	0.6%	\$4	
Employee+Child(ren)	\$1,068	\$1,088	1.9%	\$20	
Employee+Spouse	\$1,496	\$1,508	0.8%	\$12	
Employee+Spouse+Child(ren)	\$1,866	\$1,894	1.5%	\$28	
Limited PPO					
Employee	\$431	\$479	11.2%	\$48	
Employee+Child(ren)	\$668	\$742	11.1%	\$74	
Employee+Spouse	\$926	\$1,029	11.1%	\$103	
Employee+Spouse+Child(ren)	\$1,163	\$1,292	11.1%	\$129	
HealthSavings CDHP					
Employee	\$406	\$431	6.2%	\$25	
Employee+Child(ren)	\$629	\$668	6.2%	\$39	
Employee+Spouse	\$872	\$926	6.1%	\$54	
Employee+Spouse+Child(ren)	\$1,096	\$1,163	6.2%	\$67	

2017 Local Government Monthly Rates

Level 3					
	2016	2017	% Increase Over 2016	\$ Increase	Wellness Incentive
Partnership PPO (No Wellness)					
Employee		\$804			
Employee+Child(ren)		\$1,219			
Employee+Spouse		\$1,721			
Employee+Spouse+Child(ren)		\$2,135			
Partnership PPO					
Employee	\$733	\$754	2.8%	\$21	\$50
Employee+Child(ren)	\$1,137	\$1,169	2.9%	\$32	\$50
Employee+Spouse	\$1,576	\$1,621	2.8%	\$45	\$100
Employee+Spouse+Child(ren)	\$1,980	\$2,035	2.8%	\$55	\$100
Standard PPO					
Employee	\$758	\$762	0.5%	\$4	
Employee+Child(ren)	\$1,162	\$1,181	1.7%	\$19	
Employee+Spouse	\$1,626	\$1,637	0.6%	\$11	
Employee+Spouse+Child(ren)	\$2,030	\$2,056	1.3%	\$26	
Limited PPO					
Employee	\$470	\$520	10.7%	\$50	
Employee+Child(ren)	\$728	\$805	10.6%	\$77	
Employee+Spouse	\$1,010	\$1,117	10.6%	\$107	
Employee+Spouse+Child(ren)	\$1,268	\$1,403	10.7%	\$135	
HealthSavings CDHP					
Employee	\$445	\$468	5.3%	\$23	
Employee+Child(ren)	\$689	\$725	5.2%	\$36	
Employee+Spouse	\$956	\$1,005	5.2%	\$49	
Employee+Spouse+Child(ren)	\$1,200	\$1,262	5.1%	\$62	

Dental and Vision Premiums

- Cigna prepaid dental premiums will increase by 3% in 2017
- MetLife dental premiums will increase by 4% in 2017
- Vision premiums will not increase in 2017

July 29, 2016

The following email was sent to State and Higher Ed Agency Benefits Coordinators today.

Premium Charts

2017 premium charts for employees, retirees, COBRA participants, and dental and vision are **attached**. This same information will be included in the 2017 Decision Guide, but we wanted you to have a copy as soon as it is available. Note, the charts include the premiums for the different network options. **Please review the information carefully.**

All-day, In-Person ABC Training – (Higher Ed)

Please plan to join us for our annual all-day, in-person ABC training at the Tennessee Tower on Thursday, August 11 from 9 a.m. to 4 p.m. Central. (312 Rosa L. Parks Avenue, Nashville, TN 37243).

The training will include Benefits Administration updates and vendor partner presentations. Our vendor partners will be available to talk with you throughout the day. You can bring your lunch, and we will have area maps of local restaurants if you would prefer to eat offsite.

Please register here:

<https://docs.google.com/forms/d/1ZT4ikcxms9xcKGG88yIw227ZIRA5JwLLvDBOXMNJJ6g/edit>

Deadline to register is next Monday, August 1.

All-day, In-Person ABC Training – (State)

Please plan to join us for our annual all-day, in-person ABC training at the Tennessee Tower on Friday, August 12 from 9 a.m. to 4 p.m. Central. (312 Rosa L. Parks Avenue, Nashville, TN 37243).

The training will include Benefits Administration updates and vendor partner presentations. Our vendor partners will be available to talk with you throughout the day. You can bring your lunch, and we will have area maps of local restaurants if you would prefer to eat offsite.

Please register here:

<https://docs.google.com/forms/d/1VPVFZveW2WaMZeFze30GCd4YusYx374ikqgnAmrpYOM/edit>

Deadline to register is next Monday, August 1.

In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP plan and Health Savings Account, forms automation, and password login and reset.

Date	Location	Address	City	Times
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local

				Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Registration Link - State/Higher Ed: <https://docs.google.com/forms/d/13D-gfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

Attachment: Premium State – Active
Premium State – Cobra
Premium State – Retire
Premium – Dental
Premium – Vision

August 1, 2016

Local Ed email

As you know, Benefits Administration (BA) requires that each school system in the Local Education Plan have a signed Memorandum of Understanding (MOU) on file with us. This MOU is the agreement between Benefits Administration and your agency outlining responsibilities for participation in the health insurance plan.

Changes and administrative clarifications have required us to update this document. We have emailed to your Director of Schools **a new MOU** along with a letter from our Executive Director, Laurie Lee, outlining the changes. **It must be signed by your Director of Schools and your Fiscal Officer** and returned (faxed, emailed or mailed) to BA by **September 1, 2016**.

Just FYI, attached is a copy of the new MOU. We would appreciate your help in making sure the MOU gets back to Benefits Administration as soon as possible. The signed document should be emailed to Holly.M.Girgies@tn.gov or faxed to her attention at 615-253-8556. Alternatively, documents may be returned by mail to Benefits Administration – ATTN Holly Girgies, 312 Rosa L. Parks Avenue Suite 1900 William R. Snodgrass Tennessee Tower Nashville, TN 37243

As always, we appreciate your help!!!!

Attachment: Local Education MOU Packet



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

MEMORANDUM

TO: Director of Schools

FROM: Laurie Lee 
Executive Director

DATE: August 1, 2016

SUBJECT: Updated Memorandum of Understanding

As you know, Benefits Administration requires that each school system in the Local Education Plan have a current, signed Memorandum of Understanding (MOU) on file with us. This MOU is the agreement between Benefits Administration and your agency outlining our mutual responsibilities for participation in the state-sponsored Local Education health insurance plan.

Changes and administrative clarifications have required us to update this document, which is attached. Should your Agency leave the Local Education Plan state law requires that you offer an "equal or superior" health plan in order to retain insurance funding from the Department of Education. Exhibit A includes the Equal or Superior policy along with considerations of withdrawal from the Local Education Plan for your information. A summary of substantive changes to the MOU is also attached for your convenience. In addition, you will find the 2017 benefits and premiums.

Please review the information contained in the attached MOU, sign, date and return the entire document to Holly Girgies at the address or fax number listed above **no later than September 1, 2016**. As required by Tenn. Code. Ann. § 8-27-303(h), an executed current MOU is required in order to participate in open enrollment in the Local Education Plan, which starts October 3, 2016.

If you have any questions about the updates to the MOU, or you are unable to meet this deadline and need to request an extension, please e-mail Holly.M.Girgies@tn.gov. You may also use this email address to scan and return your completed MOU document. I will sign the document on behalf of the Local Education Plan and a final copy will be returned to you.

Thank you for your assistance.

2016 MOU Changes

The following list represents substantive changes to the 2016 Local Education MOU. See the full document for all changes.

Item #	Section Reference	Summary
1	TERMS AND DEFINITIONS	Adds distinct section to define terms used within the document
2	1A.5	Adds language to clarify agency response to information requests; replaces \$250 financial assessment so that such assessment can be equal to the costs incurred; adds reminder that non-compliance may result in termination of an agency's participation in the Plan
3	1A.7	Adds language to clarify that twenty-four (24) consecutive months participation in the Plan will not apply if the Local Education Insurance Committee determines the agency should be terminated from the Plan for violating participation requirements
4	1A.8	Adds language referencing Exhibit A which details considerations of withdrawing from the Plan as well as the Equal or Superior Policy
5	1A.9	Adds language to clarify offering of state-sponsored voluntary plans
6	1A.10	Clarifies previous prohibition on LEAs offering other health plans or coverages and the consequences for non-compliance
7	1A.17	Adds language to clarify that claims experience and/or enrollment information reports shall not contain any personal identifiers or other information restricted by HIPAA
8	1A.20	Adds language to remind agencies that each agency is a self-insured employer and must follow the PPACA self-insured reporting guidelines with regard to reporting requirements and employee notifications
9	1A.21.b	Adds language to specify that the agency shall reimburse BA for expenses caused by failure to terminate coverage in Edison when failure leads to claims being paid after coverage should have been terminated
10	1B	Continues efforts to strengthen and reinforce HIPAA Privacy and Security compliance by updating existing language and adding several additional items to provide greater detail: <u>HIPAA and HITECH Compliance</u> – updated items 1 and 2 and added item 3; <u>Privacy and Confidentiality</u> – updated items 1, 3, 4, 5, 10 and 16 and added all other items
11	2.3	Adds language specifying ABCs must participate in calls with BA staff
12	2.4	Adds language indicating that ABCs may be required to pass a post-training test to acquire system access
13	2.13 -2.15	Adds language to specify that excessive administrative errors will trigger retraining; details requirements for yearly security audit and updating of addresses in Edison
14	3.13	Adds language to specify that BA will conduct regular conference calls to provide information and updates



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

MEMORANDUM OF UNDERSTANDING
BETWEEN THE STATE OF TENNESSEE
AND LOCAL EDUCATION AGENCY

TERMS AND DEFINITIONS

1. **Additional Benefits** means benefit plans offered separately by Local Education Agencies, including those which provide (a) dental benefits, (b) vision benefits, (c) long-term care benefits, (d) disability insurance benefits, (e) life insurance benefits, (f) tort liability or workers' compensation benefits, (g) benefits for a specific disease and/or illness (e.g., cancer, heart, stroke), (h) benefits limited to a fixed amount per day (or other period) of hospitalization, (i) accident, death, and dismemberment benefits and (j) any other benefits approved in writing by the Division of Benefits Administration. Any of the above listed plans or policies which reimburses, subsidizes, supplements, or pays the costs of participating in the Local Education Health Insurance Plan, or provides coverage, subsidies, credits, or payouts of any kind for or related to services or pharmaceuticals covered by the Local Education Health Insurance Plan including co-pays, member contributions, coinsurance, and deductibles, **must** be submitted to benefits.info@tn.gov and approved in writing by the Division of Benefits Administration.
2. **Agency Benefits Coordinator (ABC)** means an individual who serves as the liaison between the Public Sector Plans and members.
3. **Annual Enrollment** means a period in the fall when members are able to change, add or remove benefits. Specific dates for this period are set by Benefits Administration each year.
4. **ACH** means Automatic Clearing House.
5. **ARRA** means American Recovery and Reinvestment Act of 2009.
6. **Benefits Administration (BA)** means the division of the Tennessee Department of Finance & Administration that administers the Public Sector Plans.
7. **Business Days** means traditional workdays, including Monday, Tuesday, Wednesday, Thursday, and Friday. State Government Holidays are excluded.

8. **Calendar Days** means all seven days of the week.
9. **CFR** means Code of Federal Regulations.
10. **COBRA** means Consolidated Omnibus Budget Reconciliation Act.
11. **Day(s)** means Calendar Day(s) unless otherwise specified in the MOU.
12. **Edison** means the State's enterprise resource planning system for the administration of benefits enrollment and premium data.
13. **HIPAA** means Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and implementing regulations.
14. **HITECH** means Health Information Technology for Economic and Clinical Health Act.
15. **LEA** means Local Education Agency.
16. **Local Education Health Insurance Plan** (also Local Education Plan) means the insurance plans authorized by Tenn. Code Ann. 8-27-302(a).
17. **Local Education Insurance Committee** means the policy making body for the Local Education insurance plan established under Tennessee state law.
18. **Local Education Plan Document** (also Plan Document) means the legal publication that defines eligibility, enrollment, benefits and administrative rules of the Local Education insurance plan. The Plan Document is available on the Website as defined in item 30 of this section.
19. **Member** means any person who is enrolled in one of the medical benefit or voluntary benefit plan options offered through the Local Education Plan.
20. **MOU** means Memorandum of Understanding.
21. **Notify**, unless otherwise specified within this MOU, means to notify Benefits Administration in writing and the notification may be delivered by electronic mail, facsimile or the U.S. Postal Service.
22. **PHI** means protected health information.
23. **PPACA** means Patient Protection and Affordable Care Act, Public Law 111-148 as amended by Public Law 111-152.
24. **Public Sector Plans** means those benefit plans sponsored by the Local Education Insurance Committee.
25. **State** means the State of Tennessee.
26. **State Government Holidays** means those Days on which official holidays and commemorations as defined in Tennessee Code Annotated 15-1-101 et seq. are observed.
27. **TCA** means Tennessee Code Annotated.
28. **TCRS** means Tennessee Consolidated Retirement System.

29. **Voluntary Benefits** means benefits other than health insurance benefits which are established and offered by the Local Education Committee, and fully paid by the employee as defined in Tenn. Code Ann. 8-27-104.
30. **Website** means the BA Website, the ParTNers for Health Website, or the ABC Website as specified in this MOU. The main web address is tn.gov/finance. Benefits Administration, ParTNers for Health, and Agency Benefits Coordinator information, including publications and forms, can be accessed from this site by selecting Insurance & Benefits under the “Looking For” menu. The direct link to the BA Website is tn.gov/finance/section/fa-benefits. The direct link for the ParTNers for Health Website is partnersforhealthtn.gov. The direct link for the ABC Website is tn.gov/finance/article/fa-benefits-abc.

INTRODUCTION

This Memorandum of Understanding (MOU) defines the administrative responsibilities of the Tennessee Department of Finance and Administration, Benefits Administration (“BA”) and the _____, an eligible Local Education Agency (“LEA”), for the provision of group health plan coverage through the State of Tennessee Local Education Health Insurance Plan (“Local Education Plan”), and any available voluntary benefit plans pursuant to TCA 8-27-302 *et seq.* and TCA 8-27-104.

The Local Education Plan Document (“Plan Document”), approved by the Local Education Insurance Committee pursuant to TCA 8-27-302(a), defines the eligibility, enrollment, benefits and administrative provisions for the Plan. Tenn. Code Ann. 8-27-303(h) requires LEAs to implement and comply with the financial determination of the Insurance Committee, including entering into an MOU. Should any terms of this MOU conflict with any provision of the Plan Document, the Medicare Supplement Plan Document, or the current contracts for voluntary benefits, the provisions of those Plan Documents and/or contracts shall control.

This MOU supersedes and replaces all prior MOUs, agreements or other documentation between BA and the LEA describing the responsibilities of the parties with respect to such group benefits.

SECTION 1A - RESPONSIBILITIES OF THE LEA

1. The LEA and its officers and employees shall abide by and enforce all the eligibility criteria for all benefit options offered, including but not limited to, the health plan which is outlined in the Local Education Plan Document or the Medicare Supplement Plan Document.

Individual agencies shall not determine eligibility in a way that conflicts with the Local Education Plan Document or eligibility documents for the voluntary benefit plans, including the Medicare Supplement Plan Document. For example, the LEA shall not use a different set of required hours worked to be eligible.

The eligibility, enrollment, benefit and administrative provisions of the Plan Document, the Medicare Supplement Plan Document, or the current contracts for voluntary benefits shall be uniformly enforced by the LEA.

The LEA shall offer ALL options of the medical plans, including any carriers, networks or plan types available to them. If the LEA elects to participate in the voluntary benefit plans, the LEA shall offer ALL

options of those voluntary plans to employees for their selection, including any carriers, networks, or plan types available to them.

2. At execution of this MOU, the LEA shall identify a contact person within the organization to serve as an Agency Benefits Coordinator (“ABC”). The ABC must be an employee of the LEA responsible for plan administration and is a liaison between the LEA, its employees, and BA. Only ABCs shall have data update and/or inquiry access to Edison for the employees of the agency and their dependents. In no event shall an ABC allow an insurance agent, insurance broker, or insurance agency access to Edison. Duties and responsibilities of the ABC are outlined in Section 2 of this document.

3. The LEA shall notify BA within ten (10) business days after a current ABC terminates employment or is no longer responsible for the duties of an ABC. The LEA shall also provide BA with contact information for the new ABC immediately upon designation.

4. The LEA shall assist BA with any audits and other requests related to the compliance of all parties with the Plan Document, Medicare Supplement Plan Document, or eligibility rules for the voluntary plans within fifteen (15) business days of the request.

The LEA shall be responsible for a financial assessment equal to any expense assessed to BA as a result of the LEA’s failure to provide information as requested. BA may deduct assessed expenses from the LEA’s Automatic Clearinghouse (ACH) debit account. BA reserves the ability to waive the assessment as it deems appropriate, and its decisions shall not be subject to appeal or review.

5. The LEA shall respond to survey and information requests from BA within fifteen (15) business days, including but not limited to surveys related to (a) employer/participating agency premium contributions for employees and dependents; (b) employer/participating agency contribution levels based on retirees' years of service for Government Accounting Standards Board Statement #45 (GASB 45)/Other Post-Employment Benefits (OPEB) purposes; and (c) documentation, including pamphlets, enrollment materials, policies, etc. of all additional benefits and other products offered by the employer/participating agency.

Failure of the LEA to provide the information required by paragraph no. 5 may result in BA assessing and collecting the costs incurred by the LEA’s failure to cooperate. This assessment may include actuarial consulting fees and the additional cost to the plan caused by non-compliance. In addition, non-compliance may also result in termination of the LEA’s participation in the plan. Additionally, the LEA’s failure to provide the requested survey information with regard to data required for an OPEB calculation required by GASB 45 shall result in said LEA being excluded from the biennial actuarial calculations, valuations and OPEB liability determinations by the actuaries under contract with the State's Department of Finance & Administration. BA reserves the ability to waive the assessment as it deems appropriate, and its decisions shall not be subject to appeal or review.

6. The LEA shall remit the premiums for health and any voluntary plans of coverage, (Medicare Supplement, dental, long term care, vision, etc.) if applicable, by means of an ACH debit account. The LEA shall provide the Department of Finance & Administration with at least sixty (60) days’ notice before making any change to its bank account or other information that may impact ACH transactions. The LEA shall use the ACH form, instructions and contact information available on the ABC Website as described in item 30 of the Terms and Definitions section of this MOU.

7. LEA participation in the Local Education Plan shall continue for at least twenty-four (24) consecutive months unless the LEA is determined to be in violation of requirements which necessitates termination by the Local Education Committee.

8. If the LEA discontinues participation in the Local Education Plan, the LEA may not rejoin the Local Education Plan for twenty-four (24) consecutive months, following the date of termination. The LEA shall provide BA with a sixty (60) day written notice before terminating its participation with the Local Education Plan. BA will terminate any COBRA or retiree participants, including retirees billed through their TCRS pension or direct bill, from the Plan along with the active employees if the LEA terminates participation. Pursuant to TCA 8-27-303(f) the agency's new medical insurance plans must be determined to be "equal or superior" to the Local Education Plan's offerings. Should the new plans be determined not to be "equal or superior", direct payments from the Department of Education shall be discontinued no later than ninety (90) days after the final determination is made. See **Exhibit A**, Plan Withdrawal Document with Equal or Superior Policy, for more detail regarding the withdrawal process.

9. An LEA participating in the Local Education Health Plan may offer the State sponsored voluntary plan(s) to its employees and retirees. The dental and/or vision voluntary plan(s) may be effective on the agency's original effective date or on a subsequent January 1. The LEA must submit a written intent to enroll notice to BA by July 1 of the year preceding the January 1 effective date for dental and/or vision. LEA participation in the dental plan and/or vision plan shall continue for at least twelve (12) consecutive months coincidental with a calendar year. The LEA must submit a written intent to enroll notice to BA at least 90 days prior to the effective date (may be a date other than January 1) for long term care insurance. The LEA shall provide BA with a sixty (60) day written notice before terminating its participation in the voluntary plans. If the LEA discontinues participation in the dental and/or vision plan, the LEA acknowledges that its employees will not be eligible for COBRA and that the LEA may not rejoin the dental and/or vision plan for at least twelve (12) consecutive months, beginning on the date of termination, in accordance with dental contract requirements. If the LEA rejoins the dental and/or vision plan, eligible employees may sign up during the next annual enrollment period. (For example, an agency that drops the dental plan as of 3/1/16 would not be able to offer the dental plan again until 1/1/18.) If a LEA discontinues participation in the medical insurance plan, participation in the voluntary plans will terminate on the same date as the medical insurance plan.

10. Prohibition on other coverages:

(a) A LEA participating in the Local Education Health Insurance Plan **shall not** offer, subsidize, or incentivize enrollment of individuals eligible for the state sponsored group insurance program into any health plan, health insurance policy, or medical expenses plan other than the state sponsored group insurance plan (including state offered voluntary benefits) and those plans which constitute "additional benefits" as defined herein. A LEA participating in the Local Education Plan may offer approved additional benefits, instead of or in addition to the voluntary benefits in the state group insurance program.

(b) For the purpose of (a) above, the term "health plan" includes any health plan or policy, medical insurance plan or policy, excepted benefit policy, supplemental benefit policy, gap or bridge policy, and any plan or policy that reimburses, indemnifies, contributes to, supplements, or pays the costs of participating in the Local Education Health Insurance Plan, or provides coverage, subsidies, or credits for services or pharmaceuticals covered by the Local Education Health Insurance Plan including co-pays, member contributions, coinsurance, and deductibles. For purposes of this MOU this definition of "health plan" is not affected by whether a plan, or expenses paid under a plan, is considered a supplemental plan, health plan or an excepted benefit under Federal law.

(c) Failure of the LEA to provide the information required by paragraph no. 5 regarding additional benefit plans may result in Benefits Administration assessing and collecting the costs incurred by the LEA's failure to cooperate. This assessment may include actuarial consulting fees and the additional cost to the plan caused by non-compliance. In addition, non-compliance may also result in termination of the LEA's participation in the plan.

(d) An LEA's offering, subsidizing, or incentivizing participation in any product prohibited by section (a) above may result in Benefits Administration assessing and collecting the costs incurred by the LEA's failure to cooperate. This assessment may include actuarial consulting fees and the additional cost to the plan caused by non-compliance. In addition, non-compliance may also result in termination of the LEA's participation in the plan.

11. If the LEA does not have any employees enrolled in health coverage for more than sixty (60) days, the agency will be terminated from the Local Education Plan and shall be ineligible to re-join the Local Education Plan for at least twenty-four (24) months.

12. The LEA shall abide by the refund policy as stated in the Local Education Plan Document, with the understanding that any ineligible claims will be recovered before a refund is released to the agency.

13. The LEA has the primary responsibility for determining eligibility pursuant to the provisions of the Plan Document and/or the /voluntary benefits eligibility documents. The LEA may refer any eligibility question to BA for written clarification. In the absence of such written clarification, the LEA shall reimburse the State for the cost of benefits provided because of any inaccurate representation of eligibility that its employees may make that result in an otherwise ineligible individual becoming enrolled for and receiving benefits. The LEA shall terminate enrollment for the employee and dependents and notify BA when it is discovered that an employee and/or dependent(s) was ineligible for coverage.

14. All LEAs shall download the Premiums Due / Collections Applied reports through Edison (the State's enterprise resource planning system used for the administration of benefits enrollment and premium data). If the LEA fails to download such reports and requests hard copies, the LEA shall first pay an annual fee of six hundred dollars (\$600.00) to BA payable/collected through the ACH debit account. BA reserves the authority to waive the annual fee as it deems appropriate, and its decisions shall not be subject to appeal or review.

15. If the LEA has more than twenty-five (25) members, it shall maintain two (2) ABCs who have access to Edison at all times. For security purposes, no LEA shall have more than two ABCs with Edison access unless additional ABCs have been authorized by BA.

16. Each ABC shall perform data entry in Edison. This includes adding biographical and job information for all employees.

17. The LEA may request in writing a copy of its claims experience and/or enrollment information from BA. BA will only provide a copy of such report results directly to the ABC or other authorized LEA employee. At no time shall BA deliver such report to an insurance agent or broker. Such report shall not contain any personal identifiers or individual claims detail or other information restricted by HIPAA. The "Guidelines for Release of Claims and Enrollment Information For Agencies Participating in the Public Sector Plans" and the "Formal Request for Enrollment or Claims Information" may be found on the ABC Website as described in item 30 of the Terms and Definitions section of this MOU.

18. The LEA shall notify BA within five (5) business days of receipt of a Medicare demand letter or other notice explaining that Medicare may have made a primary payment for services instead of a secondary payment for services. The LEA shall deliver a copy of such letter or other notice via facsimile, electronic mail or hard copy delivery within the same five-day time period.

19. The LEA shall maintain an up-to-date insurance file on each participating member which shall include, at a minimum, the signed "Employee Insurance Checklist – Local Education Plan" (a copy may be found on the ABC website at www.tn.gov/finance/ins/abc.shtml), a copy of any manually completed enrollment forms and a copy of any Edison reports reflecting benefits chosen by the member. The LEA

can maintain either an electronic or hard copy (or both). Copies of files may be requested by BA for audit determination.

20. The LEA shall be responsible for complying with all employer reporting requirements and employee notifications required under The Patient Protection and Affordable Care Act (PPACA). Each agency on the Plan is considered to be a self-insured employer and must follow the self-insured reporting guidelines.

21. The LEA shall be responsible for any penalties imposed for failure to comply with PPACA.

(a). This responsibility includes but is not limited to penalties under the PPACA amendments to the Public Health Service Act (42 U.S.C. 300 gg et seq), the employer responsibility section of the Internal Revenue Code (26 U.S.C. 4980H), and regulations implementing those provisions.

(b). The LEA shall also reimburse BA for any expenses caused by the LEA's failure to terminate coverage in Edison when that failure leads to claims being paid after the coverage should have been terminated. This could create a risk of a rescission under the PPACA regulations if untimely notice leads to retroactive termination.

22. For each member termination, the LEA shall enter the termination into Edison or notify BA if the ABC does not have access to Edison within five (5) business days of the termination. The LEA shall reimburse the State for any penalties, fines, assessments, or damages incurred associated with late COBRA and other notices that result from a delayed notification from the LEA to BA of the termination of an employee or member. Any termination entered after five (5) business days from the date of termination, shall be subject to premium refund provisions of the Local Education Plan Document.

23. To the extent that the LEA varies its employer contribution by benefit option, third party administrator or premium tier, the LEA assumes all compliance duties and risks associated with the statutory requirements of federal and state law, including but not limited to the nondiscrimination and wellness requirements in the Health Insurance Portability and Accountability Act (HIPAA, Pub. L. 104-191) as amended and the Americans with Disability Act (ADA, Pub. L. 101-336), as amended. The LEA may refer to "Contributions" in the Local Education Plan Document and any other publications or frequently asked questions (FAQs) which BA may publish for information regarding the State's contribution policy. The LEA shall also consult with its legal counsel to ensure that the LEA's approach is in compliance with all applicable legal requirements.

24. In the event that a change in Federal laws or regulations, including but not limited to COBRA, requires changes in the procedures set out in Section 1 of this MOU, the LEA will comply with those requirements regardless of whether this MOU is formally amended.

25. Hold Harmless. The LEA agrees to reimburse the State for financial losses caused by the LEA's violation of Federal laws or regulations governing the conduct of a health insurance plan. Such Federal provisions include, but are not limited to the Patient Protection and Affordability Act (PPACA); the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Consolidated Omnibus Budget Reconciliation Act (COBRA). The LEA's responsibility under this provision includes any fines, penalties, or legal costs incurred by the State as a result of LEA's violation of Federal law.

SECTION 1B – OTHER RESPONSIBILITIES OF THE LOCAL EDUCATION AGENCY – OBLIGATIONS AND ACTIVITIES WITH REGARDS TO HIPAA

HIPAA and HITECH Compliance

1. The LEA shall comply with obligations under HIPAA and HITECH under the ARRA and their accompanying regulations. The Local Education Plan is a covered entity under the Administrative Simplification Provisions of HIPAA. The LEA shall take all appropriate measures to protect the privacy & security of the protected health information it receives from members electing coverage under the Plan.
2. The LEA warrants that it is familiar with the requirements of HIPAA and HITECH and their accompanying regulations and shall comply with all applicable HIPAA and HITECH requirements in the course of this Contract including but not limited to the following:
 - Compliance with the Privacy Rule, Security Rule, Notification Rule;
 - The creation of and adherence to sufficient Privacy and Security Safeguards and Policies;
 - Timely Reporting of Violations in Use and Disclosure of PHI; and
 - Timely Reporting of Privacy and/or Security Incidents.
3. The LEA warrants that it will cooperate with the Covered Entity, including cooperation and coordination with Covered Entity privacy officials and other compliance officers required by HIPAA and HITECH and its regulations, in the course of performance of the duties so that both parties will be in compliance with HIPAA and HITECH.

Privacy & Confidentiality

1. The LEA shall develop, adopt, and implement standards, which are, at a minimum, compliant with the HIPAA privacy and security rules in 45 CFR Part 164, to safeguard the privacy and confidentiality of all PHI about members. For example, the LEA shall ensure that it does not have completed forms containing PHI sitting in public view, left in unsecured boxes or files, or left unattended in any off-site location (e.g., in an automobile). The LEA's procedures shall include but not be limited to safeguarding the identity of members as members of a Public Sector Plan and preventing the unauthorized disclosure of PHI. The LEA shall comply with the HIPAA amendments in the American Recovery and Reinvestment Act, Public Law 111-5, the HITECH Act, and any implementing regulations when they become effective.
2. The PHI shall be used for the purposes of carrying out the responsibilities of this MOU related to the LEA's participation in the Local Education Insurance Plan.
3. The LEA shall not use or further disclose PHI other than as permitted or required by HIPAA; or as required by law. Use of PHI for payment, treatment, or health care operations may include disclosure only as permitted by HIPAA, including when such information is strictly necessary to resolve the issue or concern under discussion and the person has adequate permission or legal authority to review such information.
4. The LEA shall use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. The LEA shall report to the State any unauthorized use or disclosure of the PHI.
5. The LEA shall mitigate, to the extent practicable, any harmful effect that is known to the LEA of a use or disclosure of PHI by the LEA in violation of the requirements of the Federal privacy rule.
6. The LEA shall provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.

7. The LEA shall make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.
8. The LEA shall document disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.
9. The LEA shall cooperate in making relevant records available to the Secretary of Health and Human Services for determining HIPAA compliance when required by 45 CFR 164.504(e)(2)(ii)(I)
10. The LEA shall (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the State any security incident (within the meaning of 45 CFR § 164.304) of which the LEA becomes aware, and (iii) ensure that any agent of the LEA, including any subcontractor agrees to the same restrictions and conditions that apply to the LEA with respect to such information.
11. The LEA shall comply with all privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act. Unless the State prior approves in writing the LEA's use of alternate mitigating controls, the LEA shall use Federal Information Processing Standards (FIPS) 140-2 compliant technologies to encrypt all PHI in motion or rest, including back-up media.
12. The LEA shall have full financial responsibility for any penalties, fines, or other payments imposed or required as a result of the LEA's non-compliance with or violation of HIPAA or HITECH requirements, and the LEA shall indemnify the State with respect to any such penalties, fines, or payments.
13. The LEA shall assure that all LEA staff is trained in all HIPAA requirements, as applicable.
14. Minimum Necessary- LEA (and its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure, in accordance with the Minimum Necessary requirements of the Privacy Rule including, but not limited to, 45 C.F.R. Sections 164.502(b) and 164.514(d).
15. Notification of Breach- During the term of this MOU, LEA shall notify Benefits Administration within two (2) business days of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. LEA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
16. This Agreement authorizes and LEA acknowledges and agrees Covered Entity shall have the right to immediately terminate this Agreement and Service Contracts in the event LEA fails to comply with, or violates a material provision of, requirements of the Privacy and/or Security Rule or this Memorandum. Upon termination of this MOU for any reason, LEA agrees to return or destroy PHI covered by this agreement at the direction of the Covered Entity as required by 45 CFR 164.504(e)(2)(ii)(J).

SECTION 2 - RESPONSIBILITIES OF THE AGENCY BENEFITS COORDINATOR

Note: Applicable forms and publications may be found on the ABC Website.

1. The ABC shall serve as a liaison between the LEA, its employees, and BA.
2. During the new employee orientation, the ABC shall:
 - Ensure the employee reviews and signs “Employee Insurance Checklist – Local Education Plan,” which shall then be placed in the employee insurance file;
 - Provide to the new employee a TennCare notice and any other notices or information required by the Patient Protection and Affordable Care Act (PPACA), including the federal Marketplace letter;
 - Provide a copy of the “Benefits Administration Eligibility and Enrollment Guide” for Local Education Employees, HIPAA Notice of Privacy Practices brochure, applicable vendor materials, enrollment forms, any applicable long term care, dental and vision handbooks or brochures, provide web address to locate the Summary of Benefits and Coverage tn.gov/finance/article/fa-benefits-sbc or provide a printed copy if requested, and provide any materials related to new plans of coverage to the new employee;
 - Provide to the employee the deadline to return completed enrollment forms or make their selections online using Employee Self Service (ESS) in Edison;
 - Describe to the eligible employee all available benefits options including plans and programs related to health, pharmacy benefits, Medicare supplement, Employee Assistance Program, dental, long term care, vision, health management and wellness, and any future plans and programs offered under the Local Education Plan;
 - Ensure the employee receives any new employee orientation materials provided by BA;
 - Explain to the employee the enrollment options including the consequences and next steps if the employee elects not to enroll either self and/or eligible dependents during the initial enrollment period, and how the annual enrollment period works;
 - Identify the effective date of coverage for the employee and any dependents;
 - Describe to the employee how and when to add newly acquired dependents, and explain the member’s responsibility to provide documentation to verify dependent eligibility;
 - Provide information to employee on premium amounts for all available benefit programs;
 - Specify to the member how to make changes to coverage or terminate coverage on either self or dependents, including the employee’s obligation to immediately notify the ABC and BA of any change in dependent eligibility status;
 - Review with the employee the impact of a leave of absence from employment on benefits;
 - List for the employee the benefits options members have at the time of termination of employment (COBRA, retirement); and
 - Ensure that each new employee is aware of the BA Website and the ParTners For Health Website , the BA Service Center contact information, and the contact information for each vendor
3. All ABCs must participate in monthly/weekly ABC calls with BA Staff. Notes from each call will be distributed following the call.
4. All ABCs must complete any annual mandatory training offered by Benefits Administration. New ABCs, including those who are replacing other ABCs, shall complete initial mandatory training offered by Benefits Administration and may be required to pass a test to get system access. Initial ABC training must be completed within 60 days of becoming a new ABC and

initial HIPAA training must be completed within 90 days of becoming a new ABC. Failure to comply with all training requirements will result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA.

5. All ABCs shall comply with the procedures set forth in the “ABC Training Presentation – Day 1 and ABC Training Presentation – Day 2” and the “External Agency Calendar” of Edison activities published on the ABC Website, including but not limited to:
 - Entering into Edison personal and job information for employees;
 - Answering general member questions on benefits and eligibility;
 - Keeping members’ addresses and telephone numbers current in Edison; and
 - Downloading reports as necessary via Edison.
6. The ABC shall refer all eligibility or policy questions related to creditable years of service and monetary retirement benefits to the Tennessee Consolidated Retirement System (TCRS) staff. The ABC shall also be familiar with the various provisions in the “Local Education Plan Document” related to insurance benefits and eligibility for coverage. Questions about retiree dental, vision, long term care, or health insurance eligibility and questions about the annual enrollment period for retirees shall be directed to BA.
7. The ABC shall refer the member to the BA Website at for information concerning the process for appeals. This information is available in the Member Handbooks, the Summary of Benefits and Coverage, and the Plan Document.
8. The ABC shall assist in facilitating the creation and assignment of a wellness site champion. The responsibilities will be: schedule onsite health screenings, if requested by BA or the Health and Wellness vendor; promote onsite wellness activities/challenges and encourage active participation in the ParTNers for Health Wellness Program. The ABC may function as the wellness site champion or assist another individual serving in this capacity.
9. The ABC shall answer general questions on the coverages offered by the Local Education Plan. The ABC shall refer any detailed eligibility inquiries to the BA Service Center. The ABC shall refer any detailed benefits inquiries to the appropriate insurance carrier.
10. The ABC shall coordinate or assist with events or benefits fairs related to these products, including reserving meeting space, as requested by BA and ensuring that employees/members are aware of these events.
11. The ABC shall assist with requests from BA to help with ensuring the agency members respond to requests for information and otherwise comply with sections “5.04, Subrogation”; “5.05, Right of Reimbursement”; and “5.06, Recovery of Payment” of the Local Education Plan Document.
12. Upon request, the ABC shall provide an email address file for all their employees to Benefits Administration within 15 days of the request.
13. The ABC shall limit the number of administrative error letters submitted. Administrative errors submitted will be reviewed quarterly. An excessive amount of admin error letters will result in BA contacting the ABC for retraining. The ABC shall lose access to Edison until retraining is completed. The number of errors allowed will be defined and communicated to all agencies based on agency size.
14. The ABC will be required to respond to a yearly audit of ABC Security access for their agency.

15. The ABC will receive quarterly reports from a data match with the NCOA (National Change of Address) database. The ABC shall update addresses in Edison based on the results.

