



# DESTINATION ANNUAL ENROLLMENT FOR 2025 BENEFITS | OCTOBER 1-31, 2024



**Discover Your Options. Select Your Benefits. Secure Your Peace of Mind.**

Each year, Annual Enrollment is your chance to make changes to your Partners for Health plan benefits that will be effective the following Jan. 1 through Dec. 31. Your Annual Enrollment period for 2025 benefits is Oct. 1-31, 2024. If you're still eligible and choose to remain enrolled as of Jan. 1, 2025, you can also enroll your eligible dependents.

This guide gives you important information about your 2025 benefits choices. You'll find a section where you can Discover Your Options. These include your health, dental and vision benefits. In the Select Your Benefits section, you'll find out how to enroll and find links to helpful videos. Lastly, there is the Secure Your Peace of Mind section where you'll learn about the Annual Enrollment confirmation statement and find important website links for all the benefits found in this guide.

We encourage you to review your network options for health, dental and vision care each year. If you're a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for dental and vision insurance. To enroll in vision, you must be enrolled in group health coverage (see page 6).

It's important to note that you if don't want to make changes in your benefit selections, NO ACTION is needed on your part during Annual Enrollment. You'll continue enrollment in the same plan options for medical, dental and vision products, subject to eligibility, and you'll pay 2025 premium amounts.

To make changes to your insurance coverage, go to How to Enroll in Your Benefits.

Let's start your journey to Destination Annual Enrollment!

## DISCOVER YOUR OPTIONS

### Important 2025 Benefits Updates

Benefits Administration strives to offer a wide choice of benefits while keeping premiums affordable. For 2025, health insurance premiums will increase by the following:

- **State and higher education retirees:** Average health plan monthly premium increase is 5.5%.
- **Local education retirees:** Average health plan monthly premium increase is 5.9%.
- **Local government retirees:** Average health plan monthly premium increase is 1.6%.

Premiums are increasing due to general inflation and the increased cost of delivering health care. Specific premium increases will vary slightly depending on the health plan, network and coverage tier you choose. You'll find health plan premium charts in this guide.

There are no vendor changes for 2025. All member health plan cost sharing, such as deductibles or coinsurance, will stay the same except for the following two changes:

- **A third non-preferred brand drug specialty tier will be added to the Preferred Provider Organization options.** Pharmacy benefits currently have two cost-sharing tiers for specialty medications – generics and brands.
- **The copay for Talkspace will be lowered to \$15 for the PPO options.** Talkspace lets members communicate with a therapist by audio or video from a smartphone or desktop. Currently, Talkspace visits under a PPO plan cost the same as an in-network primary care office visit.

### Additional benefits change for CDHP and Local CDHP members:

Anti-obesity medications will no longer be on the preventive drug list for the Consumer-driven Health Plan options in 2025. Members enrolled in the CDHP or Local CDHP will be subject to their plan's deductible before plan coverage begins for anti-obesity medications including, but not limited to, Qsymia, Wegovy, Zepbound and Saxenda.

## Health Benefits

### Health Plan Options

You have a choice of health plans from Partners for Health. Each health care plan has different out-of-pocket costs. Examples of these costs include your copays, deductibles and coinsurance.

All health plan options cover the same services and treatments, but coverage decisions may vary by carrier (see Health Plan Carrier Networks). Eligible preventive care is free with all plans if you use an in-network provider.

### Here is a comparison of the plans:

**Premier Preferred Provider Organization:** Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).

**Standard PPO:** Lower monthly premium than Premier PPO, higher out-of-pocket costs.

**Limited PPO (local education/local government retirees only):** Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs.

**Consumer-driven Health Plan/Health Savings Account (state /higher education retirees only) and Local CDHP/HSA (local education/local government retirees only):** Lowest monthly premium. In-network preventive care has no member cost. For most other services, you pay your deductible first before the plan pays anything. Then you pay coinsurance, not copays.



## Learn more about Health Savings Accounts

HSA maximum contributions are increasing in 2025, as permitted by the IRS.

There are limits on how much money you can put in your HSA in 2025:

- \$4,300 for retiree-only coverage;
- \$8,550 for all other family tiers; and
- Members 55+ can add \$1,000 more each year.

**Important! With the HSA, your total contribution is not available upfront.** If you enroll in a CDHP/HSA, you can contribute after-tax funds to your HSA by check or by linking your bank account to your HSA. You may only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds.

**Debit card:** Newly enrolled CDHP/HSA members get a debit card from Optum Financial to use for qualified expenses. Current enrolled members who stay enrolled in the CDHP/HSA will use their same debit card.

