



State of Tennessee Group Insurance Program
Annual Enrollment Transfer Period
October 1 – November 1, 2011

Agenda

- Annual Enrollment Transfer Period
- What's Changing for 2012?
- Health Benefits Overview
- 2012 Partnership Promise
- Dental and Additional Benefits Overview

Annual Enrollment Transfer Period

- **October 1 – November 1, 2011**
- **Members can make the following changes:**
 - Change health options
 - Change health insurance carriers
 - Enroll in health insurance with a monthly late applicant fee
 - Cancel health coverage
 - Enroll in, cancel or transfer between dental options
 - Apply for optional life coverage, or to increase or decrease optional life coverage amounts, if eligible

Annual Enrollment Transfer Period

If you DO NOT want to make changes

- If you are happy with your current benefit selections, **no action** is required this year
- If you are currently enrolled and choose to stay in the Partnership PPO, you (and your covered spouse) are automatically agreeing to fulfill the 2012 Partnership Promise

Annual Enrollment Transfer Period

If you DO want to make changes

- Members have two options when making health and dental benefit selections for 2012:
 - Make your changes online, using Employee Self Service in Edison
 - Complete an enrollment application and submit it to your agency benefits coordinator

Annual Enrollment Transfer Period

- Changes take effect on January 1, 2012
- Your selections remain in effect through December 31, 2012
- A qualifying event or family status change is something that results in a covered person becoming newly eligible for other coverage
- Contact your agency benefits coordinator if you experience a special qualifying event

What's Changing for 2012

- Reduced co-pay for convenience care or urgent care facility visits
- New, separate out-of-pocket co-pay maximum for primary and specialist office visits
- Decrease in health insurance deductible and out-of-pocket maximums for those enrolled in the Employee + Child(ren) premium tier in both health options
- Reduced late applicant fee
- New low-cost co-pays for certain drugs when obtaining a 90-day supply — including diabetic medications and supplies

What's Changing for 2012

Urgent Care Co-pays

- The co-pay to receive services at a convenience clinic or urgent care facility will decrease in 2012:
 - Partnership PPO - \$30
 - Standard PPO - \$35
 - Limited PPO - \$30 (Local Government only)
- The co-pay is the same for in- and out-of-network facilities

What's Changing for 2012

Physician Office Visit Out-of-Pocket Co-pay Maximum

- To reduce expenses for members who require frequent doctor visit, there will be a limit on the amount of money you pay in co-pays for in-network primary and specialty care
 - Partnership PPO: \$900
 - Standard PPO: \$1,100
 - Limited PPO: \$1,100 (Local Government only)
- This benefit excludes visits subject to deductible and coinsurance and chiropractic visits
- Separate from your out-of-pocket maximum for services that require co-insurance

What's Changing for 2012

Deductible and Out-of-Pocket Maximum Decrease

- To correct a cost difference for two married employees who both work for an agency that participates in our plans, the deductible and out-of-pocket coinsurance maximum will decrease in 2012 for the “Employee + Child(ren)” premium category

	Partnership PPO		Standard PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee + Child(ren) Deductible	\$550	\$1,100	\$1,100	\$2,220
Employee + Child(ren) Out-of-Pocket Maximum	\$2,150	\$4,300	\$2,800	\$5,600

What's Changing for 2012

Monthly Late Applicant Fee

- The monthly late applicant fee for members who joined the plan during the 2011 AETP will be less in 2012
- Employees or spouses who did not join the health plan when they were initially eligible will be allowed to enroll in benefits during AETP if they agree to pay the monthly late applicant fee while they are enrolled through December 31, 2013

	State/Higher Education	Local Education	Local Government
Employee Only	\$65	\$56	\$68
Spouse Only	\$72	\$53	\$78
Employee and Spouse	\$137	\$109	\$145

What's Changing for 2012

Pharmacy

- Lower co-pays for certain medications from the special, less costly 90-day network
- **Diabetic medications and supplies will no longer be free in 2012**
- Drug groups that will cost less for members obtaining a 90-day supply are:
 - **Statins** (cholesterol lowering drugs)
 - **Oral diabetic medications, insulins and supplies**
 - **Anti-hypertensives**, including beta blockers, calcium channel blockers, diuretics and ACE/ARBs (angiotensin converting enzyme inhibitors and angiotensin receptor blockers)

What's Changing for 2012

Pharmacy (continued)

- Reduced co-pays for a 90-day supply:

90-Day Maintenance Co-Pays		
Brands	Partnership	Standard
Generic	\$5	\$10
Preferred	\$30	\$40
Non-Preferred	\$160	\$180

- For members who choose to receive a 30-day supply of their medication, the normal 30-day co-pay applies
- Please call CVS Caremark at 1.877.522.8679 to make sure your particular medication qualifies

Health Benefits

Your Health Insurance Options

For 2012, subject to eligibility, you will continue to have the same health insurance options.