SECTION 3 - RESPONSIBILITIES OF BA

1. BA will notify the LEA of any annual premium increase or benefit changes as soon as this information is available.
2. BA, in conjunction with the State of Tennessee Comptroller of the Treasury, will conduct audits to verify that policies and procedures of the Local Education Plan Document are enforced. In addition, BA will conduct reviews of new enrollments to determine if they are eligible for coverage based on Plan Document provisions.
3. BA will assist the ABCs with policy, premium and eligibility questions, processing enrollment/change applications, and refund issues.
4. BA will publish an up-to-date version of the Plan Document on the BA Website and notify the LEA of any changes.
5. BA will establish and maintain a call center to assist the ABCs and LEA employees in understanding eligibility Plan provisions of and obtaining benefits under the Local Education Plan.
6. BA will provide each LEA with any available new employee orientation materials.
7. BA will provide training for ABCs. BA will refer new ABCs to the "ABC Training Presentation – Day 1 and ABC Training Presentation – Day 2" and will answer questions on using Edison when contacted by ABCs.
8. BA will make available an electronic copy of the "ABC Training Presentation – Day 1 and ABC Training Presentation Day 2" and post a monthly "External Agency Calendar" of scheduled Edison activities on the ABC Website.
9. BA will ensure that members have access to an appeals process.
10. BA will administer the continuation of insurance through COBRA.
11. BA will provide information to the ABCs on the programs offered under the State Group Insurance Plan.
12. Where appropriate, BA will provide the LEA with information necessary to assist the agency in complying with employer reporting requirements and employee notifications required PPACA.
13. BA will conduct monthly conference calls to provide information and updates. The conference calls will be held weekly leading up to and during the annual enrollment period. Weekly emails will be sent throughout the year to communicate updated information.

Legal Advice: This is a document that binds the signing parties to legally enforceable obligations. BA recommends that you have your legal counsel review this document. BA does not provide legal advice to LEAs and any information that BA provides concerning State or Federal laws is not intended as legal advice.

We understand and agree to abide by the terms and conditions set forth in this document.

LOCAL EDUCATION AGENCY:

Director of Schools (Printed Name/Signature)

Date

Fiscal Officer (Printed Name/Signature)

Date

BENEFITS ADMINISTRATION:

By: Laurie Lee, Executive Director

Signature

Date

EXHIBIT A

WITHDRAWAL FROM STATE SPONSORED LOCAL EDUCATION INSURANCE PLAN

1. In order for any Local Education Agency (LEA) to withdraw from the State Sponsored Local Education Insurance Plan, the following **mandatory** requirements must be satisfied:
 - a. The LEA must have participated in the State Sponsored Local Education Insurance Plan for a minimum of twenty-four (24) consecutive months prior to withdrawal; and
 - b. A majority of employees of the LEA must agree to withdraw from the plan and their agreement must be verified in writing and submitted to Benefits Administration.

2. In order to withdraw from the State Sponsored Local Education Insurance Plan and continue to receive insurance funding from the Department of Education as provided in Tenn. Code Ann. § 8-27-303(a)(1)(hereinafter "insurance funding"), the LEA must meet and continue to meet the following **additional mandatory** requirements:
 - a. The medical insurance plan(s)' actuarial levels must satisfy the equivalency provisions of Tenn. Code Ann. § 8-27-303(a)(2) as outlined in Benefits Administration's Local Education Plan Equal or Superior Evaluation Policy; **and**
 - b. The LEA's contribution to each plan and each coverage tier must equal or exceed the contribution level specified in the General Appropriations Act for the Basic Education Program (BEP) insurance component.

3. When a Local Education Agency withdraws from the State Sponsored Local Education Insurance Plan, there are many factors to consider and consequences to keep in mind, including the following list which is not an exhaustive list but which includes several important consequences of withdrawal:
 - a. Once withdrawn from the State Sponsored Plan, the LEA must remain out of the Plan for a period of twenty-four (24) months; the LEA is not eligible for re-enrollment in the State Sponsored Local Education Plan within that twenty-four (24) month period.
 - b. Upon withdrawal, the LEA will be responsible for all legal requirements relating to providing health insurance coverage for active employees, dependents, COBRA participants and/or their dependents, and retirees and/or their dependents.
 - c. Retirees in agencies that withdraw from the Local Education Insurance Plan are not eligible to receive funding authorized in Tenn. Code Ann. § 8-27-305(c) to offset their premium or defined contribution. The LEA must take responsibility for determining and reporting Other Post-Employment Benefits (OPEB) as outlined in Governmental Accounting Standards Board Statements 43, 35, 74, and 75.
 - d. Upon withdrawal of an LEA from the State Sponsored Plan, its members' eligibility for COBRA coverage with the Local Education Plan terminates.

e. If an LEA chooses not to participate in the State Sponsored Health Insurance Plan, the LEA employees may not retire with medical coverage with the State Sponsored Health Insurance Plan. If a nonparticipating LEA returns to the State Sponsored Health Insurance Plan after the 24 month exclusion period, retirees and their dependents, including persons who were previously enrolled with the plan as retirees and employees who retired after the LEA's withdrawal from the plan, may enroll in the plan's retiree coverage without having to meet the plan rules for retiring employees. All active employees coming into the plan with a returning LEA may not retire with medical coverage in the State Sponsored Plan unless they meet the plan rules for retiring employees: (1) employees with ten (10) to 20 years of employment must work and remain in the plan for three continuous years immediately prior to retirement in order to continue in the plan upon retirement; and (2) employees with twenty (20) or more years of employment must work and remain in the plan for one year immediately prior to retirement in order to continue in the plan upon retirement.

f. Retirees and their spouses over the age of 65 (except those who are never eligible for Medicare) are not eligible to enroll in the State Sponsored Plan but may request enrollment in the Medicare Supplement Plan if they meet all requirements for that plan.

g. Voluntary benefits offered by the state will be impacted and in most cases will be unavailable for employees who are not enrolled in the state sponsored group insurance plan. Please consult with your ABC for specific rules governing state-offered voluntary benefits available to retirees.

h. Persons whose first employment with a participating agency commenced on or after July 1, 2015 may not continue in the State Sponsored Plan as retirees and may not enroll in the Medicare supplement plan. It is the responsibility of the LEA to assist ineligible persons with finding other coverage.

Local Education Plan Equal or Superior Evaluation Policy

Policy. The “equal or superior” evaluation required by Tenn. Code Ann. § 8-27-303(a)(2) shall be conducted in accordance with the following Policy:

1. (a) A Local Education Agency (hereinafter “LEA”) not currently participating in the state sponsored Local Education Insurance Plan and those that seek to opt out in the next plan year and receive state insurance funding from the Department of Education as provided for in Tenn. Code Ann. § 8-27-303(a)(1) (hereinafter, “insurance funding”), will provide Benefits Administration a copy of all medical insurance plan policy designs which they intend to offer to their members. This shall include but not be limited to the following information: (1) all covered health benefits (medical, prescription, behavioral health, etc); (2) member and family deductibles; (3) member and family co-pays; (4) member and family co-insurance; (5) member and family out-of-pocket maximums; (6) annual amount of employer’s contribution to either Health Savings Account (HSA) or Health Reimbursement Account (HRA); (7) category of all dependents covered in the LEA plan offerings; and (8) monthly premiums for members and dependents, along with the percentage of said premium to be paid by the employee and the employer LEA.

(b) Each LEA shall submit any additional information needed to assist with the decision of the “equal or superior” rating determination by the state’s independent firm or consultant. Each LEA seeking an “equal or superior” determination is responsible for providing Benefits Administration with medical insurance plan(s) design that meets the actuarial requirements for this determination by the state’s independent firm or consultant.

(c) So that LEAs that opt out of the state plan do not risk the potential for delayed or reduced insurance funding, Benefits Administration strongly recommends that those LEAs submit their proposed medical insurance plan designs for consideration by the state’s independent firm or consultant no later than ninety (90) days in advance of the relevant plan year.

2. Upon receipt of the LEA’s medical insurance plan designs, the Executive Director of Local Finance for the Department of Education will be notified that the evaluation process is underway and the plans will be forwarded to the state’s independent firm or consultant for the “equal or superior” determination as required by Tenn. Code Ann. § 8-27-303(a)(2). All medical insurance plans offered by the LEA must satisfy the “equal or superior” requirements of the basic health plans as defined and described in paragraph nos. 3 and 4 below.

3. The basic health plan to be utilized for purposes of the “equal or superior” evaluation is the Local Education Insurance Committee’s plan with the highest actuarial value.

4. (a) The state’s independent firm or consultant will review all materials provided by the LEA and evaluate the composite overall benefit value of the deductibles, co-pays, co-insurance, out-of-pocket maximums, etc. to determine the actuarial value of each option relative to the basic health plan(s), using thoroughly tested and peer reviewed actuarial models to determine Actuarial Values. Only health plans which constitute “minimum essential coverage” under the Affordable Care Act may be considered by the firm or consultant for purposes of this

determination. In order to satisfy the “equal or superior” rating necessary for insurance funding, the state’s independent firm or consultant **must** reach one of the following two conclusions:

(1) **All plans** offered by the LEA must have an actuarial value equal to or within five (5) percentage points of the actuarial value of the State Plan’s “basic plan” (i.e., the highest actuarial value plan offered by the Local Education Insurance Committee for that plan year)* A five (5) percentage point variance is utilized to account for variation in networks, utilization, on-site clinics, and any other coverage differences; **OR**

(2) **At least one plan** offered by the LEA must have an actuarial value equal to or within five (5) percentage points of the actuarial value of the State Plan’s “basic plan” (i.e., highest actuarial value plan offered by the Local Education Insurance Committee for that plan year as in 4(a)(1) above) **and** all plans offered by the LEA must meet or exceed the actuarial value of the lowest actuarial value plan offered by the Local Education Insurance Committee.** The five (5) percentage point variance is not applicable to or permitted to be considered when determining whether the LEAs plans meet or exceed the actuarial value of the lowest actuarial value plan offered by the Local Education Insurance Committee.

(b) If it is determined that no plan offered by the LEA has an actuarial value equal to or within five (5) percentage points of the actuarial value of the highest actuarial value plan offered by the Local Education Insurance Committee for that plan year, or that any plan offered by the LEA fails to meet or exceed the actuarial value of the lowest actuarial value plan offered by the Local Education Insurance Committee, then the LEA does not satisfy the “equal or superior” requirement for insurance funding.

5. Upon receipt of the equal or superior determination from the state’s independent consultant, Benefits Administration will provide a written report of results to the LEA Director. If the LEA receives a rating of “equal or superior” from the state’s independent firm or consultant, Benefits Administration will consider the LEA to be compliant with the statutory “equal or superior” requirement and no further action is necessary to receive insurance funding.

6. If the LEA fails to receive a rating of “equal or superior” from the state’s independent firm or consultant, the Local Education Insurance Committee shall call a public meeting at its earliest convenience for the purpose of reviewing the state’s independent consultant’s report and rendering a final determination as to whether the “equal or superior” requirement has been satisfied.

(a) If the Local Education Committee adopts the finding of the state’s independent consultant and makes the final determination that the LEA’s local plans do not satisfy the “equal or superior” requirement, then the insurance funding through the Department of Education will be discontinued as soon as is practicable, but no later than ninety (90) days from the date of the Local Education Insurance Committee’s meeting at which the final determination was reached, as required in Tenn. Code Ann. § 8-27-303(f).

(b) Within ninety (90) days after the Local Education Insurance Committee's meeting at which the final determination was reached that the LEA's local plans do not satisfy the "equal or superior" requirement, the affected LEA may implement improved and revised medical insurance plan designs and submit the revised local plans for re-consideration by the state's independent firm or consultant and Benefits Administration. All attempts to cure must be completed and implemented within this ninety (90) day period.

(c) If the LEA does not submit revised local plans within ninety (90) days after the Local Education Insurance Committee's meeting at which a final determination that the LEA's local plans do not satisfy the "equal or superior" requirement was reached, or if the LEA's revised plans are also deemed inferior by the state's independent firm or consultant, the LEA may elect to either (1) enroll in the state supported Local Education Insurance Plan and continue to receive insurance funding from the Department of Education, or (2) maintain its local plan without receipt of insurance funding from the Department of Education. Benefits Administration will notify the Local Education Insurance Committee and the Executive Director of Local Finance for the Department of Education of the LEA's election.

(d) If the LEA properly submits revised local plans and the state's independent firm or consultant and Benefits Administration determine that the revised plans satisfy the "equal or superior" requirement, then Benefits Administration will notify the LEA, Local Education Insurance Committee, and the Executive Director of Local Finance for the Department of Education in writing of the determination, and Benefits Administration will consider the LEA to be compliant with the equal or superior requirement and to be eligible for continued insurance funding from the Department of Education without further action. Approval by the Local Education Insurance Committee is not required for Benefits Administration's determinations under this section 6(d).

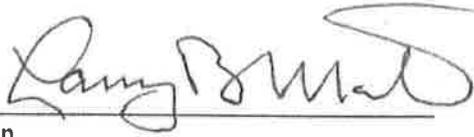
7. Non-Scheduled Evaluations. The "equal or superior" evaluation set out above in this policy shall also apply to all non-scheduled evaluations required by Tenn. Code Ann. § 8-27-303(g), brought about by LEA local medical insurance plan benefit changes. LEAs in receipt of insurance funding must file all benefit changes to local plans no later than thirty (30) days prior to the effective date of the changes.

8. Should any provision of this Policy be deemed to be contrary to law or otherwise unenforceable, then that provision shall be severable from the remainder of Policy and shall not cause the remainder to be invalid or unenforceable.

* For illustrative purposes, if the highest actuarial value plan offered by the Local Education Insurance Committee has an actuarial value of 80%, the LEA plan must have an actuarial value of 76% or higher to be considered equal or superior thereto. The 76% actuarial value is calculated by applying the 5% to the 80% actuarial value: $80\% * (1.00 \text{ less } .05)$, equating to $0.80 * (.95) = 76\%$

** For illustrative purposes, if the highest actuarial value plan offered by the Local Education Insurance Committee has an actuarial value of 80% and the lowest actuarial value plan is 70%, at least one of the LEA plans must have an actuarial value of 76% by applying the 5% to the 80% actuarial value $80\% * (1.00 \text{ less } .05)$, equating to $0.80 * (.95) = 76\%$, and all of the LEA plans must have an actuarial value greater than 70% to be considered equal or superior thereto.

Policy Approved by Vote of Local Education Insurance Committee



Chairman

7/14/16

Date

2017 Monthly Premiums for Active Employees

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO			
Employee Only	\$571	\$571	\$611
Employee + Child(ren)	\$941	\$941	\$981
Employee + Spouse	\$1,113	\$1,113	\$1,193
Employee + Spouse + Child(ren)	\$1,483	\$1,483	\$1,563
NO PARTNERSHIP PROMISE PPO			
Employee Only	\$621	\$621	\$661
Employee + Child(ren)	\$991	\$991	\$1,031
Employee + Spouse	\$1,213	\$1,213	\$1,293
Employee + Spouse + Child(ren)	\$1,583	\$1,583	\$1,663
STANDARD PPO			
Employee Only	\$585	\$585	\$625
Employee + Child(ren)	\$965	\$965	\$1,005
Employee + Spouse	\$1,140	\$1,140	\$1,220
Employee + Spouse + Child(ren)	\$1,520	\$1,520	\$1,600
LIMITED PPO			
Employee Only	\$426	\$426	\$466
Employee + Child(ren)	\$702	\$702	\$742
Employee + Spouse	\$830	\$830	\$910
Employee + Spouse + Child(ren)	\$1,106	\$1,106	\$1,186
HEALTHSAVINGS CDHP			
Employee Only	\$383	\$383	\$423
Employee + Child(ren)	\$632	\$632	\$672
Employee + Spouse	\$747	\$747	\$827
Employee + Spouse + Child(ren)	\$995	\$995	\$1,075

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.

HEALTH PREMIUMS—ACTIVE

2017 Monthly Premiums for COBRA Participants

ALL REGIONS			
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO			
Employee Only/Single	\$582.42	\$582.42	\$623.22
Employee + Child(ren)	\$959.82	\$959.82	\$1,000.62
Employee + Spouse	\$1,135.26	\$1,135.26	\$1,216.86
Employee + Spouse + Child(ren)	\$1,512.66	\$1,512.66	\$1,594.26
NO PARTNERSHIP PROMISE PPO			
Employee Only/Single	\$633.42	\$633.42	\$674.22
Employee + Child(ren)	\$1,010.82	\$1,010.82	\$1,051.62
Employee + Spouse	\$1,237.26	\$1,237.26	\$1,318.86
Employee + Spouse + Child(ren)	\$1,614.66	\$1,614.66	\$1,696.26
STANDARD PPO			
Employee Only/Single	\$596.70	\$596.70	\$637.50
Employee + Child(ren)	\$984.30	\$984.30	\$1,025.10
Employee + Spouse	\$1,162.80	\$1,162.80	\$1,244.40
Employee + Spouse + Child(ren)	\$1,550.40	\$1,550.40	\$1,632.00
LIMITED PPO			
Employee Only/Single	\$434.52	\$434.52	\$475.32
Employee + Child(ren)	\$716.04	\$716.04	\$756.84
Employee + Spouse	\$846.60	\$846.60	\$928.20
Employee + Spouse + Child(ren)	\$1,128.12	\$1,128.12	\$1,209.72
HEALTHSAVINGS CDHP			
Employee Only/Single	\$390.66	\$390.66	\$431.46
Employee + Child(ren)	\$644.64	\$644.64	\$685.44
Employee + Spouse	\$761.94	\$761.94	\$843.54
Employee + Spouse + Child(ren)	\$1,014.90	\$1,014.90	\$1,096.50

HEALTH PREMIUMS—COBRA

2017 Monthly Premiums for Teacher Retirees

ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO						
Retiree Only	\$314.05	\$354.05	\$371.15	\$411.15	\$428.25	\$468.25
Retiree + Child(ren)	\$517.55	\$557.55	\$611.65	\$651.65	\$705.75	\$745.75
Retiree + Spouse	\$612.15	\$692.15	\$723.45	\$803.45	\$834.75	\$914.75
Retiree + Spouse + Child(ren)	\$815.65	\$895.65	\$963.95	\$1,043.95	\$1,112.25	\$1,192.25
Spouse Only	\$298.10	\$338.10	\$352.30	\$392.30	\$406.50	\$446.50
Child(ren) Only	\$203.50	\$243.50	\$240.50	\$280.50	\$277.50	\$317.50
Spouse + Child(ren)	\$501.60	\$541.60	\$592.80	\$632.80	\$684.00	\$724.00
NO PARTNERSHIP PROMISE PPO						
Retiree Only	\$364.05	\$404.05	\$421.15	\$461.15	\$478.25	\$518.25
Retiree + Child(ren)	\$567.55	\$607.55	\$661.65	\$701.65	\$755.75	\$795.75
Retiree + Spouse	\$712.15	\$792.15	\$823.45	\$903.45	\$934.75	\$1,014.75
Retiree + Spouse + Child(ren)	\$915.65	\$995.65	\$1,063.95	\$1,143.95	\$1,212.25	\$1,292.25
Spouse Only	\$348.10	\$388.10	\$402.30	\$442.30	\$456.50	\$496.50
Child(ren) Only	\$203.50	\$243.50	\$240.50	\$280.50	\$277.50	\$317.50
Spouse + Child(ren)	\$551.60	\$591.60	\$642.80	\$682.80	\$734.00	\$774.00
STANDARD PPO						
Retiree Only	\$321.75	\$361.75	\$380.25	\$420.25	\$438.75	\$478.75
Retiree + Child(ren)	\$530.75	\$570.75	\$627.25	\$667.25	\$723.75	\$763.75
Retiree + Spouse	\$627.00	\$707.00	\$741.00	\$821.00	\$855.00	\$935.00
Retiree + Spouse + Child(ren)	\$836.00	\$916.00	\$988.00	\$1,068.00	\$1,140.00	\$1,220.00
Spouse Only	\$305.25	\$345.25	\$360.75	\$400.75	\$416.25	\$456.25
Child(ren) Only	\$209.00	\$249.00	\$247.00	\$287.00	\$285.00	\$325.00
Spouse + Child(ren)	\$514.25	\$554.25	\$607.75	\$647.75	\$701.25	\$741.25
HEALTHSAVINGS CDHP						
Retiree Only	\$210.65	\$250.65	\$248.95	\$288.95	\$287.25	\$327.25
Retiree + Child(ren)	\$347.60	\$387.60	\$410.80	\$450.80	\$474.00	\$514.00
Retiree + Spouse	\$410.85	\$490.85	\$485.55	\$565.55	\$560.25	\$640.25
Retiree + Spouse + Child(ren)	\$547.25	\$627.25	\$646.75	\$726.75	\$746.25	\$826.25
Spouse Only	\$200.20	\$240.20	\$236.60	\$276.60	\$273.00	\$313.00
Child(ren) Only	\$136.95	\$176.95	\$161.85	\$201.85	\$186.75	\$226.75
Spouse + Child(ren)	\$336.60	\$376.60	\$397.80	\$437.80	\$459.00	\$499.00

**2017 Monthly Premiums for Teacher Retirees
(continued)**

ALL REGIONS						
	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
LIMITED PPO						
Retiree Only	\$234.30	\$274.30	\$276.90	\$316.90	\$319.50	\$359.50
Retiree + Child(ren)	\$386.10	\$426.10	\$456.30	\$496.30	\$526.50	\$566.50
Retiree + Spouse	\$456.50	\$536.50	\$539.50	\$619.50	\$622.50	\$702.50
Retiree + Spouse + Child(ren)	\$608.30	\$688.30	\$718.90	\$798.90	\$829.50	\$909.50
Spouse Only	\$222.20	\$262.20	\$262.60	\$302.60	\$303.00	\$343.00
Child(ren) Only	\$151.80	\$191.80	\$179.40	\$219.40	\$207.00	\$247.00
Spouse + Child(ren)	\$374.00	\$414.00	\$442.00	\$482.00	\$510.00	\$550.00

2017 Monthly Premiums for Support Staff Retirees

ALL REGIONS			ALL REGIONS		
	BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS		BCBST & CIGNA LOCALPLUS	CIGNA OPEN ACCESS
PARTNERSHIP PROMISE PPO			LIMITED PPO		
Retiree Only	\$571	\$611	Retiree Only	\$426	\$466
Retiree + Child(ren)	\$941	\$981	Retiree + Child(ren)	\$702	\$742
Retiree + Spouse	\$1,113	\$1,193	Retiree + Spouse	\$830	\$910
Retiree + Spouse + Child(ren)	\$1,483	\$1,563	Retiree + Spouse + Child(ren)	\$1,106	\$1,186
Spouse Only	\$542	\$582	Spouse Only	\$404	\$444
Child(ren) Only	\$370	\$410	Child(ren) Only	\$276	\$316
Spouse + Child(ren)	\$912	\$952	Spouse + Child(ren)	\$680	\$720
NO PARTNERSHIP PROMISE PPO					
Retiree Only	\$621	\$661			
Retiree + Child(ren)	\$991	\$1,031			
Retiree + Spouse	\$1,213	\$1,293			
Retiree + Spouse + Child(ren)	\$1,583	\$1,663			
Spouse Only	\$592	\$632			
Child(ren) Only	\$370	\$410			
Spouse + Child(ren)	\$962	\$1,002			
STANDARD PPO					
Retiree Only	\$585	\$625			
Retiree + Child(ren)	\$965	\$1,005			
Retiree + Spouse	\$1,140	\$1,220			
Retiree + Spouse + Child(ren)	\$1,520	\$1,600			
Spouse Only	\$555	\$595			
Child(ren) Only	\$380	\$420			
Spouse + Child(ren)	\$935	\$975			
HEALTHSAVINGS CDHP					
Retiree Only	\$383	\$423			
Retiree + Child(ren)	\$632	\$672			
Retiree + Spouse	\$747	\$827			
Retiree + Spouse + Child(ren)	\$995	\$1,075			
Spouse Only	\$364	\$404			
Child(ren) Only	\$249	\$289			
Spouse + Child(ren)	\$612	\$652			

HEALTH PREMIUMS—RETIREE

2017 Benefit Comparison—Local Education and Local Government

PPO services in this table ARE NOT subject to a deductible and costs DO APPLY to the annual out-of-pocket maximum. CDPHP services in this table ARE subject to a deductible with the exception of preventive care and 90-day supply maintenance medications. Costs DO APPLY to the annual out-of-pocket maximum.

HEALTHCARE OPTION AND ACTUARIAL VALUE	PARTNERSHIP PPO 83.9%		STANDARD PPO 78.2%		LIMITED PPO 71.1%		LOCAL HEALTHSAVINGS CDPHP 70.9%		
	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)	
PREVENTIVE CARE—OFFICE VISITS									
<ul style="list-style-type: none"> Well-baby, well-child visits as recommended by the Centers for Disease Control and Prevention (CDC) Adult annual physical exam Annual well-woman exam Immunizations as recommended by CDC Annual hearing and non-refractive vision screening Screenings including colonoscopy, mammogram and colorectal, Pap smears, labs, bone density scans, nutritional guidance, tobacco cessation counseling and other services as recommended by the US Preventive Services Task Force 	No charge	\$45 copay	No charge	\$50 copay	No charge	\$50 copay	No charge	50% coinsurance	
OUTPATIENT SERVICES									
Primary Care Office Visit	\$25 copay	\$45 copay	\$30 copay	\$50 copay	\$35 copay	\$55 copay	30% coinsurance	50% coinsurance	
<ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit 	\$45 copay	\$70 copay	\$50 copay	\$75 copay	\$55 copay	\$80 copay	30% coinsurance	50% coinsurance	
Specialist Office Visit	\$70 copay	\$100 copay	\$75 copay	\$100 copay	\$80 copay	\$100 copay	30% coinsurance	50% coinsurance	
<ul style="list-style-type: none"> Including surgery in office setting 	\$45 copay	\$70 copay	\$50 copay	\$75 copay	\$55 copay	\$80 copay	30% coinsurance	50% coinsurance	
Behavioral Health and Substance Abuse (2)	\$25 copay	\$45 copay	\$30 copay	\$50 copay	\$35 copay	\$55 copay	30% coinsurance	50% coinsurance	
<ul style="list-style-type: none"> X-Ray, Lab and Diagnostics Including reading, interpretation and results (not including advanced x-rays, scans and imaging) 	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	50% coinsurance	
Telehealth	\$15 copay	N/A	\$15 copay	N/A	\$15 copay	N/A	30% coinsurance	N/A	
Allergy Injection	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	100% covered	100% covered up to MAC	30% coinsurance	50% coinsurance	
Allergy Injection with Office Visit	\$25 copay primary; \$45 copay specialist	\$45 copay primary; \$70 copay specialist	\$30 copay primary; \$30 copay specialist	\$50 copay primary; \$75 copay specialist	\$35 copay primary; \$55 copay specialist	\$55 copay primary; \$80 copay specialist	30% coinsurance	50% coinsurance	
Chiropractors	Visits 1-20: \$25 copay Visits 21-50: \$45 copay	Visits 1-20: \$45 copay Visits 21-50: \$70 copay	Visits 1-20: \$30 copay Visits 21-50: \$50 copay	Visits 1-20: \$50 copay Visits 21-50: \$75 copay	Visits 1-20: \$35 copay Visits 21-50: \$55 copay	Visits 1-20: \$55 copay Visits 21-50: \$80 copay	30% coinsurance	50% coinsurance	
PHARMACY									
30-Day Supply	\$7 copay generic; \$40 copay preferred brand; \$90 copay non-preferred	copay plus amount exceeding MAC	\$14 copay generic; \$50 copay preferred brand; \$100 copay non-preferred	copay plus amount exceeding MAC	\$14 copay generic; \$60 copay preferred brand; \$110 copay non-preferred	copay plus amount exceeding MAC	30% coinsurance	50% coinsurance plus amount exceeding MAC	
90-Day Supply (90-day network pharmacy or mail order)	\$14 copay generic; \$80 copay preferred brand; \$180 copay non-preferred	N/A - no network	\$28 copay generic; \$100 copay preferred brand; \$200 copay non-preferred	N/A - no network	\$28 copay generic; \$120 copay preferred brand; \$220 copay non-preferred	N/A - no network	30% coinsurance	N/A - no network	
90-Day Supply (certain maintenance medications from 90-day network pharmacy or mail order) (3)	\$7 copay generic; \$40 copay preferred brand; \$160 copay non-preferred	N/A - no network	\$14 copay generic; \$50 copay preferred brand; \$180 copay non-preferred	N/A - no network	\$14 copay generic; \$60 copay preferred brand; \$200 copay non-preferred	N/A - no network	20% coinsurance without first having to meet deductible	N/A - no network	
Specialty Medications (30-day supply from a specialty network pharmacy)	10% coinsurance; min \$50; max \$150	N/A - no network	10% coinsurance; min \$50; max \$150	N/A - no network	10% coinsurance; min \$50; max \$150	N/A - no network	30% coinsurance	N/A - no network	
CONVENIENCE CLINIC AND URGENT CARE									
Convenience Clinic	\$25 copay	\$45 copay	\$30 copay	\$50 copay	\$35 copay	\$55 copay	30% coinsurance	50% coinsurance	
Urgent Care Facility	\$45 copay	\$70 copay	\$50 copay	\$75 copay	\$55 copay	\$80 copay	30% coinsurance	50% coinsurance	
EMERGENCY ROOM									
Emergency Room Visit	\$150 copay (services subject to coinsurance may be extra)	\$175 copay (services subject to coinsurance may be extra)	\$200 copay (services subject to coinsurance may be extra)	\$200 copay (services subject to coinsurance may be extra)	\$200 copay (services subject to coinsurance may be extra)	\$200 copay (services subject to coinsurance may be extra)	30% coinsurance	30% coinsurance	

2017 Benefit Comparison — Local Education and Local Government

All services in this table ARE subject to a deductible (with the exception of hospice under the PPO options). Eligible expenses DO APPLY to the annual out-of-pocket maximum.

COVERED SERVICES	PARTNERSHIP PPO		STANDARD PPO		LIMITED PPO		LOCAL HEALTHSAVINGS COPP	
	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)	IN-NETWORK	OUT-OF-NETWORK (1)
Hospital/Facility Services	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Inpatient care, outpatient surgery (1)								
• Inpatient behavioral health and substance abuse (2) (4)								
Maternity	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Global billing for labor and delivery and routine services beyond the initial office visit								
Home Care (1)	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Home health, home infusion therapy								
Rehabilitation and Therapy Services	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Inpatient (4), outpatient (1)								
• Skilled nursing facility (4)								
Ambulance	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Air and ground								
Hospice Care (1)	100% covered up to MAC (even if deductible has not been met)	40% coinsurance	100% covered up to MAC (even if deductible has not been met)	40% coinsurance	100% covered up to MAC (even if deductible has not been met)	50% coinsurance	100% covered up to MAC (after the deductible has been met)	50% coinsurance
• Through an approved program								
Equipment and Supplies (4)	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Durable medical equipment and external prosthetics								
• Other supplies (i.e., ostomy, bandages, dressings)								
Dental	10% coinsurance for oral surgeons	40% coinsurance for oral surgeons	20% coinsurance for oral surgeons	40% coinsurance for oral surgeons	30% coinsurance for oral surgeons	50% coinsurance for oral surgeons	30% coinsurance for oral surgeons	50% coinsurance for oral surgeons
• Certain limited benefits: (extraction of impacted wisdom teeth, excision of solid-based oral tumors, accidental injury, orthodontic treatment for facial hemiatrophy or congenital birth defect)								
• Advanced X-Ray, Scans and Imaging	10% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
• Including MRI, MRA, MRS, CT, CIA, PET and nuclear cardiac imaging studies (4)								
• Reading and interpretation								
Out-of-Country Charges	N/A - no network	40% coinsurance	N/A - no network	40% coinsurance	N/A - no network	50% coinsurance	N/A - no network	50% coinsurance
• Non-emergency and non-urgent care								
DEDUCTIBLE								
Employee Only	\$500	\$1,000	\$1,000	\$2,000	\$1,600	\$3,000	\$2,000	\$4,000
Employee + Child(ren)	\$750	\$1,500	\$1,500	\$3,000	\$2,200	\$4,000	\$4,000	\$8,000
Employee + Spouse	\$1,000	\$2,000	\$2,000	\$4,000	\$2,500	\$4,600	\$4,000	\$8,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$2,500	\$5,000	\$3,200	\$6,000	\$4,000	\$8,000
separate pharmacy deductible applies								
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED								
Employee Only	\$3,600	\$4,000	\$4,000	\$4,500	\$6,600	\$10,000	\$3,500	\$5,000
Employee + Child(ren)	\$5,400	\$6,000	\$6,000	\$6,750	\$13,200	\$20,000	\$7,000	\$10,000
Employee + Spouse	\$7,200	\$8,000	\$8,000	\$9,000	\$13,200	\$20,000	\$7,000	\$10,000
Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$10,000	\$11,250	\$13,200	\$20,000	\$7,000	\$10,000
PARTNERSHIP PROMISE REWARD								
For individuals who agree to complete the Partnership Promise		premium discount: \$50 for employee only and employee+child(ren) coverage; \$100 for employee+spouse and employee+spouse+child(ren) coverage			N/A			N/A

Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted. For PPO Plans, no single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. For CDP Plans, the out-of-pocket maximum amount can be met by one or more persons.

(1) Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a service from an in-network provider. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copy or coinsurance PLUS the difference between MAC and actual charge.

(2) The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization and intensive outpatient therapy. For certain procedures, such as applied behavioral analysis, electroconvulsive therapy, transcranial magnetic stimulation and psychological testing, prior authorization (PA) is required.

(3) Applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications; insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis) and depression.

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

August 5, 2016

ABC Conference Calls

Don't forget – we have Local Ed and Local Gov ABC conference calls next week! The agenda is attached and it includes the webinar link.

Local Education – Tuesday, August 9 at 9:00 a.m. Central

Local Government – Tuesday, August 9 at 1:00 p.m. Central

BlueCross BlueShield ID Protection Sign-Up Clarification

Last week, enrolled members who have BCBS as their carrier received postcards about identity protection services. Members can sign up for this protection by logging into BlueAccess. We have attached a flier that clarifies how members can sign up. Members can also call Experian at 866.926.9803 to enroll in this service. There is no additional cost to the member for this service.

Partnership Promise Member Letters and Appeals

Member non-completion letters for the Partnership Promise (sample attached) will start to arrive in member homes the week of August 15. These letters will mail to the head of contract (HOC) if the member and/or spouse are missing a requirement. **Members will have until September 1 to file an appeal.**

Members can file their appeal by downloading the appeal form found on the [ParTNers for Health homepage](#) in the Quick Links box and returning it as instructed on the letter. They can also file an appeal by calling the Healthways service center at 888.741.3390.

All-day, In-Person ABC Training – (Higher Ed)

Don't forget – the annual all-day, in-person ABC training is next week! The training will be held at the Tennessee Tower on Thursday, August 11 from 9 a.m. to 4 p.m. Central. (312 Rosa L. Parks Avenue, Nashville, TN 37243). You are welcome to arrive at 8:30 so you will have time to visit our vendor partners' booths.

All-day, In-Person ABC Training – (State)

Don't forget - the annual all-day, in-person ABC training is next week! The training will be held at the Tennessee Tower on Friday, August 12 from 9 a.m. to 4 p.m. Central. (312 Rosa L. Parks Avenue, Nashville, TN 37243). You are welcome to arrive at 8:30 so you will have time to visit our vendor partners' booths.

In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP and Health Savings Account, Forms Automation, and password login and reset.

Date	Location	Address	City	Times
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Registration Link - Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit

Registration Link - State/Higher Ed: <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

Attachment: ID Protection Instructions
Member Transfer Letter

After logging into BlueAccess (http://www.bcbst.com/members/TN_state/), choose Identity Protection Services under Tools & Information. Then you will be on this page.

BlueCross BlueShield of Tennessee BlueAccess

My Homepage | My Benefits & Coverage | My Claims & Balances | My Health & Wellness | Member Tools | Pharmacy | My Account

FAQs
Dispute a Claim
Member Rights
Identity Protection

Protecting Your Health—and Now Your Identity

To help protect your privacy and security BlueCross BlueShield of Tennessee has partnered with Experian, one of the world's leading financial services companies, to provide identity protection services with our eligible medical plans -- at no additional cost to you.

Choose the Protection that's Right for You
Two services are available:

- [ProtectMyID](#) provides credit monitoring, fraud protection and fraud resolution support to adults with eligible BlueCross medical coverage. Each covered member age 18 or older will need to enroll separately.
- [FamilySecure](#) provides credit monitoring for all children under age 18 in the household.

Important note: The Experian website will ask you to enter a three-digit prefix: Use the first three letters of your Subscriber ID number on your BlueCross Member ID card. The page will then ask you to enter the nine-digit number that follows the prefix on your Member ID card. Only numbers can be entered here, and it won't accept letters. If the fourth digit in your Subscriber ID number is a letter, please enter a zero instead of the letter. We apologize for any confusion.

How Enrollment Works
Identity protection will cover an initial 12-month term. At the end of this term, the service(s) will automatically renew for an additional 12 months for members who continue to have eligible BlueCross medical coverage.

You can enroll by calling Experian at 1-866-926-9803. Reference engagement # PC101139 for ProtectMyID or engagement # PC101140 for FamilySecure.

For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener ayuda 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: Dineke'ehgo shika at'ohwol ninisingo, kwijigoo 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.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

We're Here to Help [Contact Us](#)

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Follow Us On:

The Experian enrollment site.

Experian A part of Experian

[Member Login](#)

Blue Cross Blue Shield of Tennessee (BCBSTN) members redeem your complimentary membership to ProtectMyID® Alert here.

