It’s Annual Enrollment Time!

Here is your annual enrollment newsletter from Benefits Administration (BA). It gives you important information about your choices. You will find full details, including comparison charts for your health, dental, vision, life and disability plans, and premium charts on our website at tn.gov/PartnersForHealth.

Your annual chance to …

• Choose or update your benefits for 2021. Changes will be effective Jan. 1, 2021.
• Important: During the annual enrollment period, state employees MUST choose their health savings account (HSA) amounts for 2021. All employees MUST choose flexible spending account (FSA) election amounts if they want to put money in them for 2021.
  » HSA details are on page 3. FSA details are on page 9. Consumer-driven Health Plan (CDHP)/HSA and FSA restrictions are on page 3.

Important 2021 updates

• Health insurance premiums will increase by 2.8%. See page 4 for details.
• Other benefits premiums: No premium increases for vision, disability and life insurance plans.
  » Dental Prepaid premiums will increase by 3%.
  » Dental DPPO premiums will not increase (pending final approval).
  » See Other Benefits on pages 7-10.
• To see all premiums, go to tn.gov/PartnersForHealth/insurance-premiums.
• Same health plans as last year: Premier preferred provider organization (PPO), Standard PPO and CDHP/HSA.
• Health insurance copays, coinsurance and deductibles are staying the same.
• 2021 vendor (insurance carrier) updates:
  » Pharmacy vendor will remain CVS Caremark.
  » Dental Prepaid plan vendor will remain Cigna.
  » Dental DPPO plan vendor will remain MetLife (pending final approval). See page 7. More information will be available on the ParTNers for Health website.
  » HSA/FSA vendor will change to Optum Bank beginning Jan. 1, 2021. Affected members will receive more information later this year.

Updates to coordination of benefits rules may impact claims payment and what you owe if you have more than one medical plan in 2021. See details at tn.gov/PartnersForHealth under Carrier Information.
Networks and benefits may change and impact you. It’s a good idea to review your enrollment selections each year. If you don’t make changes, your current medical, disability, dental, vision and life insurance choices will stay the same.

Medical benefit improvements

• Certain osteoporosis medications will be added to the maintenance tier drug list. The maintenance tier allows you to receive a 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost. See Pharmacy on page 4 for details.

To Do:

• Enroll or make changes online in Edison (unless otherwise noted): www.edison.tn.gov
  » To enroll: On the Edison homepage, look for the green “Benefits Annual Enrollment” button.
  » You can enroll on your computer or mobile device. (Use the web browser native to its operating system.)
  » If you haven’t logged in to Edison recently, you must click the Acceptable User Policy “I Accept” button in order to access the Edison system.
  » Find step-by-step login instructions at tn.gov/PartnersForHealth on the Annual Enrollment webpage. For password reset help, call Edison at 866.376.0104.

• Watch videos on how to enroll and more.
  » On the tn.gov/PartnersForHealth homepage – click the Videos link at the top.

• Enrolling new dependents? We need documents to prove their relationship to you.
  » A list of required documents is at tn.gov/PartnersForHealth under Publications then Forms.
  » Upload documents in Edison or fax to 615.741.8196.
  » Dependent documents deadline is Oct. 16.

Here’s Help!

Go to tn.gov/PartnersForHealth. You’ll find:

• Videos about your benefits.

• A blue questions button to our help desk: https://benefitssupport.tn.gov/hc/en-us

• A green help button to CHAT with a customer service representative during business hours.

Join an employee webinar:

• Dates and times are on page 1.
  Go to tn.gov/PartnersForHealth and click on the Annual Enrollment page. Scroll down for instructions.

Join these webinars where our insurance carriers will present their products and you can ask questions about your insurance choices. Webinar at 11 a.m. CT will repeat at 3 p.m. CT each day.

• September 10 — Disability plan options
• September 11 — Medical options (BCBST & Cigna)
• September 17 — Vision plan options
• September 18 — Optum Bank HSA/FSA options
• September 24 — Life Insurance plans
• September 25 — Dental options (Prepaid & DPPO)
  » Go to tn.gov/PartnersForHealth and click on the Annual Enrollment page for more information.

Call Benefits Administration at 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

Health Benefits

You have a choice of three health plans (costs on page 5).

Preventive care is free in all plans, if you use an in-network provider.