1 Preferred Provider Organization (PPO) Options

- Partnership PPO
- Standard PPO
- Limited PPO (Local Government only)

2 Two Insurance Carriers

- BlueCross BlueShield of Tennessee
- CIGNA

3 Four Premium Levels

- Employee
- Employee + child(ren)
- Employee + spouse
- Employee + spouse + children

Health Benefits

- **Both PPOs cover services, treatments and products, such as:**
 - In-network preventive care, x-ray, lab and diagnostics at no cost
 - Primary and specialist doctor office visits for a fixed co-pay without having to meet a deductible
 - Prescription drugs for a fixed co-pay without having to meet a deductible
 - Deductibles and co-insurance for certain services
 - Out-of-pocket maximums to limit your co-insurance and physician visit co-pay costs

Both carriers also offer discounts for services not covered. Refer to the carrier's member handbooks or websites for more information.

Health Benefits

- Free preventive health services include, but are not limited to:
 - Flu vaccination and pneumococcal vaccinations
 - Annual preventive visit (i.e., physical exam)
 - Annual well-woman visit
 - Cholesterol test
 - Osteoporosis screening for women
 - Screenings for colon, breast or cervical cancer or prostate cancer
- If other services or related treatment are received during the same visit, an office visit co-pay may apply

You need to visit an in-network provider to receive preventive care services at no cost.

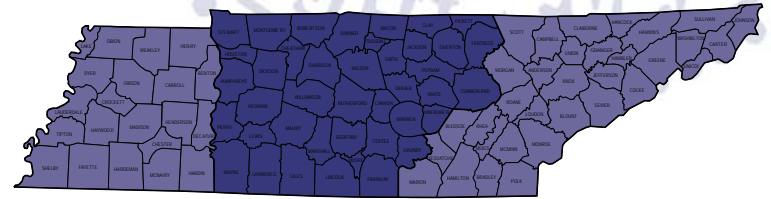
Health Benefits

- Each carrier has its own network
- Many doctors and hospitals are in more than one network
- Check the networks for each carrier carefully when making your decision
- Provider directories are available, on the ParTNers for Health website, by calling the carrier or from your ABC

Doctors and facilities move in and out of networks from time to time, so be sure you are comfortable with the provider options offered by the PPO network you select.

Health Benefits

- Carrier costs vary by grand division
- **In East and Middle Tennessee,** CIGNA costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels
- **In West Tennessee,** BlueCross BlueShield costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels
- **BlueCross BlueShield** offers Network S
- **CIGNA** offers Open Access Plus, OA Plus, Choice Fund OA Plus



Covered Services

Services that Require Co-Pays

- The following are some of the services that require co-pays:
 - Preventive Care Office Visits
 - Primary Care Office Visit *
 - X-ray, Lab and Diagnostics
 - Pharmacy
 - Urgent Care
 - Specialist Office Visit*
 - Allergy Injection (with office visit*)
 - Chiropractors
 - Emergency Room Visit
 - Mental Health and Substance Abuse*

* Subject to Out-of-Pocket Co-pay Maximum

Covered Services

Services that Require Co-Insurance

- The following are some of the services that require co-insurance:
 - Hospital/Facility Services
 - Home Care
 - Ambulance
 - Rehabilitation and Therapy Services
 - Advanced X-Ray, Scans and Imaging
 - Maternity
 - Equipment and Supplies
 - Hospice Care
 - Dental
 - Out-of-Country Charges

2012 Deductibles and Out-of-Pocket Co-insurance Maximums

	Partnership PPO		Standard PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Employee only	\$350	\$700	\$700	\$1,400
Employee + Child(ren)	\$550	\$1,100	\$1,100	\$2,200
Employee + Spouse	\$700	\$1,400	\$1,400	\$2,800
Employee + Spouse + Child(ren)	\$900	\$1,800	\$1,800	\$3,600
Out-of-Pocket Co-Insurance Maximum				
Employee only	\$1,350	\$2,700	\$1,700	\$3,400
Employee + Child(ren)	\$2,150	\$4,300	\$2,800	\$5,600
Employee + Spouse	\$2,700	\$5,400	\$3,400	\$6,800
Employee + Spouse + Child(ren)	\$3,500	\$7,000	\$4,500	\$9,000

Premiums for 2012: State and Higher Education

Employee Share of Monthly Premiums

Premium Level	Partnership PPO	Standard PPO
Employee Only	\$106.39	\$131.39
Employee + Child(ren)	\$159.59	\$184.59
Employee + Spouse	\$223.42	\$273.42
Employee + Spouse + Child(ren)	\$276.62	\$326.62

- Premiums shown are for the least expensive carrier in the region. A complete chart is available in the Decision Guide and on the ParTNers for Health website.