We offer multiple layers of protection and are backed by Experian® - a name you can trust.

- ▶ We monitor your credit daily and alert you when key changes are found.
- ▶ We provide you with an easy-to-read Experian credit report to look for signs of fraud.
- ▶ \$1 Million Identity Theft Insurance Coverage.¹
- ▶ A Fraud Resolution Agent is assigned immediately to work closely with you to resolve any identity issues.

Prefix * * required fields
(must be 3 alphanumeric characters; refer to your medical ID card)

BCBSTN Identification/Member # * (do not include the 3 alphanumeric character prefix; refer to your medical ID card)

BCBSTN Identification/Member # * (please re-enter your #)

Group #
(complete only if it appears on your medical ID card)

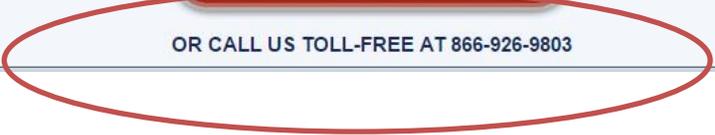
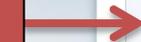
I confirm that I am an active member of Blue Cross Blue Shield of Tennessee (BCBSTN) plan. I authorize ConsumerInfo.com, Inc., an Experian company to provide my personal information, including my BCBSTN membership information, to BCBSTN to be used to verify my continued enrollment in ProtectMyID and for other purposes for as long as I use this product.*

Submit & Continue

OR CALL US TOLL-FREE AT 866-926-9803



If the fourth digit in your identification/member # is a letter, please simply enter a zero instead of the letter, then the remaining numbers.



First Name and Last Name

Address 1

Address 2

City, State, ZIP code

<date>

Dear <HOC first and last name>:

Per our records, you and/or your covered spouse did not meet one or more of the 2016 Partnership Promise requirements. Therefore, you and your eligible dependents do not qualify for the lower Partnership plan premium/state HSA funds in 2017. You will stay in your current plan next year but will pay a higher premium in the Partnership PPO or not receive HSA funds if in the CDHP. You can select another plan for the 2017 plan year, and you may make your choice during this fall's Annual Enrollment period.

The requirement(s)* that are missing are represented by an "X" below:

REQUIREMENT	Head of Contract (HOC)	Spouse (if applicable)
Well-Being Assessment		
Biometric Screening/Physician Screening Form		
Health Coaching		

*X=Missing Requirement

If you do not agree with this finding, **you may appeal** if you and/or your covered spouse:

- Are under a doctor's care for a medical or mental health condition that kept you from completing the Partnership Promise. You must provide that information in your appeal.
- Tried to take the WBA and had issues completing it.

Appeals must be filed **on or before Thursday, September 1, 2016**. There are several ways to file.

- First, go to **www.partnersforhealthtn.gov** and download the appeals form (found in the Quick Links box). You may then:
 - **Email** your appeal to **tnappeals@healthways.com**
 - **Fax** us at 615.807.3996
 - **Mail** with a **postmark on or before September 1, 2016** to:
Attn: ParTNers for Health Wellness Program, Appeals
701 Cool Springs Blvd.
Franklin, TN 37067
 - **Call**: Call Healthways Customer Service at 1.888.741.3390 and file your appeal over the phone. Hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central).

All appeals are 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

August 12, 2016

ABC Conference Call Notes (Local Ed and Local Gov)

The combined notes from the August 9 Local Ed and Local Gov ABC conference calls are **attached**. The HealthSavings/HSA presentation has been posted on the [ABC webpage](#) under Presentations, titled "LE/LG HealthSavings CDHP/HSA".

In-Person ABC Training Presentations (State and Higher Ed)

We will post all of the presentations from the in-person all day ABC training on the ABC webpage by the end of next week (Friday, August 19).

Vendor Contact List

We have updated the vendor contact list for ABCs to use for benefits fairs and materials (**attached**). Optum Health, the behavioral health, substance abuse and EAP vendor that is replacing Magellan, has been added to this list.

If you have contacted Magellan about attending your upcoming benefits fair, you do not need to contact Optum. Magellan is working with Optum on any previous requests. Going forward, you will contact Optum with requests for benefits fairs and annual enrollment materials.

HIPAA Training Reminder (Local Ed, Local Gov and Higher Ed)

There are many agencies that have not completed HIPAA training. As a reminder, ABCs are required to complete HIPAA training annually. Instructions on how to complete the training are below.

Instructions for ABC's to Enroll in ABC Web Training

1. Login in To Edison.
Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –
BA_ABC_HIPAA_Higher Education
BA_ABC_HIPAA_Local Education
BA_ABC_HIPAA_Local Govt
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop. To begin the webinar click on the **Launch button**.

In-Person Statewide ABC Trainings

Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below. We will be training on the CDHP/Health Savings Account (HSA), forms automation, and password login and reset.

Date	Location	Address	City	Times
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
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Registration Link - Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKQOduSmzFWJ9sxs0PFOVE/edit

Registration Link - State/Higher Ed: <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

Attachment: 2016 Vendor List

Vendor Contact List for ABCs – Benefits Fairs/Materials

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		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC HSA questions		stateoftennessee@payflex.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		
Julie Salomone Norrell Wahl	(770) 407-2495 (fax number)	StateofTennessee@metlife.com StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Optum		
Melissa Ward	(612) 632-5456	Melissa.ward@optum.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Tricia Burnett	(585) 231-6851	tricia.burnett@medamericaltc.com
Vision		
EyeMed Vision Care		
Kadi Smith	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

August 19, 2016

2017 Annual Enrollment Dates (State/Higher Ed)

Reminder – here are the enrollment dates for 2017 benefits:

State/Higher Ed: October 3 to October 14 (two business weeks)

Retirees: October 3 – October 28 (four business weeks)

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail in mid-September
- 2017 benefits information will be on partnersforhealthtn.gov on **September 1**
- And don't forget ALEX! Available on September 1 - ALEX can help members compare insurance options based on their own situations.

2017 Annual Enrollment Dates (Local Ed/Local Gov)

Reminder – here are the enrollment dates for 2017 benefits:

Local Ed/Local Gov: October 3 to October 28 (four business weeks)

Retirees: October 3 – October 28 (four business weeks)

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail in mid-September
 - We have **attached** a PDF of the Decision Guide **for your information only – do not** make copies for your employees
- 2017 benefits information will be on partnersforhealthtn.gov on **September 1**
- And don't forget ALEX! Available on September 1 - ALEX can help members compare insurance options based on their own situations.

All-Day, In-Person Training Q&A (State and Higher Ed)

We have **attached** questions and responses from the all-day, in-person ABC trainings held last week. We have also **attached** the final slide of the ParTNers for Health Wellness Program presentation that shows the 2017 plan options.

We have posted PDFs of all the presentations on the [ABC webpage](#) under Presentations.

For state: The operations presentation on Zendesk is found on the ABC webpage under Training.

For higher education: Operations presentations on eForms, Zendesk and 1st time user/password resets are found on the ABC webpage under Training.

Reminder: Memorandum of Understanding (MOU)/Additional Benefits (Local Ed primary ABCs).

This week, an email was sent from BA Executive Director Laurie Lee to your Directors of Schools reminding them that **the MOU needs to be signed and returned by fax, email or mail to BA by September 1, 2016. We need the entire MOU with signature page returned to BA.** Once we receive your agency's signed copy, BA will sign it and return it to you for your files.

Your agency can email the MOU to Holly.M.Girgies@tn.gov or fax it to her attention at 615-253-8556. Or, you can mail it to Benefits Administration – ATTN Holly Girgies, 312 Rosa L. Parks Avenue, Suite 1900 William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you have any questions about the updates to the MOU, or you are unable to meet this deadline and need to request an extension, please email Holly.M.Girgies@tn.gov. If your agency has already returned this document, thank you.

Additionally, **all additional benefits**, as defined in the Memorandum of Understanding (MOU), need to be reviewed and approved by Benefits Administration. Please refer to item 1 under Terms and Definitions in the MOU for more details. In order for these policies to be reviewed, we need for agencies offering additional benefits to provide the following:

1. Marketing brochures and enrollment materials provided to employees
2. Carrier's policy or plan document if benefit is self-administered
3. Amount and percentage of employer's contribution toward each benefit

You can submit the additional benefits information to benefits.info@tn.gov

Reminder: Memorandum of Understanding (MOU)/Additional Benefits (Local Gov primary ABCs)

This week, an email was sent from BA Executive Director Laurie Lee to your agency heads reminding them that **the MOU needs to be signed** by the agency head and fiscal officer (budget director, chief accounting officer, etc.) **and returned by fax, email or mail to BA by September 1, 2016. We need the entire MOU with signature page returned to BA.** The agency head may sign on both lines if applicable. Once we receive your agency's signed copy, BA will sign it and return it to you for your files.

Your agency can email the MOU to Holly.M.Girgies@tn.gov or fax it to her attention at 615-253-8556. Or, you can mail it to Benefits Administration – ATTN Holly Girgies, 312 Rosa L. Parks Avenue, Suite 1900 William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

If you have any questions about the updates to the MOU, or you are unable to meet this deadline and need to request an extension, please email Holly.M.Girgies@tn.gov. If your agency has already returned this document, thank you.

Additionally, **all additional benefits**, as defined in the Memorandum of Understanding (MOU), need to be reviewed and approved by Benefits Administration. Please refer to item 1 under Terms and Definitions in the MOU for more details. In order for these policies to be reviewed, we need for agencies offering additional benefits to provide the following:

1. Marketing brochures and enrollment materials provided to employees
2. Carrier's policy or plan document if benefit is self-administered
3. Amount and percentage of employer's contribution toward each benefit

You can submit the additional benefits information to benefits.info@tn.gov

Annual Enrollment Presentation for ABCs (State/Higher Ed)

The annual enrollment period PowerPoint presentation for 2017 benefits has been posted to the [ABC webpage](#) under Training titled "**Annual Enrollment Presentation for 2017 Benefits – State and Higher Education.**" It does not yet include information about disability insurance. We will update it when we have that information available and let you know.

This is a large presentation that covers all benefits changes, what's important for 2017, how to enroll and voluntary benefits. **The presentation is customizable – you can tweak the presentation to suit your employees and your needs.** For example, if your employees know how to use ESS, don't spend much time on this slide or you can cut this information. Some information is specific to higher education employees.

You don't have to use all of the information, but please do not change the content. You will need to download the file for your use.

Annual Enrollment Presentation for ABCs (Local Ed/Local Gov)

The annual enrollment period PowerPoint presentation for 2017 benefits has been posted to the [ABC webpage](#) under Training titled "**Annual Enrollment Presentation for 2017 Benefits – Local Ed and Local Gov**".

This is a large presentation that covers all benefits changes, what's important for 2017, how to enroll and voluntary benefits. **The presentation is customizable – you can tweak the presentation to suit your employees and your needs.** For example, if your employees know how to use ESS or it is not applicable, don't spend much time on this slide or you can cut this information. Some slides are specific to local education employees and some to local government employees. Please cut those slides if they are not applicable to your agency.

You don't have to use all of the information, but please do not change the content. You will need to download the file for your use.

HIPAA Training Reminder (Local Ed, Local Gov and Higher Ed)

Many agencies have not completed HIPAA training. All ABCs are required to complete HIPAA training annually. Instructions on how to complete the training in Edison are below.

Instructions for ABCs to Enroll in ABC Web Training

1. Login in To Edison.
Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –
BA_ABC_HIPAA_Higher Education
BA_ABC_HIPAA_Local Education
BA_ABC_HIPAA_Local Govt
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop.
To begin the webinar click on the **Launch button**.

HIPAA Training Webinars (all plans)

BA has scheduled two HIPAA training webinars. If you can access ELM in Edison, please complete the training online. **If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar.** If you have more than one person viewing the webinar, please send an email to the HIPAA Privacy Officer, Chanda Rainey, with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is chanda.rainey@tn.gov.

Here are the webinar dates and times:

September 8 at 10:30 a.m. Central time
September 19 at 10:30 a.m. Central time

You will use the WebEx link, access code, password and dial-in number below:
<https://tngov.webex.com/tngov>

Meeting number (access code): 648 493 200

Meeting password: P4FwfuSk

Join by phone: 1-415-655-0003

In-Person Statewide ABC Trainings

We have four more in-person training dates left. The dates, locations and times are below.

Date	Location	Address	City	Times
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

Registration Link - Local Ed/Local Gov: https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit

Registration Link - State/Higher Ed: <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

Attachments: 2017 Decision Guide – Local Education
2017 Decision Guide – Local Government
2017 Plan Options - State
August 11 Higher Ed In-Person Training Q&A
August 12 State In-Person Training Q&A

**Higher Education
ABC In-Person Training
Questions/Responses
August 11, 2016**

Securian/Minnesota Life

- If someone is declined for health purposes, I know that the applicant gets a letter, but we don't receive anything. We only know when we receive billing information. The member receives a letter and then lets us know, and that is how we typically find out. It complicates things when we are trying to explain this to the employees.
 - **Answer:** We will discuss different options with the state and see what we can do moving forward.

- I've had some employees cancel child coverage due to age. The employee should notify us, but it is usually after the fact and we have to go back and adjust.
 - **Answer:** Unfortunately, there is not an ideal way to notify ABCs. We don't want to cancel the child voluntary term life insurance coverage in the case the member has other children who need the coverage. If the child ages out and dies, we would not pay the claim.

- What about for spouses in the instance of divorce (if the ex-spouse dies)?
 - **Answer:** More likely than not the spouse would be determined not to be eligible, and we would not pay the death claim. We do look to make sure it is a legal spouse. If determined not a legal spouse, the claim could be denied. Separation is different, and the couple could still be legally married.

- What if a member has an ex-spouse and never canceled the coverage and then remarried. Does the member have to get the new spouse information to Minnesota Life?
 - **Answer:** Yes, the information has to match up; the name and social security number, etc. The new spouse would have to go through underwriting and it has to be the correct spouse on the policy. The new spouse could have major health issues and we need to know about that.

- If a member is still working at age 70 and if something were to happen while still an active employee, would they be allowed to retain the voluntary term life benefit (instead of converting or porting the coverage)?
 - **Answer:** The termination of benefit is for active employees who leave employment at or after age 70. When the employee leaves, he or she is no longer eligible to port, but could convert the policy.

- Once the active employee turns 65, the amount reduces?
 - **Answer:** Yes, the amount of basic term life does reduce at age 65. To clarify, voluntary term life does not reduce at any age.

- Does the basic life reduce more than once?
 - **Answer:** Yes. **Reductions** – The amount of the employee's Basic Group Term Life and the amount of the employee's and spouse's Basic AD&D coverage will begin to decrease when the employee reaches age 65; to 65 percent at age 65; to 45 percent at age 70; and to 30 percent at age 75. The Basic Dependent Term Life is not reduced.

**Higher Education
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- In regard to travel assistance, if you get sick and pay out of pocket, can you file a claim against this?
 - **Answer:** No, assistance is provided while traveling. Members may call and set up travel assistance first. If someone is planning a trip, they can go online and print out a card that has both phone numbers that the member would need.

EyeMed

- When we have employees that have name changes, do you send out new cards?
 - **Answer:** No, the ID card is not re-issued for name changes. If they change plans, they do not get a new card, but a member can always call and request a new card. ID cards are actually not needed since the providers can inquire into the EyeMed system to confirm eligibility.
- Any plan to add more Lasik providers?
 - **Answer:** I don't know if there are any plans to expand at this time.
- What about sports goggles that don't need a prescription?
 - **Answer:** There isn't really a benefit, but the member will receive a discount. If they are prescription goggles, then it should be covered under the plan.
- Because VSP is going away for TBR employees, our members don't have to do anything if they enroll in EyeMed – is that right?
 - **Answer:** They will not need to cancel VSP, but they will need to enroll in EyeMed using ESS in Edison.
- All TBR employees on VSP, will they get any information communicated to them?
 - **Answer:** We did include information in the Decision Guide.

Health Savings CDHP/ Health Savings Accounts/Flexible Spending Accounts

There were some questions regarding eligibility to open a health savings account (HSA) if enrolled in the CDHP. We have clarified the IRS rules and wanted to share with you.

Regarding **Medicare**, an otherwise qualified individual may not be enrolled in Medicare (the health care component of the Social Security program) (IRC Sec. 223(b)(7)).

Section 223(b)(7) states that an individual ceases to be an eligible individual starting with the month he or she is entitled to benefits under Medicare. Under this provision, mere "eligibility" for Medicare does not make an individual ineligible to contribute to an HSA. Rather, the term "entitled to benefits under" Medicare means both eligibility and enrollment in Medicare. **Thus, an otherwise eligible individual under section 223(c)(1) who is not actually enrolled in Medicare Part A or Part B may contribute to an HSA until the month that individual is enrolled in Medicare.**

- Example (1). Y, age 66, is covered under her employer's HDHP. Although Y is eligible for Medicare, Y is not actually entitled to Medicare because she did not apply for benefits under

**Higher Education
ABC In-Person Training
Questions/Responses
August 11, 2016**

Medicare (i.e., enroll in Medicare Part A or Part B). If Y is otherwise an eligible individual under section 223(c)(1), she may contribute to an HSA.

- Example (2). In August 2004, X attains age 65 and applies for and begins receiving Social Security benefits. X is automatically enrolled in Medicare. As of August 1, 2004, X is no longer an eligible individual and may not contribute to an HSA.

For additional guidance, you and your employees should seek the guidance of a qualified tax advisor.

Source: https://www.irs.gov/irb/2004-33_IRB/ar08.html

- Are the premiums the same (for both CDHP options)?
 - **Answer:** Yes, the premiums and the benefits are the same. The only difference is the \$500 or the \$1,000 the state will put in the Promise HealthSavings CDHP/HSA.
- If you don't satisfy the Partnership Promise, do you automatically default to the No Partnership Promise PPO?
 - **Answer:** Yes, if you are currently in the Partnership PPO and you don't complete the Partnership Promise, you would automatically default to the No Promise PPO premium if you do not take action during annual enrollment.
- So for family coverage, if I spend the \$3,000 deductible, no one else has to pay anything toward the deductible? Does the same apply to the out of pocket maximum?
 - **Answer:** Yes, that is correct, and the same would apply to the out-of-pocket maximum. The full family deductible must be met before the plan will begin paying any benefits (other than preventive care and certain "maintenance tier" medications.)
- If you are hired after Sept. 1, you don't get the contribution – is it the hire date?
 - **Answer: Clarification - It is the coverage effective date, and the dates are from September 2 through the end of the year. The state HSA seed money for those enrolled in the Promise HealthSavings CDHP is tied to the coverage effective date. If the coverage effective date for a plan member is anytime from September 2 through the end of the year, then the employee will not receive any seed funding.**
- Why is it that if you are hired after Sept. 1 (September 2), you do you not get the funds contributed?
 - **Answer:** The state HSA seed money for those enrolled in the Promise HealthSavings CDHP is tied to the coverage effective date. If the coverage effective date for a plan member is anytime from September 2nd through the end of the year, then the employee will not receive any seed funding. This is because the seed money is tied to completing the Partnership Promise, which is not required for those whose coverage starts after this date. If the employee remains enrolled in Promise HealthSavings CDHP the following year, he or she will receive the seed funding in early January the following year.
- An individual, when they die while in service, is there a beneficiary tax?

**Higher Education
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- **Answer:** No, not if you designate your legally married spouse as your beneficiary. Once your HSA is set up, you should designate a beneficiary. If your beneficiary is your spouse, then he or she will become the owner of the HSA if you die.

When an HSA account owner dies, any amount remaining in the HSA passes to the entity or individual named as the HSA's beneficiaries. If the owner's surviving spouse is the named beneficiary, the HSA becomes the HSA of the surviving spouse (IRC Sec. 223(f)(8)(A); IRS Notice 2004-2 Q&A 31). An HSA is considered an individual account, and as such, the spouse inheriting the HSA is considered the owner. The spouse can then use the HSA as any other HSA owner would. The surviving spouse is subject to income tax on amounts in the account only if not used for qualified medical expenses. If the HSA passes to a person or persons other than a surviving spouse, then the HSA ceases to be an HSA, and the heir or heirs are required to include the fair market value of the HSA as gross income (IRC Sec. 223(f)(8)(B)(i)). Fair market value is calculated as of the date of the account owner's death and is reduced by any payments made from the HSA on behalf of the decedent within one year of death (IRC Sec. 223(f)(8)(B)(ii)). Choose a beneficiary when you set up your HSA. What happens to that HSA when you die depends on whom you designate as the beneficiary. If your estate is the beneficiary, the value of your HSA is included on your final income tax return.

- The spouse is in Medicare Part A. It is true that everyone that is 65 has to enroll in Part A (Medicare)?
 - **Answer:** That is not necessarily correct. If you receive Social Security benefits or railroad benefits then you are automatically enrolled. If you are 65 and an active member enrolled in benefits, the member does not have to enroll in Medicare Part A. Note the clarification below. If the husband is enrolled in Medicare A, the employee can use the HSA to fund his out-of-pocket expenses.
- I have several employees who are married. The husband has a lot of medications, and he enrolls in the PPO. The wife and 16-year-old enroll in the CDHP and get the HSA money. Can they use the HSA funds for his expenses?
 - **Answer:** Yes.
- I had a previous employer and I had a HSA, but now I have a PPO. I can't contribute to the HSA anymore, but I want a FSA? Is this limited to just dental and vision?
 - **Answer:** No, if you are in a PPO, you can enroll in the Medical FSA. You can use the FSA dollars first before you use the HSA funds. You can no longer contribute to your HSA since you are no longer enrolled in a high deductible health plan.
- If they miss that initial date (December 31 for the FSA) and the balance is not zero, can they get the HSA funds?
 - **Answer:** No, the balance must be zero at the end of the year in order for the HSA to be opened and the funds deposited into the account. In this instance, they would have to wait until April 1.
- Is there something they are looking for to determine what counts and what doesn't for dependent care?

**Higher Education
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- **Answer:** Used to pay for certain dependent care costs such as after school care, baby-sitting fees, adult or child daycare and preschool.

Expenses for care of a qualified dependent are only eligible if the care enables you (or you and your spouse) to work, look for work or go to school full-time. If your spouse is a stay-at-home mom or dad, you cannot participate in dependent care FSAs. Eligible expenses include:

- Fees for licensed day care or adult care facilities.
- Amounts paid for services (including babysitters or nursery school) – provided in or outside of your home – for the care of a qualified dependent necessary to allow you and your spouse to work, look for work or attend school full-time.
- Placement fees for a dependent care provider, such as an au pair.
- Summer day camp for children under age 13 qualifies if attendance allows you and your spouse to work, look for work or for your spouse to attend school full-time.
- Before and after school care programs for dependents under age 13.
- Payment to a relative (age 19 or older who is not your dependent) who cares for your qualified dependent.
- Payment to a housekeeper whose duties also include dependent day care.

Expenses that are **NOT** eligible for Dependent Care FSA payment include:

- Baby-sitter in or out of your home for reasons other than to enable you to work.
- Food, clothing and entertainment.
- Child support payments.
- Activity fees and educational supplies.
- Overnight camp.
- Cleaning and cooking services not provided by a caregiver.
- Late payment fees.
- What about the grace period?
 - **Answer:** **Tennessee Board of Regents (TBR) schools**, colleges and universities offer FSA and limited purpose FSA through PayFlex in 2016 but has no grace period for 2016 through PayFlex; balances are forfeited at year-end of 2016.

UT offers FSA (but currently not a limited purpose FSA) with grace period for 2016 through PayFlex; members may incur claims thru **3/15/17**. Members cannot open a HSA with their CDHP for 1/1/17 if there is an FSA balance on 12/31/16.

Beginning in 2017, all three groups (state employees, TBR and UT) will offer the carryover provision with PayFlex for 2017, allowing up to \$500 to carry over into 2018. The grace period (which allows an employee an additional 2 ½ months after the end of the year to incur new expenses) will not be allowed for 2017 claims, going into 2018.

- You have until April 30 to submit claims?

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- **Answer:** **Tennessee Board of Regents (TBR)** schools, colleges and universities offer FSA and limited purpose FSA through PayFlex in 2016, but has no grace period for 2016 thru PayFlex; balances are forfeited at year-end of 2016.

UT offers FSA (but currently not a limited purpose FSA) with grace period for 2016 through PayFlex; members may incur claims thru **3/15/17**. Members cannot open a HSA with their CDHP for 1/1/17 if there is an FSA balance on 12/31/16.

- Does the HSA and the limited purpose FSA (LFSA) two separate cards?
 - **Answer:** No, you will get one card for both accounts. If you go to the dentist, it will take it from the LFSA first. If you go to the pharmacy, it will take the funds from the medical HSA. If you have a HSA and a L-FSA both sets of funds will be in separate “purses” on the debit card. Any dental or vision expenses you present the debit card for will draw from the L-FSA funds before tapping the HSA funds, thereby allowing your HSA funds to continue to grow.
- You can’t have the CDHP if you are enrolled in another plan? If your spouse has Medicare A and is on the PPO, you couldn’t do that correct?
 - **Answer:** The member is the only one who has to be eligible for the HealthSavings CDHP. The employee can be enrolled in the CDHP in this instance. If enrolled in the CDHP, you cannot be enrolled in another plan. So you could not be enrolled in your spouse’s PPO, but you could use your HSA funds to pay for your spouse’s eligible expenses.
- As an actively at work employee, may I cover my 65+ Medicare eligible and Medicare-enrolled spouse on my CDHP, open an HSA and receive the \$1,000 seed money from the state?
 - **Answer:** Yes. The HSA belongs to the employee, and the funds are viewed as the employee’s, even though the employee may use the funds to jointly pay his or her medical expenses and even his or her spouse’s Medicare related expenses. These FAQs provide additional information:
 - **What are my options to cover my Medicare-eligible spouse under the CDHP and HSA?**
 - You as the employee may cover your spouse, who is enrolled in Medicare Part A or B, under the CDHP. Under Medicare Secondary Payer rules, claims for your Medicare-eligible spouse will first be considered under the CDHP as the primary plan and Medicare will be considered the spouse’s secondary coverage. You may use your HSA to pay for your spouse’s eligible expenses that are not paid by Medicare. Source: <http://retiredcsx.com/consumer-driven-health-plan-faq.html>
 - **What if you are covered under your spouse’s health savings account at work?**
 - The IRS rule affects only employees age 65 or older who have HSAs through their employment, because they are the ones who contribute to HSAs from their before-tax earnings at work. The rule does not affect covered spouses over age 65, who can continue to use funds from the working spouse’s HSA for approved medical purposes.
 - Source: http://www.aarp.org/health/medicare-insurance/info-04-2009/ask_ms_medicare_question_53.html

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- Isn't Medicare Part A mandatory?
 - **Answer:** See the explanation about Medicare at the beginning of the HealthSavings CDHP section above.
- Will higher education employees who want to fund an HSA do this on PayFlex's website from the Oct 1 to Oct 31?
 - **Answer: This is for the FSA.** Higher education employees have from October 1 to October 31 to enroll in their **FSA** on the PayFlex website.
- Is HealthSavings CDHP coinsurance the same?
 - **Answer:** Correct, for both HealthSavings CDHP options, the coinsurance is the same. The difference is one option, the Promise HealthSavings CDHP, requires the Partnership Promise, and the member gets either \$500 or \$1,000 deposited by the state into his/her HSA account.
- If you are turning 65, don't you need to enroll in Medicare because there are penalties?
 - **Answer:** That is if you don't have health insurance coverage. For example, if you are actively employed and enrolled in health insurance with your company, you would not have to automatically enroll in Medicare Part A.
- If someone enrolls in the CDHP as employee only and receives the \$500 for HSA then has a qualifying event and switches to a family plan, would he/she receive an additional \$500 for the full \$1,000?
 - **Answer:** Yes, they would be eligible for the additional \$500 that calendar year and the state (or higher education institution) would provide these additional funds to the employee's HSA. The state's Office of Business & Finance runs a query to capture these instances and provide the additional funding.

EAP and Behavioral Health - Optum Health

- Do they help with child support issues?
 - **Answer:** Yes, EAP can provide legal consultation and members can get 30 minutes at no cost.
- When are members eligible, the effective date?
 - **Answer:** Clarification: For EAP services, it is the hire date. All benefits eligible employees and eligible dependents can get EAP services.
- When will this website be up?
 - The provider search link will be available on October 1. Full capabilities will occur when we transition from Magellan on January 1, 2017.
- Is there a minimum of member for trainings?
 - **Answer:** The minimum number is 15.
- Is your program only for those that have health benefits with us or for every employee?

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- **Answer:** Every benefits eligible employee and his or her benefits eligible dependents have EAP access on the date of hire. To access behavioral health services, they have to be enrolled in medical coverage and have access to those services on their coverage effective date.
- Is this available to retirees?
 - **Answer:** It is available to retirees who are currently enrolled in state retiree group health insurance. So if just the spouse is enrolled in health coverage, only the spouse has coverage
- What about calling in and speaking to a counselor, how many sessions does a member get?
 - **Answer:** For EAP, it is five sessions per episode.
- From time to time, we have had mandatory referrals. Is this part of this program? When we have had a mandatory referral and they have had to enter into a program and the employee is not enrolled in our plan, we cannot make it mandatory?
 - **Answer:** This may depend on what program that employee is mandated to attend. We are reviewing the policies as it is specific to different agencies. We can present more information on ABC calls at a later date.

ParTners for Health Wellness Program/Healthways

- Is there a point around the first of the year that we should check Partnership PPO enrollment again? It seems like every year there is some clean up after the first of the year.
 - **Answer:** Members may not pay attention to the notification they receive and/or may not notice that they get new cards. We do still work to process appeals through the first quarter of the new plan year. After that time, the only reason we would make a change is if there was an error.
- You do not have to do the coaching if you don't want to?
 - **Answer:** In 2017, coaching will still be required for disease management and case management but will not be required for lifestyle management coaching, i.e., tobacco cessation, weight management, nutrition, exercise, stress, etc. Members can voluntarily continue in lifestyle management coaching if they want to do so. They would need to let Healthways know they want to continue.
- You won't be transferred if you don't do this (lifestyle management coaching)?
 - **Answer:** Members will need to complete the requirement in 2016 to qualify for lower premiums or HSA funds, but in 2017, lifestyle management coaching is not required.
- If they still want the option it is there?
 - **Answer:** Yes, the program isn't going away. Members can voluntarily continue or enroll in lifestyle management coaching.
- Can you give me the list of disease management (conditions)?
 - **Answer:** Disease management conditions are diabetes, asthma, chronic pulmonary disease (COPD), coronary artery disease (CAD) and congestive heart failure (CHF).

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- If a member has an exemption such as dementia, do you have to get an exemption every year? Do you have to get a doctor's note again?
 - **Answer:** Yes, they do have to get an exemption every year but will not have to get a doctor's note again. They just need to let Healthways know. There are other exemptions that are allowed as well. If you have faculty that is out of the country or pregnant, they don't have to meet the requirements. The member will need to contact Healthways.
- If the coverage effective date is September 1, members don't have to complete the Partnership Promise?
 - **Answer:** Correct, members with coverage effective dates from September 1 to December 1 don't have to meet the new hire Partnership Promise requirements.
- When will the Physician Screening Form be available for 2017?
 - **Answer:** In September, but if they use the form on the website now, it will still be processed. OHD is looking for the date of the biometric screening.

BlueCross Blue Shield of Tennessee

- Will there be a copay charge for Telehealth?
 - **Answer:** Yes, for 2016, it is equivalent to the primary care visit copay or coinsurance. For 2017, it is \$15 for the PPOs and \$38 for CDHP members, until they meet their deductible and then the coinsurance applies.
- Can you use (Physician's Now) telehealth option any time?
 - **Answer:** Yes, you can use it any time.
- Will it remind you that you will be charged?
 - **Answer:** You have to pay the copay or coinsurance at the time of service.
- Do you set up a credit card?
 - **Answer:** When you set up the appointment, you will be required to pay at the time of service with a credit or HSA card.
- Can they give you a doctor's note after your call?
 - **Answer:** No, but you can print off a doctor's statement that you called in for the visit. It will state that you did see a doctor on this date.
- Is there a way for those us who don't have BCBS to see something like this (website info, Physician's Now)?
 - **Answer:** You can go to the [state's BCBS member splash page](#) and there is information on this site to learn more about what is offered. This service is also available to Cigna enrolled members as MDLive through the Cigna website.

MetLife Dental

- What is considered orthodontia?
 - **Answer:** Braces and there is a 12-month waiting period.

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- An employee has full dentures, and it won't cover a cleaning because the teeth aren't there?
 - **Answer:** The preventive visit should cover a gum check.
- So, what if the member has two missing teeth and they want to have dentures in that area. They have to wait 12 months to work on those missing teeth?
 - **Answer:** Yes, that is correct.
- So a bridge would be six months (waiting period)?
 - **Answer:** Yes.
- If someone had a root canal, are they are going to need a crown? And, you get a temporary crown for 6 months, so they have to wait 6 months for the crown?
 - **Answer:** Yes, there are waiting periods on crowns even after a root canal. I will look into specific details of this plan provision.
- Do you get one card or can you get more than one for a family?
 - **Answer:** We send two cards, but you can call and get more cards.
- Is there a minimum number of employees for the benefits fairs?
 - **Answer:** 250 eligible employees.

Cigna OAP/LocalPlus Networks/Cigna Dental

- I'm in Cigna now, what network am I in?
 - **Answer:** You are in currently in the smaller LocalPlus network. In 2017, you will have two Cigna options. LocalPlus, the smaller network, which you have now, and the larger, Open Access Plus statewide network, which has an additional monthly premium cost. Here are the premium cost tiers:
 - \$40 more per month - Employee
 - \$40 more per month - Employee + Children
 - \$80 more per month - Employee + Spouse
 - \$80 more per month - Employee + Spouse + Children
- Didn't we have OAP a year or so ago?
 - **Answer:** Yes, OAP was a network offered in 2015. Last year, the LocalPlus network was offered and you were rolled over to this network. For 2017 benefits, you have the choice between two Cigna networks (and BCBS Network S). If you choose to go into the larger OAP network, you will have access all of the facilities such as Tennova, the entire St. Thomas suite of facilities, Rutherford and Baptist in West TN. Your premiums will be higher.
- When we did go to LocalPlus only? I remember it was discussed that if an employee did go to another state or city that didn't have other providers they would use OAP. Now there is a choice, is that still the same?

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- **Answer:** If you have LocalPlus, you still have access to the larger OAP network if you are in an area that does not have a LocalPlus network of providers. All of Tennessee is a LocalPlus network.
- The Baptist facilities are already in network (LocalPlus) but the physicians weren't in network (Memphis)? So this is changing with LocalPlus?
 - **Answer:** That is correct. In 2017, the three Baptist facilities (Tipton, Union City and Huntingdon) and Baptist Physicians Group will be LocalPlus.
- Would the group numbers be the same?
 - **Answer:** We will have new group numbers. Anyone who enrolls in OAP will get a new ID card.

Operations

- Concerning password resets, we have many employees and they never have their Edison ID and Access ID, and I'm worried that they are not going to be able to get through (to the BA Service Center)?
 - **Answer:** The Edison ID is on their Caremark Card. If you would like a list of all of your employees Edison IDs, you can run query TN_BA302_PERSON_AND_JOB.
- With 30 days being waived, we have new hires hired on 8-11, but the effective date is Sept 1. What date do we need to enter for benefits to start?
 - **Answer:** You would enter August 1 to have the benefits start on September 1.

Forms Automation Questions

- How many higher education agencies are using forms automation process? Or ESS? I thought we had to use this process? For new hire employees, do we key their new hire benefits?
 - **Answer:** The benefits for new hires can be entered using the forms automation process or the employee can use ESS to make the elections themselves.
- So we have to upload file attachments to match the dependent documents?
 - **Answer:** Yes, the file attachments should match the dependent documents that are required to add the dependent to coverage.
- So we have to have a separate attachment for each document?
 - **Answer:** Yes, a separate file needs to be uploaded for each document.

Long-term Care - MedAmerica

- How do we switch an employee from payroll to direct bill?
 - **Answer:** A member may call MedAmerica to request paying premiums quarterly, semi-annually, or annually via direct billing or ACH. Payment of premiums monthly is not an option with direct bill.

2017 Plan Options

Plan Name	Options	In Edison as	Wellness Required	PP Reward	Actuarial Value
Partnership PPO	Partnership Promise PPO	Partners Promise PPO	Yes	-\$50/-100 premium discount	83.9%
	No Partnership Promise PPO	No Partners Promise PPO	No		83.9%
Standard PPO			No		78.2%
HealthSavings CDHP	Promise HealthSavings CDHP	Promise CDHP	Yes	\$500/\$1000 deposit to HSA	83.9%
	No Promise HealthSavings CDHP	No Promise CDHP	No		77%

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Securian/Minnesota Life

- What is the tax rate on payout (life insurance)?
 - **Answer:** There is no tax on payout unless the deceased has a large payout amount that exceeds the estate value.

- Is medical underwriting for employee and spouse or employee only?
 - **Answer:** For the voluntary term life insurance, an employee is guaranteed issue upon hire and during annual enrollment for the \$5000 increase, if eligible. A spouse always requires underwriting.

- Does Minnesota Life contact employees when they retire regarding portability and conversion?
 - **Answer:** Yes, Minnesota Life will mail a letter to the employee and when the member contacts Minnesota Life back, he or she is walked through the different processes.

- Is there a cost for the Voluntary (Optional) Plan?
 - **Answer:** Yes. Rates are listed in the member handbook and are based on age.

- Does Voluntary AD&D cover spouses of first responders who die in the line of duty?
 - **Answer:** Yes, as long as premium is paid. It is for accidental coverage and therefore, would be payable.