**HSA and FSA restrictions:** There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you CANNOT enroll in another medical plan, including any government plan, among other restrictions. If you enroll in the CDHP/HSA, you and your spouse CANNOT have a medical flexible spending account or health reimbursement account. You can enroll in the CDHP/HSA and a limited purpose FSA for dental and vision costs if one is offered to you.

If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice.

IN-NETWORK 2025 HEALTH PLAN COMPARISON					
Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO LE/LG	CDHP/HSA ST/HE	Local CDHP/HSA LE/LG
<b>Annual Deductible</b>					
Ret only	\$750	\$1,300	\$1,800	\$1,700	\$2,000
Ret + Child(ren)	\$1,125	\$1,950	\$2,500	\$3,400	\$4,000
Ret + Spouse	\$1,500	\$2,600	\$2,800	\$3,400	\$4,000
Ret + Spouse + Child(ren)	\$1,875	\$3,250	\$3,600	\$3,400	\$4,000
<b>Maximum Out-of-Pocket</b>					
Ret only	\$3,600	\$4,400	\$6,800	\$2,800	\$5,000
Ret + Child(ren)	\$5,400	\$6,600	\$13,600	\$5,600	\$10,000
Ret + Spouse	\$7,200	\$8,800	\$13,600	\$5,600	\$10,000
Ret + Spouse + Child(ren)	\$9,000	\$11,000	\$13,600	\$5,600	\$10,000
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge
<b>Primary Care/ Convenience Care</b>	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
<b>Specialist/Urgent Care</b>	\$45 copay	\$50 copay	\$55 copay	20% coinsurance after deductible	30% coinsurance after deductible
<b>Telehealth (MDLive/Teledoc/Talkspace)</b>	\$15 copay	\$15 copay	\$15 copay	20% coinsurance after deductible	30% coinsurance after deductible
<b>Behavioral Health and Substance Use (and virtual visits)</b>	\$25 copay	\$30 copay	\$35 copay	20% coinsurance after deductible	30% coinsurance after deductible
<b>Routine X-Rays, Labs and Diagnostics</b>	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
<b>Pharmacy (30-day supply)</b>					
generic	\$7 copay	\$14 copay	\$14 copay	20% coinsurance after deductible	30% coinsurance after deductible
preferred brand	\$40 copay	\$50 copay	\$60 copay		
non-preferred brand	\$90 copay	\$100 copay	\$110 copay		
<b>Specialty Pharmacy Medications</b>					
generics tier 1	20%; min \$100; max \$200	20%; min \$100; max \$200	20%; min \$100; max \$200	20% coinsurance after deductible	30% coinsurance after deductible
preferred brands tier 2	30%; min \$200; max \$400	30%; min \$200; max \$400	30%; min \$200; max \$400		
non-preferred brands tier 3	40%; min \$300; max \$600	40%; min \$300; max \$600	40%; min \$300; max \$600		
<b>Hospital/Facility Services</b>	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient Physical, Speech and Occupational Therapy</b>	15% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance after deductible	30% coinsurance after deductible
<b>Emergency Room Visit</b>	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible

## Health Plan Carrier Networks

BlueCross BlueShield of Tennessee and Cigna, our health insurance carriers, offer expansive networks of doctors, hospitals and facility providers.

You can choose from four carrier networks for your medical care.

### BlueCross BlueShield Network S Cigna LocalPlus

These networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the BlueCross Network S and Cigna LP networks, which helps keep premiums and claims costs low. **There is no additional monthly cost added to the premium for these networks.**

### BlueCross BlueShield Network P Cigna Open Access Plus

These networks include more hospitals and facilities. **There is an additional cost added to the monthly premium for these networks.**

- Additional \$75 per month for the retiree-only tier
- Additional \$85 per month for the retiree + child(ren) tier
- Additional \$150 per month for the retiree + spouse and retiree + spouse + child(ren) tiers

You'll see the total cost for these networks in the premium chart. **You may also pay more per claim because the costs for services in these networks are generally higher than the other two networks.**

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2025 calendar year (Jan. 1 until Dec. 31). You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is in the Enrollment Change Application.

Network providers and facilities can and do change. Benefits Administration cannot guarantee all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. A provider or hospital leaving a network is not a qualifying event and does not allow you to make changes to your insurance choices.