The State pays 80% of the total premium cost for active employees.

Premiums for 2012: Local Education

Total Monthly Premiums

Premium Level	Partnership PPO	Standard PPO
Employee Only	\$468.90	\$493.90
Employee + Child(ren)	\$773.69	\$798.69
Employee + Spouse	\$914.36	\$964.36
Employee + Spouse + Child(ren)	\$1,219.14	\$1,269.14

- Premiums shown are for the least expensive carrier in the region. A complete chart is available in the Decision Guide and on the ParTNers for Health website.

The State pays 45% of the total premium cost for certified instructional employees and may pay a portion for non-instructional employees.

Premiums for 2012: Local Government

Total Monthly Premiums

Premium Level	Partnership PPO	Standard PPO	Limited PPO
Employee Only	\$566.60	\$593.50	\$362.83
Employee + Child(ren)	\$878.23	\$905.13	\$562.38
Employee + Spouse	\$1,218.18	\$1,271.98	\$780.08
Employee + Spouse + Child(ren)	\$1,529.82	\$1,583.62	\$979.64

- Premiums shown are for the least expensive carrier in the region for Premium Level 1. A complete chart is available in the Decision Guide and on the ParTNers for Health website.

The State does not pay any premiums for Local Government Plan employees. However, some Local Government employers may pay a portion.

Partnership Promise

In 2012, members and covered spouses must:

- Participate in health coaching if an opportunity to improve your health is identified by the Partners for Health wellness staff during 2012
- Keep address, phone number and email, if you have one, current with your employer

ParTNers for Health Wellness Program 1-888-741-3390

Members will not have to complete a health questionnaire or screening in 2012. We are asking members to take a more active role in their health and wellness.

Partnership Promise

Working with a Health Coach

- A health coach is a trained health care professional who can help you achieve your personal health goals.
- **Your coach can help you:**
 - Understand your medications
 - Understand any lab results or doctor's directions
 - Set goals for healthier living
 - Plan healthy meals and exercise habits
 - Find a doctor, if you need one
- All conversations with your health coach are confidential and cannot be shared with a third party without your permission

Partnership Promise

- There are two types of health coaching programs:
 - Lifestyle Management
 - Disease Management
- **When you participate in health coaching:**
 - A coach may contact you at any time during the year (January 1 – December 31, 2012).
 - You may communicate via phone or email.
 - There is no set number of emails or phone calls required.
 - Coaches are available Monday – Friday from 8:00 a.m. until 8:00 p.m. CST.
- Participation in coaching is based on medical conditions and behaviors determined using health and pharmacy insurance claims, your questionnaire responses and health screening results.

Partnership Promise

Examples of opportunities to improve someone's health and wellness:

- A member with diabetes and high blood sugar
- A member who has been hospitalized for heart disease
- A member with asthma or chronic obstructive pulmonary disease (COPD)
- A member who has health risk behaviors (e.g., tobacco use or unhealthy eating habits)
- A member with depression, arthritis or low back pain

Partnership Promise

Health Coaches

- Registered nurses and dieticians, clinical social workers, certified health educators and those with degrees in exercise physiology, exercise science and health promotion
- Members can work with both their health coach and primary care provider
- **Your physician's recommendations will always take priority over any recommendation made through the wellness program**
- Share your physician's plan of care and recommendations with your coach so that he/she can work as part of your health care team

Partnership Promise

- **As an active participant, you must work with your health coach to:**
 - Identify challenges to achieving or maintaining good health and set long-term and short-term goals
 - Develop an individualized plan of care specific to your needs
 - Communicate (via phone or email) as needed
 - Engage in other health and wellness activities
 - Make continued positive improvement toward meeting the goals in your plan of care

Failure to follow your individualized plan of care can make you ineligible for the Partnership PPO and transfer you to the Standard PPO in 2013.

Partnership Promise

In 2012...