• Premier PPO: Higher monthly premium - lower out-of-pocket costs (deductible, copays and coinsurance).
• Standard PPO: Lower monthly premium than the Premier PPO - higher out-of-pocket costs.
• CDHP/HSA: Lowest monthly premium - you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.
  » The state will put $250 (employee only) or $500 (all other tiers) into your HSA. This money applies to your yearly HSA IRS maximum contribution amount (see below).
  » The HSA can help you save for healthcare costs. You get tax benefits, the money rolls over each year and you keep it if you leave. You can put your premium savings into your HSA to pay your deductible! Visit tn.gov/PartnersForHealth under CDHP/HSA Insurance Options for more information.

The State does not put money into your HSA if your coverage starts Sept. 2, 2021, through Dec. 31, 2021.

» HSA IRS max contributions – There are limits on how much money you can put in your HSA for 2021:
  $3,600 for employee-only coverage
  $7,200 for all other family tiers
  Members 55+ can add $1,000 more each year
These limits include:
– the $250 or $500 you receive from your employer
– any wellness incentive funds you may earn and add to your account (state employees only)

Debit card: CDHP/HSA members will get a new debit card from our new vendor, Optum Bank, to use for qualified expenses. Affected members will receive more information later this year.

There is a change in the HSA vendor for 2021. If you are currently enrolled in the CDHP and you stay enrolled in the CDHP for 2021, your funds will be moved from PayFlex to Optum Bank automatically. Your PayFlex HSA funds will not be available for approximately two weeks in January so that the funds can be moved. If you anticipate a large medical expense early in January, you should consider taking money out of your HSA in December to cover it. If you decide to change your enrollment to one of the PPO plans, then your HSA will remain with PayFlex and you will be responsible for paying the monthly account fee.

Important! Your total HSA contribution is not available upfront at the beginning of the year or after you enroll. Your pledged amount is taken out of each paycheck, each pay period. You may only spend the money that is in your HSA at the time of service or care. But you can pay out of your own pocket and pay yourself back later with funds from your HSA.

State employees enrolled in the CDHP must update their HSA contribution amounts each year in Edison.

Higher education employees enrolled in the CDHP can update their HSA contribution amounts by contacting their agency benefits coordinator (ABC).

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

CDHP/HSA restrictions: You cannot enroll in a CDHP if:
• you are enrolled in another plan, including a PPO, your spouse’s plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE, Social Security benefits), or
• if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months. Generally, members receiving free care at any VA facility cannot enroll in the CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months. However, members may be eligible if they did not receive any care from a VA facility for three months, or member only receives care from a VA facility for a service-connected disability (it must be a disability). Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

HSA and FSA restrictions: You cannot enroll in the CDHP/HSA if either you or your spouse have a medical flexible spending account (FSA) or HRA at either employer. You can have a limited purpose FSA (L-FSA) for vision or dental expenses.

Carrier networks
You have a choice of three networks for your medical care. There are two narrow networks, BlueCross BlueShield and Cigna LocalPlus. The narrow networks exclude some providers to keep premiums and rate increases low. There is also one broad network, Cigna OAP, for maximum choice.
• BlueCross BlueShield (BCBST) Network S
• Cigna LocalPlus (LP)
• Cigna Open Access Plus (OAP) is a broad network with the most providers in Tennessee. OAP gives you access to more providers than the other networks, but this broad choice costs more. You pay a monthly surcharge of $40 or $80, which is added to the premium.
  » $40 for Employee only / Employee + child(ren) tiers
  » $80 for Employee + spouse / Employee + spouse + child(ren) tiers

Cigna members can also access the Surgical and Treatment Support Program which offers 100% coverage (after deductible for CDHP) for some hip, knee and back surgeries with program providers. Members must enroll prior to surgery. Go to cigna.com/stateoftn to learn more.

Each network (BCBST S, Cigna LP and OAP) has providers - doctors, hospitals, facilities - throughout Tennessee and across the country. It’s important to check the networks carefully. The network choice you make during annual enrollment is for the entire calendar year (Jan. 1 until Dec. 31), subject to eligibility. After annual enrollment ends, you won’t be able to change plans or networks for 2021. You may be able to make changes allowed by the plan if you have a qualifying event.