## 2025 STATE AND HIGHER EDUCATION RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>						
Retiree Only	\$189.80	\$264.80	\$284.70	\$359.70	\$379.60	\$454.60
Retiree + Child(ren)	\$284.80	\$369.80	\$427.20	\$512.20	\$569.60	\$654.60
Retiree + Spouse	\$427.40	\$577.40	\$641.10	\$791.10	\$854.80	\$1,004.80
Retiree + Spouse + Child(ren)	\$493.40	\$643.40	\$740.10	\$890.10	\$986.80	\$1,136.80
Spouse Only	\$237.60	\$312.60	\$356.40	\$431.40	\$475.20	\$550.20
Child(ren) Only	\$95.00	\$170.00	\$142.50	\$217.50	\$190.00	\$265.00
Spouse + Child(ren)	\$303.60	\$388.60	\$455.40	\$540.40	\$607.20	\$692.20
<b>STANDARD PPO</b>						
Retiree Only	\$176.40	\$251.40	\$264.60	\$339.60	\$352.80	\$427.80
Retiree + Child(ren)	\$264.40	\$349.40	\$396.60	\$481.60	\$528.80	\$613.80
Retiree + Spouse	\$396.80	\$546.80	\$595.20	\$745.20	\$793.60	\$943.60
Retiree + Spouse + Child(ren)	\$458.20	\$608.20	\$687.30	\$837.30	\$916.40	\$1,066.40
Spouse Only	\$220.40	\$295.40	\$330.60	\$405.60	\$440.80	\$515.80
Child(ren) Only	\$88.00	\$163.00	\$132.00	\$207.00	\$176.00	\$251.00
Spouse + Child(ren)	\$281.80	\$366.80	\$422.70	\$507.70	\$563.60	\$648.60
<b>CDHP/HSA</b>						
Retiree Only	\$167.20	\$242.20	\$250.80	\$325.80	\$334.40	\$409.40
Retiree + Child(ren)	\$250.60	\$335.60	\$375.90	\$460.90	\$501.20	\$586.20
Retiree + Spouse	\$376.00	\$526.00	\$564.00	\$714.00	\$752.00	\$902.00
Retiree + Spouse + Child(ren)	\$434.20	\$584.20	\$651.30	\$801.30	\$868.40	\$1,018.40
Spouse Only	\$208.80	\$283.80	\$313.20	\$388.20	\$417.60	\$492.60
Child(ren) Only	\$83.40	\$158.40	\$125.10	\$200.10	\$166.80	\$241.80
Spouse + Child(ren)	\$267.00	\$352.00	\$400.50	\$485.50	\$534.00	\$619.00

## Covered Services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna member handbook and your plan document by going to the Publications webpage. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

## Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: pharmacy, behavioral health, an emotional wellbeing solutions program and a wellness program. Learn about benefits such as telehealth, the Diabetes Prevention Program, behavioral health virtual visits and more at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Health Options, Included Benefits Extras.

### LOCAL EDUCATION 2025 TEACHER RETIREES MONTHLY HEALTH PREMIUMS

	AT LEAST 30 YEARS OF SERVICE		20-29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>						
Retiree Only	\$415.25	\$490.25	\$490.75	\$565.75	\$566.25	\$641.25
Retiree + Child(ren)	\$684.20	\$769.20	\$808.60	\$893.60	\$933.00	\$1,018.00
Retiree + Spouse	\$933.90	\$1,083.90	\$1,103.70	\$1,253.70	\$1,273.50	\$1,423.50
Retiree + Spouse + Child(ren)	\$1,078.55	\$1,228.55	\$1,274.65	\$1,424.65	\$1,470.75	\$1,620.75
Spouse Only	\$518.65	\$593.65	\$612.95	\$687.95	\$707.25	\$782.25
Child(ren) Only	\$268.95	\$343.95	\$317.85	\$392.85	\$366.75	\$441.75
Spouse + Child(ren)	\$663.30	\$748.30	\$783.90	\$868.90	\$904.50	\$989.50
<b>STANDARD PPO</b>						
Retiree Only	\$385.55	\$460.55	\$455.65	\$530.65	\$525.75	\$600.75
Retiree + Child(ren)	\$635.80	\$720.80	\$751.40	\$836.40	\$867.00	\$952.00
Retiree + Spouse	\$867.35	\$1,017.35	\$1,025.05	\$1,175.05	\$1,182.75	\$1,332.75
Retiree + Spouse + Child(ren)	\$1,002.10	\$1,152.10	\$1,184.30	\$1,334.30	\$1,366.50	\$1,516.50
Spouse Only	\$481.80	\$556.80	\$569.40	\$644.40	\$657.00	\$732.00
Child(ren) Only	\$250.25	\$325.25	\$295.75	\$370.75	\$341.25	\$416.25
Spouse + Child(ren)	\$616.55	\$701.55	\$728.65	\$813.65	\$840.75	\$925.75
<b>LIMITED PPO</b>						
Retiree Only	\$364.10	\$439.10	\$430.30	\$505.30	\$496.50	\$571.50
Retiree + Child(ren)	\$600.05	\$685.05	\$709.15	\$794.15	\$818.25	\$903.25
Retiree + Spouse	\$819.50	\$969.50	\$968.50	\$1,118.50	\$1,117.50	\$1,267.50
Retiree + Spouse + Child(ren)	\$946.00	\$1,096.00	\$1,118.00	\$1,268.00	\$1,290.00	\$1,440.00
Spouse Only	\$455.40	\$530.40	\$538.20	\$613.20	\$621.00	\$696.00
Child(ren) Only	\$235.95	\$310.95	\$278.85	\$353.85	\$321.75	\$396.75
Spouse + Child(ren)	\$581.90	\$666.90	\$687.70	\$772.70	\$793.50	\$878.50
<b>LOCAL CDHP/HSA</b>						
Retiree Only	\$317.90	\$392.90	\$375.70	\$450.70	\$433.50	\$508.50
Retiree + Child(ren)	\$524.15	\$609.15	\$619.45	\$704.45	\$714.75	\$799.75
Retiree + Spouse	\$715.00	\$865.00	\$845.00	\$995.00	\$975.00	\$1,125.00
Retiree + Spouse + Child(ren)	\$826.10	\$976.10	\$976.30	\$1,126.30	\$1,126.50	\$1,276.50
Spouse Only	\$397.10	\$472.10	\$469.30	\$544.30	\$541.50	\$616.50
Child(ren) Only	\$206.25	\$281.25	\$243.75	\$318.75	\$281.25	\$356.25
Spouse + Child(ren)	\$508.20	\$593.20	\$600.60	\$685.60	\$693.00	\$778.00

## Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits. The health plan you choose determines your out-of-pocket prescription costs, including copay, coinsurance, deductible and out-of-pocket maximum.

How much you pay for prescriptions depends on three things:

- the drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug (three different cost tiers in the PPOs);
- the quantity, also known as the days supply, you receive; and
- where you fill your prescription – at a retail, Retail-90\* or mail order pharmacy.

**Benefits change for CDHP members:** Anti-obesity medications will no longer be on the preventive drug list for the CDHP option in 2025. Members enrolled in this plan will be subject to their plan's deductible before plan coverage begins for anti-obesity medications including, but not limited to, Qsymia, Wegovy, Zepbound and Saxenda.

\* The Retail 90 network is expanding in 2025 to include more pharmacies. Go to the Partners for Health pharmacy webpage to search for a list of these pharmacies.

## Behavioral Health

Managed by Optum Behavioral Health

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services. Optum Behavioral Health can help retirees and eligible dependents find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits include applied behavior analysis therapy. You have access to preferred substance use treatment facilities at no cost for PPO plans and no coinsurance after deductible for the CDHP plan.

## Emotional Wellbeing Solutions (formerly called Employee Assistance Program)

Managed by Optum Behavioral Health

Emotional wellbeing services are available to all retirees enrolled in health insurance and their eligible dependents, even if your dependents are not enrolled in a health plan.

Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EWS, get:

- Five counseling visits, per problem, per year, per individual at no cost to you.
- In-person or virtual visits in the privacy and comfort of your own home.

Your benefits include **Self Care by AbleTo**, an on-demand mobile app to help with stress, anxiety and depression; **Talkspace** online therapy; and **Take Charge at Work**, a telephonic coaching program that helps those working and eligible for EWS deal with stress and depression.

## LOCAL EDUCATION 2025 SUPPORT STAFF RETIREES MONTHLY HEALTH PREMIUMS

	BCBST NETWORK S & CIGNA LOCALPLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
<b>PREMIER PPO</b>		
Retiree Only	\$755	\$830
Retiree + Child(ren)	\$1,244	\$1,329
Retiree + Spouse	\$1,698	\$1,848
Retiree + Spouse + Child(ren)	\$1,961	\$2,111
Spouse Only	\$943	\$1,018
Child(ren) Only	\$489	\$564
Spouse + Child(ren)	\$1,206	\$1,291
<b>STANDARD PPO</b>		
Retiree Only	\$701	\$776
Retiree + Child(ren)	\$1,156	\$1,241
Retiree + Spouse	\$1,577	\$1,727
Retiree + Spouse + Child(ren)	\$1,822	\$1,972
Spouse Only	\$876	\$951
Child(ren) Only	\$455	\$530
Spouse + Child(ren)	\$1,121	\$1,206
<b>LIMITED PPO</b>		
Retiree Only	\$662	\$737
Retiree + Child(ren)	\$1,091	\$1,176
Retiree + Spouse	\$1,490	\$1,640
Retiree + Spouse + Child(ren)	\$1,720	\$1,870
Spouse Only	\$828	\$903
Child(ren) Only	\$429	\$504
Spouse + Child(ren)	\$1,058	\$1,143
<b>LOCAL CDHP/HSA</b>		
Retiree Only	\$578	\$653
Retiree + Child(ren)	\$953	\$1,038
Retiree + Spouse	\$1,300	\$1,450
Retiree + Spouse + Child(ren)	\$1,502	\$1,652
Spouse Only	\$722	\$797
Child(ren) Only	\$375	\$450
Spouse + Child(ren)	\$924	\$1009



