

# 2025 ANNUAL ENROLLMENT FREQUENTLY ASKED QUESTIONS FOR 2026 BENEFITS



## What is Annual Enrollment?

Annual Enrollment is the time each fall when you can choose and/or change your benefit selections for the following calendar year. During Annual Enrollment, subject to eligibility, you can:

- Choose your health insurance option
- Choose or change your health insurance carrier and network
- If eligible, enroll in or cancel health insurance for yourself or your eligible dependents
- Enroll in, cancel or transfer between dental options (if offered by your agency)
- Enroll in, cancel or transfer between vision options (if offered by your agency)
- Enroll in or cancel voluntary accidental death and dismemberment coverage (state and higher education only)
- Apply for, cancel, increase or decrease voluntary term life coverage amounts (state and higher education only)
- Enroll in short-term disability insurance. Central state and state higher education employees are automatically enrolled in long-term disability insurance
- Enroll in flexible benefits (central state and state higher education employees only)

## When is Annual Enrollment for 2026 benefits?

Oct. 3-Oct. 17, 2025, for state and higher education employees

Oct. 3-Oct. 31, 2025, for local education and local government employees and all retirees

## Do I have to make changes during Annual Enrollment?

No. If you don't want to change your benefits, you don't have to do anything during Annual Enrollment for most benefits. If you're enrolled now and don't make changes, you'll be enrolled in the same plan options for 2026 that you're enrolled in now, and you'll pay 2026 employee premium amounts.

There is **one exception for central state and state higher education employees**. Flexible spending accounts require enrollment each year, so you must act if you wish to participate.

Partners for Health recommends you review your benefits during Annual Enrollment each year, even if you don't think you want to make changes.

## What are the health plan options for 2026?

- Premier Preferred Provider Organization
- Standard PPO
- Consumer-driven health plan with a health savings account, state and higher education only
- Limited PPO, local education and local government only
- Local CDHP/HSA, local education and local government only

## How do I enroll for 2026 benefits during Annual Enrollment?

You'll use Employee Self Service in Edison at [edison.tn.gov](https://edison.tn.gov) to add, remove or make changes to your insurance coverage. Higher education employees may be able to access Edison through their employer's human resources system.

## When do the benefits I choose during Annual Enrollment begin?

The benefits you choose during 2025 Annual Enrollment begin on Jan. 1, 2026, and remain through Dec. 31, 2026.

## **If I change my mind, can I change my benefits later?**

Once Annual Enrollment has ended, active employees and eligible retirees have one opportunity to revise their elections if they submit their requests to Benefits Administration no later than 4:30 p.m. CT on Dec. 1 of the current plan year.

You may also be able to change your benefits after the Annual Enrollment period has closed if you experience a qualifying event, such as getting married or having a baby.

## **Where can I find the Annual Enrollment guide and other materials?**

Annual Enrollment guides can be found on the Partners for Health website at [tn.gov/partnersforhealth/ae](https://tn.gov/partnersforhealth/ae).

## **Are premiums increasing for 2026?**

- The State Insurance Committee approved an average health insurance premium increase of 5.7% for state and higher education employees and state plan retirees.
- The Local Education Insurance Committee approved an average health insurance premium increase of 5.0% for local education employees and retirees.
- The Local Government Insurance Committee approved an average health insurance premium increase of 7.7% for local government employees and retirees.
- Vision premiums are not increasing.
- Dental premiums:
  - a. Dental Health Maintenance Organization – Total premiums will not increase for active employees or retirees.
  - b. Dental Preferred Provider Organization – In 2026, DPPO plan rates will stay the same for the employee-only and employee+spouse tiers. Rates will increase by 25% per month for the employee+child(ren) tier and 20% per month for the employee+spouse+child(ren) tier. Rates for retirees will increase by 6% in all tiers.

Central state and state higher education employees note that the state pays one-half of your dental insurance premium.