Network providers and facilities can and do change. Benefits Administration cannot guarantee that all providers and hospitals that are 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 coverage changes.
Contact BCBST or Cigna if you have questions about a doctor or hospital in a network:

**BCBST**, 800.558.6213, M-F, 7 a.m. to 5 p.m. CT, [bcbst.com/members/tn_state](http://bcbst.com/members/tn_state)

**Cigna**, 800.997.1617, 24/7, [cigna.com/stateoftn](http://cigna.com/stateoftn)

Or, go to [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under Health Options and Carrier Information for network hospital lists and directories.

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**Pharmacy**

All health plans include full prescription drug benefits.

- **NEW** - In 2021, the covered drug list (formulary) will change. In some cases, if there are other drugs that offer the same or similar clinical benefits at a lower cost, the plan will no longer cover certain drugs and other products on the current drug list. If you are taking one of these drugs, you and your prescribing physician will receive a letter from CVS Caremark in November. The letter will explain which drug(s) will be no longer covered under the plan, provide your covered drug options, and the appeal process for possible continued coverage.

- **NEW** - Certain osteoporosis medications will be added to the maintenance tier drug list. The maintenance tier allows you to get a 90-day supply of these drugs from a Retail-90 or mail order pharmacy at a reduced cost.

- Your health plan (Premier PPO, Standard PPO or CDHP/HSA) determines your out-of-pocket prescription costs (copay or coinsurance, deductible, and out-of-pocket maximum).

- How much you pay depends on three things:
  - the drug tier - if you choose a generic, preferred brand, non-preferred brand or specialty drug;
  - the day supply you receive - 30-day (or <30) or a 90-day (>31) supply; and
  - where you fill your prescription – at a retail, Retail-90, or mail order pharmacy.

Information about benefits, vaccines and how to save money is at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under Health Options and Pharmacy.

Go to [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) to locate a pharmacy, compare 2021 estimated drug costs by plan and register on the CVS Caremark site. Once registered, get details about your drug costs and savings, download the mobile app and more!

Contact: **CVS Caremark**, at 877.522.8679, anytime 24/7.

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### 2021 MONTHLY HEALTH PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>BCBST &amp; CIGNA LOCAL PLUS</th>
<th>CIGNA OPEN ACCESS</th>
<th>EMPLOYER SHARE</th>
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<tr>
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<tr>
<td>Employee Only</td>
<td>$140</td>
<td>$180</td>
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<tr>
<td>Employee + Child(ren)</td>
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<td>$250</td>
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<td>$372</td>
<td>$1,172</td>
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<tr>
<td>Employee + Spouse + Child(ren)</td>
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<td>$442</td>
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<td>$183</td>
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<td>Employee + Spouse + Child(ren)</td>
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<td><strong>CDHP/HSA</strong></td>
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<td>Employee Only</td>
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<td>$131</td>
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<td>$129</td>
<td>$209</td>
<td>$1,172</td>
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<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$158</td>
<td>$238</td>
<td>$1,451</td>
</tr>
</tbody>
</table>

Premium charts, including COBRA, are found at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth). Click on **Premiums** in the top navigation.

*The state will put $250 (emp. only) or $500 (other tiers) into your HSA annually. Not available if your coverage starts Sept. 2, 2021, through Dec. 31, 2021.*
Telehealth: virtual medical care through BCBST and Cigna (BCBST PhysicianNow or Cigna MDLive or Amwell)

More and more members are using Telehealth. You can talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere. The cost is less than a typical office visit when you use PhysicianNow, MDLive or Amwell programs sponsored by BCBST and Cigna. Schedule appointments for minor illnesses such as cold, flu, allergies, etc., for you or your family, in the comfort of your own home.

Save time — create your user profile in advance.

BCBST members:
• Log into BlueAccess at bcbst.com/members/tn_state/
• Look for and select Talk With a Doctor Now
• Or, call 888.283.6691

Cigna members:
• Log into MyCigna.com
• Look for MDLive or Amwell and select the vendor of your choice
• Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell

Information is at tn.gov/PartnersForHealth under Health Options and Telehealth.