## Wellness Program

Managed by Sharecare

To help you achieve your health goals, the wellness program is available to all retirees and adult dependents enrolled in the health plan.

Retirees enrolled in health benefits will have access to the Sharecare member platform, Sharecare mobile app, RealAge Test, lifestyle management coaching, chronic condition management coaching, the Eat Right Now weight management program, Onduo intensive diabetes management program, quarterly challenges and biometric screenings. A Diabetes Prevention Program will also be offered to retirees who qualify through insurance carriers BlueCross or Cigna.

## Additional Benefits

Along with health insurance, Partners for Health offers dental and vision benefits, subject to eligibility. These benefits provide additional coverage for you and your eligible dependents.

### Dental Insurance

Offered through Cigna and Delta Dental of Tennessee

Partners for Health offers two different dental plans to eligible retirees\*. You pay the full monthly premium.

#### Cigna: Dental Health Maintenance Organization – Prepaid Provider

Total premiums will increase 3.5%.

You are required to select and use a Cigna network general dentist. You must notify Cigna of your choice. Find the list of dentists at [cigna.com/stateoftn](http://cigna.com/stateoftn).

Members pay copays. Review the patient charge schedule before having procedures performed. Lab fees may apply for some procedures.

Completion of crowns, bridges, dentures, implants or root canals already in progress on a new member's effective date will not be covered.

Members can contact Cigna customer service for additional information about coverage for orthodontic services in progress.

#### Delta Dental: Dental Preferred Provider Organization

Total premiums will increase 1.5%.

Use any dentist but save money by choosing an in-network dentist.

Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.

Waiting periods apply to select procedures.

The premium rates for the Cigna DHMO plan are less than for the DPPO plan; however, the network options are fewer in the DHMO. You should carefully review all details of each plan before making a selection. To learn about all dental benefits, find the Cigna DHMO handbook, Cigna patient charge schedule and the Delta Dental DPPO handbook at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) and click on Publications.

\* If you are a Tennessee Consolidated Retirement System or Optional Retirement Plan retiree, you may be eligible for dental insurance.



LOCAL GOVERNMENT 2025 RETIREES MONTHLY HEALTH PREMIUMS				
	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS
<b>PREMIER PPO</b>				
Retiree Only	\$839	\$839	\$914	\$914
Retiree + Child(ren)	\$1,302	\$1,302	\$1,387	\$1,387
Retiree + Spouse	\$1,931	\$1,931	\$2,081	\$2,081
Retiree + Spouse + Child(ren)	\$2,269	\$2,269	\$2,419	\$2,419
Spouse Only	\$1,092	\$1,092	\$1,167	\$1,167
Child(ren) Only	\$463	\$463	\$538	\$538
Spouse + Child(ren)	\$1,430	\$1,430	\$1,515	\$1,515
<b>STANDARD PPO</b>				
Retiree Only	\$772	\$772	\$847	\$847
Retiree + Child(ren)	\$1,198	\$1,198	\$1,283	\$1,283
Retiree + Spouse	\$1,777	\$1,777	\$1,927	\$1,927
Retiree + Spouse + Child(ren)	\$2,088	\$2,088	\$2,238	\$2,238
Spouse Only	\$1,005	\$1,005	\$1,080	\$1,080
Child(ren) Only	\$426	\$426	\$501	\$501
Spouse + Child(ren)	\$1,316	\$1,316	\$1,401	\$1,401
<b>LIMITED PPO</b>				
Retiree Only	\$627	\$627	\$702	\$702
Retiree + Child(ren)	\$973	\$973	\$1,058	\$1,058
Retiree + Spouse	\$1,443	\$1,443	\$1,593	\$1,593
Retiree + Spouse + Child(ren)	\$1,695	\$1,695	\$1,845	\$1,845
Spouse Only	\$816	\$816	\$891	\$891
Child(ren) Only	\$346	\$346	\$421	\$421
Spouse + Child(ren)	\$1,068	\$1,068	\$1,153	\$1,153
<b>LOCAL CDHP/HSA</b>				
Retiree Only	\$579	\$579	\$654	\$654
Retiree + Child(ren)	\$898	\$898	\$983	\$983
Retiree + Spouse	\$1,331	\$1,331	\$1,481	\$1,481
Retiree + Spouse + Child(ren)	\$1,564	\$1,564	\$1,714	\$1,714
Spouse Only	\$752	\$752	\$827	\$827
Child(ren) Only	\$319	\$319	\$394	\$394
Spouse + Child(ren)	\$985	\$985	\$1,070	\$1,070