- Do premiums change for spouses at age 65?
 - **Answer:** For basic term life insurance, the dependent term life insurance of \$3,000, if spouse is enrolled in health, does not reduce at any age.

- Does the reduction in employee basic term life insurance take place at the end of the month the individual turns 65 or the end of the year?
 - **Answer:** The reduction occurs on October 1 based upon age as of September 1.

EyeMed

- Is the hearing discount just a part of the plan?
 - **Answer:** Yes, effective January 1, 2017, the hearing discount will be an added part of service at no cost.

- How new does your prescription have to be to receive use glasses.com?
 - **Answer:** The important thing to remember is that your prescription for glasses is good for two years and your prescription for contacts is good for one year. When using glasses.com your prescription must be in date.

- Is ordering glasses or contacts online cheaper?
 - **Answer:** For glasses, it could be a little bit less expensive. For contacts, it is not a lot cheaper.

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- Will new enrollees receive ID cards in the mail?
 - **Answer:** Yes, they will receive two cards at home with a summary of benefits and provider information. Members making a name change will not receive a new card, they can print one online.

HealthSavings CDHP/HealthSavings Accounts/Flexible Spending Accounts

There were some questions regarding eligibility to open a health savings account (HSA) if enrolled in the CDHP. We have clarified the IRS rules and wanted to share with you.

Regarding **Medicare**, an otherwise qualified individual may not be enrolled in Medicare (the health care component of the Social Security program) (IRC Sec. 223(b)(7)).

Section 223(b)(7) states that an individual ceases to be an eligible individual starting with the month he or she is entitled to benefits under Medicare. Under this provision, mere "eligibility" for Medicare does not make an individual ineligible to contribute to an HSA. Rather, the term "entitled to benefits under" Medicare means both eligibility and enrollment in Medicare. **Thus, an otherwise eligible individual under section 223(c)(1) who is not actually enrolled in Medicare Part A or Part B may contribute to an HSA until the month that individual is enrolled in Medicare.**

- Example (1). Y, age 66, is covered under her employer's HDHP. Although Y is eligible for Medicare, Y is not actually entitled to Medicare because she did not apply for benefits under Medicare (i.e., enroll in Medicare Part A or Part B). If Y is otherwise an eligible individual under section 223(c)(1), she may contribute to an HSA.
- Example (2). In August 2004, X attains age 65 and applies for and begins receiving Social Security benefits. X is automatically enrolled in Medicare. As of August 1, 2004, X is no longer an eligible individual and may not contribute to an HSA.

For additional guidance, you and your employees should seek the guidance of a qualified tax advisor.

Source: https://www.irs.gov/irb/2004-33_IRB/ar08.html

- Is there a tax liability when you sell off your investments?
 - **Answer:** No, there is only a tax when you take money out and spend it for something that is not qualified.
- You receive a HSA contribution if enrolled in the CDHP and complete the Partnership Promise. If you do not complete the Promise is the money still there?
 - **Answer:** Yes, but you will not qualify for a state HSA contribution or the lower premium Partnership PPO the following year.

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- You indicated that to receive the CDHP contribution you must be hired on or before September 1. So, for employees hired after September 1, October, November, and December they will not receive the contribution?
 - **Answer: Clarification - It is the coverage effective date and the dates are from September 2 through the end of the year. The state HSA seed money for those enrolled in the Promise HealthSavings CDHP is tied to the coverage effective date. If the coverage effective date for a plan member is anytime from September 2 through the end of the year, then the employee will not receive any seed funding.**

- The contribution will not be prorated for new hires as of September 1 through December?
 - **Answer:** The dates are September 2 through the end of year and correct, the funds are **not prorated** and members will not receive the state HSA funds from September 2 through the end of the year. If a plan member stays enrolled in the Promise Healthsavings CDHP in the following year, however, he or she will receive the \$500 or \$1,000 state seed funding in their HSA in early January.

- You indicated that there is a cap on what a doctor agrees to pay and he or she takes off the additional amount from what is billed. Which is the better plan CDHP or PPO?
 - **Answer:** The doctor submits a claim with a billed amount. The insurance carrier has a negotiated rate with the doctor that is the allowed amount. On the CDHP, you pay the allowed amount until you reach your deductible and then you pay a percentage (coinsurance) of the allowed amount. On the PPO, you pay a copay for a doctor visit and the plan pays the remainder of the allowed amount. On the PPO, where the deductible applies it works just like the CDHP. The better plan for you is dependent on your medical needs and your financial situation.

- Can you enroll in the CDHP if enrolled as retiree?
 - **Answer:** Yes, but you do not receive the state funds, either a \$500 or 1,000 contribution to your HSA.

- There are a lot of questions regarding Medicare and enrollment in the CDHP?
 - **Answer:** If you are enrolled in Medicare you cannot enroll in the CDHP. IRS language is very specific and at age 65, you are entitled to Medicare, but if you do not actually enroll in Medicare, then you can enroll in the Promise Healthsavings CDHP and receive the state's contribution. Once you are enrolled in Medicare you are not eligible to enroll in the CDHP. Any funds that you contributed to your HSA while enrolled in a CDHP are still yours and you may use them going forward, tax free, for eligible medical expenses that Medicare does not cover (e.g., deductibles, copays, etc.)

- Does being enrolled in Medicare apply to spouses as well?
 - **Answer:** If employee is not enrolled in Medicare that is all that matters, and he or she can enroll in the CDHP covering his or her spouse as a dependent. If the

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employee's spouse has Medicare it does not matter. Here is some additional information about covering a spouse who is Medicare enrolled:

- **What are my options to cover my Medicare-eligible spouse under the CDHP and HSA?**
 - You as the employee may cover your spouse, who is enrolled in Medicare Part A or B, under the CDHP. Under Medicare Secondary Payer rules, claims for your Medicare-eligible spouse will first be considered under the CDHP as the primary plan and Medicare will be considered the spouse's secondary coverage. You may use your HSA to pay for your spouse's eligible expenses that are not paid by Medicare.
 - Source: <http://retiredcsx.com/consumer-driven-health-plan-faq.html>
- **What if you are covered under your spouse's health savings account at work?**
 - The IRS rule affects only employees age 65 or older who have HSAs through their employment, because they are the ones who contribute to HSAs from their before-tax earnings at work. The rule does not affect covered spouses over age 65, who can continue to use funds from the working spouse's HSA for approved medical purposes.
 - Source: http://www.aarp.org/health/medicare-insurance/info-04-2009/ask_ms_medicare_question_53.html
- Can HSA contributions be used to pay Medicare non-covered services for the spouse?
 - **Answer:** Yes.
- How did they come up with co-insurance price?
 - **Answer:** These amounts are set by the Insurance Committee, recommended by Benefits Administration. Benefits Administration and our actuarial consultant, AON Hewitt, benchmark the marketplace to determine the coinsurance amounts.
- Is there no way to determine our 20% copay?
 - **Answer:** Yes, both BCBS and Cigna allow a plan member to log into their websites and view their claim history (and some family members as well) and export this into an Excel spreadsheet. In doing this, you would take the allowable amount and multiply it times your coinsurance to get an idea of what your costs would be after you meet the plan's deductible. The allowable amounts are the approximate costs that you would pay before you meet your deductible. CVS/caremark also has all of your prescription drug history. Go to info.caremark.com/stateoftn, log in using your user name and password (register if you haven't already done so). Click on "Track Your Rx Spend," select a time period and radio button then click "view report." This will show you the amount you and the plan paid for each prescription and the total cost. The total cost is the amount you will pay for each prescription before you meet your deductible, unless the medication is one in the state's "maintenance tier" and you fill it

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through mail order or at a Retail-90 network pharmacy. On those medications, you do not have to meet your deductible first, and you pay a reduced coinsurance. Healthcare carriers BCBS and Cigna both offer a Cost and Quality tool on their websites that can be used to type in the service to be provided and it will provide the approximate amount a member will pay for the service.

- If you choose a CDHP, is there a period of time before you can get out (of the plan)?
 - **Answer:** If you choose the CDHP during annual enrollment, you are enrolled in that plan from January 1 through December 31, 2017, unless you have a qualifying event that would allow you to make changes to your coverage.
- We get paid once a month. When will our contribution for the CDHP be in employee accounts?
 - **Answer:** The first week in January and all **employee contributions** will depend on their pay if it is the 15th or 31st of the month.
- I did not see the Parking and Transportation (FSA) addressed?
 - **Answer:** Benefits Administration will manage state employees' parking and transportation FSA benefits through Edison. Payflex will manage the medical, dependent care and limited purpose FSAs. Treasury will be offering a grace period through March 15 to submit FSA claims. Please encourage employees to submit claims so that they can be processed prior to the end of the year.

FSA Clarification: The \$500.00 carryover discussed will be in 2017 for 2018. Per the IRS, you cannot have a grace period and rollover both. Treasury is offering a grace period this year. The grace period will go away following 2016-2017. In 2017-2018, we will go to the carryover.

- Is the most one can carryover (FSA) \$500.00?
 - **Answer:** Yes, but this only applies to FSA funds pledged in 2017 that are not all used in 2017. Up to \$500 may be carried over into 2018.
- If \$200.00 is rolled over in 2018, and later I find a 2017 charge, can I file it late?
 - **Answer:** Yes, Payflex has a runout period. 2017 funds would be used prior to 2018.
- Mileage on medical appointments used to be payable. Can you still be reimbursed for mileage to a doctor visit?
 - **Answer:** Yes, it can be submitted on a claim form.

EAP and Behavioral Health – Optum Health

- What happens in December when a patient is receiving treatment through Magellan?
 - **Answer:** For members hospitalized or in residential care prior to January 1, 2017, and still in treatment after January 1, 2017, coverage will continue under Magellan until they transition to a different level of care. For members in Partial Hospitalization (PHP), Day Treatment, or Intensive Outpatient treatment prior to

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January 1, 2017 and still in treatment after January 1, 2017, Optum will be managing this episode of care. For members receiving outpatient care from a provider that is not in the Optum network, they may request a transition benefit that will provide network-level benefits for up to three months from January 1, 2017 to March 31, 2017. Certification for the transition benefit must be requested by calling 855-HERE4TN (855-437-3486) after October 1, 2016. Optum is working to expand their network by enrolling out of network providers in their network.

- Would an employee's children have to be on insurance to receive outpatient services?
 - **Answer:** Yes, but there is EAP is available to all who are benefits eligible.
- How many (EAP) visits are available?
 - **Answer:** Five EAP visits per episode per year. If you are benefits eligible, you do not have to be enrolled to receive EAP services.
- Are you going to give us the phone number?
 - **Answer:** It will remain the current number and will not change, 855.HERE-4-TN.

NOTE: Anyone who has contacted Magellan regarding a benefits fair, you will work with Optum, not Magellan as Optum is coordinating the 2017 benefits fairs. If you have already contacted Magellan, you do not need to contact Optum. Magellan is transitioning these over to Optum.

ParTNers for Health Wellness Program - Healthways

- Who determines the five chronic diseases?
 - **Answer:** The diseases - diabetes, chronic pulmonary artery disease (COPD), asthma, coronary artery disease (CAD) and congestive heart failure (CHF) are consistent with disease management in the market and these conditions are specific to what is contractually agreed upon.
- Why has tobacco (lifestyle management coaching) been dropped as a focus?
 - **Answer:** It has not been dropped; it will just be voluntary in 2017.
- So in 2017, if you are slightly overweight, you won't have to coach?
 - **Answer:** You won't be identified for a coaching program, but the program doesn't go away. Members in lifestyle management coaching will not have to participate in 2017. Members who want to continue to coach will need to reach out to Healthways to continue participation.
- How does someone coaching in lifestyle management coaching know if he or she will coach in 2017?
 - **Answer:** Toward the end of the year on the member's final coaching call, the coach will advise the member that he or she has the option to participate in 2017 or opt out. If the member chooses to participate, the next appointment will be

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scheduled otherwise the member will not hear from the coach again. If the member chooses to begin coaching again at a later date, he or she would have to reach out to begin that participation. Healthways CSRs are currently being trained on this process.

- How are copays impacted if a member doesn't complete the Promise?
 - **Answer:** For 2017, they are not affected. Copays are the same for both Partnership PPO options. The difference will be the premium amount.
- If a member does not receive the information that he or she did not complete the Partnership Promise, if the member does complete the requirements, it will only give the member two weeks to make a decision regarding a plan? What if he or she has not heard about an appeal during that time?
 - **Answer:** Healthway's turnaround time is approximately two weeks on appeals, but we suggest having the member call Healthways and ask if an appeal decision has been made.
- So you are saying the premium for the Partnership PPO is higher but it has lower out of pocket right (than the Standard PPO)?
 - **Answer:** Between the Partnership PPO and the Standard PPO, yes. The Partnership PPO premium is higher than the Standard PPO, but the out-of-pocket costs are lower than the Standard PPO.
- What date is it that new hires do not have to complete the Partnership Promise?
 - **Answer:** It is the coverage effective date, and it is September 1 through the end of the year.

BlueCross BlueShield

- Will there be an updated provider listing?
 - **Answer:** Yes, we will post it on the website. You will be able to find all provider information on the ParTNers for Health website on the [Health Options/Carrier page](#).
- Is Physician Now comparable to WebMd?
 - **Answer:** No, Physician's Now is a telehealth medical benefit. We encourage members to go ahead and register in case they ever need to use the benefit. They can register on the website.
- Why does BCBS not have TRIStar HCA in their network?
 - **Answer:** Because HCA does not agree to be a part of this network.

Metlife

- What is the age cutoff for orthodontics?
 - **Answer:** Nineteen.

State ABC All-Day Training
August 12, 2016
Questions/Responses

Cigna Networks and Cigna Dental

- Last year was Open Access Plus (OAP) an option?
 - **Answer:** No, the only network was Local Plus. This year, there are two Cigna options. Local Plus is a lower cost, smaller network and Open Access Plus is a higher cost, larger network. With the LocalPlus network, you have to use LocalPlus providers, but if you go out of the state of Tennessee and are not in an area that has a LocalPlus network, you will have access to the Open Access Plus network providers.

- Why is Cigna offering both plans again when it was just taken away last year?
 - **Answer:** Benefits Administration and the Insurance Committee decided to offer a broad statewide network to our members in 2015 with the regional networks. However, the RFP process took longer with the statewide network so it was not ready to be offered in 2016. At the completion of the RFP process, Cigna's OAP network prevailed and is available as an option in 2017.

- I am in the LocalPlus plan and my son is in school in Minnesota. Do I need to change to Open Access Plus?
 - **Answer:** No, you can stay enrolled in LocalPlus and you will use the LocalPlus network in Tennessee and your son will use the Open Access Plus network.

- Is the cost difference only in the premium?
 - **Answer:** Yes, Open Access Plus has the larger network and a monthly surcharge added to the premium. For LocalPlus, it has a smaller network and no additional cost added to the monthly premium.

- What about Tennova in Middle Tennessee Region, will they be in-network?
 - **Answer:** Tennova has and will continue to be in the network for LP and OAP. The Tennova facilities previously affected that left the LocalPlus plan were primarily in East Tennessee.

- Are there age limits on orthodontics? I'm confused about the \$140.00 a month?
 - **Answer:** Yes, for Cigna dental there is no age limit. If you enroll in the plan, we have a booklet listing all covered services. There is a dollar amount per month listing for orthodontics. Once you have paid that amount monthly (\$140.00 per month) and reach the maximum allowed amount, you would be responsible for any additional amount. Normally the cost would be met by the monthly amount paid prior to reaching the maximum allowed amount.

Partners Center for Health and Wellness

- If enrolled in the CDHP, can you be charged at the clinic?
 - **Answer:** Yes, you would pay for services at the clinic for the CDHP until the deductible is met. If you are enrolled in a PPO, there is no charge.

State ABC All-Day Training

August 12, 2016

Questions/Responses

- An employee went to the clinic and was charged more than going to her regular physician?
 - **Answer:** If the employee is enrolled in a CDHP, they will be responsible for the cost of services up to the deductible. An initial visit costs more than established patient visits due to the paperwork, history, etc., collected during the first visit. However, if you go to the [ParTners Health & Wellness Center website](#) you will see that there is normally a savings of 25-30 percent when using our facility.

Long Term Care - MedAmerica

- Did you say individuals could enroll any time of year not just during annual enrollment?
 - **Answer:** Yes, but new hires have guaranteed 90-day issue, all others and new hires on the 91st day would have to go through medical underwriting.
- What happens if someone leaves the agency?
 - **Answer:** A member can keep the coverage as long as he or she pays the premium.
- We receive better rates on our health, life and other benefits because we are such a large group. Is that true for the Long Term Care?
 - **Answer:** It is the best benefit in the market compared to individual policies.
- What happens to someone's long-term care rates if they retire?
 - **Answer:** The only thing that will change is the way the individual will pay. The only way the premium will change is if there is a class rate increase, which would be a rate increase for all members.

Operations

- How long does it take for agencies to receive letters regarding those rehired within 13 weeks?
 - **Answer:** Information will be sent via email. There will be a query run weekly by BA and ABCs will be notified. We are working on finalizing the query now and you could start seeing emails regarding this in the next few weeks.
- Can rehires less than 13 weeks change plans?
 - **Answer:** Yes, they are considered newly eligible.
- You indicated rehires must be entered on the first day?
 - **Answer:** Yes, the member will default to their prior plan and will have to actually go in and select the plan of their choice.

PPACA Change: If a member is not terminated timely, we can no longer refund the agency for premiums deducted based on IRS rules. But premiums can be refunded if employee requests a refund.

- Is a cancel request form required (for a premium refund)?

State ABC All-Day Training
August 12, 2016
Questions/Responses

- **Answer:** Yes, or a letter from the member.
- Is there a cut off in the month that can be used to tell employees in order to avoid the deduction?
 - **Answer:** Terminations need to be keyed by the payroll cutoff if not using ePAF. You can also get a letter requesting termination from the employee and that will stop the deduction. If your agency uses ePAF, the transaction should be submitted prior to the payroll cutoff. It does not have to be approved by anyone in your agency.
- If the termination is keyed after payroll cutoff, the premium deduction will be taken?
 - **Answer:** Yes.
- If an employee is leaving on the 24th, termination was entered on the 20th, and the employee received a lump sum however, their insurance deduction was taken out. What would happen in this instance?
 - **Answer: Clarification -** Agency is being billed 80% of the employer portion of the employee insurance premium if the termination is not entered in ePAF timely. This deduction will not be refunded to the agency. The only way the agency will be refunded is if the employee requests a refund. The employee's coverage would be extended by 1 month.
- Can you explain if a retiree is going on terminal annual leave?
 - **Answer:** An employee running out annual leave cannot be placed on retirement until their first full day of no-pay. If the employee is receiving any form of pay for a partial day etc., he or she cannot be placed in retiree status.
- What can we do based on the gap for TCRS to get termed employees in pay status?
 - **Answer:** TCRS says allow 60-90 days for the pension to begin. Active insurance ends prior to retirement insurance beginning. A retiree may pay out of pocket and once enrolled in retiree insurance go back and have claims resubmitted. They may also apply for COBRA and have claims paid. Once approved through TCRS the member may receive a refund for the difference between the COBRA and the retirement premium.
- When you retire can you change plans?
 - **Answer:** The retiree cannot remain enrolled in the Promise HealthSavings CDHP but could remain in all other plans. If enrolled in a dental plan and moving out of state they would be permitted to change from Cigna to MetLife.
- If employee's name and SSN, etc., does not match, how does this work for the W4, SSN cards, etc?
 - **Answer:** We are waiting for an answer on this from the IRS.

State ABC All-Day Training

August 12, 2016

Questions/Responses

- We have employees with children by different people in different states, etc. How do we handle obtaining the information (to correct SSN and names)?
 - **Answer:** Please continue working with the employee to get the correct information. This year we are required to make a reasonable effort to get the information. If we do not have this information by the time the file is submitted for 2016 in January, we can receive a fine from the federal government.

August 26, 2016

Annual Enrollment Dates (State/Higher Ed)

Here are the enrollment dates for 2017 benefits:

State/Higher Ed: October 3 to October 14 (two business weeks)

Retirees: October 3 to October 28 (four business weeks)

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail in mid-September
 - We have **attached** a PDF of the Decision Guide **for your information only – do not** make copies for your employees. Also, please do not train on disability insurance at this time. We will update you when we have more information available.
- 2017 benefits information will be on **partnersforhealthtn.gov** on **September 1**
- And don't forget ALEX! Available on September 1 - ALEX can help members compare insurance options based on their own situations.

Annual Enrollment Dates (Local Ed/Local Gov)

Here are the enrollment dates for 2017 benefits:

Local Ed/Local Gov: October 3 to October 28 (four business weeks)

Retirees: October 3 – October 28 (four business weeks)

Enrollment Information:

- Eligible employees will receive Decision Guides in the mail in mid-September
- 2017 benefits information will be on **partnersforhealthtn.gov** on **September 1**
- And don't forget ALEX! Available on September 1 - ALEX can help members compare insurance options based on their own situations.

Partnership Promise Non-Completion Letters

We have a second batch of letters going out to members who did not complete the Partnership Promise requirements. Less than 3,000 members will receive the notification of missing requirements. This batch of letters will be mailing Monday, August 29, and the majority will arrive in member homes Wednesday, August 31. **The deadline date on the letter to file an appeal will be Monday, September 12.**

Members can file an appeal by following these instructions found on the letter:

- First, go to **www.partnersforhealthtn.gov** and download the appeals form (found in the Quick Links box). You may then:
 - **Email** your appeal to **tnappeals@healthways.com**
 - **Fax** us at 615.807.3996
 - **Mail** with a **postmark on or before September 12, 2016** to:
Attn: ParTNers for Health Wellness Program, Appeals
701 Cool Springs Blvd.
Franklin, TN 37067
 - **Call:** Call Healthways Customer Service at 1.888.741.3390 and file your appeal over the phone. Hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central).

Reminder - HIPAA Training (Local Ed, Local Gov and Higher Ed)

Many agencies have not completed HIPAA training. All ABCs are required to complete HIPAA training annually. Instructions on how to complete the training in Edison are below.

Instructions for ABCs to Enroll in HIPAA Web Training

1. Login to Edison.

Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**

2. Locate the appropriate Activity Code –

BA_ABC_HIPAA_Higher Education

BA_ABC_HIPAA_Local Education

BA_ABC_HIPAA_Local Govt

3. Click Enroll

4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop.

To begin the webinar click on the **Launch button**.

HIPAA Training Webinars (all plans)

BA has scheduled two HIPAA training webinars. If you can access ELM in Edison, please complete the training online. **If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar.** If you have more than one person viewing the webinar, please send an email to the HIPAA Privacy Officer, Chanda Rainey, with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is chanda.rainey@tn.gov.

Here are the webinar dates and times:

September 8 at 10:30 a.m. Central time

September 19 at 10:30 a.m. Central time

You will use the WebEx link, access code, password and dial-in number below:

<https://tngov.webex.com/tngov>

Meeting number (access code): 648 493 200

Meeting password: P4FwfuSk

Join by phone: 1-415-655-0003

September 2, 2016

ABC Conference Calls

Don't forget – weekly annual enrollment ABC conference calls start next week!

The **attached** agenda includes the webinar link.

Local Education – Tuesday, September 6 at 9 a.m. Central time
Central State – Tuesday, September 6 at 10:30 a.m. Central time
Local Government – Tuesday, September 6 at 1 p.m. Central time
Higher Education – Wednesday, September 7 at 9 a.m. Central time

State Offices Closed Monday, September 5

State offices and the Benefits Administration Service Center will be closed on Monday, September 5, for the Labor Day holiday. We hope you have a great and safe weekend!

Flu Shot Flier

We have **attached** the 2016-2017 vaccination flier, which includes information about flu shots. Members can also find this information on the [ParTNers for Health website under the Pharmacy tab](#).

Flu Shots: *Bringing in someone to administer flu shots at the workplace:* As a reminder, BA provides a comprehensive flu shot program through the Caremark Vaccine Network of Pharmacies, and also through BlueCross BlueShield and Cigna.

If agencies want to bring in a particular MD or group of nurses or a particular pharmacy, you can choose to do so; however, Benefits Administration and the State Group Insurance Program are not party to what you offer employees as an added benefit in the way of providing a flu shot clinic, etc. The ABC/agency will need to ensure that the group or pharmacy is participating with both BCBS and Cigna, or in the case of a pharmacy, that they are in the Vaccine Network before coverage would be provided to plan members. Group/roster billing is not allowed, and the provider must file a HCFA 1500 or pharmacy claim for every plan member that the provider may vaccinate. **BE AWARE** - ABCs should be careful not to bring in a physician/nurse group that is not participating with **both** BCBS and Cigna, or a pharmacy not in the vaccine network, as it may not be covered by the State Group Insurance Program and members could have denied claims.

We've provided a link to our splash page with Caremark. On the far right side is a hyperlink to our most up-to-date vaccine network pharmacy list. <http://info.caremark.com/stateoftn>

Annual Enrollment Updates (State/Higher Ed)

Enrollment dates for 2017 benefits:

State/Higher Ed: October 3 to October 14 (two business weeks)

Retirees: October 3 to October 28 (four business weeks)

Enrollment Information:

- **Decision Guides started to drop in the mail this week!**
- 2017 benefits information is posted on partnersforhealthtn.gov

Tell members ALEX is here! ALEX, your online benefits expert, can help you compare your insurance options based on your own situations. Be sure you are using the most current version of Flash software.

Visit ALEX on www.partnersforhealthtn.gov or use the link below:

[ALEX for State and Higher Education Employees](#)

Annual Enrollment Updates (Local Ed/Local Gov)

Enrollment dates for 2017 benefits:

Local Ed/Local Gov: October 3 to October 28 (four business weeks)

Retirees: October 3 to October 28 (four business weeks)

Enrollment Information:

- Eligible employees will receive Decision Guides by mail in mid-September
- 2017 benefits information is posted on partnersforhealthtn.gov

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[ALEX for Local Education and Local Government Employees](#)

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BA_ABC_HIPAA_Higher Education
BA_ABC_HIPAA_Local Education
BA_ABC_HIPAA_Local Govt

3. Click Enroll
4. Click Submit Enrollment.

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HIPAA Training Webinars

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Here are the webinar dates and times:

September 8 at 10:30 a.m. Central time

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Meeting number (access code): 648 493 200

Meeting password: P4FwfuSk

Join by phone: 1-415-655-0003

Attachments: LE, LG, Higher Ed September 6 Call Agenda
State September 6 Call Agenda
Flu and Pneumococcal Vaccine Flier

FREE FLU SHOTS

2016-2017 FLU AND PNEUMOCOCCAL VACCINE COVERAGE

Members may get a free flu shot and/or pneumococcal vaccine by using:

- ✓ their Caremark card at a participating network pharmacy
- or
- ✓ their health insurance card (BlueCross BlueShield or Cigna) at their in-network doctor's office.

The following vaccinations are free to members of the state group insurance program:

- Injectable Seasonal Influenza Vaccine
- Intranasal Seasonal Influenza Vaccine (FluMist®) and Intradermal Flu Vaccine (short needle) and Flublok
- Injectable Seasonal Influenza High Dose (Fluzone® High Dose) Vaccine
- Adult Pneumococcal Vaccine
- Pediatric Pneumococcal Vaccine

IF YOU CHOOSE TO USE YOUR PHARMACY CARD

To get the vaccines above at no charge, members must use a participating retail pharmacy. The current list of participating retail pharmacies is available at info.caremark.com/stateoftn.

These pharmacies will offer flu shots from August 1, 2016, through April 30, 2017, and pneumococcal vaccines from September 1, 2016, through July 31, 2017.

IF YOU CHOOSE TO USE YOUR MEDICAL CARD

Simply contact your in-network doctor's office and ask if they have the vaccines. You may get the vaccination at your doctor's office without a copay. (Note: if you are at your doctor's office for another reason or illness when you get your shot, the doctor may charge an office visit copay.)

BlueCross members — to find an immunizing pharmacy or retail convenient care clinic go to bcbst.com and look under **Find a Doctor** > **Search for providers or facilities now** > Either log into your BlueAccess account OR select network S

- **Immunizing pharmacist** — enter your location (city & state) > enter **Immunizing Pharmacist** in the search bar
- **Retail convenient care clinic** — enter your location (city & state) > enter **Retail Health Clinic** in the search bar

Cigna members — to find an immunizing pharmacy go to cigna.com/sites/stateoftn. In the left-side navigation, look under **Resources and Forms for Medical Vaccine Program PDF**. You can also ask at your local pharmacy whether they can bill Cigna. If so, simply present your Cigna card.

**Local Education, Central State, Local Government and Higher Education
ABC Call Agenda
September 6 and 7, 2016
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>
 - *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

- **Communication Updates**

Benefits

- **2017 Benefits Overview Presentation**
- **Optum Health Presentation**
- **ParTNers for Health Wellness Program Presentation**

Operations

- **Local Ed/Local Gov/Higher Ed: Password Reset**
- **ABC Trainings/Workshops**

Questions

Local Education, Central State, Local Government and Higher Education
ABC Call Agenda
September 6 and 7, 2016
1-877-820-7831
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Materials and Communications

- **Communication Updates**

Benefits

- **2017 Benefits Overview Presentation**
- **Optum Health Presentation**
- **ParTNers for Health Wellness Program Presentation**

Operations

- **ABC Trainings/Workshops**

Questions

Sept. 9, 2016

ABC Conference Calls

Don't forget – weekly annual enrollment ABC conference calls continue next week! The **attached** agenda includes the webinar link.

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

ABC Conference Call Notes

The combined notes from the September 6 and 7 ABC conference calls are **attached**.

Pharmacy Update – Drugs Moving to Tier 3 (non-preferred status) in 2017

We have received questions from some members who have heard news about CVS/caremark's plans to exclude coverage for certain medications in 2017 from their book of business. **While the State Group Insurance Program uses the CVS/caremark standard national formulary, we are not fully aligned with it.**

The following drugs will **not** be removed from our 2017 drug list, but **will** move to Tier 3 (non-preferred status) and will cost a member his or her highest copayment or coinsurance beginning January 1, 2017:

- Butalbital/APAP/Caffeine Capsules (all brands and generics, not tablets)
- Xtandi
- Nilandron oral tablets
- Venlafaxine ER tablets, except 225 mg (all brands and generics)
- Crestor (multi source brand)
- Dutoprol oral tablets
- Carnitor/Carnitor SF oral solution (multi source brands)
- Gleevec (multi source brand)
- Tassigna
- Xenazine (multi source brand)
- Neupogen
- DexPak oral tablets
- Millipred/Millipred DP oral tablets, dose pack and oral solution
- Tobi Podhaler/Tobi (multi source brand)
- Alcortin A gel, Aloquin gel, Novacort gel
- Helixate FS
- Daklinza, Olysio, Technivie, Zepatier
- Amitiza
- Lantus, Toujeo
- Dymista
- Duexis, Vimovo
- Abstral
- Evzio
- Pradaxa
- Enablex (multi source brand), Gelnique, Toviaz
- Opsumit
- All non-Becton Dickinson (BD) pen needles and syringes
- Klor-Con oral pack for solution
- Nexium (multi source brand)

- Zegerid oral suspension and capsules
- Proventil
- Ventolin

Annual Enrollment Updates (State/Higher Ed)

Enrollment dates for 2017 benefits:

State/Higher Ed: October 3 to October 14 (two business weeks)

Retirees: October 3 to October 28 (four business weeks)

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[ALEX for State and Higher Education Employees](#)

Annual Enrollment Updates (Local Ed/Local Gov)

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Retirees: October 3 to October 28 (four business weeks)

Enrollment Information:

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- 2017 benefits information is posted on partnersforhealthtn.gov

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HIPAA Training (Local Ed, Local Gov and Higher Ed)

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HIPAA Training Webinar

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**Here is the webinar date and time:
September 19 at 10:30 a.m. Central time**

You will use the WebEx link, access code, password and dial-in number below:

[Join WebEx meeting](#)

Meeting number (access code): 644 568 085

Meeting password: hN4E3wKb

Join by phone: 1-415-655-0003

September 16, 2016

ABC Conference Calls

Don't forget – annual enrollment ABC conference calls continue next week! The attached agenda includes the webinar link.

Local Education – Tuesday, September 20 at 9 a.m. Central time
Central State – Tuesday, September 20 at 10:30 a.m. Central time
Local Government – Tuesday, September 20 at 1 p.m. Central time
Higher Education – Wednesday, September 21 at 9 a.m. Central time

ABC Conference Call Notes

The combined notes from the September 13 and 14 ABC conference calls are attached. We had questions about maintenance tier drugs, so we have pulled the current list and attached it for you as a reference. Note: The maintenance tier list changes often. Members should check with their pharmacists to determine if their drug is considered a maintenance drug.

2017 Medicare Supplement Rates

There will be no change from 2016 Rates. The total base monthly premium remains \$138.47.

PREMIUMS EFFECTIVE JANUARY 2017		
Base Monthly Premium	\$ 138.47	
	State Support	Retiree Pays
30+ years of service	\$ 50.00	\$ 88.47
20-29 years of service	\$ 37.50	\$ 100.97
15-19 years of service	\$ 25.00	\$ 113.47
Less than 15 years of service	\$ 0.00	\$ 138.47
Dependents (spouses)	\$ 0.00	\$ 138.47
Local education support staff	\$ 0.00	\$ 138.47
Local government	\$ 0.00	\$ 138.47

Annual Enrollment Updates (State/Higher Ed)

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HIPAA Training Webinar – Monday, September 19

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[Join WebEx meeting](#)

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Meeting password: hN4E3wKb

Join by phone: 1-415-655-0003

HIPAA Training (Local Ed, Local Gov and Higher Ed)

Many agencies have not completed HIPAA training. All ABCs are required to complete HIPAA training annually. Instructions on how to complete the training in Edison are below.

Instructions for ABCs to Enroll in HIPAA Web Training

1. Login to Edison.
Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –
BA_ABC_HIPAA_Higher Education
BA_ABC_HIPAA_Local Education
BA_ABC_HIPAA_Local Govt
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop.
To begin the webinar click on the **Launch button**.

Attachments: Maintenance Tier Drug List
CDHP Webinar Flier – State and Higher Ed
CDHP Webinar Flier – Local Ed and Local Gov

STATE AND HIGHER ED EMPLOYEE INFORMATIONAL WEBINAR

2017 benefits with a focus on the
HEALTHSAVINGS CDHP OPTION

To participate in this webinar:

<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>

No registration necessary. Click on the link above, enter your first name, last name, and email address and click join meeting. If the program asks for a password, click "continue as a guest."

For audio: The system can call you back directly, or you can call the conference line number at **877.820.7831**. **The 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: <http://get.adobe.com/flashplayer/>

State and Higher Education

October 4	2:30 to 3:30 p.m. Central
October 5	10:30 to 11:30 a.m. Central
October 11	2:30 to 3:30 p.m. Central
October 12	2 to 3 p.m. Central

To meet ALEX, go to
partnersforhealthtn.gov

Pick the benefits plans
that are best for you.
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LOCAL EDUCATION AND LOCAL GOVERNMENT EMPLOYEE INFORMATIONAL WEBINAR

2017 benefits with a focus on the
HEALTHSAVINGS CDHP OPTION

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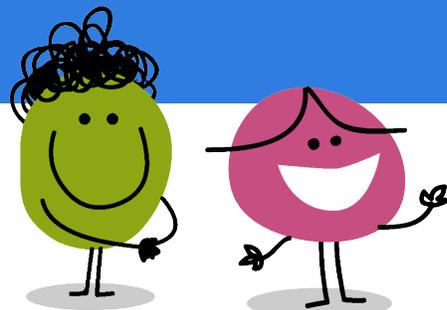
NOTE: You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call: <http://get.adobe.com/flashplayer/>

Local Education and Local Government

October 3	10 to 11 a.m. Central
October 7	2 to 3 p.m. Central
October 12	12:30 to 1:30 p.m. Central
October 19	10:30 to 11:30 a.m. Central
October 26	12:30 to 1:30 p.m. Central

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STATE OF TENNESSEE
ParTNers for Health
“Maintenance tier” drug list
As of 9/15/2016

Medications on this list –

- Are listed without regard to generic, preferred, or non-preferred status;
- May be removed at any time, and new ones may be added, as this list is a snapshot as of the current date;
- When filled in a 90 day supply through Caremark Mail Order or a participating less-costly Retail-90 Network Pharmacy will process at a lower copayment (or coinsurance, if member is enrolled in a CDHP, and the deductible will be waived);
- May be subject to prior authorization, quantity limits, or step therapy before the insurance plans will provide coverage.