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### IN-NETWORK 2021 HEALTH PLAN COMPARISON

<table>
<thead>
<tr>
<th>Your Costs for Covered Services</th>
<th>Premier PPO</th>
<th>Standard PPO</th>
<th>CDHP/HSA</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
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<tr>
<td>Emp only</td>
<td>$500</td>
<td>$1,000</td>
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<tr>
<td>Emp + Child(ren)</td>
<td>$750</td>
<td>$1,500</td>
<td>$3,000</td>
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<tr>
<td>Emp + Spouse</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Emp + Spouse + Child(ren)</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
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</tr>
<tr>
<td>Emp only</td>
<td>$3,600</td>
<td>$4,000</td>
<td>$2,500</td>
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<tr>
<td>Emp + Child(ren)</td>
<td>$5,400</td>
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<td>$5,000</td>
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<tr>
<td>Emp + Spouse</td>
<td>$7,200</td>
<td>$8,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Emp + Spouse + Child(ren)</td>
<td>$9,000</td>
<td>$10,000</td>
<td>$5,000</td>
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<tr>
<td><strong>Preventive Care</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Primary Care/Convenience Care</strong></td>
<td>$25 copay</td>
<td>$30 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Specialist/Urgent Care</strong></td>
<td>$45 copay</td>
<td>$50 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Telehealth (approved carrier program only)</strong></td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Behavioral Health and Substance Use (and virtual visits)</strong></td>
<td>$25 copay</td>
<td>$30 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Routine X-Rays, Labs and Diagnostics</strong></td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Pharmacy (30-day supply)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>generic preferred brand</td>
<td>$7 copay</td>
<td>$14 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>preferred brand</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>non-preferred brand</td>
<td>$90 copay</td>
<td>$100 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>specialty</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>min $50; max $150</td>
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<tr>
<td><strong>Hospital/Facility Services</strong></td>
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<td>20% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td>10% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Physical, Speech and Occupational Therapy</strong></td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Visit</strong></td>
<td>$150 copay</td>
<td>$175 copay</td>
<td>20% coinsurance after deductible</td>
</tr>
</tbody>
</table>

Find a complete health plan comparison, as well as dental and vision comparisons, at tn.gov/PartnersForHealth. Click on Publications in the top navigation and go to Insurance Comparison Charts.

**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, available at tn.gov/PartnersForHealth on the Publications page. If you have questions about your benefits or medical criteria for a specific service, contact the carriers’ member services.
Behavioral health—managed by Optum

All health plan members and enrolled dependents have access to the same behavioral health and substance use disorder services. Newly enrolled members will get a separate Optum ID card to use for these services.

- NEW – Talkspace online therapy: available for all members with behavioral health benefits. Download the app through HERE4TN.com. Communicate safely and securely, 24/7, with a therapist from your smartphone or desktop. Includes text, audio or video within the secure app. Talkspace sessions are subject to the same cost share or coinsurance rate (after deductible) as an outpatient office visit.

- Costs are waived for members who use certain preferred substance use treatment facilities. Go to tn.gov/PartnersForHealth under Health Options and Behavioral Health for details.

Optum can find a provider for in-person or virtual visits; explain benefits; identify best treatment options; schedule appointments; and answer questions. Virtual visits – meet with a provider through private, secure video conferencing. Costs are the same as an office visit.

For all programs and services, and help finding a provider, contact: Optum: 855-HERE4TN (855.437.3486), 24/7, or HERE4TN.com.

Employee Assistance Program (EAP)—managed by Optum

EAP services are available to all benefits-eligible state/higher education employees and their eligible dependents – even if they are not enrolled in a health plan. COBRA participants are also eligible.

Master’s level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services.

- Get five EAP counseling visits, per problem, per year, per individual at no cost to you. Available in person or by virtual visit - get the care you need in the privacy and comfort of your own home.

- NEW – Sanvello: on-demand mobile app to help with stress, anxiety and depression – available anytime at no extra cost at HERE4TN.com.

- A telephonic coaching program called Take Charge at Work helps people (EAP-eligible and working) dealing with stress or depression improve performance at work. Available at no additional cost if you qualify. Participants can earn a wellness program cash incentive, if eligible.

Information is at tn.gov/PartnersForHealth under Other Benefits and EAP.

Wellness program—managed by ActiveHealth

The 2021 wellness program is available for state/higher education employees and spouses (excludes retirees) enrolled in the health plan.

You and your spouse can each earn up to $250 ($500 annual maximum). Complete certain wellness activities to earn your cash incentives.

- New Incentives in 2021: Healthy You group coaching sessions – Earn $50 per session/maximum of three sessions ($150)

All other cash incentives currently in place will not change.

Weight Management Program – 12-month program for those ready to lose weight and learn more about healthy lifestyle changes. Contact ActiveHealth for information and to see if you qualify.