### 2025 MONTHLY DENTAL PREMIUMS FOR ALL PLANS

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Retiree Only	\$16.32	\$27.27
Retiree + Child(ren)	\$33.88	\$61.60
Retiree + Spouse	\$28.93	\$53.76
Retiree + Spouse + Child(ren)	\$39.74	\$97.34

### 2025 MONTHLY VISION PREMIUMS FOR ALL PLANS

	BASIC PLAN	EXPANDED PLAN
Retiree Only	\$3.18	\$6.30
Retiree + Child(ren)	\$6.35	\$12.60
Retiree + Spouse	\$6.03	\$11.98
Retiree + Spouse + Child(ren)	\$9.33	\$18.54
Spouse Only	\$3.18	\$6.30
One Child Only	\$3.18	\$6.30
Two or More Children Only	\$6.35	\$12.60
Spouse + Children Only	\$6.35	\$12.60

## Vision Insurance

Offered through EyeMed

Vision benefits are offered to eligible retirees \*\*. You pay the monthly premium. Premiums and benefits will stay the same in 2025. You'll save money when using in-network providers.

Choose from two vision insurance options, the **Basic Plan** or **Expanded Plan**.

All members in both vision plans get:

- Routine eye exam every calendar year
- Choice of eyeglass lenses or contact lenses once every calendar year
- Low vision evaluation and aids available once every two calendar years

**Basic Plan:** Pays for your eye exam after you pay a \$10 copay and provides various allowances (dollar amounts paid by the plan) for materials such as eyeglass frames and contact lenses.

- Frames available once every two calendar years.

**Expanded Plan:** Free routine eye exam annually. Includes greater allowances versus the Basic Plan.

- Frames available once every calendar year.

In both plans, you pay copays; or when the cost exceeds the allowed dollar amount paid by the plan, you pay the cost of materials and services above the allowance. Discounts may be available for select materials.

Find the EyeMed handbook at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Publications and Vision Insurance. Find a comparison of both plans at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Other Benefits, and then Vision.

\*\* If you are a retired employee and drawing a retirement benefit from the Tennessee Consolidated Retirement System or participate in an Optional Retirement Plan through the University of Tennessee or the state university and community college system, you may be eligible for vision insurance. To enroll in vision, you must be enrolled in group health coverage. Dependents enrolled in spouse only, spouse + child(ren) or child(ren) only group health coverage are eligible to enroll in dependent only vision coverage if the retiree is no longer enrolled in the group health plan.

## SELECT YOUR BENEFITS

### How to Enroll in Your Benefits

If you want to make changes, fill out the Annual Enrollment application found at the end of this newsletter. Submit it to Benefits Administration by mail or fax.

- Mailed applications must be postmarked no later than Oct. 31, 2024.
- Submit by fax at 615.741.8196 by Oct. 31, 2024, at 11:59 p.m. CT.

If you want to make changes to your insurance coverage online, you can use Employee Self Service in Edison at [www.edison.tn.gov](http://www.edison.tn.gov).

### Employee Self Service in Edison

You'll use Employee Self Service in Edison at [www.edison.tn.gov](http://www.edison.tn.gov) to make changes to your insurance coverage, unless otherwise noted.

- Look for the green "Benefits Enrollment" button.
- Click the green "Benefits Enrollment" button, then click the "Login" button to log in to Edison using your Access ID. This is not your eight-digit Edison employee ID. To get your Access ID, go to Edison, click the green "Benefits Enrollment" button and then click the "Retrieve Access ID" button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison.
- You can enroll on your computer or mobile device. Use the web browser native to its operating system.
- In Edison, set up an account with a password, if you haven't done so. Find step-by-step instructions at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Annual Enrollment and then Enrollment Materials.

Important! You may have an old employee email address in Edison. If you try to reset your password to enroll, the password reset email may go to this old email account. If you do not receive an email after trying to set up your account, you can enroll by mailing or faxing the application found at the back of this newsletter or you can call Edison at 866.376.0104 for help with your password reset.

If you're adding eligible dependents (such as your spouse and/or eligible children) who have not been previously covered:

- You can add them to medical coverage if you (the retiree) will be covered on the medical plan as of Jan. 1, 2025.