<u>Maintenance Tier category</u>	<u>Product/Drug Name</u>
Anti-hypertensives	ACCUPRIL
Anti-hypertensives	ACEBUTOLOL HCL
Anti-hypertensives	ACETAZOLAMIDE
Anti-hypertensives	ACETAZOLAMIDE ER
Anti-hypertensives	AFEDITAB CR
Anti-hypertensives	ALDACTAZIDE
Anti-hypertensives	ALDACTONE
Anti-hypertensives	AMILORIDE HCL
Anti-hypertensives	AMILORIDE/HYDROCHLOROTHIA
Anti-hypertensives	AMLODIPINE BES/ATORVASTATIN
Anti-hypertensives	AMLODIPINE BESYLATE
Anti-hypertensives	AMLODIPINE BESYLATE/ATORV
Anti-hypertensives	AMLODIPINE BESYLATE/BENAZ
Anti-hypertensives	AMLODIPINE/BENAZEPRIL
Anti-hypertensives	AMLODIPINE/VALSARTAN
Anti-hypertensives	AMLODIPINE/VALSARTAN/HCTZ
Anti-hypertensives	ATACAND
Anti-hypertensives	ATACAND HCT
Anti-hypertensives	ATENOLOL
Anti-hypertensives	ATENOLOL/CHLORTHALIDONE
Anti-hypertensives	AVALIDE
Anti-hypertensives	AVAPRO
Anti-hypertensives	AZOR
Anti-hypertensives	BENAZEPRIL HCL
Anti-hypertensives	BENAZEPRIL HCL/HYDROCHLOR
Anti-hypertensives	BENAZEPRIL HCT
Anti-hypertensives	BENICAR
Anti-hypertensives	BENICAR HCT
Anti-hypertensives	BETAPACE
Anti-hypertensives	BETAXOLOL HCL
Anti-hypertensives	BIDIL
Anti-hypertensives	BISOPROLOL FUMARATE
Anti-hypertensives	BISOPROLOL FUMARATE/HCTZ
Anti-hypertensives	BISOPROLOL FUMARATE/HYDRO

Anti-hypertensives	BISOPROLOL/HCTZ
Anti-hypertensives	BUMETANIDE
Anti-hypertensives	BYSTOLIC
Anti-hypertensives	CALAN SR
Anti-hypertensives	CANDESARTAN CILEXETIL
Anti-hypertensives	CANDESARTAN CILEXETIL/HYD
Anti-hypertensives	CAPTOPRIL
Anti-hypertensives	CAPTOPRIL/HYDROCHLOROTHIA
Anti-hypertensives	CARDIZEM CD
Anti-hypertensives	CARDIZEM LA
Anti-hypertensives	CARDURA
Anti-hypertensives	CARTIA XT
Anti-hypertensives	CARVEDILOL
Anti-hypertensives	CATAPRES-TTS
Anti-hypertensives	CATAPRES-TTS-1
Anti-hypertensives	CHLOROTHIAZIDE
Anti-hypertensives	CHLORTHALIDONE
Anti-hypertensives	CLONIDINE
Anti-hypertensives	CLONIDINE HCL
Anti-hypertensives	COREG
Anti-hypertensives	COREG CR
Anti-hypertensives	CORGARD
Anti-hypertensives	Coronary Artery DiseaseUET
Anti-hypertensives	COZAAR
Anti-hypertensives	DILTIAZEM CD
Anti-hypertensives	DILTIAZEM HCL
Anti-hypertensives	DILTIAZEM HCL CD
Anti-hypertensives	DILTIAZEM HCL CD (ER)
Anti-hypertensives	DILTIAZEM HCL ER
Anti-hypertensives	DILTIAZEM HCL ER (CD)
Anti-hypertensives	DILTIAZEM HCL XR
Anti-hypertensives	DILTIAZEM XR
Anti-hypertensives	DILT-XR
Anti-hypertensives	DIOVAN
Anti-hypertensives	DIOVAN HCT
Anti-hypertensives	DIURIL
Anti-hypertensives	DOXAZOSIN
Anti-hypertensives	DOXAZOSIN MESYLATE
Anti-hypertensives	DUTOPROL
Anti-hypertensives	DYAZIDE
Anti-hypertensives	DYRENIUM
Anti-hypertensives	EDARBI
Anti-hypertensives	EDARBYCLOR
Anti-hypertensives	EDECIN
Anti-hypertensives	ENALAPRIL
Anti-hypertensives	ENALAPRIL MALEATE
Anti-hypertensives	ENALAPRIL MALEATE/HCTZ
Anti-hypertensives	ENALAPRIL MALEATE/HYDROCH
Anti-hypertensives	ENALAPRIL/HYDROCHLOROTHIAZIDE
Anti-hypertensives	EPANED
Anti-hypertensives	EPLERENONE
Anti-hypertensives	ETHACRYNIC ACID
Anti-hypertensives	EXFORGE 10-160MG
Anti-hypertensives	EXFORGE 10-320MG

Anti-hypertensives	EXFORGE 5-320MG
Anti-hypertensives	EXFORGE HCT
Anti-hypertensives	EXFORGE HCT 10-160-25MG
Anti-hypertensives	EXFORGE HCT 5-160-12.5MG
Anti-hypertensives	FELODIPINE ER
Anti-hypertensives	FOSINOPRIL SODIUM
Anti-hypertensives	FOSINOPRIL SODIUM/HYDROCH
Anti-hypertensives	FOSINOPRIL/HCTZ
Anti-hypertensives	FUROSEMIDE
Anti-hypertensives	GUANFACINE HCL
Anti-hypertensives	HEMANGEOL
Anti-hypertensives	HYDRALAZINE HCL
Anti-hypertensives	HYDROCHLOROTHIAZIDE
Anti-hypertensives	INDAPAMIDE
Anti-hypertensives	INDERAL LA
Anti-hypertensives	INDERAL XL
Anti-hypertensives	INNOPRAN XL
Anti-hypertensives	INSPIRA
Anti-hypertensives	IRBESARTAN
Anti-hypertensives	IRBESARTAN/HYDROCHLOROTHI
Anti-hypertensives	ISRADIPINE
Anti-hypertensives	LABETALOL HCL
Anti-hypertensives	LASIX
Anti-hypertensives	LISINOPRIL
Anti-hypertensives	LISINOPRIL/HCTZ
Anti-hypertensives	LISINOPRIL/HYDROCHLOROTHI
Anti-hypertensives	LOSARTAN POTASSIUM
Anti-hypertensives	LOSARTAN POTASSIUM/HYDROC
Anti-hypertensives	LOTENSIN
Anti-hypertensives	LOTREL
Anti-hypertensives	MATZIM LA
Anti-hypertensives	MAXZIDE
Anti-hypertensives	MAXZIDE-25
Anti-hypertensives	METHAZOLAMIDE
Anti-hypertensives	METHYLDOPA
Anti-hypertensives	METHYLDOPA/HYDROCHLOROTHI
Anti-hypertensives	METOLAZONE
Anti-hypertensives	METOPROLOL SUCCINATE ER
Anti-hypertensives	METOPROLOL TARTRATE
Anti-hypertensives	METOPROLOL/HYDROCHLOROTHI
Anti-hypertensives	MICARDIS
Anti-hypertensives	MICARDIS HCT
Anti-hypertensives	MINOXIDIL
Anti-hypertensives	MOEXIPRIL
Anti-hypertensives	MOEXIPRIL HCL
Anti-hypertensives	MOEXIPRIL/HYDROCHLOROTHIA
Anti-hypertensives	NADOLOL
Anti-hypertensives	NADOLOL/BENDROFLUMETHIAZI
Anti-hypertensives	NICARDIPINE HCL
Anti-hypertensives	NIFEDICAL XL
Anti-hypertensives	NIFEDIPINE
Anti-hypertensives	NIFEDIPINE CC 30MG ER
Anti-hypertensives	NIFEDIPINE CC 60MG ER
Anti-hypertensives	NIFEDIPINE CC 90MG ER

Anti-hypertensives	NIFEDIPINE CC TAB ER
Anti-hypertensives	NIFEDIPINE ER
Anti-hypertensives	NIFEDIPINE XL
Anti-hypertensives	NIMODIPINE
Anti-hypertensives	NISOLDIPINE
Anti-hypertensives	NISOLDIPINE ER
Anti-hypertensives	NORVASC
Anti-hypertensives	PERINDOPRIL ERBUMINE
Anti-hypertensives	PHENOXYBENZAMINE HYDROCHL
Anti-hypertensives	PHEHTOLAMINE MESYLATE
Anti-hypertensives	PINDOLOL
Anti-hypertensives	PRAZOSIN HCL
Anti-hypertensives	PRINIVIL
Anti-hypertensives	PROPRANOLOL HCL
Anti-hypertensives	PROPRANOLOL HCL ER
Anti-hypertensives	PROPRANOLOL/HCTZ
Anti-hypertensives	PROPRANOLOL/HYDROCHLOROTH
Anti-hypertensives	QUINAPRIL
Anti-hypertensives	QUINAPRIL HCL
Anti-hypertensives	QUINAPRIL/HCTZ
Anti-hypertensives	QUINAPRIL/HYDROCHLOROTHIA
Anti-hypertensives	RAMIPRIL
Anti-hypertensives	SECTRAL
Anti-hypertensives	SOTALOL HCL
Anti-hypertensives	SOTALOL HCL (AF)
Anti-hypertensives	SPIRONOLACTONE
Anti-hypertensives	SPIRONOLACTONE/HYDROCHLOR
Anti-hypertensives	TARKA
Anti-hypertensives	TAZTIA XT
Anti-hypertensives	TEKTURNA
Anti-hypertensives	TEKTURNA HCT
Anti-hypertensives	TELMISARTAN
Anti-hypertensives	TELMISARTAN HCT
Anti-hypertensives	TELMISARTAN/AMLODIPINE
Anti-hypertensives	TELMISARTAN/HYDROCHLOROTH
Anti-hypertensives	TENORMIN
Anti-hypertensives	TERAZOSIN HCL
Anti-hypertensives	TIMOLOL MALEATE
Anti-hypertensives	TOPROL XL
Anti-hypertensives	TORSEMIDE
Anti-hypertensives	TRANDOLAPRIL
Anti-hypertensives	TRANDOLAPRIL/VERAPAMIL HC
Anti-hypertensives	TRIAMTERENE/HCTZ 37.5-25MG
Anti-hypertensives	TRIAMTERENE/HYDROCHLOROTH
Anti-hypertensives	TRIBENZOR 20-5-12.5MG
Anti-hypertensives	TRIBENZOR 40-10-12.5MG
Anti-hypertensives	TRIBENZOR 40-10-25MG
Anti-hypertensives	TRIBENZOR 40-5-12.5MG
Anti-hypertensives	TRIBENZOR 40-5-25MG
Anti-hypertensives	VALSARTAN
Anti-hypertensives	VALSARTAN/HYDROCHLOROTHIA
Anti-hypertensives	VERAPAMIL HCL
Anti-hypertensives	VERAPAMIL HCL ER
Anti-hypertensives	VERAPAMIL HCL ER PM

Anti-hypertensives	VERAPAMIL HCL PM
Anti-hypertensives	VERAPAMIL HCL SR
Anti-hypertensives	ZESTORETIC
Anti-hypertensives	ZESTRIL
Asthma/COPD	ACCOLATE
Asthma/COPD	ADVAIR DISKUS
Asthma/COPD	ADVAIR HFA
Asthma/COPD	AEROSPAN
Asthma/COPD	ALBUTEROL SULFATE
Asthma/COPD	ALBUTEROL SULFATE ER
Asthma/COPD	ALVESCO
Asthma/COPD	ANORO ELLIPTA
Asthma/COPD	ARCAPTA NEOHALER
Asthma/COPD	ARNUITY ELLIPTA
Asthma/COPD	ASMANEX 220MCG 120 METERED
Asthma/COPD	ASMANEX 110MCG 30 METERED
Asthma/COPD	ASMANEX 200MCG 14 METERED
Asthma/COPD	ASMANEX 220CG 30 METERED DOSES
Asthma/COPD	ASMANEX 220MCG 60 METERED
Asthma/COPD	ASMANEX HFA
Asthma/COPD	ASMANEX TWISTHALER 14 MET
Asthma/COPD	ATROVENT HFA
Asthma/COPD	BREO ELLIPTA
Asthma/COPD	BROVANA
Asthma/COPD	BUDESONIDE
Asthma/COPD	COMBIVENT RESPIMAT
Asthma/COPD	CROMOLYN SODIUM
Asthma/COPD	DALIRESP
Asthma/COPD	DULERA
Asthma/COPD	FLOVENT DISKUS
Asthma/COPD	FLOVENT HFA
Asthma/COPD	FORADIL AEROLIZER
Asthma/COPD	INCRUSE ELLIPTA
Asthma/COPD	IPRATROPIUM BROMIDE
Asthma/COPD	IPRATROPIUM/ALBUTEROL
Asthma/COPD	LEVALBUTEROL
Asthma/COPD	LEVALBUTEROL HCL
Asthma/COPD	MONTELUKAST
Asthma/COPD	MONTELUKAST SODIUM
Asthma/COPD	NUCALA
Asthma/COPD	PERFOROMIST
Asthma/COPD	PROAIR HFA
Asthma/COPD	PROAIR RESPICLICK
Asthma/COPD	PROVENTIL
Asthma/COPD	PULMICORT
Asthma/COPD	PULMICORT FLEXHALER
Asthma/COPD	QVAR
Asthma/COPD	SEREVENT
Asthma/COPD	SEREVENT DISKUS
Asthma/COPD	SINGULAIR
Asthma/COPD	SPIRIVA HANDIHALER
Asthma/COPD	SPIRIVA RESPIMAT
Asthma/COPD	STIOLTO RESPIMAT
Asthma/COPD	STRIVERDI RESPIMAT

Asthma/COPD	SYMBICORT
Asthma/COPD	TERBUTALINE SULFATE
Asthma/COPD	THEO-24
Asthma/COPD	THEOPHYLLINE CR
Asthma/COPD	THEOPHYLLINE ER
Asthma/COPD	TUDORZA PRESSAIR
Asthma/COPD	VENTOLIN HFA
Asthma/COPD	XOLAIR
Asthma/COPD	XOPENEX
Asthma/COPD	XOPENEX HFA
Asthma/COPD	ZAFIRLUKAST
Asthma/COPD	ZYFLO CR
Congestive Heart Failure	DIGITEK
Congestive Heart Failure	DIGOX
Congestive Heart Failure	DIGOXIN
Congestive Heart Failure	DIGOXIN PEDIATRIC
Congestive Heart Failure	LANOXIN
Coronary Artery Disease	ANTARA
Coronary Artery Disease	CHOLESTYRAMINE
Coronary Artery Disease	CHOLESTYRAMINE LIGHT
Coronary Artery Disease	CLOPIDOGREL
Coronary Artery Disease	COLESTID
Coronary Artery Disease	COLESTIPOL HCL
Coronary Artery Disease	EFFIENT
Coronary Artery Disease	FENOFIBRATE
Coronary Artery Disease	FENOFIBRATE MICRONIZED
Coronary Artery Disease	FENOFIBRIC ACID
Coronary Artery Disease	FENOFIBRIC ACID DR
Coronary Artery Disease	FENOGLIDE
Coronary Artery Disease	GEMFIBROZIL
Coronary Artery Disease	ISORDIL TITRADOSE
Coronary Artery Disease	ISOSORBIDE DINITRATE
Coronary Artery Disease	ISOSORBIDE DINITRATE ER
Coronary Artery Disease	ISOSORBIDE MONONITRATE
Coronary Artery Disease	ISOSORBIDE MONONITRATE ER
Coronary Artery Disease	LIPOFEN
Coronary Artery Disease	MINITRAN
Coronary Artery Disease	NITRO-BID
Coronary Artery Disease	NITRO-DUR
Coronary Artery Disease	NITROGLYCERIN
Coronary Artery Disease	NITROGLYCERIN ER
Coronary Artery Disease	NITROGLYCERIN LINGUAL
Coronary Artery Disease	NITROGLYCERIN TRANSDERMAL
Coronary Artery Disease	NITROLINGUAL PUMPSPRAY
Coronary Artery Disease	NITROSTAT
Coronary Artery Disease	NITRO-TIME
Coronary Artery Disease	NITRO-TIME CR
Coronary Artery Disease	PLAVIX
Coronary Artery Disease	PRALUENT
Coronary Artery Disease	PREVALITE
Coronary Artery Disease	RANEXA
Coronary Artery Disease	REPATHA
Coronary Artery Disease	TRICOR
Coronary Artery Disease	TRIGLIDE

Coronary Artery Disease	TRILIPIX
Coronary Artery Disease	WELCHOL
Coronary Artery Disease	ZETIA
Depression	AMITRIPTYLINE HCL
Depression	AMOXAPINE
Depression	APLENZIN
Depression	BRINTELLIX
Depression	BUPROPION HCL
Depression	BUPROPION HCL ER
Depression	BUPROPION HCL SR
Depression	BUPROPION HCL XL
Depression	BUPROPION XL
Depression	CELEXA
Depression	CHLORDIAZEPOXIDE/AMITRIPT
Depression	CITALOPRAM
Depression	CITALOPRAM HYDROBROMIDE
Depression	CLOMIPRAMINE
Depression	CLOMIPRAMINE HCL
Depression	CYMBALTA
Depression	CYMBALTA DELAYED RELEASE
Depression	DESIPRAMINE HCL
Depression	DESVENLAFAXINE ER
Depression	DOXEPIN HCL
Depression	DULOXETINE HCL
Depression	DULOXETINE HCL DR
Depression	EFFEXOR XR
Depression	EMSAM
Depression	ESCITALOPRAM OXALATE
Depression	FETZIMA
Depression	FETZIMA TITRATION PACK
Depression	FLUOXETINE
Depression	FLUOXETINE HCL
Depression	FLUOXETINE WEEKLY
Depression	FLUVOXAMINE MALEATE
Depression	FLUVOXAMINE MALEATE ER
Depression	FORFIVO XL
Depression	IMIPRAMINE HCL
Depression	IMIPRAMINE PAMOATE
Depression	LEXAPRO
Depression	MAPROTILINE HCL
Depression	MIRTAZAPINE
Depression	MIRTAZAPINE ODT
Depression	NARDIL
Depression	NEFAZODONE HCL
Depression	NORTRIPTYLINE HCL
Depression	OLANZAPINE/FLUOXETINE
Depression	PAMELOR
Depression	PAROXETINE ER
Depression	PAROXETINE HCL
Depression	PAROXETINE HCL ER
Depression	PAXIL
Depression	PAXIL CR
Depression	PERPHENAZINE/AMITRIPTYLIN
Depression	PEXEVA

Depression	PHENELZINE SULFATE
Depression	PRISTIQ
Depression	PROTRIPTYLINE HCL
Depression	PROZAC
Depression	PROZAC WEEKLY
Depression	SERTRALINE HCL
Depression	SURMONTIL
Depression	TRANLYCYPROMINE SULFATE
Depression	TRAZODONE HCL
Depression	TRIMIPRAMINE MALEATE
Depression	TRINTELLIX
Depression	VENLAFAXINE HCL
Depression	VENLAFAXINE HCL ER
Depression	VIIBRYD
Depression	VIIBRYD STARTER PACK
Depression	WELLBUTRIN
Depression	WELLBUTRIN SR
Depression	WELLBUTRIN XL
Depression	ZOLOFT
Diabetes	ACARBOSE
Diabetes	ACCU-CHEK AVIVA
Diabetes	ACCU-CHEK AVIVA CONNECT
Diabetes	ACCU-CHEK AVIVA PLUS
Diabetes	ACCU-CHEK COMPACT CARE KI
Diabetes	ACCU-CHEK COMPACT PLUS
Diabetes	ACCU-CHEK COMPACT TEST DR
Diabetes	ACCU-CHEK FASTCLIX LANCET
Diabetes	ACCU-CHEK MULTICLIX LANCE
Diabetes	ACCU-CHEK MULTICLIX LANCETS
Diabetes	ACCU-CHEK NANO SMARTVIEW
Diabetes	ACCU-CHEK SMARTVIEW STRIP
Diabetes	ACCU-CHEK SMARTVIEW STRIPS
Diabetes	ACCU-CHEK SOFT TOUCH LANCETS
Diabetes	ACCU-CHEK SOFTCLIX LANCET
Diabetes	ACCU-CHEK SOFTCLIX LANCETS
Diabetes	ACE AEROSOL CLOUD ENHANCE
Diabetes	ACTOPLUS MET
Diabetes	ACTOPLUS MET XR
Diabetes	ACTOS
Diabetes	ADULT MASK LARGE
Diabetes	ADVOCATE INSULIN PEN NEED
Diabetes	ADVOCATE INSULIN SYRINGE/
Diabetes	ADVOCATE REDI-CODE
Diabetes	ADVOCATE REDI-CODE+ BLOOD
Diabetes	AEROCHAMBER PLUS FLOW-VU
Diabetes	AEROCHAMBER PLUS FLOW-VU/
Diabetes	AEROCHAMBER Z-STAT PLUS V
Diabetes	AFREZZA
Diabetes	AGAMATRIX PRESTO
Diabetes	ALBUSTIX
Diabetes	ALOGLIPTIN
Diabetes	ALOGLIPTIN/METFORMIN HCL
Diabetes	ALOGLIPTIN/PIOGLITAZONE
Diabetes	APIDRA

Diabetes	APIDRA SOLOSTAR
Diabetes	ASSURE COMFORT LANCETS UL
Diabetes	AVANDIA
Diabetes	B D 1CC SYN SLIP TIP
Diabetes	B D AUTOSHIELD 29G X 5/16"
Diabetes	B D AUTOSHIELD DUO 30G X 3
Diabetes	B D INS SYR ULTRAF HALF UNIT
Diabetes	B D INSULIN SYRINGE
Diabetes	B D INSULIN SYRINGE 25GX1
Diabetes	B D INSULIN SYRINGE 25GX5
Diabetes	B D INSULIN SYRINGE MICROF
Diabetes	B D INSULIN SYRINGE SAFET
Diabetes	B D INSULIN SYRINGE SAFETY
Diabetes	B D INSULIN SYRINGE ULTRA
Diabetes	B D INSULIN SYRINGE ULTRAF
Diabetes	B D PEN NEEDLE U/F III MI
Diabetes	B D PEN NEEDLE/NANO/ULTRA
Diabetes	B D PEN NEEDLES ULTRAFINE
Diabetes	B D SAFETY GLIDE INS SYRI
Diabetes	B D S-L ULTRAFINE SYRINGE
Diabetes	B D ULTRA-FINE 33 LANCETS
Diabetes	B D ULTRAFINE LANCETS
Diabetes	BAYER BREEZE 2 TEST DISC
Diabetes	BAYER CONTOUR BLOOD GLUCO
Diabetes	BAYER CONTOUR NEXT BLOOD
Diabetes	BD INSULIN SYRINGE MICROF
Diabetes	B-D INSULIN SYRINGE ULTRA
Diabetes	BD INSULIN SYRINGE ULTRAF
Diabetes	BD INTEGRA SYRINGE/RETRAC
Diabetes	BYDUREON
Diabetes	BYETTA
Diabetes	CAREFINE PEN NEEDLES 32GX
Diabetes	CAYA
Diabetes	CHLORPROPAMIDE
Diabetes	CLEVER CHEK AUTO-CODE VOI
Diabetes	CLEVER CHEK BLOOD GLUCOSE
Diabetes	CLEVER CHOICE COMFORT EZ
Diabetes	CLICKFINE PEN NEEDLE 32GX
Diabetes	CLICKFINE PEN NEEDLE UNIV
Diabetes	CLICKFINE PEN NEEDLES/31G
Diabetes	CLICKFINE UNIVERSAL PEN N
Diabetes	COMFORT ASSIST INSULIN SY
Diabetes	CONTOUR BAYER BLOOD
Diabetes	CONTOUR BAYER BLOOD GLUCO
Diabetes	CONTOUR BAYER METER
Diabetes	CONTOUR BAYER NEXT EZ BLOOD
Diabetes	CONTOUR BAYER NEXT TEST STRIPS
Diabetes	CONTOUR BAYER NEXT USB BL
Diabetes	CONTOUR NEXT LINK BLOOD
Diabetes	COUPON ONE TOUCH VERIQ IQ
Diabetes	CVS ADVANCED GLUCOSE METE
Diabetes	CVS INSULIN SYRINGE/1ML/2
Diabetes	CVS LANCETS MICRO THIN 33
Diabetes	CVS LANCETS THIN 26G

Diabetes	CVS LANCETS ULTRA THIN 30
Diabetes	CVS ULTRA THIN LANCETS
Diabetes	CYCLOSET
Diabetes	DELTEC COZMO INS CART 3ML
Diabetes	DROPTAINERS 10ML
Diabetes	EASIVENT
Diabetes	EASY COMFORT INSULIN SYRI
Diabetes	EASY COMFORT LANCETS 30G/
Diabetes	EASY TCH NDL PEN 32GX6MM(1/4")
Diabetes	EASY TCH.5ML SYN 31GX5/16
Diabetes	EASY TOUCH 32GX5MM
Diabetes	EASY TOUCH GLUCOSE MONITO
Diabetes	EASY TOUCH GLUCOSE TEST S
Diabetes	EASY TOUCH INSULIN SYRING
Diabetes	EASY TOUCH LANCETS 30G/TW
Diabetes	EASY TOUCH LANCETS 32G/TW
Diabetes	EASY TOUCH LANCETS 33G/TW
Diabetes	EASY TOUCH PEN NEEDLES 29
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Diabetes	GENSTRIP 50
Diabetes	GLIMEPIRIDE
Diabetes	GLIPIZIDE
Diabetes	GLIPIZIDE ER
Diabetes	GLIPIZIDE XL
Diabetes	GLIPIZIDE/METFORMIN HCL
Diabetes	GLOBAL EASE INJECT PEN NE
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Diabetes	GLUCOPHAGE

Diabetes	GLUCOPHAGE XR
Diabetes	GLUCOTROL XL
Diabetes	GLUCOVANCE
Diabetes	GLUMETZA
Diabetes	GLYBURIDE
Diabetes	GLYBURIDE MICRONIZED
Diabetes	GLYBURIDE/METFORMIN HCL
Diabetes	GLYSET
Diabetes	GLYXAMBI
Diabetes	GMATE BLOOD GLUCOSE TEST
Diabetes	GMATE LANCETS 30G
Diabetes	GNP INSULIN SYRINGE/0.5ML
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Diabetes	GNP ULTRA COMFORT INSULIN
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Diabetes	HUMALOG KWIKPEN
Diabetes	HUMALOG MIX 50/50
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Diabetes	HUMALOG MIX 75/25
Diabetes	HUMALOG MIX 75/25 KWIKPEN
Diabetes	HUMULIN
Diabetes	HUMULIN 500 R-U500
Diabetes	HUMULIN 70/30 KWIKPEN
Diabetes	HUMULIN N
Diabetes	HUMULIN N KWIKPEN
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Diabetes	HUMULIN R U-500 KWIKPEN
Diabetes	INFINITY BLOOD GLUCOSE MO
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Diabetes	INSPIRACHAMBER/ANTI-STATI
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Diabetes	INSPIRACHAMBER/SOOTHERMAS
Diabetes	INSULIN SYRINGE/0.3ML/30G
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Diabetes	KROGER BLOOD GLUCOSE TEST
Diabetes	KROGER LANCETS 21G
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Diabetes	METFORMIN HCL
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Diabetes	MICROLET LANCETS
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Diabetes	NOVOTWIST 30GX8MM
Diabetes	NOVOTWIST 32GX5MM
Diabetes	OMNIPAQUE
Diabetes	ON CALL EXPRESS BLOOD GLU
Diabetes	ONE TOUCH DELICA EXTR FINE 33G
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Diabetes	ONE TOUCH FINE POINT
Diabetes	ONE TOUCH TEST STRIPS
Diabetes	ONE TOUCH ULTRA 2
Diabetes	ONE TOUCH ULTRA MINI
Diabetes	ONE TOUCH ULTRA SYSTEM KIT
Diabetes	ONE TOUCH ULTRA TEST STRIP
Diabetes	ONE TOUCH ULTRASOFT LANCET
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Diabetes	PIOGLITAZONE/METFORMIN
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Diabetes	PRECISION XTRA
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Diabetes	PRODIGY NO CODING BLOOD G
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Diabetes	PX LANCETS ULTRA THIN
Diabetes	PX MINI PEN NEEDLES 31GX5
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Diabetes	RELION PEN NEEDLES 29GX12
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Diabetes	RELION PEN NEEDLES 31GX8M
Diabetes	RELION PEN NEEDLES 32GX4M
Diabetes	RELION PRIME BLOOD GLUCOS
Diabetes	RELION SHORT PEN NEEDLES
Diabetes	RELION ULTIMA BLOOD GLUCO
Diabetes	REPAGLINIDE
Diabetes	RIOMET
Diabetes	SIDESTREAM PEDIATRIC FACE
Diabetes	SKIN-PREP WIPES
Diabetes	SM THIN LANCETS 26G
Diabetes	SMART SENSE COLOR LANCETS
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Diabetes	STARLIX
Diabetes	STERILANCE TL
Diabetes	SUPPOSISTRIP MOLD 1.4GM
Diabetes	SURE COMFORT INSULIN SYRI
Diabetes	SURE COMFORT LANCETS 30G
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Diabetes	SYMLINPEN 120
Diabetes	SYMLINPEN 60
Diabetes	SYNJARDY
Diabetes	TANZEUM
Diabetes	TECHLITE LANCETS
Diabetes	THYROGEN
Diabetes	TOPCARE CLICKFINE UNIVERS
Diabetes	TOPCARE ULTRA COMFORT INS
Diabetes	TOPI-CLICK APPLICATOR/35M
Diabetes	TOUJEO SOLOSTAR
Diabetes	TRADJENTA
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Diabetes	TRUE METRIX AIR BLOOD GLU
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Diabetes	TRUE METRIX SELF MONITORI
Diabetes	TRUE2GO BLOOD GLUCOSE MON
Diabetes	TRUEPLUS INSULIN SYRINGE/
Diabetes	TRUEPLUS LANCETS 26G
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Diabetes	TRUEPLUS LANCETS 30G
Diabetes	TRUEPLUS LANCETS 33G
Diabetes	TRUEPLUS LANCETS 33G MICR
Diabetes	TRUEPLUS SAFETY LANCETS 2
Diabetes	TRUEPLUS STERILE LANCET 28G
Diabetes	TRUERESULT BLOOD GLUCOSE
Diabetes	TRUETEST BLOOD GLUCOSE T
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Diabetes	TRUETRACK BLOOD GLUCOSE M
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Diabetes	TRUETRACK TEST
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Diabetes	ULTICARE INSULIN SYRINGE
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Diabetes	ULTICARE MICRO PEN NEEDLE
Diabetes	ULTICARE MINI PEN NEEDLES
Diabetes	ULTICARE SHORT PEN NEEDLE
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Diabetes	ULTILET CLASSIC LANCETS
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Diabetes	ULTRA THIN LANCETS 28G
Diabetes	ULTRA-COMFORT INSULIN SYR
Diabetes	ULTRA-THIN II MINI PEN NE
Diabetes	ULTRA-THIN II PEN NEEDLES
Diabetes	UNIFINE PENTIPS 31G X 3/1
Diabetes	UNIFINE PENTIPS 32GX4MM
Diabetes	UNIFINE PENTIPS 6MM
Diabetes	UNIFINE PENTIPS PLUS 31GX
Diabetes	UNIFINE PENTIPS PLUS 32GX
Diabetes	UNIFINE PENTIPS SHORT
Diabetes	UNILET COMFORTOUCH LANCET
Diabetes	UNILET GP ULTRATHIN LANCE
Diabetes	UNISTRIP1 GENERIC
Diabetes	VALUE PLUS LANCETS STANDA
Diabetes	VALVED HOLDING CHAMBER
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Diabetes	VORTEX HOLDING CHAMBER
Diabetes	VORTEX HOLDING CHAMBER/MA
Diabetes	WALGREENS ULTRA THIN LANC
Diabetes	WAVESENSE PRESTO
Diabetes	WAVESENSE PRESTO TEST
Diabetes	WAVESENSE ULTRA-THIN LANC
Diabetes	XIGDUO XR
Statins/Coronary Artery Disease	ADVICOR
Statins/Coronary Artery Disease	ALTOPREV
Statins/Coronary Artery Disease	ATORVASTATIN CALCIUM
Statins/Coronary Artery Disease	CRESTOR

Statins/Coronary Artery Disease	FLUVASTATIN
Statins/Coronary Artery Disease	FLUVASTATIN SODIUM ER
Statins/Coronary Artery Disease	LIPITOR
Statins/Coronary Artery Disease	LIVALO
Statins/Coronary Artery Disease	LOVASTATIN
Statins/Coronary Artery Disease	LOVAZA
Statins/Coronary Artery Disease	NIACIN
Statins/Coronary Artery Disease	NIACIN ER
Statins/Coronary Artery Disease	NIASPAN ER
Statins/Coronary Artery Disease	OMEGA-3/D-3 WELLNESS PACK
Statins/Coronary Artery Disease	OMEGA-3-ACID ETHYL ESTERS
Statins/Coronary Artery Disease	PRAVACHOL
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Statins/Coronary Artery Disease	ROSUVASTATIN CALCIUM
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Statins/Coronary Artery Disease	SIMVASTATIN
Statins/Coronary Artery Disease	VASCEPA
Statins/Coronary Artery Disease	VYTORIN
Statins/Coronary Artery Disease	ZOCOR

September 23, 2016

ABC Conference Calls

Don't forget – annual enrollment ABC conference calls continue next week! The attached agenda includes the webinar link.

Local Education – Tuesday, September 27 at 9 a.m. Central time
Central State – Tuesday, September 27 at 10:30 a.m. Central time
Local Government – Tuesday, September 27 at 1 p.m. Central time
Higher Education – Wednesday, September 28 at 9 a.m. Central time

ABC Conference Call Notes

The combined notes from the September 20 and 21 ABC conference calls are attached.

Voluntary Insurance Labels in Edison

Edison will begin transitioning the label for the optional insurance programs to “voluntary” instead of “optional”. This language change will reflect the terminology used in the current Decision Guides. For example, “Optional AD&D” will become “Voluntary AD&D”, “Optional Term Life” will become “Voluntary Term Life”. Members will see these Edison changes in ESS during annual enrollment, and on the payroll deduction screen on the 12/31/16 pay summary.

October Preferred Drug List (PDL)

We have attached the October 2016 preferred drug list. Notification letters were not sent to plan members as drugs were not removed from the list. The list has been updated on our websites.

Drugs being added to the PDL on October 1, 2016 include:

Drug Name	Indication(s)
Entresto	Cardiovascular disease and/or ejection fraction
Jentadueto XR	Diabetes mellitus Type 2
Vistogard	Emergency treatment/option for overdose of fluorouracil or capecitabine
Xiidra	Dry eye disease

Annual Enrollment Updates (State/Higher Ed)

2017 enrollment dates:

State/Higher Ed: October 3 to October 14 (two business weeks)

Retirees: October 3 to October 28 (four business weeks)

We have attached a flier about the upcoming employee webinars you can share with your employees.

Alex is here! ALEX, your online benefits expert, can help you compare your insurance options based on your own situations. Visit ALEX on www.partnersforhealthtn.gov or use the link below:

[ALEX for State and Higher Education Employees](#)

Annual Enrollment Updates (Local Ed/Local Gov)

2017 enrollment dates:

Local Ed/Local Gov: October 3 to October 28 (four business weeks)

Retirees: October 3 to October 28 (four business weeks)

We have **attached** a flier about the upcoming employee webinars you can share with your employees.

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[ALEX for Local Education and Local Government Employees](#)

Attachments: CDHP webinar flier – State and Higher Ed
CDHP webinar flier – Local Ed and Local Gov
[October 2016 Preferred Drug List with ACSF](#)

LOCAL EDUCATION AND LOCAL GOVERNMENT EMPLOYEE INFORMATIONAL WEBINAR

2017 benefits with a focus on the
HEALTHSAVINGS CDHP OPTION

To participate in this webinar:

<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>

No registration necessary. Click on the link above, enter your first name, last name, and email address and click join meeting. If the program asks for a password, click "continue as a guest."

For audio: The system can call you back directly, or you can call the conference line number at **877.820.7831. The participant code is 217506#.**

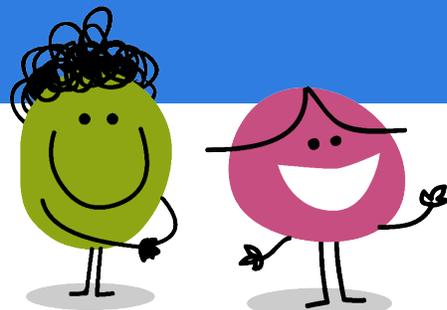
NOTE: You will need the latest version of Adobe Flash Player, so please make sure your player works prior to your scheduled call: <http://get.adobe.com/flashplayer/>

Local Education and Local Government

October 3	10 to 11 a.m. Central
October 7	2 to 3 p.m. Central
October 12	12:30 to 1:30 p.m. Central
October 19	10:30 to 11:30 a.m. Central
October 26	12:30 to 1:30 p.m. Central

To meet ALEX, go to
partnersforhealthtn.gov

Pick the benefits plans
that are best for you.
ALEX® CAN HELP!



alex

STATE AND HIGHER ED EMPLOYEE INFORMATIONAL WEBINAR

2017 benefits with a focus on the
HEALTHSAVINGS CDHP OPTION

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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/>

State and Higher Education

October 4	2:30 to 3:30 p.m. Central
October 5	10:30 to 11:30 a.m. Central
October 11	2:30 to 3:30 p.m. Central
October 12	2 to 3 p.m. Central

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Combined ABC Conference Call Notes
Local Education, State, Local Government and Higher Education
September 27 and 28

September 30, 2016

Materials and Communications

- **Communications:**
 - **Enrollment date reminder:**
 - **State/Higher Ed: October 3 to October 14 (two business weeks)**
 - **Retirees: October 3 to October 28 (four business weeks)**
 - **Local Ed/Local Gov: October 3 to October 28 (four business weeks)**
 - **2017 Enrollment Form:** The 2017 enrollment form has been posted to the ABC webpage under forms. So you can now find it in two places – on the ABC webpage and on the Insurance & Benefits website under Forms.
 - **Premiums in Decision Guide:** We wanted to clarify information in the Decision Guides. For active employees, the premiums are rounded numbers and these are the actual premiums.