Enrolled state employees can choose to put wellness program cash incentives into their HSA during annual enrollment. Note: any wellness incentives deposited into the HSA count toward the overall HSA IRS annual maximum.

Information about programs, activities and a printable Incentive Table are at tn.gov/PartnersForHealth under Wellness. ActiveHealth will mail information to members in December.

Contact: ActiveHealth, 888.741.3390, M-F, 8-8 CT, go.activehealth.com/wellnesstn

The Diabetes Prevention Program (DPP) will be offered free to you in 2021. If eligible, the DPP helps adult health plan members prevent or delay type 2 diabetes. For details go to tn.gov/PartnersForHealth under Other Benefits and Wellness on the DPP webpage.
Other Benefits

Disability insurance—offered through MetLife

Disability insurance is offered to full-time state and higher education employees. You pay the full monthly premium. All sick leave, annual leave and comp time must be used before benefits are payable.

• **Short-term Disability (STD):** Replaces a percentage of your income during a disability, which could last up to 26 weeks. Two coverage options are available.
  » Frequently asked questions (FAQs), including pregnancy: tn.gov/PartnersForHealth under Other Benefits and Disability.

• **Long-term Disability (LTD) (state employees only):** Replaces a percentage of your income during a disability that is expected to last longer than 90-180 days. Four options are available.
  » Higher education employees-contact your ABC/HR office about available LTD options.

In 2021, premium rates and age-brackets will stay the same. Premiums increase as of October 2020 if your salary is greater on September 1, 2020, than September 1, 2019, or you move into a higher age-bracket for LTD.

Apply for coverage or increase your coverage if already enrolled. In Edison, pick the benefit you want under STD and/or LTD (state only). MetLife will mail you a Statement of Health form with medical questions. Fax, email or mail with a timestamp or postmark by Nov. 6 your completed/signed form to MetLife.

Application is subject to review and approval by MetLife based on underwriting rules. After receiving your form, MetLife may need more information from you.

Information, including how to calculate your rates, is at tn.gov/PartnersForHealth under Other Benefits and Disability. Monthly premium rates are also in Edison.

Contact: MetLife, 855.700.8001, M-F, 7 a.m. - 10 p.m. CT, metlife.com/StateofTN

Dental coverage

Two different Dental plans are offered. You pay the full monthly premium.

• **MetLife Preferred (DPPO) (pending final approval). Note:** if you are currently enrolled and do not change your plan, you will automatically be enrolled in the Dental DPPO vendor available on Jan. 1, 2021:
  » Monthly premium rates will not increase (pending final approval).
  » Use any Dentist, but save money staying in-network. Review MetLife’s network directory at metlife.com/stateoftn.
  » Discuss any estimated expenses with your dentist or specialist. Maximum Allowable Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
  » Waiting periods apply to select procedures. If currently enrolled, time applied to your waiting periods will transfer.

• **Cigna Prepaid (DHMO):**
  » 3% monthly premium rate increase.
  » Now covering dental implants.
  » Members pay copays and they may have changed for dental procedures. Review the Patient Charge Schedule at tn.gov/PartnersForHealth under Publications, then Dental before having procedures performed.
  » Completion of crowns, bridges, dentures, implants, root canal, or orthodontic treatment already in progress on a new member's effective date will not be covered.
  » You are required to select and use a Cigna Network General Dentist. You must notify Cigna of your choice. See the list of Dentists at cigna.com/stateoftn.

Information, including a comparison of the two plans, is at tn.gov/PartnersForHealth under Other Benefits and Dental.

Contact: MetLife, 855.700.8001, M-F, 7 a.m. - 10 p.m. CT, metlife.com/stateoftn

Contact: Cigna, 800.997.1617, 24/7, cigna.com/stateoftn

<table>
<thead>
<tr>
<th>2021 MONTHLY DENTAL PREMIUMS</th>
<th>CIGNA PREPAID PLAN</th>
<th>METLIFE DPPO PLAN*</th>
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<tbody>
<tr>
<td>ACTIVE MEMBERS</td>
<td></td>
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<tr>
<td>Employee Only</td>
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<td>Employee + Child(ren)</td>
<td>$28.75</td>
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<td>Employee + Spouse</td>
<td>$24.54</td>
<td>$44.72</td>
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<tr>
<td>Employee + Spouse + Child(ren)</td>
<td>$33.74</td>
<td>$87.50</td>
</tr>
</tbody>
</table>

*Pending final approval.
Vision insurance—offered through Davis Vision

You pay the full monthly premium. Choose from two options:

- **Basic Plan:** Pays for your eye exam and various “allowances” (dollar amounts) for materials such as eyeglass frames, lenses, contact lenses, etc.