# SECURE YOUR PEACE OF MIND

## After Enrollment

### Annual Enrollment Confirmation Statement

After you click the enrollment submit button, you'll get an email letting you know that your enrollment has been submitted as long as you have a valid email address in Edison. After the Annual Enrollment period ends, you will get another email letting you know your Annual Enrollment confirmation statement is available in Edison. The email you receive will include instructions on how to access this statement. There are a couple different ways you can access the Annual Enrollment confirmation statement:

- If you log into Edison through the green Benefits Enrollment button: Click Benefit Details, and then click Benefits Statement.
- From the regular Edison homepage (if you log in through the red login button): Click Benefits & Health and then click Benefit Statements under the Benefits section.
- If you don't have an email address in Edison, you will receive a confirmation statement in the mail.

### Let's Keep in Touch!

Benefits Administration sends emails to retirees with important insurance information throughout the year. Emails are from Partners for Health and are sent from an email service provider. You can unsubscribe at any time, but if you do, you'll no longer receive any insurance-related updates. Please log in to Edison and make sure your email address is correct. It's easy! Click on your name next to the home icon in the top right corner. This will open a Profile list on the left. Click on "My System Profile" and then click the link "Change or Set Up Email Address".

### Important Contact Information Benefits Administration

800.253.9981 or 615.741.3590

Monday - Friday, 8 a.m. - 4:30 p.m. CT

Fax: 615.741.8196

e-mail: [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov)

## Legal Notices

### Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615.532.9617.

If you think you have been denied services or treated differently for any of the above stated reasons, please find the TN Department of Finance and Administration's Non Discrimination and Complaint Policy at <https://www.tn.gov/finance/looking-for/policies.html> for guidance or contact the Department of Finance and Administration Civil Rights Coordinator at [FA.CivilRights@tn.gov](mailto:FA.CivilRights@tn.gov) or 615.532.9617 for assistance.

You may request information regarding anti-discrimination or a Civil Rights Complaint form by mail to: State of Tennessee, Civil Rights

- You may be eligible to add a dependent who is covered on medical to the retiree vision plan. Eligible dependents may also be added to your retiree dental coverage.
- If the dependent is not currently covered on the medical plan, we need documents to prove their relationship to you. Find a list of required documents online at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) under Publications > Forms and then Retirement. Click on Dependent Verification Eligibility Documents.
- Upload documents in Edison if enrolling through ESS or mail copies along with your Annual Enrollment application or fax to 615.741.8196. You must include your Edison employee ID or Social Security number on each document.
- Dependent verification documents MUST be submitted by the Annual Enrollment deadline of Oct. 31, 2024.

## Get Help with Your Enrollment

Don't get lost! You can find enrollment instructions and help with passwords:

- Find step-by-step enrollment login instructions by going to [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth), click the Annual Enrollment tab, and then click on Enrollment Materials.
- For password reset help, call Edison at 866.376.0104.

### If you revise or cancel enrollment:

*If you decline enrollment on the retiree group health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, subject to retiree group health eligibility criteria, you may be able to enroll in this plan if eligibility for that other coverage is lost or if employer contribution toward the other coverage ends. However, you must request enrollment within 60 days after the other coverage ends, or after the employer stops contributing toward the other coverage.*

*In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll. However, you must request enrollment within 30 days after the birth, adoption or placement for adoption for the coverage to be retroactive.*

*To request special enrollment or obtain more information, contact Benefits Administration. Please note that any future enrollment request will be subject to plan provisions in effect at the time of the request.*

## Contact Us

We're here to help you make the best decision about your benefits. Go to [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) where you'll find a red Questions? button to contact our help desk: <https://benefitssupport.tn.gov/hc/en-us>. You may also call Benefits Administration at 615.741.3590 or 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT.

## Annual Enrollment Videos

### On-demand Videos

You can watch videos to help you learn about your benefits. You can watch them when it's convenient for you. Go to [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth), and click on Annual Enrollment. Then go to Videos and Recorded Webinars.



Coordinator, Department of Finance and Administration, Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243 or by email to FA.CivilRights@tn.gov.

You may also request information regarding anti-discrimination from or submit a Complaint to:

U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1.800.368.1019 or TTY/TDD at 1.800.537.7697; OR

U. S. Office for Civil Rights, Office of Justice Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531; OR

Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? If you speak a language other than English, help in your language is available for free. If you have a disability and need an auxiliary aid or service, for instance sign language, Braille, or large print, help is available for free. Please request language assistance by emailing renee.woodall@tn.gov and FA.CivilRights@tn.gov or calling 615.253.9926.