COMMUNICATIONS QUESTIONS

- **Local Ed:** Can you remind me what time on October 28, 2016, open enrollment ends?
 - **Answer:** At 4:30 p.m. Central time. We included the time on page four of the Local Ed Decision Guide.
- **Local Gov:** What time on Oct 3 will ESS be open for enrollment purposes?
 - **Answer:** 12:01 a.m. Central time.

Benefits

- **FSA Update/Changes:** Keith Athow, BA's director of pharmacy, FSA and HSA services, gave state and higher ed agencies an update on the flexible benefits plan and reviewed changes. We have **attached** the slides for your reference.

FSA QUESTIONS

- **State:** If employees sign up for multiple FSAs that do use the debit card, will they receive a card for each FSA or one for all?
 - **Answer:** Members will receive one debit card that has different "purses" on it. So if they sign up for the CDHP with the HSA and the L-FSA, they will use one card. To clarify, members can only sign up for the FSA **OR** the L-FSA, they cannot sign up for both. CDHP participants may only sign up for the L-FSA (which only allows claims for vision and dental expenses). The dependent care FSA (DC-FSA) does not have a debit card associated with it, and plan members who enroll in and contribute to a DC-FSA must file a claim with PayFlex or submit a claim via the PayFlex app.
- **State:** For dependent care, will the reimbursement period still be 7-10 business days after a claim is submitted?

Combined ABC Conference Call Notes
Local Education, State, Local Government and Higher Education
September 27 and 28

- **Answer:** Yes, 7-10 days is the typical reimbursement. Members can also link their bank account and Payflex can submit the reimbursement directly into their accounts. When you set up your FSA, you will go in and set it up on the PayFlex site where you can link to your banking account.
- **State:** I have an employee who has insurance through the military. He is asking if he can contribute to an HSA account through the state to use with his military benefits?
 - **Answer:** No, having a military benefit would not be a qualified benefit (plan) and would not qualify for the HSA. Members enrolled in any military plan are not eligible to contribute to a HSA.
- **Higher Ed:** Can an employee have the FSA and the LFSA at the same time?
 - **Answer:** No, they can have one or the other. If enrolled in the CDHP with the HSA, they can only enroll in the LFSA for dental and vision expenses.
- **Higher Ed:** Can I have the FSA for dental, or will I need to have the LFSA for dental? I use my FSA for dental. Can I contribute the maximum for LFSA?
 - **Answer:** You could have either one, but you cannot have a LFSA and a medical FSA at the same time. You may contribute up to \$2,550 to either the medical FSA, which allows for medical, vision, and dental expenses or if you are enrolled in the CDHP you may opt for the L-FSA which only allows claims for dental or vision expenses. You could contribute up to \$2,550 to the L-FSA.
- **Higher Ed:** The IRS is known to raise the annual limit maximum for FSAs up and they are expected to rise to \$2,600. If this is the case, can employees contribute the extra \$50? Or is this a done deal?
 - **Answer:** If that happens, this would be a decision we would have to determine administratively. We would have to discuss amongst the three groups. The State is currently waiting to hear more from PayFlex regarding this, and will then discuss it with the University of Tennessee and the Tennessee Board of Regents to decide how we wish to proceed.
- **Higher Ed:** Will everyone get a new MasterCard debit card or will the old ones we have still work? I am referring to the FSA cards.
 - **Answer:** Anyone who currently has a card will receive a new card this fall with a different phone number on it.
 - Only people who enroll in the CDHP/HSA and any of the FSAs during Annual Enrollment will get new cards in December.
 - If you are currently in the CDHP and enroll in a L-FSA, you will use the same card and PayFlex will add your L-FSA "purse" to your existing card in December for use starting in January. You will not receive a new card. No one will ever have two different cards from PayFlex.

Combined ABC Conference Call Notes
Local Education, State, Local Government and Higher Education
September 27 and 28

- **Higher Ed:** If a CDHP participant has the Payflex debit card, will they get a card or use the existing (card)?
 - **Answer:** If you already have a debit card, you will get a new card sometime in October because we are changing the phone number.
- **Higher Ed:** Just to confirm, an employee is eligible for an FSA or an L-FSA (not both) or an HSA and an L-FSA?
 - **Answer:** Yes. You can have a dependent care account, and a HSA and a LFSA, but you can't have the medical FSA with the LFSA.
- **Cigna Carrier Network Presentation:** Sharon Bowling-Tansil with Cigna presented network information for both Cigna LocalPlus and the new network, Cigna Open Access Plus, as well as Cigna prepaid dental information. As a reminder, we sent the current list of facilities for both LP and OAP to all ABCs on Monday, September 26.
 - **Note: Tennova Healthcare Regional Hospital Jackson will no longer be an in-network facility as of January 2017! This change impacts approximately 150 members and these members received a letter about this network change.**
 - **Local Ed:** Do you have information to contact Celeste Sims?
 - **Answer:** You can contact Celeste Sims at Celeste.sims@cigna.com. Celeste's information is found on the vendor contact list on the ABC website found [here](#).
 - **Local Ed:** What is the reason behind Tennova-Knoxville not being in the LocalPlus Network? We have a lot of employees who use this hospital.
 - **Answer:** The LocalPlus network is a smaller network of providers and in order for Cigna to provide more significant discounts, we have to align ourselves with specific providers. We have aligned ourselves with UT and the UT suite of providers. However, in the new, more expensive, statewide option, OAP, you will have access to the Tennova suite of providers.
 - **Local Ed:** Do we also have a doctor network for all networks for both Cigna and BCBS?
 - **Answer:** Yes, the State of Tennessee specific directories are posted on the [Partners for Health website](#) that include all of the directories and providers. You can use mycigna.com and you can also call Cigna at 800-997-1617 and we can assist with any provider questions. On September 29, we'll have the paper directories available. You can contact Celeste and you can order a hard copy directory.
 - **Local Ed:** Is OAP in Kentucky? We have a teacher that lives in Kentucky and was just dropped by her husband's insurer.
 - **Answer:** Yes, it is an OAP market, not a LocalPlus market. If the member selects LocalPlus they would utilize OAP providers in Kentucky.

Combined ABC Conference Call Notes
Local Education, State, Local Government and Higher Education
September 27 and 28

- **Local Ed:** Why would someone want to pay more for the Open Access Plus if they have the opportunity outside of Middle Tennessee to use the Open Access network?
 - **Answer:** That is an option. The statewide OAP option was put in place because employees wanted more choice. If you are in LocalPlus and your providers are in LocalPlus, then there is no need to consider OAP, which costs more, because with LocalPlus if you go outside of Tennessee to a non-LocalPlus market, you have access to the larger market. However, there are some employees, especially in the west part of Tennessee that would like to have access to the Baptist facilities that are in OAP. Members need to look at the providers they are currently using before they make their choice.

- **Local Ed:** Can you see about getting more providers in upper East Tennessee especially Morristown, Rogersville, Greeneville, Surgoinsville, Kingsport? This is for dental coverage.
 - **Answer:** Yes, for both our dental and medical, we are constantly recruiting and we will continue to exhaust every effort to do so. If you would like to recommend a provider, you can send in a provider nomination form, which is found on the Cigna website, under the Cigna Dental DHMO Prepaid Plan tab. We have also **attached** the form for your reference.

- **Local Ed:** The Tennova Facility in Jackson, Tennessee has always allowed Cigna LocalPlus participants to use their facility with no out of network charge. Is this still true this year?
 - **Answer:** In 2017, the Tennova Healthcare Regional Hospital Jackson facility will no longer be participating in any Cigna network. This change impacts about 150 individuals and these members were sent a letter. They are in the network today, but will not be in the network starting in January 2017.

- **Local Ed:** Will the St. Thomas doctors at St. Thomas also be in-network?
 - **Answer:** St. Thomas facilities and St. Thomas owned physician practitioners are in the new more expensive OAP network option. St Thomas facilities and physician owned practitioners are **not** in Cigna LocalPlus.

- **Local Ed:** Last year, we received a specific list of doctors for both Blue and Cigna and it was easy to attach these lists to an email. When looking at the Partners for Health website, it (PDF directory) is over 300 pages long. Can we get a list specific to these networks for Blue and Cigna?
 - **Answer:** Last year, the list of doctors sent to ABCs was not an entire list of doctors in each network. The list of doctors in the networks would be hundreds of pages long. Members can search the PDFs for their providers (they can search by name in the index), they can call the carriers directly to ask about a provider, and Cigna will soon have a searchable directory on their website.

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- **Local Ed:** How do we order provider handbooks?
 - **Answer:** You can contact Celeste Sims at Celeste.Sims@cigna.com. Her contact information is found on the vendor contact list (under Conference Call Notes) which is on the [ABC webpage found here](#).

- **State: Answer:** I noticed St. Thomas in Nashville is no longer available through Cigna Local Plus. When did it change, or am I mistaken? Was it ever in Local Plus?
 - **Answer:** St. Thomas has not been in LocalPlus, but it is in Cigna OAP in 2017. The St. Thomas facilities have been and still are in Blue Cross Network S.

- **State:** When you click on the Cigna link thru Partners for Health it just says coming soon. Do you know when that will be available?
 - **Answer:** If you go to the Cigna website: <http://www.cigna.com/sites/stateoftn/index.html> and click on the left hand side, then click on medical provider directories, all of the PDFs are there. The searchable directories are not yet available. Printed directories are available and you can order them by contacting Celeste Sims at celeste.sims@cigna.com

- **State:** Will you explain the orthodontic benefit? What is the employee's responsibility for this coverage?
 - **Answer:** The orthodontia benefit is on the patient schedule. You can click on the [patient charge schedule](#) on the patient tab and it will show you the applicable pay you will pay for orthodontia. Typically for a 24-month period of time, you will have specific copays for those services. There are monthly copays and additional fees for banding. If you have more specific questions about some of these services, you can call the dental services center at 800-997-1617 and they will go into more specific detail about these benefits.

- **State:** Can you give the url address again?
 - **Answer:** <http://www.cigna.com/sites/stateoftn/index.html>

- **State:** Can you use Cigna dental as secondary for someone who has Dental Blue as primary through their spouse's employer?
 - **Answer:** Because this plan does require you select a primary dentist and there are copays, there is some coordination. The member would still be required to pay some copays, and it may not make sense for the member to have as a secondary plan. The provider would have to be in the Cigna network and the member would have to select Cigna as the primary dentist and would be responsible for the copays.

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- **Local Gov:** Do carriers have the ability to tell members how much they spent the previous year on copays, deductibles and co-insurance?
 - **Answer:** Yes, you can go to mycigna.com and access this information and it will track your deductible and OOP spend and track your deductible information. You can also call 800-997-1617 and they can assist you. Both carriers provide this information on their websites and in their call centers.

- **Local Gov:** How current is the providers' list?
 - **Answer:** The provider directory that is posted on the ParTNers for Health website on the [health carriers page](#) was just printed about three weeks ago and has new signed contracts specific to the state of Tennessee. It is a 2017 version. Anytime you print, changes can happen and we do try to get the changes to the state as soon as possible. We will soon have a searchable link and that will be updated regularly.

- **Local Gov:** We had a member receive an EOB for out-of-network charges for an emergency room visit. He got a concussion during a football game and they were traveling. They went to the closest emergency room. Should they call about this being out-of-network since it was an emergency situation?
 - **Answer:** Yes, anytime you are having an emergency you should seek care at the nearest emergency room and this claim should process at the in-network level. The member should call the number on the back of the card and inform Cigna that this was an emergency room visit, and a representative will pull the claims and process them accurately.

- **Local Gov:** Please review again, if you have LocalPlus and are traveling out of state, what doctors may you go to? Would this be a narrow network (LocalPlus) and do you have to call Cigna to find a preferred provider in this case?
 - **Answer:** If you are in the state of Tennessee and selected LocalPlus as your network, you will use LocalPlus providers. If you are traveling or have a student away at college and there are not LocalPlus providers in that state, then you would use the larger OAP network. If you are outside of the LocalPlus market or not sure, call Cigna at 800-997-1617.

- **Local Gov:** I have an employee who has requested to see listings of all procedure exclusions for Cigna Local Plus and Cigna Open Access. Where can I find this?
 - **Answer:** The plan documents for 2016 are on the [BA website](#) and this information is valid through the end of the year. There are thousands of procedures. Generally if a procedure is investigational, you should do a predetermination with your doctor to see if it would be covered. The plan documents will give you a high level of what is included.

- **Local Gov:** As to my earlier question an employee is trying to make a decision about 2017 coverage. She has already been told that the exclusions "probably"

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won't change however, she cannot afford to make a decision on probably. I think your suggestion to have the provider do a predetermination on the procedure is good, however, her 2016 plan is BlueCross and the procedure is not covered. Can she contact Cigna and ask about the procedure?

- **Answer:** Yes. The employee can contact Cigna to ask about a specific procedure. Alternatively, the name of the procedure can be submitted to Benefits Administration at benefits.info@tn.gov and we will be happy to research the coverage question with Cigna. While there are some very specific exclusions listed in the Member Handbook and the Plan Document, there are also broad categories of exclusions like the exclusion on procedures and services that are deemed experimental, investigational or unproven. It just isn't feasible to list all the thousands of different covered or excluded services and procedures individually, but both Cigna and BCBS will work with members and Benefits Administration to answer any coverage questions not specifically addressed in plan materials.

- **Local Gov:** I understand the network of hospitals is larger, that aside, why are the premiums so much more expensive? For example, the family plans are \$80 more in regards to the Standard PPO.
 - **Answer:** The state decided to add a larger, statewide plan and with access to a larger network of providers. The OAP network has more costly providers. Therefore the option is there for the member to make the decision to pay a higher premium to have a more robust network of providers.

- **Local Gov:** On OAP, are the doctors and hospitals the same, just more than LocalPlus?
 - **Answer:** There is significant overlap between the two networks. Many providers are the same under both networks but some providers have agreed to a deeper discount. If you are currently in LocalPlus and your providers are in this network, then there is probably not a need for you to move over to the more expensive network.

- **Local Gov:** Did I see that Cigna has some vision benefit included?
 - **Answer:** Through our discount program Healthy Rewards and not part of the medical plan. This is not an additional benefit, but a discount arrangement on exams and hardware.

- **Local Gov:** My provider is not showing up in the LocalPlus or Open Access Plus directories. However, the billing office ensures the provider is in both networks for 2017. How can I verify this?
 - **Answer:** You can call us at 800-997-1617 and we can verify.

- **Local Gov:** Was that Jackson General Hospital?
 - **Answer:** Tennova Healthcare Regional Hospital Jackson.

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- **Local Gov:** January 1, 2017, Tennova Regional in Jackson, TN will not be in any Cigna Network, but it will be in BCBS?
 - **Answer:** Yes, that is correct.
- **Local Gov:** If you have a child going out of state to college, will the coverage still cover the student if they have to go to the doctor, and is there a specific network they would have to stay in?
 - **Answer:** For Cigna LocalPlus, you would have to use the LocalPlus network if in a LocalPlus market. But if out of the LocalPlus market, you would use the OAP network.
 - For BCBS, you would use Network S in Tennessee, but outside of the state you would use a Bluecard PPO network provider.
 - If your child is unsure of what market they are in, they can call the network carrier and they will help them find providers in their area. The number will be on their ID card.
- **Local Gov:** What if you have an emergency and choose a hospital that you live near to go to and it is in-network, but some of the tests you have done or the contracted ER doctor on call is not in network. How does that work? An employee was billed for out of network for the doctor, which was very expensive?
 - **Answer:** For emergency services, anything you have done should be covered as in-network. The member should call the number on the back of the card about that claim.
- **Higher Ed:** Since there is only 14 LocalPlus markets is there a comprehensive list of the sites?
 - **Answer:** We can provide what we have in place today, but Cigna is adding LocalPlus markets. The best place to find out about LocalPlus markets is to call the Cigna service center at 800-997-1617 or on mycigna.com. We have **attached** a flier that shows the current markets for your reference.
- **Higher Ed:** We have an employee whose child lives in Illinois. Is there a specific mileage for an in-network provider? They are given a LocalPlus provider that is 50 miles away. Do they have to travel 50 miles to see a LocalPlus provider?
 - **Answer:** If the employee selects LocalPlus, they would use LocalPlus in Tennessee. If the child is going to school and in a LocalPlus market, they would need to use LocalPlus providers. But Cigna is cognizant of mileage for providers, the cutoff is around 50 miles. If the child is not in the LocalPlus market, then the child would use OAP providers.

Operations

- **ABC Training:**

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- **ABC Workshop – Annual Enrollment Do’s and Don’ts (this training has already occurred)**
 - **September 29, 2016 – 1 p.m. Central time**
 - **Join WebEx meeting**
<https://tngov.webex.com/join/hgorgies>
 - **Join by phone**
+1-415-655-0003
Access code: 648 330 453

- **Local Ed:** I pulled the query to see who had not completed the Partnership Promise. I have three new hires whose dates were to begin on 09/01/2016. It was my understanding that a 9.1.16 (coverage date) did not have to complete the Partnership Promise for 2016 to be eligible?
 - **Answer:** Yes, members with coverage effective dates of September 1 through December 1, 2016, do not have to complete the new hire requirements within 120 days. We have heard that a few new hires were included on the transfer file that shouldn’t have been on the file. Healthways has made the correction.

- **Local Ed:** When are we going to receive the 2017 Decision Guides?
 - **Answer:** Guides started going out to members last week. Some ABC orders are still being processed.

- **Local Ed:** Please confirm for the not eligible query? NELIG2017?
 - **Answer:** The query is TN_BA309_INELIG_FOR_PARTNER and you would use “INELIG2017”.

- **Local Ed:** How will I know if they are removed (from the INELIG query)?
 - **Answer:** You can rerun the query. Once the member has been removed, they will no longer be on the query.

- **Local Ed:** How often should we run the query?
 - **Answer:** We will start to receive a file once a week, so we would recommend running it on a weekly basis during and immediately after the enrollment period.

- **Local Ed:** Can we still order more decision guides? If so, where do we order again?
 - **Answer:** We have gone through our supply of printed guides, but we may have a few more returned from the mail house. You can submit an order form with what you need. Order forms are found on the ABC webpage, and you would write in what you need.

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- You or the new hire can also print a guide from the PDF found on the ParTNers for Health website. As a reminder, you will use these guides for new hires now through the end of the year. Beginning in January of 2017, you will give members the 2017 Eligibility and Enrollment Guides, which we are finalizing now. We will let you know when these are ready to be ordered.
- **Local Ed:** Do changes during annual enrollment have to be completed by using ESS or can we, the ABC, use the new ebenefits to make those changes?
 - **Answer:** You have the option between the two. An employee can use ESS, or if you want the employee to use eForms, the employee can complete a form and you, the ABC, can upload the information into eForms.
- **Local Ed:** Will retirees have access to Edison to make changes, or do they need to fill out the paper form?
 - **Answer:** They will need to fill out the paper form found in their Decision Guide and we have the form on the [ParTNers for Health website](#) found [here](#).
- **Local Ed:** Is the appeals process finished?
 - **Answer:** We still have members in the process of an appeal and when they are processed, they will come over to BA on a file. If members have a question about the status of their appeal, they can call Healthways at 888.741.3390.
- **Local Ed:** If the deductible is \$1,600 and maximum out of pocket is \$6,000, is that all they would have to pay that year even if some of the services are out of network?
 - **Answer:** With the deductible and the out-of pocket maximum, you have separate amounts for in-network and out-of-network. Those amounts do not cross apply, meaning that services received in-network only count toward your in-network amounts and services received out-of-network only count toward your out-of-network amounts. For example, the Limited PPO "employee only" coverage level has an in-network deductible of \$1,600 and the out-of-pocket maximum is \$6,600. The separate out-of-network amounts are \$3,000 and \$10,000. As a reminder, if a service is not eligible for coverage, it will not count toward your deductible or out-of-pocket maximum amounts. Members can track deductible and out-of-pocket information on the carriers' websites. Year-to-date totals are also included on medical Explanation of Benefits (EOB) statements.
- **Local Ed:** The coinsurance that is being charged for the x-ray, labs and diagnostics, is the annual deductible involved?
 - **Answer:** For the PPOs, if it is a service such as a simple chest x-ray, there is coinsurance and it is not subject to the deductible. In the CDHP, a

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deductible would apply. If it is an MRI or other more advanced test, then the deductible would apply. The benefits chart in the Decision Guides includes this information at the top of the grids.

- **Local Ed:** If folks don't do changes in ESS, then they do a paper form in eForms? How do we enter that? I tried to search for them under eBenefits?
 - **Answer:** Yes, the member can complete a form and the ABC can submit the information in eForms. The member would have to have an open benefits event, and for annual enrollment, the open benefits event will not open until October 3 at 12 a.m. Central time in Edison.

- **Local Ed:** The CDHP is the lowest affordable premium but it has 30 percent coinsurance and that applies when the deductible is met. Is there a place we can find the discounted network rate? A lot of our employees can't afford this.
 - **Answer:** As a reminder, all preventive services are covered 100 percent. Members can go to their carriers' websites and login to see past costs for services, they can also call their providers for costs for doctors' visits, etc., to get an estimate of costs. The same is true for pharmacy services.

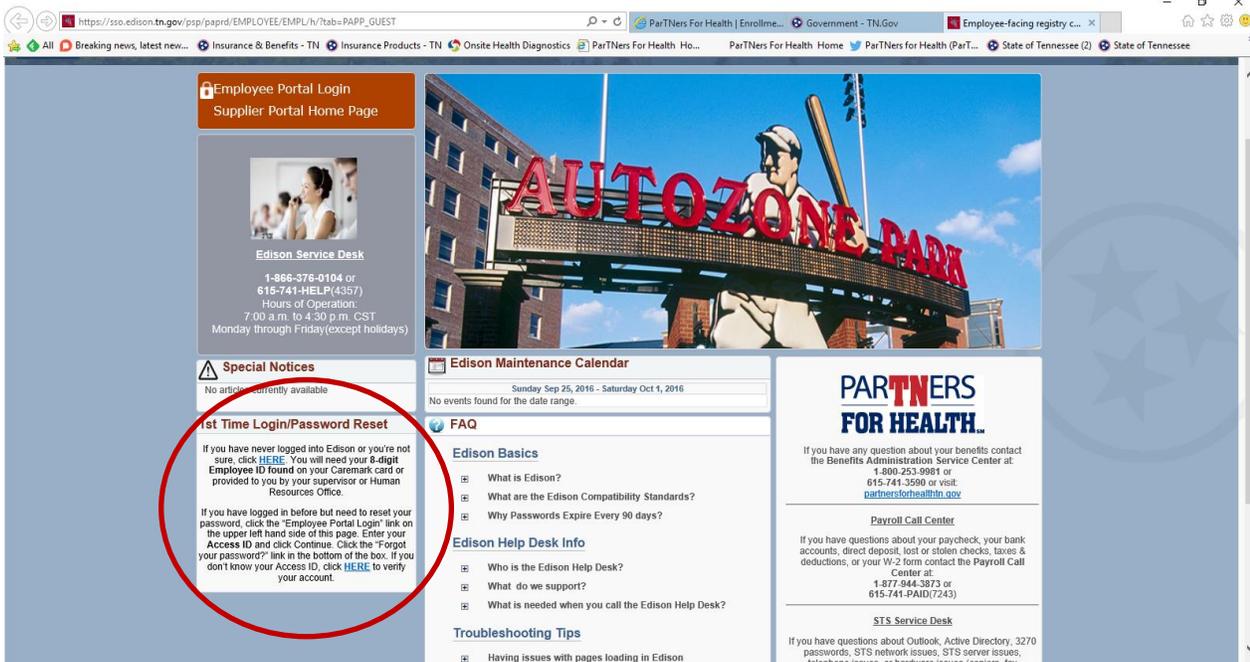
- **Local Ed:** So, to clarify on the eBenefits question. Employees can make changes in Edison, or the ABC can make the changes in the eBenefits section for the employee. Is that correct?
 - **Answer:** Employees can use ESS, or the ABC can submit the information in eForms that the member has completed on a form.

- **Local Ed:** Again the only way for employees to receive their Edison ID and usernames, is to log into Edison, correct?
 - **Answer:** Employees can get their Edison ID number from their Caremark card or from the 302 query. They can get their usernames by going to the Edison homepage and clicking on 1st Time Login. We have included a screenshot below:

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- **Local Ed:** So you all are not sending out a list of usernames and temporary passwords
 - **Answer:** No. Members can reset their passwords by going to the links on the homepage of Edison.
- **State:** If an employee switches to the HealthSavings CDHP are they able to use the HSA for pay for teeth whitening since the insurance does not cover it?
 - **Answer:** No, teeth whitening is not considered a qualified medical expense and is not covered. It is considered a cosmetic procedure.
- **State:** Are there any exclusions on using the FSA or HSA because something is experimental? I have an employee who wants to try an experimental injection instead of disc surgery but is unsure if it will be something she could use the FSA or HSA for. It is not covered by insurance. She tried to call the IRS and could not get through.
 - **Answer:** The cost of prescription and experimental drugs is an eligible medical expense. It is listed on the members list under their resources in the PayFlex member portal. When members log into PayFlex site, <https://stateoftn.payflexdirect.com/EmployeeLogin.aspx> they enroll and then log in and click on resources tab, there is a list of resources. Also, the IRS has a list of what is reimbursable and what is not – irs.gov/publications/p502

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- **State:** Will you please go over what happens to employees who did not meet the requirements of the Partnership Promise for 2016?
 - **Answer:** If members were in the Partnership PPO or the Wellness Healthsavings CDHP and did not complete the 2016 Partnership Promise, they can stay in their current options. However, they will pay the higher premium in the No Partnership Promise PPO. Or, if in the CDHP, they will be in the No Promise HealthSavings CDHP and the state will not put funds in your HSA. IMPORTANT: If they do not make a change, these cost changes will take place automatically. They can enroll in a different plan, but they must take action during annual enrollment.

- **State:** Is it possible to get these PowerPoint presentations from the call sent to us either by mail or email?
 - **Answer:** No, we don't send the PowerPoint out prior to the calls as information is often added right up to the start of the calls and the files are too large for some ABCs to receive. We do include all of the information and more in the call notes.

- **Local Gov:** If we are in LocalPlus, and during open enrollment I wanted to switch to OAP, do I complete a form just like usual and make a change during annual enrollment?
 - **Answer:** Yes, you can make this change during annual enrollment and you can make this change in ESS.

- **Local Gov:** I have an employee who starts Monday and I'm trying to get him on insurance for October. Did I miss the cut off? Do I put in today's date?
 - **Answer:** It depends on if you have a probationary period. You would use the actual hire date and with coverage start date as October 1. We have switched to using the actual start date and then employee has more time to make his elections.

- **Local Gov:** An employee wants to go to go with Cigna LocalPlus in 2016 and during annual enrollment wants to go to OAP for 2017, so I would go back in for 2017?
 - **Answer:** Yes, during the enrollment period, the Annual Enrollment event will be available the day after we finish processing the new hire event.

- **Local Gov:** I'm sorry...what are the "handbooks" referenced in the answer to the question regarding benefit exclusions?
 - **Answer:** Every year in December, depending on your enrollment elections, you will get a welcome packet and a member handbook from either BCBS or Cigna. We are not expecting to make any changes to the exclusions part of the 2017 handbooks, so the exclusions in the 2016 handbooks should hold true for 2017.

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- **Local Gov:** Do the married employees need to send in a current proof of joint ownership if they are already on our insurance?
 - **Answer:** No.

- **Local Go:** My agency has a 60-day eligibility/waiting period for benefits for new hires. If an employee elects coverage, the coverage will start the first day of the month after completing the eligibility/waiting period. How soon should I add the employee in Edison and what hire date/effective date should be used in Edison? My agency has a 60 day eligibility waiting period for benefits.
 - **Answer:** You should use the first of the month before the coverage would begin, so if they have satisfied the probationary period, coverage will begin on 10/1, then the hire date would be 9/1.

- **Local Gov:** Is EAP available to Local Gov or only to State employees? The verbiage was a little confusing as I read it.
 - **Answer:** Yes, the member must be enrolled in the plan to be eligible for EAP. The employee's eligible dependents do not have to be enrolled in the plan to be able to use EAP services.

- **Higher Ed:** The 2017 Decision Guide (page 23) regarding the Limited Purpose FSA states that this plan (LFSA) is only available to employees who enroll in a CDHP plan with a health savings account (HSA)?
 - **Answer:** That is an error and we apologize for the error. The LFSA is available to anyone who wants to enroll. It is particularly attractive to those in the CDHP, because you can't have both the HSA and the FSA. You also can't have both the medical FSA and the LFSA. **But note, you can only use the LFSA for dental and vision expenses; you cannot use it for medical expenses.**

Attachments State and Higher Ed FSA presentation
 Local Plus customer flier
 Add On wellness challenge flier
 DHMO provider nomination form



FSA UPDATE/CHANGES - 2017

STATE AND HIGHER EDUCATION

2017 FSAs – State and Higher Education employees

- Healthcare (medical) FSA
- Limited purpose (dental & vision only) FSA - also known as L-FSA
- Dependent care FSA – also known as DC-FSA
- Parking & transit FSA – state employees only

Healthcare (medical) FSA

- Eligible employees may contribute up to \$2,550 in pre-tax dollars to their FSA in 2017. (amount subject to change by the IRS each year)
- This particular FSA is not available to plan members enrolled in a CDHP
- State employees-
 - PayFlex will replace the Treasury department as the FSA administrator
- Higher Education employees-
 - PayFlex will continue as the FSA administrator
- State employees can enter their 2017 medical FSA election in Edison ESS during the October 3-14 enrollment period.
- Higher education employees can enter their 2017 medical FSA election in the PayFlex portal during October (as in past years)
- Funds will be loaded on a MasterCard debit that members will receive from PayFlex in December.
- The entire election amount will be available for use starting 1/1/2017
- Debit card may be used at pharmacies to pay prescription drug copays, doctor offices for copays, etc.. Card will not work for non-FSA eligible items. Members may also file a claim with PayFlex for reimbursement.
- Grace period **will not** exist for 2017. **Will** have a carryover of up to \$500. (grace period allowed employees to incur expenses up to March 15th of following year with reimbursement from past year's funds. Any 2017 funds up to \$500 remaining in FSA or L-FSA on 12/31/2017 will carryover into same fund for 2018. Amounts over \$500 will be forfeited.

Limited purpose FSA - L-FSA

- Available to all plan members, regardless of the healthcare option they enroll in.
- Eligible employees may contribute up to \$2,550 in pre-tax dollars to their FSA in 2017. (amount subject to change by the IRS each year)
- May only be used to pay for eligible vision and dental expenses (cannot be used to pay for medical or pharmacy expenses of any kind). This L-FSA may be particularly attractive to CDHP enrollees, especially those who anticipate large vision or dental expenses in 2017
- State employees-
 - PayFlex will replace the Treasury department as the FSA administrator
- Higher Education employees-
 - PayFlex will continue as the FSA administrator
- State employees can enter their 2017 L-FSA election in Edison ESS during the October 3-14 enrollment period.
- Higher education employees can enter their 2017 L-FSA election in the PayFlex portal during October (as in past years)
- Funds will be loaded on a MasterCard debit card that members will receive from PayFlex in December.
- The entire election amount will be available for use starting 1/1/2017
- Debit card may be used at vision and dental providers to pay eligible expenses. Card will recognize non-vision or dental providers and reject any charges. Members may also file a claim with PayFlex for reimbursement.
- Grace period **will not** exist for 2017. **Will** have a carryover of up to \$500. (grace period allowed employees to incur expenses up to March 15th of following year with reimbursement from past year's funds. Any 2017 funds up to \$500 remaining in FSA or L-FSA on 12/31/2017 will carryover into same fund for 2018. Amounts over \$500 will be forfeited.

Dependent care FSA DC-FSA

- Eligible employees may contribute up to \$5,000 per family in 2017 to their dependent care flexible spending account. (Amount subject to IRS change each year.)
- \$5,000 is per family, so each spouse (if separate employers) may contribute any amount amongst themselves up to the total of \$5,000.
- Full election amount WILL NOT be available on 1/1/2017 as with the medical FSA and L-FSA. Funds are only available for reimbursement as your employer provides them to PayFlex via payroll deduction.
- State employees-
 - PayFlex will replace the Treasury department as the DC-FSA administrator
- Higher Education employees-
 - PayFlex will continue as the DC-FSA administrator
- Debit card WILL NOT work at daycare or adult care facilities. Plan member must either pay out of their own funds and request reimbursement –OR- request direct payment to the provider via the PayFlex website stateoftn.payflexdirect.com or the PayFlex app. Employees can upload images of their provider charge/bill.

Parking & transit FSA

- For state employees only
- Benefits Administration will take over from Treasury
- Employees can contribute up to \$255 per month
- Debit card will not work for parking & transportation FSA claims; state employees will submit claims to Benefits Administration for processing and payment
- Still in process of ironing out the specifics

Misc

- Plan members will not receive debit cards for each account from PayFlex
- One debit card with separate “purses” on it
- Funds will always pull from the FSA or L-FSA first before pulling from an HSA
 - Example: An \$800 election is made to limited purpose FSA for 2017 (L-FSA) and a \$2,000 balance remains from 2016 HSA, and the plan member is continuing to contribute to the HSA in 2017. When debit card is used for an eligible expense at a vision or dental provider, funds will pull from the L-FSA first before tapping the HSA (to allow those to continue to accumulate tax free). In another example, if a CDHP plan member has an HSA with funds in it and later enrolls in a PPO option, he or she may open and fund a medical FSA. Again, their debit card used at a medical or pharmacy provider will use up any FSA funds before tapping the HSA funds.
- Current HSA holders have received (or will receive) a new debit card in September. Everything is the same on it, including the account number, except the telephone number on the back
- HSA holders who receive a new debit card in September but then enroll in a 2017 L-FSA in October during annual enrollment will not get another debit card. Rather, their L-FSA purse will be added to the existing card

HELPING YOU GET MORE VALUE FOR YOUR HEALTH CARE DOLLAR

The right mix of health benefits – at the right price.

At Cigna, we care about your health. And your budget. The Cigna LocalPlus® plan gives you cost-efficient access to quality doctors, specialists and hospitals – right where you live.

How the plan works.

At the heart of the LocalPlus plan is a local network,¹ limited to doctors, specialists and hospitals right where you live.

How you can save:²

- In your local area, or when in any LocalPlus Network area, you must receive care from a health care professional or facility in this network to receive coverage.
- If you're away from home and need care, just look for a participating LocalPlus doctor in the area or if one isn't available, you can use doctors or hospitals in our Away From Home Care feature.
- If you choose to go outside the LocalPlus Network when one is available (or outside the Away From Home Care feature when LocalPlus isn't available), your care will not be covered by the plan (except in an emergency). You'll be responsible for the total cost of the services.

Get healthy. Stay healthy.

You'll also have access to wellness services and programs to help you stay on the path to good health, including:³

- Well visits, preventive care screenings and immunizations
- Sick visits, specialist, in-hospital and outpatient care
- 24-hour emergency care

We make it easy.

Cigna LocalPlus is a cost-efficient plan that's designed for when you're busy and on the go. Here are some of the many ways the LocalPlus plan can help you get more value for your health care dollar.

- The option to choose a primary care physician to help guide your care (it's recommended but not required)
- Access to Cigna's national network of labs, x-ray and radiology offices, and dialysis centers
- 75% potential savings through in-network national labs⁴ (LabCorp or Quest)
- You don't need a referral to see a specialist
- Nationwide in-network coverage in case of an emergency

24/7/365 service – personalized for you.

- Live customer service – with translation services available in over 150 languages
- Cigna 24-hour health information line – speak with a nurse
- Decision support tools on **myCigna.com** and myCigna App⁵

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company

Is your doctor in the LocalPlus Network?

If you're already a Cigna LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and passcode. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up)
2. Click on the "Find a Doctor" tab
3. Enter the requested details for your search
4. Click on "Search" to see all the doctors and hospitals in the LocalPlus Network. (If there is no LocalPlus Network in your search area, you'll see a link to our Away From Home Care feature)

If you're not yet a Cigna LocalPlus customer

1. Go to **Cigna.com**
2. Click on "Find a Doctor"
3. Click on "For plans offered through work or school"
4. Enter the requested details for your search
5. Select "LocalPlus" and click on "Select"
6. Click on "Search" to see a list of network doctors near you

1. The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) feature. In this plan, you have access to in-network benefits only from the health care professionals and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care professionals and facilities, visit Cigna.com. For a paper directory, ask your employer.
2. You will be responsible to pay a deductible, any applicable copays, and/or a percentage of your covered in-network or out-of-network costs until you reach the out-of-pocket maximum.
3. Not all services are covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). Routine medical care received outside of the U.S. is generally not covered. You may need precertification for hospital stays and some types of outpatient care. Coverage is subject to your plan's deductible, copay or coinsurance requirements. For the specific coverage terms of your plan, refer to your plan documents.
4. Savings based on average in-network national lab costs compared to out-of-network labs using internal Cigna national claims data: DOS July 2013–June 2014. Savings will vary.
5. The downloading and use of the MyCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
6. This listing is not all inclusive. For a listing of doctors and facilities that participate in the LocalPlus Network, visit Cigna.com.