- **Expanded Plan:** Includes greater “allowances” (dollar amounts) and additional materials versus the Basic Plan.

In both plans, you pay copays and coinsurance on materials or other services when the cost exceeds the allowed dollar amount.

- **Premiums will stay the same in 2021.** You’ll save money when using in-network providers.

- **All members in both vision plans get:**
  - Routine eye exam every calendar year
  - Frames once every two calendar years
  - Choice of eyeglass lenses or contact lenses once every calendar year

Information is at [tn.gov/PartnersForHealth](http://tn.gov/PartnersForHealth) under Other Benefits and Vision. New lens and coating benefits were added in 2020. Go to the website for a comparison of the plans’ benefits.

Contact: **Davis Vision**, 800.208.6404, M-F, 7 a.m. - 10 p.m., Sat, 8 a.m. - 3 p.m., Sun, 11 a.m. - 3 p.m. CT, [davisvision.com/stateofTN](http://davisvision.com/stateofTN).

<table>
<thead>
<tr>
<th>2021 MONTHLY VISION PREMIUMS</th>
<th>BASIC PLAN</th>
<th>EXPANDED PLAN</th>
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<td><strong>ACTIVE MEMBERS</strong></td>
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<td>Employee Only</td>
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<td>Employee + Spouse</td>
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</table>
Flexible spending accounts (FSA)

Use flexible spending accounts (FSA) to pay for healthcare and dependent care while saving money on your taxes. For medical and limited purpose FSAs, all of your contribution is available upfront.

NEW – In 2021, FSA, L-FSA and DC-FSA will be managed by Optum Bank. For more information, go to tn.gov/PartnersForHealth under Flexible Benefits.

Insurance-eligible state and higher education employees (excludes offline agencies) can enroll in these FSAs:

• **Medical FSA**: For medical, dental and vision expenses. Annual limit - $2,750. Carryover limit - $500.

• **Limited Purpose FSA (L-FSA)**: For dental/vision expenses only and members enrolled in a CDHP. Annual limit - $2,750. Carryover limit - $500.

• **Dependent Care FSA (DC-FSA)**: Annual limit - $5,000 (up to $2,500 per spouse for married couples filing jointly). No carryover amount allowed.
  
  » **Important**: You cannot enroll in both a medical FSA and a L-FSA in the same year.

  » **Debit card**: Medical FSA and L-FSA members get a new debit card from Optum Bank to use their funds at the pharmacy or provider’s office (not applicable for DC-FSA). Per IRS rules, Optum Bank may need you to verify FSA or L-FSA debit card purchases by providing your explanation of benefits (EOB)/claims document. Make sure to respond or your debit card may be suspended.

• **Transportation/parking FSA** is also available (state employees only) and is managed by Benefits Administration (BA). The maximum amount that may be contributed to the transportation FSA and/or the parking FSA is $270 per month. Debit card not provided. You will file claims with BA.

Find a FSA/HSA chart showing contribution amounts, tax benefits and how to use your funds at tn.gov/PartnersForHealth under Publications.

Important FSA Enrollment Information - You must choose how much money (elections) you’ll put in your medical FSA or L-FSA and DC-FSA during annual enrollment (unless you have a special qualifying event).

» State employees enroll in Edison. For transportation/parking, state employees can enroll now or make changes outside of annual enrollment by submitting a paper form found at Other Benefits and Flexible Benefits.

» Higher education employees enroll on the Optum Bank website at optumbank.com/Tennessee.

Find more information at tn.gov/PartnersForHealth under Other Benefits and Flexible Benefits.

Contact: **Optum Bank** (Medical FSA, L-FSA, DC-FSA), 866.600.4984, 24/7, optumbank.com/Tennessee.

Find flexible benefits rules at tn.gov/PartnersForHealth under Publications and Plan Documents, State Plan, Part II.

Learn more: tn.gov/PartnersForHealth | Enroll online: www.edison.tn.gov | Page 9
**Life insurance**—offered through Securian Financial (MN Life)

Securian Financial has an online web tool, Benefit Scout, that can help estimate the amount of life insurance you may need. Log in and find it at lifebenefits.com/stateoftn.