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298)

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك (رقم هاتف الصم والبكم: 1-866-576-0029 بالمجان. اتصل برقم 1-800-848-0298.)

### Chinese

注意：如果您會說中文，則提供免費的語言協助服務。請致電 1-866-576-0029（電傳打字機：1-800-848-0298）。

### Vietnamese

CHÚ Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn. Gọi 1-866-576-0029 (TTY: 1-800-848-0298).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0029)번으로 전화해 주십시오.

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1800-848-0298).

### Laotian

ຂໍ້ຄວນລະອັງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເຊັນມີຢູ່. ໂທ1-866-576-0029 (TTY: 1-800-848-0298).

### Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚስተር ቁጥር ይደውሉ 1-866-576-0029 (ሞስማት ለተሳናቸው: 1-800-848-0298).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

### Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY: 1-800-848-0298).

### Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

### Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1800-848-0298) पर कॉल करें।

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

### Persian

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای تماس (رقم 1-866-576-0029) شما فراهم می باشد. با بگریب.

## The Notice of Privacy Practice

Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as protected health information (PHI). The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), and also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practices is located on the Benefits Administration website at <https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf>. You may also request the notice in writing by emailing [benefits.privacy@tn.gov](mailto:benefits.privacy@tn.gov).

## Prescription Drug Coverage and Medicare

Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program (SGIP), you have options for your drug coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug

coverage, review this notice on the Benefits Administration website: [www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare\\_part\\_d\\_notice.pdf](http://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/medicare_part_d_notice.pdf).

## Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2025 health coverage options. The SBC will be available for review at <https://www.tn.gov/PartNersForHealth/summary-of-benefits-and-coverage> no later than Sept. 1, 2024. The digital newsletter contains much of the same information. To get an SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

## Plan Document and Certificates of Coverage

The information contained in this newsletter provides a summary of the benefits available to you through the State of Tennessee. Specific plan information is contained within the formal plan documents and certificates of coverage. If there is any discrepancy between the information in this newsletter and the formal plan documents and certificates of coverages, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents on the Benefits Administration website at [www.tn.gov/PartnersForHealth/publications/publications.html](http://www.tn.gov/PartnersForHealth/publications/publications.html)

## Other Publications

In addition to the documents mentioned above, the Benefits Administration website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance for Retirees with Medicare.

## Notice Regarding Wellness Program

The Partners for Health Wellness Program is a voluntary wellness program available to all state, higher education, local education, local government employees, spouses and adult dependents as well as retirees enrolled in health coverage. Only active state and higher education employees and enrolled spouses are eligible to earn cash incentives. 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 wellness program, you will be asked to complete a voluntary health questionnaire (assessment) 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 are not required to complete the assessment or other medical examinations. Although you are not required to complete the health questionnaire, only active state and higher education employees and spouses who do so are eligible to receive cash incentives. 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 health questionnaire 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. It may also be used to offer you services through wellness programs such as weight management, Diabetes Prevention Program, and other programs. 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 will 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 and the State of TN's contract with Sharecare 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, if eligible. Anyone who receives your information for purpose 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 health care professionals) and their vendor partners (case managers with the medical and behavioral health vendors, diabetes remission program vendor, and the biometric screening vendor) 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 safeguards will be taken to avoid any data breach, and in the event a data breach occurs involving information in connection with the wellness program, you will be notified promptly. 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](mailto:partners.wellness@tn.gov).



ANNUAL ENROLLMENT APPLICATION FOR RETIREE PARTICIPANT

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 800.253.9981 • fax 615.741.8196



Completed form (blue or black ink) must be postmarked or faxed to Benefits Administration by 10/31/24 — Attention: Retirement

Form with sections: PART 1: RETIREE INFORMATION, PART 2: HEALTH COVERAGE SELECTION, PART 3: DENTAL COVERAGE SELECTION, PART 4: VISION COVERAGE SELECTION, PART 5: DEPENDENT INFORMATION, PART 6: RETIREE AUTHORIZATION. Includes fields for personal info, benefit options, dependent details, and a signature block.



STATE OF TENNESSEE  
 BENEFITS ADMINISTRATION  
 DEPARTMENT OF FINANCE AND ADMINISTRATION

WILLIAM R. SNODGRASS TN TOWER  
 312 ROSA L. PARKS AVENUE, 19TH FLOOR  
 NASHVILLE, TN 37243-1102



# Your Passport to Peace of Mind

**DESTINATION ANNUAL ENROLLMENT**  
 Tuesday, Oct. 1–Thursday, Oct. 31

Tennessee Department of Finance and Administration.  
 Authorization Number 317593, 9,884 copies, August 2024. This  
 public document was promulgated at a cost of \$0.53 per copy.