Cigna LocalPlus is available in these areas:⁶

Arizona

Phoenix
Tucson

California

Northern/Bay Area (*Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties*)
Southern (*Los Angeles, Orange, San Bernardino, Riverside and San Diego counties*)

Colorado

Front Range (*Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, and Weld counties*)
Mountain (*Eagle and Summit counties*)
Southwest (*La Plata and Montezuma counties*)

Florida

Orlando
South (*Broward, Martin, Miami-Dade, Monroe, Palm Beach and St. Lucie counties*)
Tampa

Georgia

Atlanta
Augusta
Columbus
Macon
Rome
Savannah

Illinois

Chicago

Kansas

Butler
Harvey
Kingman
Sedgwick
Sumner

Massachusetts

Statewide

Missouri

St. Louis (*Away From Home Care only*)

Nevada

Las Vegas

Rhode Island

Statewide

South Carolina

Greenville/Spartanburg
(*Upstate*)

Tennessee

Statewide

Texas

Austin
Brazos Valley
Dallas/Ft. Worth
Houston



All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

The health care professionals and facilities that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna Behavioral Health, Inc. and Cigna Health Management, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



FREQUENTLY ASKED QUESTIONS

WHAT'S THE CHALLENGE ABOUT?

Add On is a fun, six-week weight management challenge that's part of the *ParTners for Health Wellness Program*. It's all about adding more of the good things to your lifestyle. And it's meant to help you get the "extras" from your smart choices that lead to a healthier weight.

Join the fun! *Add On* runs from **October 10** to **November 20**. It is open to all state employees and members of the State Group Insurance Plan.

HOW DOES THE CHALLENGE WORK?

During the challenge, you will receive:

- **A weekly email** with practical tips and a simple mission to help you add on healthier lifestyle choices for better weight management
- **Reminders to stay active online** by using your Weight Tracker and the chatter board

HOW DO I USE MY WEIGHT TRACKER?

When you sign in to Well-Being Connect during the challenge, look for your weight tracker in the Add On

challenge. It can also be found in the "My Well-Being Plan" tab. We recommend you update your weight at least once per week.

HOW DO I SET UP MY WEIGHT TRACKER?

During registration for the challenge, you will be guided to set up your weight tracker, if you don't already have it. You will choose a goal for the challenge period. Your goal choices are:

- ✓ I want to **lose** weight.
- ✓ I want to **maintain** my weight.
- ✓ I want to **gain** weight.

WHY SHOULD I USE MY WEIGHT TRACKER?

Using your weight tracker in Well-Being Connect helps you see your goal progress each week. It can also help you know when you may need to adjust your eating and/or exercise routines to meet your specific goal.

REGISTER NOW

Last day to register: **Monday, October 17**

1

Sign in to your Well-Being Account.

2

In the **Groups & Challenges** tab, select **Add On**.

3

Set up your weight tracker with a goal for the challenge.

4

On **October 10**, start using your tracker and the chatter board.

* If you haven't already, you must create a Well-Being Account and Well-Being Plan before joining the challenge. You will also need to complete the Healthways Well-Being Assessment, if you haven't already this year.

partnersforhealth@healthways.com • www.partnersforhealth.gov • 1.888.741.3390



The Cigna Dental Difference DHMO Provider Nomination Form

If you would like your dentist to join the Cigna Dental HMO (DHMO¹) network, we encourage you to speak with him/her about us. For more information about Cigna Dental, please have your dentist call us at 1.800.Cigna24 (1.800.244.6224).

TO BE COMPLETED BY EMPLOYEE

Name: _____

Employer: _____

BE COMPLETED BY DENTIST

Name: _____

Street Address: _____

City: _____

Telephone: _____

Specialty: _____

of Dentists: (FT): _____ (PT): _____

of Hygienists: (FT): _____ (PT): _____

Please return to:

Cigna Dental
4616 U.S. Highway 75 South
Denison, TX 75020

Note: Cigna contacts all nominated dentist in an effort to recruit them into the network. However, we cannot guarantee that they will join the network.

¹"DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

"Cigna," the "Tree of Life" logo, "GO YOU," and "Cigna Dental Care" are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Health of Colorado, Inc., CIGNA Dental Health of Delaware, Inc., CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Health of Maryland, Inc., CIGNA Dental Health of Missouri, Inc., CIGNA Dental Health of New Jersey, Inc., CIGNA Dental Health of North Carolina, Inc., CIGNA Dental Health of Ohio, Inc., CIGNA Dental Health of Pennsylvania, Inc., CIGNA Dental Health of Texas, Inc., and CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company or CIGNA HealthCare of Connecticut, Inc. and administered by CIGNA Dental Health, Inc.

October 7, 2016

ABC Conference Calls

Don't forget – annual enrollment ABC conference calls continue next week! The attached agenda includes the webinar link.

Local Education – Tuesday, October 11 at 9 a.m. Central time

Central State – Tuesday, October 11 at 10:30 a.m. Central time

Local Government – Tuesday, October 11 at 1 p.m. Central time

Higher Education – Wednesday, October 12 at 9 a.m. Central time

ABC Conference Call Notes

The combined notes from the October 4 and 5 ABC conference calls are attached.

HealthSavings CDHP/HSA Contributions for Current Members (State)

This week the following message was emailed or mailed to all members who currently are enrolled in the HealthSavings CDHP with the HSA. These members must update their HSA contribution amount if they plan to stay enrolled in a HealthSavings CDHP option in 2017.

****IMPORTANT:** If you are currently enrolled in a Healthsavings CDHP option in 2016 and have a health savings account (HSA), and you plan to stay enrolled in a CDHP with a HSA-next year, **you must log into Edison ESS to update your 2017 HSA contribution amount.** Your HSA contribution amount does not continue from year-to-year.

BlueCross BlueShield (BCBS) FitnessBlue Promotion

This October, BCBS will refund the \$29 FitnessBlue gym enrollment fee for new members at participating gym locations. We've attached a promotional flier for you to share with your members. Eligible members will receive emails with details of the promotion.

About FitnessBlue

FitnessBlue is our member-pay fitness discount program that connects members with unlimited access to more than 9,500 gyms and fitness centers nationwide.

- Members are not required to sign a long-term contract – just an initial three-month commitment.
- **BCBST will refund the enrollment fee for the month of October when members sign up by phone. Members pay only \$29 a month (plus tax) thereafter.**
- Members can find a gym or fitness center online via **bcbst.com**.
- Members must be 18 years or older to participate.

Click on the **Health & Wellness** tab, choose the **Getting Fit** link and select **Fitness That Fits Your Budget** or call **1-855-515-1332**, Monday – Friday, 8 a.m. to 9 p.m., in all U.S. time zones to find participating facilities and enroll.

ALEX Flier – Premium Information (Local Ed and Local Gov)

Last year, we created a one page infographic flier you can use with members to help them complete their premium information in ALEX. Attached is the updated 2017 version for your use.

CDHP HSA/FSA Contribution Limits (State/Higher Ed)

We have received questions about the HSA and FSA contribution limits. The information is included below and is also found on the [ParTNers for Health website](#).

- **HSA** – Single coverage \$3,400; This includes the state contribution of \$500 for those enrolled in the Promise HealthSavings CDHP, so employees enrolled in this plan may contribute a maximum of \$2,900 for the year. Those 55 and older may make up to an additional \$1,000 “catch-up” contribution.
- **HSA** - Family coverage \$6,750; this includes the state contribution of \$1,000 for those enrolled in the Promise HealthSavings CDHP, so employees may contribute a maximum of \$5,750 for the year. Those 55 and older may make up to an additional \$1,000 “catch-up” contribution.
- **FSA**
 - Healthcare FSA - \$2,550 (This is the IRS limit in 2016 and as of now is the IRS limit for 2017.)
 - Limited purpose FSA (dental & vision expenses only) - \$2,550 (This is the IRS limit in 2016 and as of now is the IRS limit for 2017.)
 - Dependent care FSA - \$5,000 per family
 - Parking & transit FSA - \$255 per month

Employee Webinars

Employee webinars continue next week. We've **attached** an informational flier you can share with your employees.

Attachments: BCBS FitnessBlue Flier

FitnessBlueSM

MAKING BETTER FITNESS EASIER – AND MORE AFFORDABLE

During October, we'll refund your enrollment fee when you sign up by phone for FitnessBlue, BlueCross BlueShield of Tennessee's flexible fitness program.**

Designed with You in Mind

Staying fit doesn't have to hurt your budget, thanks to FitnessBlue. The program's benefits include:

- **No long-term contracts** – Just a three-month commitment.
- **Low monthly payments** – Only \$29* per month.
- **A nationwide network** – Unlimited access to more than 9,500 fitness locations across the nation.
- **No waiting** – You can start working out the day you join.
- **No enrollment fee** – If you enroll by telephone before October 31, 2016, we'll refund your \$29 enrollment fee.**
- **Eligibility** - You must be 18 years or older to participate.



Join FitnessBlue Today

Becoming a FitnessBlue member is as easy as picking up your phone.

- 1 Visit **bcbst.com** and click on Health & Wellness/Getting Fit/Fitness That Fits Your Budget tabs to enroll and find participating gyms near you.
- 2 Call **1-855-515-1332** to enroll in FitnessBlue, Monday – Friday, 8 a.m. to 9 p.m., in all U.S. time zones.
- 3 Give the customer service representative this coupon code: **Getfit16**. **Be sure to have your BlueCross Member ID card handy when you call.****



*Note: Taxes apply to the monthly rate.

**Note: Fee waiver is only available if you enroll by telephone.

October 14, 2016

ABC Conference Calls

Don't forget – annual enrollment ABC conference calls continue next week! The attached agenda includes the webinar link.

Local Education – Tuesday, October 18 at 9 a.m. Central time

Central State – Tuesday, October 18 at 10:30 a.m. Central time

Local Government – Tuesday, October 18 at 1 p.m. Central time

Higher Education – Wednesday, October 19 at 9 a.m. Central time

ABC Conference Call Notes

The combined notes from the October 11 and 12 ABC conference calls are attached.

2017 Plan Code and Coverage Level Descriptions

We had a question about the 2017 plan and coverage codes and we attached this list. The list is also available on the [ABC webpage](#) under Edison Information.

Employee Webinars (Local Ed/Local Gov only)

There are two more employee webinars left. We've attached an informational flier you can share with your employees.

Attachment: 2017 Plan Codes

2017 Plan Code and Coverage Level Descriptions

Plan Code Descriptions

The first three characters in the code represent the type of plan. PPO is Standard PPO, PPP is Partnership PPO, NPP is No Partners Promise and PPL is PPO Limited, WHS is Wellness Health Savings for State, WHH is Wellness Health Savings for Higher Ed and Off-lines, HSH is Health Savings for Higher Ed and Off-lines, HSA is Health Savings for State, HSH and HSI is Health Savings for all other entities. The next two characters represent the carrier. These are listed in alphabetical order so V1 is BlueCross BlueShield, V2 is Cigna Open Access, and V3 is Cigna LocalPlus. The final character represents the region. E is East, M is Middle, W is West, and S is Statewide.

Plan Code	Description	Groups
PPLV1E	Limited PPO BCBS East	Local Ed and Local Gov
PPLV1M	Limited PPO BCBS Middle	Local Ed and Local Gov
PPLV1W	Limited PPO BCBS West	Local Ed and Local Gov
PPLV3E	Limited PPO Cigna LP East	Local Ed and Local Gov
PPLV3M	Limited PPO Cigna LP Middle	Local Ed and Local Gov
PPLV3W	Limited PPO Cigna LP West	Local Ed and Local Gov
PPLV2S	Limited PPO Cigna OAP	Local Ed and Local Gov
PPPV1E	Partners Promise BCBS East	All
PPPV1M	Partners Promise BCBS Middle	All
PPPV1W	Partners Promise BCBS West	All
PPPV3E	Partners Promise Cigna LP East	All
PPPV3M	Partners Promise Cigna LP Mid	All
PPPV3W	Partners Promise Cigna LP West	All
PPPV2S	Partners Promise Cigna OAP	All
NPPV1E	No Partners Promise BCBS East	All
NPPV1M	No Partners Promise BCBS Mid	All
NPPV1W	No Partners Promise BCBS West	All
NPPV3E	No Partners Promise Cigna LP E	All
NPPV3M	No Partners Promise Cigna LP M	All
NPPV3W	No Partners Promise Cigna LP W	All
NPPV2S	No Partners Promise Cigna OAP	All
PPOV1E	Standard PPO BCBS East	All
PPOV1M	Standard PPO BCBS Middle	All
PPOV1W	Standard PPO BCBS West	All
PPOV3E	Standard PPO Cigna LP East	All
PPOV3M	Standard PPO Cigna LP Middle	All
PPOV3W	Standard PPO Cigna LP West	All
PPOV2S	Standard PPO Cigna OAP	All

WHSV1E	Promise CDHP BCBS East	State only (active not retired)
WHSV1M	Promise CDHP BCBS Middle	State only (active not retired)
WHSV1W	Promise CDHP BCBS West	State only (active not retired)
WHSV3E	Promise CDHP Cigna LP East	State only (active not retired)
WHSV3M	Promise CDHP Cigna LP Middle	State only (active not retired)
WHSV3W	Promise CDHP Cigna LP West	State only (active not retired)
WHSV2S	Promise CDHP Cigna OAP	State only (active not retired)
WHHV1E	Promise CDHP HE BCBS East	Higher Ed and Offlines (active not retired)
WHHV1M	Promise CDHP HE BCBS Middle	Higher Ed and Offlines (active not retired)
WHHV1W	Promise CDHP HE BCBS West	Higher Ed and Offlines (active not retired)
WHHV3E	Promise CDHP HE Cigna LP East	Higher Ed and Offlines (active not retired)
WHHV3M	Promise CDHP HE Cigna LP Mid	Higher Ed and Offlines (active not retired)
WHHV3W	Promise CDHP HE Cigna LP West	Higher Ed and Offlines (active not retired)
WHHV2S	Promise CDHP HE Cigna OAP	Higher Ed and Offlines (active not retired)
HSAV1E	No Promise CDHP BCBS East	State only active and State/HE retired
HSAV1M	No Promise CDHP BCBS Middle	State only active and State/HE retired
HSAV1W	No Promise CDHP BCBS West	State only active and State/HE retired
HSAV3E	No Promise CDHP Cigna LP East	State only active and State/HE retired
HSAV3M	No Promise CDHP Cigna LP Mid	State only active and State/HE retired
HSAV3W	No Promise CDHP Cigna LP West	State only active and State/HE retired
HSAV2S	No Promise CDHP Cigna OAP	State only active and State/HE retired
HSIV1E	Local CDHP BCBS East	Local Ed and Local Gov
HSIV1M	Local CDHP BCBS Middle	Local Ed and Local Gov
HSIV1W	Local CDHP BCBS West	Local Ed and Local Gov
HSIV3E	Local CDHP Cigna LP East	Local Ed and Local Gov
HSIV3M	Local CDHP Cigna LP Middle	Local Ed and Local Gov
HSIV3W	Local CDHP Cigna LP West	Local Ed and Local Gov
HSIV2S	Local CDHP Cigna OAP	Local Ed and Local Gov
HSHV1E	No Promise CDHP HE BCBS East	Higher Ed and Offlines (active not retired)
HSHV1M	No Promise CDHP HE BCBS Middle	Higher Ed and Offlines (active not retired)
HSHV1W	No Promise CDHP HE BCBS West	Higher Ed and Offlines (active not retired)
HSHV3E	No Promise CDHP HE Cigna LP E	Higher Ed and Offlines (active not retired)
HSHV3M	No Promise CDHP HE Cigna LP M	Higher Ed and Offlines (active not retired)
HSHV3W	No Promise CDHP HE Cigna LP W	Higher Ed and Offlines (active not retired)
HSHV2S	No Promise CDHP HE Cigna OAP	Higher Ed and Offlines (active not retired)

Coverage Level Descriptions

A is Single coverage

B is Family (Employee + Spouse + Child(ren))

C is Employee + Spouse

D is Employee + Child(ren)

October 17, 2016

Saved but not Submitted Elections

We have approximately 1,000 employees who made changes in Edison but did not submit their elections. Please run the **TN_BA219_OE_NOT_SUBMITTED** to identify these employees. The event date to use to run the query is 1/1/2017. The employees who are in this status have a value of "SAVED" in the second to last column on the query.

If these employees call the BA Service Center by this Friday (Oct. 21) at 4:30 p.m. Central Time we will finalize their elections for them over the phone. Otherwise, they will need to wait until next year's annual enrollment to make changes. **Please reach out to the employees to notify them of this opportunity.**

Dependent Verification

If you have **employees who submitted partial dependent verification** by the 4:30 p.m. CT deadline last Friday, they have **until this Friday (Oct. 21) at 4:30 p.m. CT to submit the remaining documentation to Benefits Administration.**

Enrollment

If you have employees who attempted to contact our office last Friday and weren't able to speak with an analyst, BA will accept a paper enrollment change application as long as it is **received by this Friday (Oct. 21) at 4:30 p.m. CT. We must have proof that the person spoke with us or left a voicemail to return their call.** We returned all voicemails by 5:30 p.m. last Friday night, but were not able to speak with all callers.

October 21, 2016

ABC Conference Calls

Don't forget – annual enrollment ABC conference calls continue next week! The attached agenda includes the webinar link.

Local Education – Tuesday, October 25 at 9 a.m. Central time

Central State – Tuesday, October 25 at 10:30 a.m. Central time

Local Government – Tuesday, October 25 at 1 p.m. Central time

Higher Education – Wednesday, October 26 at 9 a.m. Central time

ABC Conference Call Notes

The combined notes from the October 18 and 19 ABC conference calls are attached.

Edison Query List

During calls this week, we had several questions about queries. We have attached the Edison Query List, which is found on the [ABC webpage](#) under Training.

2017 Eligibility and Enrollment Guide Order Form

The order form for ABCs to order 2017 Eligibility and Enrollment Guides has been posted at the top of the [ABC webpage](#). ABCs will need to order enough guides for the estimated number of new hires you will have in 2017. You can give these guides to your new hires beginning in January.

Guides are currently at the printer and should start to mail to ABCs mid to late November.

Employee Webinars (Local Ed/Local Gov only)

There is one more employee webinar left. We've attached an informational flier you can share with your employees.

Specialty Guideline Management (SGM) Generics First Program Update

The Specialty Guideline Management (SGM) Generics First Program was implemented in 2014 to promote lower-cost generic specialty options when appropriate. Effective January 1, 2017, CVS Caremark will update the SGM Generics First Program to include Tikosyn as a targeted brand drug. Below is the updated SGM Generics First drug list. The SGM Generics First criteria will require the trial and failure of dofetilide, prior to coverage of brand Tikosyn. A member mailing will be sent to notify current users of the requirement to switch to dofetilide, effective January 1, 2017.

In the last four months, 19 members filled a prescription for Tikosyn.

**Generic First Drug List 1-2017
(updated here to include Tikosyn)**

Drug Class	Target Drugs	Generic Alternative
Cystic Fibrosis	Tobi Tobi Pod	tobramycin nebulizer
PAH	Adcirca Revatio	sildenafil
Hep C	Ribapak Moderiba	ribavirin
Oncology	Xeloda Gleevec Temodar	imatinib capecitabine temozolamide

Movement Disorders	Xenazine	tetrabenazine
MS	Copaxone 20 mg	glatiramer acetate (Glatopa)
Cardiac Disorders	Tikosyn	dofetilide

Attachment:

Query List

Query Name	Description	Prompts	When to Run	Intended Results
TN_BA01_DEPENDNT_DEMOG	Dependent Demographic	Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT LETEA - LE Active Teachers LETEO - LE Active Support Staff LGGA1 - LG Active level 1 LGGA2 - LG Active level 2 LGGA3 - LG Active level 3	As Needed	This query will show all of an employee's dependent demographics including the date of the last update.
TN_BA103_CHILD_AGE_26	Child Tax Dep Approaching 26	From date: MM/DD/YYYY To date: MM/DD/YYYY	Quarterly	This query is the age off query that shows ABCs dependents approaching their 26th birthday at which time they will be removed from the plan. ABC's can specify a date range, such as 60 or 90 days.
TN_BA125_LVE_WOPAY_FOR_MT_22M	LOA without pay more than 22 m	NONE	Quarterly	This query will show those employees who have been on Leave of Absence for more than 22 months.
TN_BA133_AUDIT_OPEN_ENRL_ESS	Audit AE Self-Service Changes	Edison Employee ID: 00xxxxxx	During/After AETP	This query will show all of an employee's elections made through ESS with a date/time stamp. If the employee submits the enrollment multiple times, all of the activity will show on this report.
TN_BA142_TEMP_PRIMARY_NID_DEP	Temp NID as primary for Dep	NONE	Monthly	This query will show you all of the dependents that have a temporary Social Security Number and the name of the employee for that dependent. If you do not have the permanent SSN, you will need to get this information from the employee.
TN_BA142_TEMP_PRIMARY_NID_EMPL	Temp NID as primary for Empl	NONE	Monthly	This query will show you all of your employees that have a temporary Social Security Number. If you do not have the permanent SSN, you will need to get this information from the employee.
TN_BA15A_HOLD_COVERAGE_ARREARS	EE's with Arrears	NONE	Monthly	This query will show a list of employees who are on payroll and are past due that BA plans on canceling if they do not pay.
TN_BA162_VIEW_PAYCHECK	Paycheck Deduction Information	Edison Employee ID: 00xxxxxx From Period End Date: MM/DD/YYYY To Period End Date: MM/DD/YYYY	As Needed	This query will show the deductions that an employee has for a specific time frame.
TN_BA164_INVALID_COUNTY	TN Employees w/ invalid county	NONE	Quarterly	This query will show you if any of your employee's have been entered into Edison with an invalid county.
TN_BA172B_RETRO_DEDUCTIONS	Retro Deductions for State EE	RP PEnd Dt: MM/DD/YYYY Unit: (STATE first 5 digits of Dept #)	Monthly	(STATE ONLY) This query lists all employees that will have a retro deduction listed on the paycheck. The retro can be positive or negative depending the situation.
TN_BA172_RETRO_DEDUCTIONS	Retro Deductions-NonPayroll EE	RP PEnd Dt: MM/DD/YYYY	Monthly	(LG, LE, UT/TBR ONLY) This query lists all employees that will have a retro deduction listed on the paycheck. The retro can be positive or negative depending the situation.
TN_BA174_FTD_LIFE_INS_COUNTS	Ft.Dbrn Life Insurance Counts	As of Date: MM/DD/YYYY	As Needed	This query shows the number of employees that are enrolled in certain levels of life insurance based on that employees Salary Range.

TN_BA201_SECURITY_BY_BUS_UNIT	Security access by business un	Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT LETEA - LE Active Teachers LETEO - LE Active Support Staff LGGA1 - LG Active level 1 LGGA2 - LG Active level 2 LGGA3 - LG Active level 3	Quarterly	This query shows the individuals that have access to your employees information and the type of access they have.
TN_BA207_DEP_TERMS	Dep Terms - Div,Mar,Age,Cancel	Keyed Since Date: MM/DD/YYYY	Quarterly	This query shows all dependents terminated for any reason from the date you enter in the prompt.
TN_BA207_IND_EVENTS	Ineligible Dependent Events	Keyed Since Date: MM/DD/YYYY	Quarterly	This query shows you a list of Dependents that are Ineligible for Benefits and the effective date.
TN_BA209_HLTH_INS_PREM_AGENCY		Date From: MM/DD/YYYY Date To: MM/DD/YYYY Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT LETEA - LE Active Teachers LETEO - LE Active Support Staff LGGA1 - LG Active level 1 LGGA2 - LG Active level 2 LGGA3 - LG Active level 3 NP/TN: NP - Non Payroll Members TN - Payroll Members	As Needed	This query will show the specific total deduction amount for each budget code, Employee portion and Employer portion. This is used as a budgeting tool for agencies.
TN_BA216_BUDGET_QUERY	Query for Agency Budget Proj	Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT LETEA - LE Active Teachers LETEO - LE Active Support Staff LGGA1 - LG Active level 1 LGGA2 - LG Active level 2 LGGA3 - LG Active level 3	As Needed	This query will show the specific deduction for each individual in your agency, Employee portion and Employer portions. This is used as a budgeting tool for agencies.
TN_BA219_AETP_FLEX_ENROLLMENTS		Event Date: 01/01/YYYY	As Needed	This query will show who is enrolled in flexible benefits. Use the date 01/01/Current Year to see who is currently enrolled in flex benefits so that you can remind them to sign up for the following year during AE.
TN_BA219_AETP_INS_ELECTIONS	Insurance Elections in AE	Event Date: 01/01/YYYY	During/After AETP	This query will show who has made changes to their health insurance during AE. It will show the old coverage and the new coverage.
TN_BA219_MED_DEN_COVERAGE	Med/Den/Vision as of covg date	Coverage Begin Date: MM/01/YYYY	After AETP	After the AE events are closed, this query will show any new coverage that is effective Jan 1st. This query can also be run throughout the year fo new hire enrollments or changes for special qualifying events. This query also includes vision.
TN_BA219_MED_DEN_ELECTIONS	Medical/Dental Changes	Keyed From Date: MM/DD/YYYY Keyed To Date: MM/DD/YYYY	As Needed	This query will show all elections made in Edison between a specific date range.

TN_BA219_NEW_HIRE_ESS	New Hire ESS Not Submitted	From Coverage Begin Date: MM/DD/YYYY To Coverage Begin Date: MM/DD/YYYY	Monthly	This query will show everyone who has not submitted an enrollment, including those who have made changes in ESS but have not submitted their enrollment. They will need to go back and submit for the changes to take effect.
TN_BA219_OE_NOT_SUBMITTED	AE - Not Submitted	Event Date: 01/01/20YY	Weekly During AETP	This query will show everyone who has not submitted an enrollment, including those who have made changes in ESS but have not submitted their enrollment. They will need to go back and submit for the changes to take effect. Look for the employees with "SAVED" in the "Saved but not submitted" column in the query.
TN_BA220_LIFE_NO_MED_ENRLMNT	Enrlmnts in Basic Life-No Med	Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT Keyed Since Date: MM/DD/YYYY	As Needed	This query will list all of your employees that have basic life insurance - not medical. It shows the plan type and the election date.
TN_BA222_ADDRESS_VERIFICATION	Address Query for Agencies	Business Unit: (STATE first 5 digits of Dept #) HETBR - TN Board of Regents HEUTN - UT LETEA - LE Active Teachers LETEO - LE Active Support Staff LGGA1 - LG Active level 1 LGGA2 - LG Active level 2 LGGA3 - LG Active level 3	As Needed	This query will show all of your employee's addresses.
TN_BA229_COUNT_120_DAY_EMPLS	Count of 120 Day Employees	As of Date: MM/DD/YYYY	As Needed	This query will show the number of 120 day employees in each agency.
TN_BA229_COUNT_DEFFERD_COMP	Count of Empls in Deferred Cmp	As of Date: MM/DD/YYYY	As Needed	This query will show you the number of employees in each agency that is in Deferred comp. This list does not show any names of those employees.
TN_BA229_COUNT_NOT_IN_DEF_COMP	Count Empls Not in Def Comp	As of Date: MM/DD/YYYY	As Needed	This query will show you the number of employees in each agency that is NOT in Deferred Comp. This query does not show any names of those Employees.
TN_BA229_COUNT_STATE_EMPLS	Count of Active State Empls	As of Date: MM/DD/YYYY	As Needed	This query gives you the number of employees in each department number. This query does not show any names of those employees.
TN_BA229_DEF_COMP_DED_BY_EMPL	Def Comp Deductions by Empl ID	Edison Employee ID: 00xxxxxx	As Needed	This query will show all an employee's Deferred Compensation deductions.
TN_BA229_LIST_NOT_IN_DEF_COMP	List Empls Not in Def Comp	As of Date: MM/DD/YYYY	As Needed	This query shows all state employee's that are not participating in Deferred Compensation. Your results will only show your agency information.
TN_BA233_MISSING_HOME_ADDRESS	Empls w/out Home Address	NONE	Quarterly	This query will show you all of your employee's that are missing a home address in Edison
TN_BA234_UT_TBR_TERMS_BY_DATE	UT/TBR terms by date prompt	From date: MM/DD/YYYY To date: MM/DD/YYYY	As Needed	This query will show all UT/TBR terminations during the specified time you enter.

TN_BA242_RELATIONSHIP_TYPE	Deps & Beneficiaries by Type	Relationship to Employee: (Use spy-glass to select correct relationship)	As Needed	This query will show all Dependents listed as a certain Relationship. You will select the relationship you would like to audit when prompted.
TN_BA265_OE_ELECTIONS_IN_ESS	OE Self-Service Elections	Schedule ID: OEGYY - Local Government OEHY - Higher Education OESYY - State OETYY - Local Education	During/After AETP	This query is an audit of all elections made by your employees during AE. If they submit an enrollment multiple times, each enrollment they submit will show with a date and time stamp.
TN_BA266_EMPLS_IN_DEF_COMP	Empls in Deferred Cmp	As of Date: MM/DD/YYYY	As Needed	This query list all of the employees participating in the Deferred Compensation Program.
TN_BA266_EMPL_NOT_IN_DEF_COMP	Empls Not in Def Comp	As of Date: MM/DD/YYYY	As Needed	This query list all of the employees NOT participating in the Deferred Compensation Program.
TN_BA278_DOUBLE_DED_ARREARS	EE's with double deductions	Pay Period End Date: MM/DD/YYYY	7 days before payday	This query will identify the people who will be double deducted for benefits coverage. Once you run the query, the field called Current Payback will show the additional amount that will be deducted.
TN_BA282_INVALID_EMAIL	Invalid or Blank Email Address	NONE	Quarterly	This query will show who does not have an email address listed or if the email listed appears to be invalid.
TN_BA285_UTTBR_ENROLLMENTS	UT & TBR Medical Enroll	Effective Date: MM/01/YYYY	As Needed	This query will list all of the Higher Education Employees including their current place of work. (Austin P, Columbia, UT, . . .)
TN_BA297_LOA_IN_BILLING	Active in billing for agency	NONE	Monthly	This query will allow you to see anyone actively enrolled in billing.
TN_BA302_PERSON_AND_JOB	Person and Job Information	NONE	As Needed	This query shows all personal and job information for all active employees in your agency.
TN_BA308_SM_HIRED_AFTER_15TH	1st Deds will not Deduct	Coverage Begin Date: MM/DD/YYYY 16th of the Month: MM/DD/YYYY Last Day of the Month: MM/DD/YYYY	Monthly	This query shows everyone hired after the 15th of the month. They will be billed for their first month's premium on the 15th of the following month. If they start too late in the month to have enough money to deduct their premiums, they will be double-deducted at the end of the month.
TN_BA309_INELIG_FOR_PARTNER	List of ineligible for Partner	Eligibility Field 2: INELIG20YY	Before AETP	This query will identify all of your employees who did not fulfill the Partnership Promise.
TN_BA311_ESS_NEW_DEPENDENTS	New Dependents Added via ESS	Class: ALL - State/Higher Ed New Hires NHR - LE/LG New Hires OE - AETP for All Agencies Beginning Event Date: MM/DD/YYYY Ending Event Date: MM/DD/YYYY	Monthly	This query will show you all new dependents that were added by the employee through ESS. This can be used for new hires or during AE.
TN_BA312_WCP_WITH_ARREARS	Worker's Comp with Arrears	NONE	Monthly	This query will show all Workers Comp employee's with Arrears on their account. The amount of arrears is listed on the query.
TN_BA313_ADDRESS_CHANGES	Address Changes	Effective Date From: MM/DD/YYYY Effective Date To: MM/DD/YYYY	Monthly	Shows all the addresses that have been updated for an agency.

TN_BA324_1450_EMPLOYEES	List of 1450 Employees	NONE	As Needed	This query will identify the employees that have been identified and approved as 1450 employees.
TN_BA327_RGF_PTN_EMPLS	Grandfathered Participants	NONE	As Needed	This query will identify the people who are grandfathered on the state plan through your agency.
TN_BA77_LE_5_DIGIT_ZIP	Query to Identify invalid zip	NONE	Quarterly	This query will identify invalid ZIP codes.
TN_BA_AGENCY_QUERY_LIST	Benefits Queries for Agencies	NONE	Quarterly	This query will show you all of the queries that an ABC has access to run.

October 28, 2016

ABC Conference Calls (Local Ed and Local Gov)

Don't forget – for local ed and local government, annual enrollment ABC conference calls continue next week! The **attached** agenda includes the webinar link.

Local Education – Tuesday, November 1 at 9 a.m. Central time

Local Government – Tuesday, November 1 at 1 p.m. Central time

ABC Conference Call Notes

The combined notes from the October 25 and 26 ABC conference calls are **attached**.

PayFlex Communication for Members

Financial institutions, employers, schools and universities around the world are under increasing threats from criminals looking for a back door to gain access to valuable information. You may receive suspicious emails and such at your work, home, or personal email with a link asking you to "click here" to log in or verify something. Our own health savings account (HSA) administrator, PayFlex, is not immune to these kinds of attacks. **Attached** is a flier that PayFlex recently shared with the state, as the plan administrator. You may want to share this flier with your employees to make them aware of these dangers. For those enrolled in an HSA, make them aware of the "**News You Can Use**" section of the PayFlex website at stateoftn.payflexdirect.com

PayFlex HSA Balance Interest Rate Change

For plan members enrolled in a CDHP and who have a HSA with PayFlex in 2017, PayFlex will institute tiered interest rates on the HSA balance starting on March 1, 2017. PayFlex has begun emailing notifications of this change to employees for whom they have an email address; those that PayFlex did not have an email address on file are being notified via letter through U.S. Mail.

Please note that this **only** affects the HSA balance and not the portion that an employee may choose to invest in any of the available mutual funds. PayFlex mailed or emailed members with an HSA the week of October 17th and 24th with this notification, but you may also choose to share this email with your employees as well to ensure receipt by everyone.

A sample email is **attached** for your reference.

HSAs and Long-term Care Insurance

Members can use their HSAs to pay for long-term care insurance premiums. There is a limitation on the amount they can pay each year, and it is based on age. We have included a Q&A and IRS revenue code information below for your reference.

QUESTION:

Can I use my HSA to pay for long-term care insurance?

ANSWER:

Yes, HSA distributions used to pay for long-term care insurance premiums qualify as a tax-free, penalty-free distribution; however, the amount is based on age and adjusted for inflation each year. See IRS Revenue Code 213(d)(10). We have noted that portion of the IRS Code below for your convenience.

Internal Revenue Code 26 U.S. Code § 213 - Medical, dental, etc., expenses

(d) (10) ELIGIBLE LONG-TERM CARE PREMIUMS.—

(A) In general.—

For purposes of this section, the term “eligible long-term care premiums” means the amount paid during a taxable year for any qualified long-term care insurance contract (as defined in section 7702B(b)) covering an individual, to the extent such amount does not exceed the limitation determined under the following table:

In the case of an individual with an	
attained age before the close of the	The limitation is:
taxable year of:	
40 or less	\$390
More than 40 but not more than 50	\$730
More than 50 but not more than 60	\$1,460
More than 60 but not more than 70	\$3,900
More than 70	\$4,870

Attachments: PayFlex member communication awareness
New interest rates for PayFlex HSA



New interest rates for your PayFlex HSA

One of the benefits of your Health Savings Account (HSA) is that it earns interest, tax-free. Today, your PayFlex HSA interest rate is 0.25%. Effective March 1, 2017, your HSA will have tiered interest rates. This means your rate depends on your HSA balance. The more money you save in your HSA, the higher your interest may be. Below are the new rates.

HSA Balance	Interest Rate (Effective March 1, 2017)
\$0.01 - \$2,000.00	0.05%
\$2000.01 - \$7,500.00	0.10%
\$7,500.01 - \$10,000.00	0.20%
Over \$10,000.00	0.40%

Is it better to spend or save?

According to Fidelity's Retiree Health Care Cost Estimate, a 65-year-old couple retiring in 2016 will need an estimated \$260,000¹ to cover health care costs in retirement. An HSA is a great way to save for future expenses, and even into retirement. Remember, unused funds roll over from year to year. And your HSA stays with you, even if you switch employers, change health plans or retire.

On the other hand, you may have expenses that you need to take care of now. And that's OK. HSAs have a tax advantage that other savings plans don't. Money you put in your HSA isn't taxed. And money taken out isn't taxed if you use it for eligible health care expenses.

Whether you're a spender or a saver, be sure to check out your HSA investment options. This can be a good way for you to grow your HSA balance. And the best part is, you can do it all through the PayFlex member website.

Questions?

If you have any questions, visit the PayFlex member website. There you'll find PayFlex's

phone number and customer service hours.

¹ Estimate based on a hypothetical couple retiring in 2016, 65-years-old, with average life expectancies of 85 for a male and 87 for a female. Estimates are calculated for "average" retirees, but may be more or less depending on actual health status, area of residence, and longevity. Estimate is net of taxes. The Fidelity Retiree Health Care Costs Estimate assumes individuals do not have employer-provided retiree health care coverage, but do qualify for the federal government's insurance program, Original Medicare. The calculation takes into account cost-sharing provisions (such as deductibles and coinsurance) associated with Medicare Part A and Part B (inpatient and outpatient medical insurance). It also considers Medicare Part D (prescription drug coverage) premiums and out-of-pocket costs, as well as certain services excluded by Original Medicare. The estimate does not include other health-related expenses, such as over-the-counter medications, most dental services and long-term care. Life expectancies based on research and analysis by Fidelity Investments Benefits Consulting group and data from the Society of Actuaries, 2014.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

Investment services are independently offered through a third party financial institution. By transferring funds into an HSA investment account you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

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Plan Sponsor communication

Although we have a solid program in place to protect our members' data, fraudulent activity across the industry is on the rise. Malicious actors continue to use email phishing and other tactics to steal sensitive data and use it for financial gain. No one is immune to these attacks.

While we continue working diligently to monitor and combat the growing threats, here's what you need to know.