- Make an effort to work towards your goals and communicate with the health coach
- Establish reasonable and achievable goals, which can be adjusted at any time when appropriate
- You will be expected to participate in the program until your goals are met
- **You may choose to opt-out of a program but it will impact your eligibility for the Partnership PPO in 2013.**

Dental Benefits

Eligible employees can choose between two dental options

Prepaid Plan

- Fixed co-pays
- Participating dentists only

PDO Plan

- Any dentist
- Pay less with network providers

- During the enrollment period, eligible employees can enroll in or transfer between the two options.
- **If you don't ask to change your current dental carrier or cancel coverage, you will keep your current coverage.**

Dental Benefits

Prepaid Plan

- Administered by **Assurant Employee Benefits**
- Predetermined co-pay amounts
- There are no deductibles to meet, no claims to file, no waiting periods for covered members, no annual dollar maximum and pre-existing conditions are covered
- To receive benefits, you must select a dentist from the Prepaid Plan list
- Premiums **will not** increase in 2012 in the prepaid plan

Dental Benefits

Preferred Dental Organization (PDO)

- Administered by **Delta Dental**
- Choose any dentist
- You pay co-insurance for covered services
- A deductible applies for out-of-network dental care
- You or your dentist will file claims for covered services
- Some services require waiting periods and limitations/exclusions apply
- Premiums **will** increase slightly in 2012 for the PDO

Dental Benefits

2012 Premiums	Assurant Prepaid	Delta Dental PDO
Employee Only	\$9.35	\$19.86
Employee + Child(ren)	\$19.42	\$45.66
Employee + Spouse	\$16.57	\$37.56
Employee + Spouse + Child(ren)	\$22.79	\$73.50

Dental services for both the Prepaid Plan and the Dental PDO include:

- Periodic oral evaluations
- Routine Cleanings
- Amalgam fillings
- Endodontic
- X-rays
- Extractions
- Major restorations
- Orthodontics
- Dentures

Additional Benefits

Basic Term Life and Accidental Death Insurance

- The State provides \$20,000 of basic term life and \$40,000 of accidental death and dismemberment insurance
- If you are enrolled in health insurance as the head of contract, your coverage increases with your salary — to a maximum of \$50,000 for basic term life insurance and \$100,000 for accidental death insurance.
- Coverage provided by Dearborn National

Local Education Plan and Local Government Plan members should check with their agency benefits coordinator to see if accident and life insurance is offered.

Additional Benefits

Optional Universal Life and Term Life Insurance

- **State Plan only**
- Apply for up to five times your annual base salary (maximum of \$300,000) for yourself and the equivalent of your annual base salary (maximum of \$30,000) for your spouse.
- You can also apply for coverage for your children equal to \$2,500 or \$5,000.
- To enroll, you must present evidence of insurability through a questionnaire.
- For enrollment forms and additional information, call Unum or visit their website.

Premiums for optional term life will decrease by three percent effective January 1, 2012.

Additional Benefits

Optional Accidental Death Insurance

- **State Plan only**
- Additional accident protection for yourself and your dependents
- Coverage is available at low group rates—no questions asked
- Premiums vary by age and salary
- The maximum benefit available is \$60,000
- Enrollment form is available on the ParTNers for Health website
- Coverage provided by Dearborn National

Additional Benefits

Employee Assistance Program (EAP)

- A confidential support tool that helps you, and those around you, deal with personal issues and situations
- All services are confidential, and available at no cost to members
- Services can be easily accessed by calling Magellan
- You and your eligible dependents may get up to five free counseling sessions per problem episode

Additional Benefits

Long Term Care Insurance

- Available to local education and local government employees in 2012, **if your agency chooses to participate**
- Qualified employees, their eligible dependents, retirees, parents and parents-in-law are eligible to enroll
- Covers certain services for individuals who are no longer able to care for themselves without the assistance of others
- Services covered include nursing home care, assisted living, home health care, home care and adult day care
- Coverage provided by MedAmerica Insurance Company

Additional Benefits

Long Term Care (continued)

- Daily benefit amounts of \$100, \$150 or \$200 for a three-year or five-year period.
- Apply for long-term care coverage at any time, subject to medical underwriting
- You pay 100 percent of the premium
- Premiums are based on age at the time of enrollment
- Choose to have the premium taken from your payroll check, or may opt for a direct bill arrangement with MedAmerica

Additional Benefits

Flexible Benefits

- **State employees only** (excludes Higher Education)
- Lowers your income taxes
- Use pre-tax earnings to pay for health or dental insurance premiums
- Set aside pre-tax earnings to pay for eligible health and dependent care expenses
- You must sign up each year

If you are not a State employee, check with your employer to see if you are eligible for flexible benefits.

