

Annual Enrollment For 2023 Benefits October 1-28, 2022

PARTNERS
FOR HEALTH



BE READY

Local Education Employees & COBRA Participants

Here's the Buzz ... It's Time to Get Covered!

Annual Enrollment For 2023 Benefits, October 1-28, 2022



Each year, Annual Enrollment is your chance to choose your ParTNers for Health plan benefits or make changes that will be effective the following Jan. 1 through Dec. 31. Your Annual Enrollment period for 2023 benefits is Oct. 1-28, 2022.

This newsletter gives you important information about your 2023 benefits choices. These include your health, dental and vision insurance and other benefits.

- Find full Annual Enrollment details by [going to the About Enrollment webpage](#).
- **Premium charts** are found by [going to the Premiums webpage](#).
- Find **Insurance comparison charts** for health, dental and vision by [going to the Publications webpage](#) under **Insurance Comparison Charts**.

It's important to note that if you don't want to make changes to your benefits, you don't have to do anything during Annual Enrollment. If you don't make changes, you

will be enrolled in the same plan options for medical, dental and vision products you are enrolled in now.

You are not required to enroll in health insurance. If you do not enroll, no premium dollars for health insurance will be deducted from your paycheck. [Go to How to Enroll in Your Benefits](#) to add, remove or make changes to your insurance coverage.

Important 2023 Benefits Updates

Benefits Administration works to provide comprehensive, affordable, dependable and sustainable benefits. Some changes to your ParTNers for Health benefits for 2023 are due to the challenges the state plan and all health plans across the country are facing. This is because of many factors, including COVID-19 and inflation. Benefits and premiums for 2023 balance price and value and encourage the right site for care and lower cost medications.

Here's what's changing for your 2023 health benefits.

Health insurance premiums are changing. [Click on Premiums](#) to find all premiums. For active local education employees, monthly premiums will increase \$26 to \$155 from 2022 rates, depending on the plan and tier you choose. Your premium increase depends on how much of the premium your employer pays. Your premium is automatically deducted from your paycheck each month.

There are **additional health benefit changes.** [Click on Publications](#) to find the Insurance Comparison Chart for details. Health benefit changes for 2023 include:

- Deductibles for Premier and Standard Preferred Provider Organization plans will increase.
- Co-insurance for Premier PPO will increase.
- Out-of-pocket maximums for Standard PPO will increase.
- Emergency room costs for all PPOs will change from copay to deductible and coinsurance.
- Allergy serum for all PPOs will change to deductible and coinsurance.
- For all PPOs, specialty drug cost sharing will change to cost tiers and increase.
- The Local CDHP maintenance medication list is changing to comply with IRS rules. Medications on this list are available at a lower cost when filling a 90-day supply.

Enhancements

- Applied Behavior Analysis for all PPOs will change from copay to deductible and coinsurance. The PPO deductible will be waived for in-network ABA.
- The Local CDHP deductible will be waived for in-network blood sugar, cholesterol and blood clotting testing, when the tests meet certain criteria.

LET'S KEEP IN TOUCH!

Benefits Administration uses email to send you important insurance information throughout the year. **You can unsubscribe at any time, but if you do unsubscribe, you will no longer receive any insurance-related updates.** Please [log in to Edison](#) and make sure your

email address is correct. It's easy! After clicking the home icon in the top right corner, just go to "Self Service," "My System Profile" and "Change or Set Up Email Address".



Other Insurance Updates for 2023

- **Vision vendor will change to EyeMed for benefits starting Jan. 1, 2023.**
 - The Basic and Expanded vision plans will be offered. There are benefit changes and enhancements to each plan. Premiums will increase in 2023.
 - If you are currently enrolled in vision coverage, you will automatically transfer to EyeMed for 2023 unless you cancel coverage during Annual Enrollment.
 - Go to the Vision newsletter section or [click on Vision](#) for details.
- **All health plan members** will get new medical insurance ID cards for 2023.

How to Enroll in Your Benefits

You will use **Employee Self Service in Edison** at www.edison.tn.gov to add, remove or make changes to your insurance coverage.

- Look for the green "Benefits Annual Enrollment" button.
- **Log in to Edison using your Access ID.** This is not your eight-digit Edison employee ID. To get your Access ID, go to www.edison.tn.gov, click the green "Benefits Annual Enrollment" button and then click "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.

Adding new dependents or your spouse? We need documents to prove their relationship to you. This includes a spouse who has not been on coverage for six months or more.