How we protect our members' information

We believe we have the most sophisticated tools and resources in the industry to protect your accounts, but our job is never done. We continually strengthen our systems and monitoring to help keep that your employees' accounts are safe.

- We have monitoring tools that can identify malicious behavior.
- We have financial monitoring controls that can find and prevent fraudulent transactions.
- When needed, we have a fraud team that contacts members to confirm if a transaction is legitimate.
- We have many safeguards embedded in the member website login and registration process and we've made enhancements to the online registration process to improve verification when creating an account.

What you and your members can do

Members are often the best protection against fraud. To safeguard their PayFlex accounts, members should:

- Create new, unique and strong passwords every three months for *all* online accounts.
- Register directly at payflex.com. If they typically use Single Sign On (SSO), they should use a different username and password than their SSO credentials.
- Review their account often. This means all transaction history. And they should call or email us immediately if they notice any suspicious activity.
- Be on the lookout for email phishing attempts. PayFlex will never send members an email asking them to enter or re-enter their login information to verify an account.

We'll place an **article** on the member website in our News You Can Use section. It contains more tips for your members about how to help us keep their account safe. You're free to share it with your members.

If you have any questions or concerns, you can contact your PayFlex Account Manager.

Sincerely,

PayFlex

November 4, 2016

ABC Conference Calls

Don't forget – ABC conference calls are next week! The **attached** agenda includes the webinar link.

Local Education – Tuesday, November 8 at 9 a.m. Central time
Central State – Tuesday, November 8 at 10:30 a.m. Central time
Local Government – Tuesday, November 8 at 1 p.m. Central time
Higher Education – Wednesday, November 9 at 9 a.m. Central time

ABC Conference Call Notes (Local Ed and Local Gov)

The combined notes from the November 1 Local Ed and Local Gov ABC conference calls are **attached**.

PPACA and Marketplace Appeals Webinar (Local Ed and Local Gov)

Benefits Administration will host a PPACA and Marketplace appeals webinar for all Local Education and Local Government ABCs. Topics will include running the PPACA Tax Report (which now includes retirees), information provided for Marketplace appeals and other available updates.

Local Gov and Local Ed ABC PPACA and Marketplace Appeals
Wednesday, November 9, 2016
2 p.m. to 3 p.m. Central time

To join the meeting:

<https://tngov.webex.com/tngov>

Meeting number (access code): 645 527 709

Meeting password: 3aZn9xZK

Join by phone: 1-415-655-0003 US TOLL

November 18, 2016

2017 PPACA Marketplace Letters

The PPACA marketplace letters have been updated with 2017 information. As a reminder, you must give a letter to all eligible new hires.

The 2017 letters are found on the [ABC webpage](#) under **PPACA Documents** and are titled Required Federal Marketplace Notice by plan type.

Local Ed and Local Gov: You can download the sample Marketplace Letter and use as a reference to create your agency PPACA marketplace notice.

Reminder: 2017 ABC Conference Call Schedule Will Change

In order to be more efficient with our phone system and everyone's time, we are changing all of our ABC conference calls to Tuesdays starting in January. We wanted to give you several weeks' notice because every group's time will change, some by an hour or more, and the Higher Ed ABC call will move to a different day as well.

Here are the new call times:

Tuesday	Central Time	Eastern Time
Higher Education	8:30 a.m. to 9:30 a.m.	9:30 a.m. to 10:30 a.m.
Local Education	10 a.m. to 11 a.m.	11 a.m. to NOON
State	12:30 p.m. to 1:30 p.m.	1:30 p.m. to 2:30 p.m.
Local Government	2 p.m. to 3 p.m.	3 p.m. to 4 p.m.

Note: the remaining 2016 ABC December conference calls **will take place at the same day of the week and times.** The change in call times won't begin until January 2017. We have posted the 2017 January through June ABC call schedule on the [ABC webpage](#) under **Conference Call Notes**.

ALEX for New Hires

As a reminder, new hires can use ALEX to learn about their 2017 benefits options. Links to ALEX are posted on the [ParTners for Health homepage](#) and you can find them here:

[ALEX for State and Higher Education Employees](#)
[ALEX for Local Education and Local Government Employees](#)

State and Benefits Administration Holiday Hours

State offices and the Benefits Administration service center will be **closed** next **Thursday, November 24 and Friday, November 25** for the Thanksgiving holiday.

Also, state offices and the Benefits Administration service center will be **closed** on **Monday, December 26 and Tuesday, December 27** for the Christmas holiday, as well as closed on **Monday, January 2 and Tuesday, January 3** for the New Year's holiday.

Vendor Call Center Holiday Hours

The weekday holiday hours for our vendors are as follows:

Healthways

Day Before Thanksgiving	11/23/2016	Wednesday	8am-5pm
Thanksgiving Day	11/24/2016	Thursday	closed

Day after Thanksgiving	11/25/2016	Friday	closed
Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

BCBST

Thanksgiving Day	11/24/2016	Thursday	closed
Day after Thanksgiving	11/25/2016	Friday	closed
Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

Cigna

Regular business hours: open 7 days a week, 24 hours a day.

PayFlex

Thanksgiving Day	11/24/2016	Thursday	closed
Day after Thanksgiving	11/25/16	Friday	closed
Day after Christmas	12/26/16	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

CVS/caremark Call Center

Regular business hours: open 7 days a week, 24 hours a day.

EyeMed

Thanksgiving Day	11/24/2016	Thursday	closed
Christmas Eve	12/24/2016	Saturday	12pm-6pm
New Year's Eve	12/31/2016	Saturday	12pm-6pm

Suggested Queries

Here are some suggested queries to run if you want to see new enrollments from Annual Enrollment:

TN_BA219_AETP_INS_ELECTIONS – Run this query with a prompt date of **1/1/2017**. This query will show you all changes that were made during the enrollment period. It will show the employee's old coverage and their new coverage. If your agency is newly offering dental or vision this year, it will not show those changes.

TN_BA219_MED_DEN_COVERAGE – Run this query with a prompt date of **1/1/2017**. This query will show you all medical, dental, and vision coverage as of 1/1/2017. It includes all enrolled employees, including those who did not make any changes.

TN_BA265_OE_ELECTIONS_IN_ESS – Local Government agencies will run this query with a prompt of **OEG16**. Local Education agencies will run this query with a prompt of **OET16**. This query is an audit of all changes made by all employees through ESS during Annual Enrollment. If they submitted elections multiple times, each change will be listed with a date and time stamp of when the change was made.

November 23, 2016

State and Benefits Administration Thanksgiving Holiday

State offices and the Benefits Administration service center will be **closed Thursday, November 24 and Friday, November 25** for the Thanksgiving holiday.

We hope you have a great, and safe holiday weekend!

Vendor Call Center Holiday Hours

For your information, the weekday holiday hours for our vendors are as follows:

Healthways

Day before Thanksgiving	11/23/2016	Wednesday	8am-5pm
Thanksgiving Day	11/24/2016	Thursday	closed
Day after Thanksgiving	11/25/2016	Friday	closed
Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

BCBST

Thanksgiving Day	11/24/2016	Thursday	closed
Day after Thanksgiving	11/25/2016	Friday	closed
Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

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Thanksgiving Day	11/24/2016	Thursday	closed
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Day after New Year's Day	1/2/2017	Monday	closed

CVS/caremark Call Center

Regular business hours: open 7 days a week, 24 hours a day.

EyeMed

Thanksgiving Day	11/24/2016	Thursday	closed
Christmas Eve	12/24/2016	Saturday	12pm-6pm
New Year's Eve	12/31/2016	Saturday	12pm-6pm

November 10, 2016

ABC Conference Call Notes

The combined notes from the November 8 and 9 ABC conference calls are **attached**.

2017 ABC Conference Call Schedule Will Change

In order to be more efficient with our phone system and everyone's time, we are changing all of our ABC conference calls to Tuesdays starting in January. We wanted to give you 10 weeks' notice because every group's time will change, some by an hour or more, and the Higher Ed ABC call will move to a different day as well.

Here are the new call times:

Tuesday	Central Time	Eastern Time
Higher Education	8:30 a.m. to 9:30 a.m.	9:30 a.m. to 10:30 a.m.
Local Education	10 a.m. to 11 a.m.	11 a.m. to NOON
State	12:30 p.m. to 1:30 p.m.	1:30 p.m. to 2:30 p.m.
Local Government	2 p.m. to 3 p.m.	3 p.m. to 4 p.m.

Note: the remaining 2016 ABC December conference calls **will take place at the same day of the week and times**. The change in call times won't begin until January 2017. We have **attached** the 2017 January through June ABC call schedule.

PPACA Update – Full-Time Rehires (State only)

Previously we communicated to you that if an employee terminated state employment and was rehired within 13 weeks to any agency we are required to begin the employee's insurance on the first date of employment. We have recently found information on the IRS website that states that we have until **the first of the month following their reinstatement of employment to start the insurance coverage**. Effective immediately, we will no longer start insurance coverage on the rehire date. We will start the coverage the first of the next month.

PPACA, FSA and HSA Benefits Administration Contact

Peggy Birthrong has taken on a new role in Benefits Administration. She will now be handling PPACA, FSA, and HSA for state employees. Please submit Zendesk tickets for any employee issues or questions you have instead of contacting Peggy directly.

Attachment: 2017 ABC Conference Call Schedule

A reminder – all 2017 ABC calls will take place on the second Tuesday of the month and the call times will change:

Tuesday	Central Time	Eastern Time
Higher Education	8:30 a.m. to 9:30 a.m.	9:30 a.m. to 10:30 a.m.
Local Education	10 a.m. to 11 a.m.	11 a.m. to NOON
State	12:30 p.m. to 1:30 p.m.	1:30 p.m. to 2:30 p.m.
Local Government	2 p.m. to 3 p.m.	3 p.m. to 4 p.m.

2017 ABC Conference Call Schedule January – June 2017	
Tuesday, January 10	Higher Education – Tuesday, January 10 at 8:30 a.m. Central Local Education – Tuesday, January 10 at 10:00 a.m. Central Central State – Tuesday, January 10 at 12:30 p.m. Central Local Government – Tuesday, January 10 at 2:00 p.m. Central
Tuesday, February 14	Higher Education – Tuesday, February 14 at 8:30 a.m. Central Local Education – Tuesday, February 14 at 10:00 a.m. Central Central State – Tuesday, February 14 at 12:30 p.m. Central Local Government – Tuesday, February 14 at 2:00 p.m. Central
Tuesday, March 14	Higher Education – Tuesday, March 14 at 8:30 a.m. Central Local Education – Tuesday, March 14 at 10:00 a.m. Central Central State – Tuesday, March 14 at 12:30 p.m. Central Local Government – Tuesday, March 14 at 2:00 p.m. Central
Tuesday, April 11	Higher Education – Tuesday, April 11 at 8:30 a.m. Central Local Education – Tuesday, April 11 at 10:00 a.m. Central Central State – Tuesday, April 11 at 12:30 p.m. Central Local Government – Tuesday, April 11 at 2:00 p.m. Central
Tuesday, May 9	Higher Education – Tuesday, May 9 at 8:30 a.m. Central Local Education – Tuesday, May 9 at 10:00 a.m. Central Central State – Tuesday, May 9 at 12:30 p.m. Central Local Government – Tuesday, May 9 at 2:00 p.m. Central
Tuesday, June 13	Higher Education – Tuesday, June 13 at 8:30 a.m. Central Local Education – Tuesday, June 13 at 10:00 a.m. Central Central State – Tuesday, June 13 at 12:30 p.m. Central Local Government – Tuesday, June 13 at 2:00 p.m. Central

December 2, 2016

The following email was sent to Agency Benefits Coordinators today.

Important Information for Employees Impacted by Recent Events

Attached is information that may be helpful to you and to your employees who are dealing with the devastating after effects of the wildfires, high winds and tornados, and school bus tragedies of the last two weeks.

Please share with your employees as appropriate and let us know if there is anything we can do to be of help.

State Resource Information for Sevier County and Donations

The State has created a resource page for Sevier County residents, businesses and those wishing to donate or volunteer.

You can share this link with your employees <http://www.tn.gov/governor/news/sevier-county-resource-page> and it is also featured on the tn.gov homepage.

2017 New Hire PowerPoint Presentations

We have posted the 2017 New Hire PowerPoint presentation for your use on the ABC webpage by plan. You will need to download and save the presentation in order for the graphics to appear correctly in the PPT. We have also posted a PDF version with notes for your use.

On the BA website, we also posted the PDF version on the **For New Employees** page by plan type:

<http://www.tn.gov/finance/article/fa-benefits-for-new-employees>

You can direct your new employees to review the PDF at their convenience.

Edison Down for Maintenance – Sunday, December 4

Edison will be down for routine maintenance this Sunday, December 4 from 6 a.m. to 10 p.m. Central.

Attachment: Wildfire and weather info

This information may be helpful to you and to your employees who are dealing with the devastating after effects of the wildfires, high winds and tornados, and school bus tragedies of the last two weeks.

Please know that your ParTNers EAP is here for you and your employees.

Call your ParTNers EAP at **1.855.Here4TN (1.855.437.3486)** for help and support. Counselors are available **24 hours a day, seven days a week** to provide confidential assistance at no cost to you.

Additional information, self-help tools and resources are available online at MagellanHealth.com/member.

You can also make arrangements for onsite counselors if the need arises by calling 855-Here4TN and selecting option #4 for the Workplace Support Team.

The state has asked CVS/caremark, our pharmacy benefits manager, to be sensitive to the needs and concerns of plan members affected by the wildfires in east Tennessee. We have asked them to approve emergency overrides for those who have lost their medications due to fires. Documentation may be required before an early refill will be allowed. Please ask any of your employees who are affected by the wildfires and who have lost their medications to contact CVS/caremark at 1-877-522-8679 for assistance.

Affected employees may find it difficult to balance job demands while trying to rebuild their devastated personal lives. Below are services offered by your ParTNers EAP that can support your employees during these difficult times.

- Financial Counseling — Find assistance and advice when managing insurance payouts, mortgage questions and long-term financial planning.
- Legal Advice — Ask questions about recovering lost documents, liability issues and estate planning changes.
- Find child care resources — If you have lost access to childcare resources, your program can help you find a new solution that meets your individual needs.
- Find elder care resources— If you have lost access to eldercare resources or need to find solutions for the first time, your program can help you find options that meets your individual needs.
- Advice and assistance with work-life challenges — During challenging times, your program can provide, advice and guidance on working through stress, grief, helping children, family members and co-workers cope and more. Your program can also help you find savings and discounts to take advantage of as you rebuild.

Please call our Benefits Administration Service Center at 800.253.9981 or contact us at benefits.info@tn.gov if we can be of help to you or your members.

Again, please call your ParTNers EAP 24//7 at **1.855.Here4TN (1.855.437.3486)** and let our experienced team be of help to you and your employees during this difficult time.

December 9, 2016

The following email was sent to Agency Benefits Coordinators today.

ABC Conference Calls

Don't forget – ABC conference calls are next week! The **attached** agenda includes the webinar link.

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

We have posted links to an Optum Health Training Quick Reference Guide PowerPoint (save before opening) and a 2017 Optum training catalog PDF on the [ABC webpage](#) under **Optum/Behavioral Health**. Optum will join us during the conference call and can answer questions about these materials.

Edison Confirmation Clarification Letter (State and Higher Ed only)

At the beginning of annual enrollment, we informed you about an issue with the Edison-generated confirmation email that went to employees who submitted benefit choices beginning on October 3 at 12 a.m. until October 4 at 11 a.m. Central. During this brief time, the monthly premium amount was incorrect on the confirmation email.

For your reference, we have **attached** a sample letter being sent to approximately 1,800 members letting them know this issue has been corrected. The letter will include the member's plan and correct monthly premium amount.

PPACA Forms (State only)

The deadline to provide 1095-Cs to employees for 2016 has been extended from January 31, 2017, to March 2, 2017. This year, employees will have the ability to request an electronic 1095-C form instead of a paper form in the mail. We will share more information about this new process in the next few weeks.

PPACA 1094 and 1095 Forms (Local Ed, Local Gov and Higher Ed)

We have **attached** a notice from the IRS with deadlines and links to more information about 1094 and 1095 IRS forms. As the plan is self-insured, all agencies will report as self-insured.

Employers with **less than 50 employees** need to complete the **1094-B (IRS form) and 1095-B (employee)** forms. On the attached chart, you will follow the deadlines for **Self-Insured Employers That Are Applicable Large Employers**.

- Provide 1095-B to responsible individuals by March 2
- File 1094-B and 1095-B with the IRS by Feb. 28 (paper) or March 31 (e-file)

Employers with **more than 50 employees** need to complete the **1094-C (IRS form) and 1095-C (employee)** forms. On the attached chart, you will follow the deadlines for **Applicable Large Employers – Including Those That Are Self-Insured**.

- Provide 1095-C to full-time employees by March 2
- File 1095-C and 1094-C with the IRS by Feb. 28 (paper) or March 31 (e-file)

As noted, if you file 250 or more Forms 1095-B or Forms 1095-C, you must electronically file them with the IRS. More information is on the attachment.

State Resource Information for Sevier County

The State resource page for Sevier County has been updated.

- The Sevier County Economic Development Council, in conjunction with Gatlinburg and Pigeon Forge, have announced the creation of www.mountaintough.org, a website to serve as a one-stop shop for information related to the recent wildfires in Sevier County.
- County officials have also collaborated with the United Way of Greater Knoxville to announce the transition of all Sevier County wildfire recovery-related calls to East Tennessee 2-1-1, a non-emergency telephone number that provides free, confidential, multilingual information and referral services to connect Tennessee residents in need with a full range of community services.

Read more at <http://www.tn.gov/governor/news/Sevier-County-Recovery>

Attachments: State/Higher Ed Sample Letter Incorrect Premium in ESS
IRS Reporting 19=094 and 1095 Forms



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: 800.253.9981 • tn.gov/finance

December 6, 2016

«First_Name» «Last_Name»
«Address_1»
«City», «State» «Zip»

RE: 2017 Benefits Enrollment

Dear «First_Name» «Last_Name»,

Our records indicate that you used Employee Self Service (ESS) in Edison to make insurance selections between Monday, October 3rd at 12:01 a.m. and Tuesday, October 4th at 11:00 a.m. Central. During this time, the Edison system reflected an incorrect premium amount for medical coverage in the medical plans. The system displayed a rate of \$84.00 per month. If you logged back in and reviewed your choices again after 11:00 a.m. on October 4th the correct premium rate was shown on your screen. Our current records indicate that you are enrolled in [] plan with a monthly premium of [].

If you have questions, you can contact the Benefits Administration Service Center at 800.253.9981, Monday – Friday, 8 a.m. to 4:30 p.m. Central.

Sincerely,

Benefits Administration



Employers & Health Coverage Providers: You Have More Time in 2017 to Provide Information Forms to Covered Individuals

The IRS extended the 2017 due date for employers and coverage providers to furnish information statements to individuals. The due dates to file those returns with the IRS are not extended. This chart can help you understand the upcoming deadlines.

Action	2017 Reporting Due Dates for...		
	Applicable Large Employers – Including Those That Are Self-Insured	Self-insured Employers That Are Not Applicable Large Employers	Coverage Providers – other than Self-Insured Applicable Large Employers*
Provide 1095-B to responsible individuals	Not Applicable**	Mar. 2	Mar. 2
File 1094-B and 1095-B with the IRS	Not Applicable**	Paper: Feb. 28 E-file: Mar. 31*	Paper: Feb. 28 E-file: Mar. 31*
Provide 1095-C to full-time employees	Mar. 2	Not Applicable	Not Applicable
File 1095-C and 1094-C with the IRS	Paper: Feb. 28 E-file: Mar. 31*	Not Applicable	Not Applicable

* If you file 250 or more Forms 1095-B or Forms 1095-C, you must electronically file them with the IRS. Electronically filing ACA information returns requires an [application process](#) separate from other electronic filing systems. Additional information about electronic filing of ACA Information Returns is on the [Affordable Care Act Information Reporting \(AIR\) Program](#) page on IRS.gov and in Publications [5164](#) and [5165](#).

** Applicable large employers that provide employer-sponsored self-insured health coverage to non-employees may use either Forms 1095-B or Form 1095-C to report coverage for those individuals and other family members.

This chart applies only for reporting in 2017 for coverage in 2016.

See IRS [Notice 2016-70](#) for more information.

December 16, 2016

Information for Employees with FSAs and HSAs

We have included directions below for employees who have FSA or HSAs on how they can set up their online access to their accounts (if applicable).

DIRECTIONS FOR STATE AND HIGHER EDUCATION EMPLOYEES

(New members including Higher Education employees who may have had a PayFlex FSA in 2016 and again in 2017 will need to register to view their FSA or HSA.)

Employees who have never set up an online account/profile with PayFlex to view their HSA and/or FSA balances and account activities may follow these directions to set up their online access:

1. Go to stateoftn.payflexdirect.com
2. Click on "REGISTER NOW" button
3. Enter your Member ID (SSN) and home zip code
4. Click on "REGISTER"
 - *If the member has an active or pending debit card, the member will be asked to provide the last 4 digits of the debit card number. The member must provide the correct last 4 digits before being taken to the next step in the registration process (username and password selection).*
 - *If the member does not have a debit card (for example, someone with only a dependent care account will not receive a debit card since the debit card is not set up to work at these facilities), then this new authentication check is not required and the member, upon identification, will be taken directly to the username/password selection page (as is consistent with current functionality).*
 - *If the member cannot provide the correct last 4 digits of the debit card number, then the member will not be permitted to complete registration.*
5. You'll then be brought to a screen to create a username and password
6. If you have questions, please contact PayFlex customer service at 1-855-288-7936

DIRECTIONS FOR LOCAL EDUCATION & LOCAL GOVERNMENT EMPLOYEES

Employees who have never set up an online account/profile with PayFlex to view their HSA balances and account activity may follow these directions to set up their online access:

1. Go to stateoftn.payflexdirect.com
2. Click on "REGISTER NOW" button
3. Enter your Member ID (SSN) and home zip code
4. Click on "REGISTER"
 - *If the member has an active or pending debit card, the member will be asked to provide the last 4 digits of the debit card number. The member must provide the correct last 4 digits before being taken to the next step in the registration process (username and password selection).*
 - *If the member cannot provide the correct last 4 digits of the debit card number, then the member will not be permitted to complete registration.*
5. You'll then be brought to a screen to create a username and password
6. If you have questions, please contact PayFlex customer service at 1-855-288-7936

January Preferred Drug List (PDL)

We have attached the January 2016 preferred drug list (PDL). There are numerous medications both being added and removed from the PDL, so please be sure to share this list with your employees. This change will take effect on January 1, 2017, and plan members will need to be in compliance on that date or they face higher copayments or coinsurance from drugs moving to a non-preferred status.

Letters will be sent to those members impacted by drugs being removed from the PDL. In the past four months, there were 5,170 members that filled for a drug that is moving to tier-3 (non-preferred status) in January.

Drugs being added to the PDL on January 1, 2017 are as follows:

Drug name	Indication	Options/comments
Brand agents		
Amitiza	Gastrointestinal/IBS	To provide an additional oral agent for the management of IBS
Aptensio XR	Central Nervous System/ADHD	To provide an additional oral agent for the treatment of ADHD
Aristada	Schizophrenia	To provide a long-acting injectable agent for the treatment of schizophrenia
Basaglar	Insulin for Type 1 and 2 diabetes	To provide an additional long-acting insulin option for Type 1 and 2 diabetes mellitus
Belviq	Antiobesity	To provide an additional oral therapy option for weight management in overweight and obese patients
Bethkix	Cystic fibrosis	To provide an additional inhalation solution therapy options for the management of cystic fibrosis patients with <i>P. aeruginosa</i> . <i>ACSF</i>
Bevespi Aerosphere	COPD	To provide an additional long-term maintenance treatment for COPD.
Breo Ellipta	COPD and asthma	To provide an additional inhaled corticosteroid and long-acting beta-2 adrenergic agonist combination agent for COPD and asthma
Cardura XL	BPH	To provide an additional long-acting oral therapy for the treatment of benign prostate hyperplasia.
Contrave	Antiobesity	To provide an additional oral therapy option for weight management in overweight and obese patients
Dymista	Allergic rhinitis for certain age groups	To provide an additional nasal therapy option for the relief of symptoms of seasonal allergic rhinitis
Epclusa	Treatment of adult patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis or in combination with ribavirin in patients with decompensated cirrhosis	To provide an additional oral option for the treatment of all genotypes of chronic hepatitis C virus (HCV).

Esbriet	Idiopathic pulmonary fibrosis (IPF)	To provide an oral therapy option for the treatment of Idiopathic pulmonary fibrosis (IPF)
Humulin R U500 Kwikpen	Diabetes mellitus	To provide an additional option to administer Humulin R U500 insulin
Kogenate FS	Hemophilia	To provide an injectable recombinant antihemophilic factor option
Kovaltry	Hemophilia	To provide an injectable recombinant antihemophilic factor option
Novoeight	Hemophilia	To provide an injectable recombinant antihemophilic factor option
Nuwiq	Hemophilia	To provide an injectable recombinant antihemophilic factor option
Ofev	Idiopathic pulmonary fibrosis (IPF)	To provide an oral therapy option for the treatment of Idiopathic pulmonary fibrosis (IPF)
Orenitram	Pulmonary arterial hypertension (PAH)	To provide an additional oral therapy option for the treatment of pulmonary arterial hypertension (PAH).
ProAir RespiClick	Bronchospasm	To provide an additional short-acting therapy option for the treatment or prevention of bronchospasm
Saxenda	Subcutaneous injection for weight management in adults with certain BMIs	To provide a non-stimulant therapy option for the treatment of obesity.
Toviaz	Overactive bladder	To provide an additional long-acting oral therapy option for the treatment of overactive bladder
Vascepa	Severe (≥ 500 mg/dl) hypertriglyceridemia	To provide an additional oral therapy option for the reduction of tryglyceride levels.
Zarxio	Leukocyte growth factor	To provide an injectable growth factor therapy option, which is a biosimilar to Neupogen, for the treatment of hemetopoeitic conditions.
Zytiga	Indicated in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer.	To provide an additional oral therapy option for the treatment of patients with metastatic prostate cancer.
Generic agents		
Bicalutamide	State D2 metastatic prostate cancer (in combination with an LHRH agonist)	To provide an additional generic oral therapy option for the treatment of metastatic prostate cancer.
Leovarnitine	Primary systemic carnitine deficiency, inborn error of metabolism which results in a secondary carnitine deficiency.	To provide a generic oral therapy option for the treatment of carnitine deficiency.
Mometasone nasal spray	Allergic rhinitis in certain age populations	To provide an additional nasal therapy option of the treatment of symptoms of allergic rhinitis and nasal polyps.
Naloxone injection	CNS/opioid antagonists	To provide an injectable option for the emergency treatment of a known or

		suspected narcotic overdose.
Potassium chloride liquid	Treatment or prevention of hypokalemia	To provide an oral therapy option for the treatment or prevention of hypokalemia.
Rosuvastatin	High cholesterol	To provide an additional oral HMG-CoA reductase inhibitor
Tetrabenzine	Chorea associated with Huntington's disease	To provide a generic oral therapy option for the treatment of chorea associated with Huntington's disease.
Tobramycin	Management of cystic fibrosis patients with <i>P. aeruginosa</i> .	To provide an additional inhalation solution for the management of cystic fibrosis patients with <i>P. aeruginosa</i> .
Drugs being deleted from the PDL on January 1, 2017 are as follows:		
Brand agents		
Abstral	Cancer pain	Availability of additional fentanyl options including fentanyl transmucosal lozenge, Fentora, and Subsys.
Auvi-Q	Emergency treatment of allergic reactions including anaphylaxis	Availability of additional injectable therapy options for the treatment of allergic reactions including EpiPen and EpiPen Jr.
Crestor	High cholesterol	Generic, rosuvastatin is now available as are other generics and name brand medications in the same drug class
Denavir	Recurrent herpes labialis in adults and children ≥ 12 years of age	Availability of additional options for the treatment of recurrent herpes labialis including oral acyclovir and oral valacyclovir.
Evzio	Emergency treatment of known or suspected opioid overdose as manifested by respiratory and/or CNS depression	Availability of an additional injectable therapeutic option for the emergency treatment of known or suspected opioid overdose. Preferred option on the PDL includes naloxone injection and Narcan (naloxone) nasal spray.
Gelnique	Overactive bladder	Availability of additional oral options on the PDL include oxybutynin-extended release, tolterodine, tolterodine extended release, trospium trospium extended release, Myrbetriq, Toviaz, and Vesicare.
Khedezia	Major depressive disorder (MDD)	Availability of additional oral options on the PDL for the treatment of major depressive disorder (MDD) include duloxetine, venlafaxine, venlafaxine extended release capsule and Pristiq
Lantus	Type 1 and 2 Diabetes mellitus	Availability of additional long-acting insulin options to improve glycemic control in Type 1 and 2 diabetics. PDL options include Basaglar, Levemir, and Tresiba.
Nasonex	Allergic rhinitis	Availability of additional nasal steroid

		options for the treatment of allergic rhinitis on the PDL include flunisolide, fluticasone, mometasone, triamcinolone, and Dymista.
Opsumit	Pulmonary arterial hypertension (PAH, WHO Group I)	Availability of additional oral therapy options on the PDL include Letairis and Tracleer.
Pradaxa	To reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation, and for DVT and PE in patients who have been treated with a parenteral anticoagulant for 5-10 days	Availability of additional oral therapy options on the PDL include warfarin, Eliquis, and Xarelto.
Proventil HFA	Bronchospasms	Availability of additional inhaled therapy options on the PDL include ProAir HFA and ProAir RespiClick
Sorilux	Plaque psoriasis of the scalp in patients \geq 18 years of age	Availability of additional topical therapy options on the PDL include calcipotriene cream, ointment, and solution
Sovaldi	Genotype 1, 2, 3, or 4 chronic hepatitis C virus	Availability of additional oral therapy options for the treatment of HCV include Eplusa and Harvoni.
Toujeo	Diabetes mellitus	Availability of additional long-acting insulin options to improve glycemic control in adults with diabetes mellitus include Basaglar, Levemir, and Tresiba
Ventolin HFS	Bronchospasms	Availability of additional inhaled therapy options for the treatment or prevention of brochspasm on the PDL include Proair HFA and Proair Respiclick.
Generic agents		
Omeprazole-sodium bicarbonate	GERD	Preferred options on the PDL include esomeprazole, lansoprazole, omeprazole, pantoprazole, and Dexilant

State Offices and BA Service Center Holiday Hours

State offices and the Benefits Administration Service Center will be closed on the following dates for the holidays:

- Monday, December 26 – closed
- Tuesday, December 27 - closed
- Monday, January 2 – closed
- Tuesday, January 3 - closed

Vendor Call Center Holiday Hours

For your information, the weekday holiday hours for our vendors are as follows:

Healthways

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

BCBST

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

Cigna

Regular business hours: open 7 days a week, 24 hours a day.

PayFlex

Day after Christmas	12/26/16	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

CVS/caremark Call Center

Regular business hours: open 7 days a week, 24 hours a day.

EyeMed

Christmas Eve	12/24/2016	Saturday	12pm-6pm
New Year's Eve	12/31/2016	Saturday	12pm-6pm

December 23, 2016

2017 Eligibility and Enrollment Guide Insert

We have **attached** a one page PDF, **Benefits Administration 2017 Eligibility and Enrollment Guide Attachment: Wellness Notice**, which will need to be included with all 2017 Eligibility and Enrollment guides you give to new hires.

Please download, print out and insert this one page PDF between pages 12 and 13 of each guide you may have already ordered.

Going forward, BA will include the insert with the 2017 guides, but please make sure this document is given to all of your new hires.

FSA - Medical and Limited Purpose Debit Cards (state and higher education only)

PayFlex is sending all medical and limited purpose FSA (L-FSA) participants a debit card in December. **The full FSA and L-FSA contribution is available for use at the beginning of the year.** Please note, members enrolled in the dependent care FSA (DC-FSA) may not use the debit card to pay for those expenses, nor are those funds fully available at the beginning of the year.

New users and higher education employees previously enrolled can [register at PayFlex](#) to set up their online accounts/profiles.

[Click here](#) for more information about Flexible Benefits.

PayFlex Resources

[Why Enroll in a FSA](#)

[Quick reference guide](#)

[Limited purpose FSA flier](#)

Members can contact PayFlex customer service at 1-855-288-7936

Pre-Enrollment Benefits Information Letter (state only)

Benefits Administration has revised the welcome letter you can send to new hires that includes helpful links to benefits enrollment information. You will need to download the letter and personalize for your department or agency. The letter is on the [ABC webpage](#) under State Plan, titled **Pre-Enrollment Benefits Information**.

January Preferred Drug List (PDL)

Last Friday, we sent information to you about drugs being added and removed from the preferred drug list (PDL). We meant to also send you this list with last Friday's ABC email, but it was not attached. [The January PDL is posted on the BA website under publications.](#)

State Offices and BA Service Center Holiday Hours

State offices and the Benefits Administration Service Center will be closed on the following dates for the holidays:

Monday, December 26 – closed

Tuesday, December 27 - closed

Monday, January 2 – closed

Tuesday, January 3 - closed

We hope you have a wonderful holiday season!

Vendor Call Center Holiday Hours

For your information, the holiday hours for our vendors are as follows:

Healthways

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

BCBST

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

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Regular business hours: open 7 days a week, 24 hours a day.

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Day after Christmas	12/26/16	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

CVS/caremark Call Center

Regular business hours: open 7 days a week, 24 hours a day.

EyeMed

Christmas Eve	12/24/2016	Saturday	12pm-6pm
New Year's Eve	12/31/2016	Saturday	12pm-6pm

Attachment: 2017 Eligibility and Enrollment Guide Wellness Notice

Notice Regarding Wellness Program

The ParTners for Health Wellness Program is a voluntary wellness program available to all employees eligible for health insurance coverage. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Partnership Promise/wellness program, you will be asked to complete a voluntary Well-Being Assessment or "WBA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be asked to complete a biometric screening, which will include a sample of your blood to determine blood sugar and cholesterol levels, blood pressure, height, weight and BMI. You are not required to complete the WBA or to participate in the biometric screening or other medical examinations.

However, employees who choose to participate in the wellness program will receive lower monthly premiums or state funds contributed to their HSA for agreeing to the Partnership Promise. Although you are not required to complete the WBA, participate in the biometric screening or health coaching, only employees who do so will receive lower cost monthly premiums or state HSA funds.

If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ParTners for Health Wellness Program at 888.741.3390.

The information from your WBA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information (PHI). Although the wellness program and the State of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the ParTners for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors and the biometric screening vendor) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact ParTners for Health at partners.wellness@tn.gov.

December 30, 2016

Reminder: 2017 ABC Conference Call Schedule Will Change

Don't forget the ABC conference call schedule will change and all monthly calls will now take place on the second Tuesday of the month. The January 10 ABC conference calls will be held at the following times:

Tuesday	Central Time	Eastern Time
Higher Education	8:30 a.m. to 9:30 a.m.	9:30 a.m. to 10:30 a.m.
Local Education	10 a.m. to 11 a.m.	11 a.m. to Noon
State	12:30 p.m. to 1:30 p.m.	1:30 p.m. to 2:30 p.m.
Local Government	2 p.m. to 3 p.m.	3 p.m. to 4 p.m.

The 2017 January through June call schedule is posted on the [ABC webpage](#).

Telehealth Flier

We have [attached](#) a flier you can share with members about Telehealth. Telehealth allows members to see a doctor by phone or computer for minor illnesses from anywhere, at any time. As a reminder, the costs will change in 2017 and are included on the flier.

State Offices and BA Service Center Holiday Hours

State offices and the Benefits Administration Service Center will be closed on the following dates:
Monday, January 2 – closed
Tuesday, January 3 - closed
We wish you a Happy New Year!

Vendor Call Center Holiday Hours

For your information, the weekday holiday hours for our vendors are as follows:

Healthways

Day after New Year's Day 1/2/2017 Monday closed

BCBST

Day after New Year's Day 1/2/2017 Monday closed

Cigna

Regular business hours: open 7 days a week, 24 hours a day.

PayFlex

Day after New Year's Day 1/2/2017 Monday closed

CVS/caremark Call Center

Regular business hours: open 7 days a week, 24 hours a day.

EyeMed

New Year's Eve 12/31/2016 Saturday 12pm-6pm

Attachments: Telehealth Flier

TELEHEALTH

24/7 CARE — WHEN YOU NEED IT

All health plan members have access to Telehealth. With Telehealth, you can talk to a doctor by phone or computer from anywhere, at any time.

WHEN TO USE TELEHEALTH

For non-emergency medical issues (allergies, asthma, bronchitis, cold & flu, infections, fever, ear aches, nausea, pink eye, sore throat, etc.)

- 24 hours a day, seven days a week — including nights, weekends and holidays
- Your doctor or pediatrician is unavailable
- It's not convenient to leave your home or work
- You are traveling and need medical care

COST

- **PPO Members:** Copay is \$15 (in-network)
- **CDHP Members:** \$38 per visit until you reach your deductible, then the primary care office visit coinsurance applies

MORE INFORMATION

BlueCross members —

- Log into BlueAccess at bcbst.com/members/tn_state/
- PhysicianNow is on the center of the page and also under the My Health & Wellness tab
- Or, call 888.283.6691

Cigna members —

- Go to Mdlive.com/stateoftn or log into MyCigna.com
- MDLive is on the middle right side of the page and also under Find a Doctor, Dentist or Facility
- Or, call 888.726.3171

Members must pre-register with the Telehealth program through their carrier's website before using the Telehealth service.