Additional Benefits

Medical Expense Reimbursement Account

- Use the account to reimburse yourself for eligible medical, dental and vision care expenses
- Contribute up to \$7,500 per year

Dependent Day Care Reimbursement Account

- Use the account to reimburse yourself for eligible dependent day care expenses
- Contribute from \$2,500 to \$5,000, depending on your tax filing status

Parking reimbursement account - set aside up to \$230 per month to pay for qualified parking expenses with your pre-tax contributions.

Transportation reimbursement account - set aside up to \$120 per month to pay for qualified transportation expenses with your pre-tax contributions.

Additional Benefits

Employee Sick Leave Bank

- **State Plan only**
- Administered by Tennessee Department of Human Resources
- Provides sick leave to qualifying members
- A member may receive a maximum of 90 days from the Bank
- Open enrollment is August 1 – October 31 each year
- Must be a full-time state employee for 12 consecutive months and have at least six days of sick leave by November 1 of your enrollment year
- Must contribute four sick leave days to enroll

For more information or to enroll, visit www.tn.gov/dohr/ and click on the “For Employees” link.

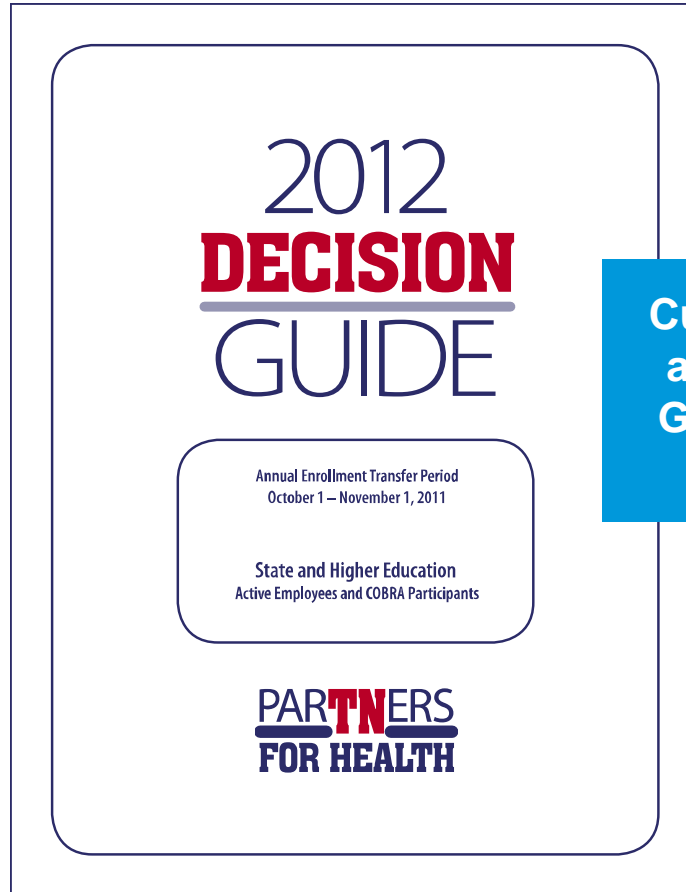
Online Enrollment through ESS

- Add or make changes to your current health insurance and other benefit options online.
- Log on to Edison at www.edison.tennessee.gov.
 - » If you are new to Edison, use the username and temporary password provided by your agency benefits coordinators
 - » Navigate to Employee Self Service > Benefits > Benefits Enrollment
 - » Click the **SELECT** button
 - » Follow the prompts to enroll or make changes
- If you are adding dependents, you can submit dependent verification by:
 - » Uploading electronic documentation
 - » Faxing documentation to Benefits Administration service center

Take Note!

- **If you do not want to make changes,** no action is required.
- **If you do want to make changes or add coverage,** you must meet the enrollment deadline of **November 1, 2011.**
- No changes until the next Annual Enrollment Transfer Period

Member Communications



Current members will receive a copy of the 2012 Decision Guide at their homes in mid-September.

Who to Contact

- Primary point of contact - **agency benefits coordinator (ABC)**
- Questions about a provider or claim – contact your insurance carrier
- Questions about eligibility and enrollment – call Benefits Administration service center at **1-800-253-9981**
- Our ParTNers for Health website – www.partnersforhealthtn.gov
- Enrollment forms and handbooks – www.tn.gov/finance/ins

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Questions?