- Dependent verification documents **MUST** be submitted by **the Annual Enrollment deadline of Oct. 28, 2022.**
- Find a list of required documents online by [going to Forms](#) and then go to Health, Dental, Vision, Disability. [Click on Dependent Eligibility Verification Documents.](#)

Get Help with Your Enrollment

Find step-by-step enrollment login instructions by going to **Annual Enrollment** and [clicking on Enrollment Materials](#).

For password reset help, call Edison at 866.376.0104.

Watch videos on how to enroll by [clicking on About Enrollment](#).

If you want to revise your enrollment or you don't want to enroll:

Employees have one opportunity to revise Annual Enrollment elections as described in Plan Document Section 2. The Plan Document is posted on the ParTNers website under [Publications at tn.gov/PartnersForHealth](#).

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

2023 MONTHLY HEALTH PREMIUMS		
	BCBST NETWORK S & CIGNA LOCAL PLUS	BCBST NETWORK P & CIGNA OPEN ACCESS
PREMIER PPO		
Employee Only	\$683.00	\$748.00
Employee + Child(ren)	\$1,126.00	\$1,191.00
Employee + Spouse	\$1,469.00	\$1,599.00
Employee + Spouse + Child(ren)	\$1,775.00	\$1,905.00
STANDARD PPO		
Employee Only	\$635.00	\$700.00
Employee + Child(ren)	\$1,046.00	\$1,111.00
Employee + Spouse	\$1,364.00	\$1,494.00
Employee + Spouse + Child(ren)	\$1,649.00	\$1,779.00
LIMITED PPO		
Employee Only	\$600.00	\$665.00
Employee + Child(ren)	\$990.00	\$1,055.00
Employee + Spouse	\$1,291.00	\$1,421.00
Employee + Spouse + Child(ren)	\$1,561.00	\$1,691.00
LOCAL CDHP/HSA		
Employee Only	\$523.00	\$588.00
Employee + Child(ren)	\$863.00	\$928.00
Employee + Spouse	\$1,125.00	\$1,255.00
Employee + Spouse + Child(ren)	\$1,360.00	\$1,490.00

The premium amounts shown reflect the total monthly premium. Please see your agency benefits coordinator for your monthly deduction, the state's contribution and your employer's contribution, if applicable. Premium charts, including COBRA, are found at tn.gov/PartnersForHealth. Click on Premiums in the top navigation

Learn more: tn.gov/PartnersForHealth

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 yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact your agency benefits coordinator or Benefits Administration.

Webinars to Learn about Your Benefits Options

Benefits Administration offers many opportunities to learn about your benefits options.

Join an employee benefits webinar. Benefits Administration staff members will discuss Annual Enrollment changes and answer your questions.

Dates and times (all CT):

- Wednesday, Oct. 5, 10-11 a.m.
- Thursday Oct. 13, 2-3 p.m.
- Wednesday Oct. 19, 3-4 p.m.

One session will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

[Click on About Enrollment](#) for instructions on how to join.

Join an insurance carrier webinar. The insurance carriers will discuss their products and you can ask questions about your insurance choices. These webinars will provide details on specific insurance products including medical, dental, vision insurance and the health savings account.

Sessions will be recorded and posted on the ParTNers for Health YouTube page found here: <https://www.youtube.com/user/partnersforhealthtn>.

Each webinar is at 3:30 p.m. CT:

- Friday, Sept. 16 – Medical Networks
- Friday, Sept. 23 – Vision
- Thursday, Sept. 29 – Health Savings Account
- Friday, Sept. 30 – Dental

[Click on About Enrollment](#) for instructions on how to join.

Here's Help

Find resources on the ParTNers for Health website at tn.gov/ParTNersForHealth

You'll find:

- Videos about your benefits – click the [Videos link](#) at top of the homepage.
- A blue Questions button to contact our help desk: <https://benefitssupport.tn.gov>
- A green Help button to chat during business hours.

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

Health Plan Options

You have a choice of four health plans from ParTNers for Health. Eligible preventive care is **free** with all plans if you use an in-network provider. [Click on Health](#) for plan option details.

Member copays are staying the same in 2023, but there are out-of-pocket cost changes for deductibles, coinsurance, emergency room visits, cost-sharing for specialty drugs and other costs. **See details in the comparison chart by clicking on Enrollment Materials.**

Here is a comparison of the four plans:

- Premier Preferred Provider Organization: Higher monthly premium, lower out-of-pocket costs (deductible, copays and coinsurance).
- Standard Preferred Provider Organization: Lower monthly premium than Premier PPO, higher out-of-pocket costs.
- Limited Preferred Provider Organization: Lower monthly premiums than the other PPOs, higher out-of-pocket costs than the other PPOs.
- Local Consumer-driven Health Plan/Health Savings Account: 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.