## **Are there any vendor or benefits changes for 2025?**

The Dental Preferred Provider Organization carrier will change to MetLife in 2026.

TASC will be the new vendor for health savings accounts for members who enroll in a consumer-driven health plan and for central state and state higher education employees with a flexible spending account.

For 2026, pharmacy costs are increasing mainly due to weight loss and specialty medications. Here are the 2026 pharmacy cost-sharing changes:

- Members will pay 25% coinsurance for medications prescribed for weight loss for all plans.
- Members will pay 30% coinsurance for in-network specialty medications for all plans.
- A separate maximum out-of-pocket amount will be added for specialty drugs obtained through the pharmacy benefit. The amount varies based on employee tier and plan selected.

BlueCross BlueShield and Cigna will remain the health insurance carriers, and you can choose from the same four provider networks, but the monthly cost for the expanded networks will increase in 2026 for all tiers.

BlueCross BlueShield Network S and Cigna LocalPlus: These are efficient networks, and you will save money with them. If your providers are in these networks, either may be your best choice.

BlueCross BlueShield Network P and Cigna Open Access Plus: If you can't find your providers in the efficient networks, then you could consider these expanded networks. The monthly premiums for the expanded networks are higher because providers charge more in the expanded networks. For all health plan options, the 2026 additional monthly costs will be:

- Employee-only tier – \$90 per month
- Employee+child(ren) tier – \$100 per month
- Employee+spouse and employee+ spouse+child(ren) tiers – \$180 per month

2026 DPPO benefit changes eliminate waiting periods for all enrolled members.

## How can I talk to someone if I need help with Annual Enrollment?

At [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth), you'll find a Questions button to contact our help desk at [benefitssupport.tn.gov/hc/en-us](https://benefitssupport.tn.gov/hc/en-us). You'll also find a green Help button to chat during business hours. You can call Benefits Administration at 615.741.3590 or 800.253.9981, M-F, 8 a.m. to 4:30 p.m. CT.

## What do I do if I miss the Annual Enrollment deadline?

Once the designated Annual Enrollment period has closed, employees have one opportunity to revise their Annual Enrollment elections, provided they submit the request to Benefits Administration no later than 4:30 p.m. CT on Dec. 1 of the current plan year. Timely submitted revisions will become effective on Jan. 1 of the upcoming plan year.

## When will I get my ID cards?

Newly enrolled members and members who change their medical or vision plans will receive new ID cards for 2026. If you do not change your medical, dental health maintenance organization or vision plan, you will **not** get a new ID card. Cigna will send DHMO cards to new subscribers, and MetLife will send dental preferred provider organization cards to all subscribers.

Newly enrolled medical plan members, members who changed their last name and members moving accounts will receive a new pharmacy ID card.

All newly enrolled Consumer-driven Health Plan or Local CDHP, medical flexible spending account and limited purpose FSA members will receive a **new debit card** from TASC to use starting Jan. 1, 2026.

For state and higher education employees: If you have both an HSA and a limited purpose FSA, you will use the same debit card for both accounts.

Local education and local government employees: If you have an HSA and your agency has an independent contract with TASC for your limited purpose FSA, you will have two separate cards.

- BlueCross BlueShield: ID cards will be mailed by Dec. 15, 2025.
- Cigna (both medical and dental): ID cards will be mailed between Dec. 9-16, 2025.
- CVS Caremark: ID cards will be mailed between Dec. 11-15, 2025.
- MetLife Dental: ID cards will be mailed between Dec. 9-16, 2025.
- EyeMed: ID cards will be mailed by Dec. 17, 2025.
- Optum Behavioral Health: ID cards will be mailed by Dec. 15, 2025.
- TASC: HSA/FSA debit cards will be mailed between Dec. 10-31, 2025. (They will arrive in an unmarked envelope.)

Members can request additional cards by contacting their vendor(s) or by using a vendor's mobile app. Find vendor contact information on the [Benefits Contact Information](#) webpage.