**Basic term life/basic accidental death & dismemberment (AD&D)**

All benefits-eligible employees receive $20,000 basic term life insurance and $40,000 basic AD&D coverage at no cost. If you enroll in health insurance, life insurance coverage increases based on your salary. You pay a premium for this additional coverage. Keep your beneficiary information current in Edison.

- Overall, premium rates will stay the same in 2021.
  - If your salary goes up as of September 1, 2020, compared to September 1, 2019, your monthly premium may increase as of October 2020.
  - At ages 65 and over, your coverage amounts will reduce.
- Basic dependent term life/basic AD&D insurance will automatically apply to your dependent(s) enrolled in your family health insurance. You will pay premiums for your dependent(s) coverage.

**Voluntary accidental death & dismemberment (AD&D)**

You can buy this insurance to give you and your family additional protection if you or your covered dependent’s death or dismemberment is due to an accident. Enroll and/or keep beneficiary information current in Edison.

- Premium rates stay the same in 2021.

**Voluntary term life insurance**

You can buy voluntary term life insurance for yourself, your spouse and children. You must apply for this insurance.

- Voluntary term life insurance rates are staying the same, but your monthly premium could go up if you increase your life insurance amount, or you move into a higher age-bracket.
- **To apply for coverage and update your beneficiaries, go to** lifebenefits.com/stateoftn

Life insurance information is at tn.gov/PartnersForHealth under Other benefits and Life Insurance.

Contact: Securian Financial, 866.881.0631 M-F, 7 a.m. to 6 p.m. CT, lifebenefits.com/stateoftn

**Don’t forget ...**

It’s important to keep your life insurance beneficiaries up-to-date. For basic term life/basic AD&D and voluntary AD&D insurance, make changes online in Edison.

Review and keep your voluntary term life insurance beneficiaries current at lifebenefits.com/stateoftn.

Your health, dental and vision choices are effective Jan. 1, 2021, until Dec. 31, 2021, subject to eligibility. After annual enrollment ends, you won’t be able to change plans or networks for 2021. You may be able to make changes allowed by the plan if you have a qualifying event. A provider or hospital leaving a network is not a qualifying event.
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 treated in a different way for these reasons, please mail this information to the Civil Rights Coordinator for the Department of Finance and Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 615-532-9617.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16770, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697.

Prescription Drug Coverage and Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. By law, we are required to inform plan members of this coverage yearly. You can find a copy of the required notice regarding your options on the Benefits Administration website.

If you are actively employed or a pre-65 retiree enrolled in health coverage, you have pharmacy benefits. You do not need to enroll in Medicare prescription drug coverage regardless of your age. Once your retiree group health coverage terminates due to becoming Medicare eligible you may want to enroll in Medicare prescription drug coverage if you need pharmacy benefits.

Summary of Benefits and Coverage

As required by law, the State of Tennessee Group Health Plan creates a Summary of Benefits and Coverage (SBC). The SBC describes your 2021 health coverage options. You can view it online on or after September 30 at https://www.tn.gov/partnersforhealth/summary-of-benefits-and-coverage.html or request that we send you a paper copy free of charge. To ask for a paper copy, call Benefits Administration at 855.809.0071.

Plan Document

The information contained in this newsletter provides a detailed overview of the benefits available to you through the State of Tennessee. More information is contained within the formal plan documents. If there is any discrepancy between the information in this newsletter and the formal plan documents, the plan documents will govern in all cases. You can find a copy on the Benefits Administration website at https://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, a sample basic term life/basic AD&D certificate, sample optional AD&D certificate, brochures and handbooks for medical, pharmacy, dental, vision, life insurance and the plan document, brochure and handbook for the Supplemental Medical Insurance to Retirees with Medicare.

Notice Regarding Wellness Program

Find the Notice Regarding Wellness Program at tn.gov/partnersforhealth under Wellness.
IT'S ANNUAL ENROLLMENT TIME!

State and Higher Education Employees

WHAT YOU'LL FIND INSIDE

Details on available benefits
Premiums
Health savings account (HSA) funding
Helpful resources, including websites, webinars and videos
How to enroll

Questions? Go to tn.gov/PartnersForHealth


This public document was promulgated at a cost of $.18 per copy.

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BENEFITS ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
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NASHVILLE, TN 37243-1102

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