IN-NETWORK 2023 HEALTH PLAN COMPARISON

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

How to Enroll

If you want to enroll in health insurance, you can choose or change your health insurance option, carrier and network by enrolling in Edison at www.edison.tn.gov.

Learn More about Health Savings Accounts

HSA IRS maximum contributions are increasing in 2023.

There are limits on how much money you can put in your HSA each year. These amounts include any contributions your employer may make to your HSA:

- \$3,850 for employee-only coverage in 2023;
- \$7,750 for all other family tiers in 2023; and
- Members 55+ can add \$1,000 more each year.

HSA contributions in excess of the IRS 2023 maximums listed above are not tax deductible and are subject to a 6% excise tax, so please monitor your HSA contributions carefully.

Local education employees who enroll in the Local CDHP will need to check if your employer allows you to contribute to your HSA through payroll deduction. You may need to update this amount each year. You would provide this amount to your employer.

With the HSA, your total contribution is not available upfront. Your pledged amount is taken out of each paycheck, if your employer offers payroll deduction. 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. Newly enrolled members get a **debit card** from Optum Financial to use for qualified expenses. Current enrolled members who stay in the Local CDHP/HSA will use their same debit card.

Local HSA and FSA restrictions: There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the Local CDHP/HSA, you **cannot** enroll in another medical plan, including any government plan, and **cannot** have a medical flexible spending account or health reimbursement account, among other restrictions. 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. [Go to CDHP/HSA Insurance Options for Certain Restrictions, 2023 maximum contribution amounts, debit card details and more information.](#)

Find premium charts, including COBRA by [clicking on Premiums.](#)

Health Plan Carrier Networks

Here's a look at your ParTners for Health carrier networks.

You can choose from the following carrier networks for your medical care:

Narrow Networks include many providers, hospitals and facilities throughout Tennessee and across the country. Not all providers and hospitals are in the narrow networks, which helps keep premiums and claims costs low. No premium surcharge is applied to the narrow networks. Your ParTners for Health narrow network options are:

- **BlueCross BlueShield Network S**
- **Cigna LocalPlus**

Broad Networks cost an additional \$65 per month for the employee only and employee + child(ren) tiers and an additional \$130 per month for the employee + spouse and employee + spouse + child(ren) tiers. These costs are added to your monthly premium. In a broad network you may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks. Your ParTners for Health broad network options are:

- **BlueCross BlueShield Network P**
- **Cigna Open Access Plus**

It's important to check the networks carefully. The network choice you make during Annual Enrollment is for the entire 2023 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 on page three of 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.**

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.



Learn More about Your Health Plan Options

[Click on Carrier Information](#) for network hospital lists and directories.

Find a complete health plan comparison chart, as well as dental and vision comparisons, by [clicking on Publications](#). On this page, go to **Insurance Comparison Charts**.

Included Health Benefits

Along with your medical coverage, your health plan provides the following benefits: **pharmacy, behavioral health and Employee Assistance Program services** and a **wellness program**. Learn about benefits such as **telehealth**, the **Diabetes Prevention Program** and more by [going to Included Benefits Extras](#):

Pharmacy

Managed by CVS Caremark

All health plans include full prescription drug benefits.

- Your health plan (Premier Preferred Provider Organization, Standard PPO, Limited PPO or Local Consumer-driven Health Plan/Health Savings Account) determines your out-of-pocket prescription costs.
- How much you pay depends on three things:
 - the drug tier – if you choose a generic, preferred brand, non-preferred brand or specialty drug (two different cost tiers);
 - 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.

Learn more about prescription drug benefits, vaccines and how to save money by [clicking on Pharmacy](#).

Contact: **CVS Caremark**, 877.522.8679, 24/7, info.caremark.com/stateoftn

Behavioral Health

Managed by Optum

All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum can help you find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions.

Your benefits also include **Talkspace online therapy, preferred no-cost substance use treatment facilities** (for PPO plans; no coinsurance after deductible for Local CDHP) and **virtual visits**.

Learn more about your behavioral health benefits by [clicking on Behavioral Health](#).

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

CONTACT OUR CARRIERS

Contact BlueCross or Cigna if you have questions about a provider or hospital in a network:

BlueCross, 800.558.6213, M-F 7 a.m. - 5 p.m. CT, bcbst.com/members/tn_state/

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

Employee Assistance Program

Managed by Optum

EAP services are available to enrolled health plan members and 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 EAP services:

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

Your benefits include **Sanvello**, 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 EAP services deal with stress and depression.

Learn more about your EAP benefits by [clicking on EAP](#).

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

Wellness Program

Managed by ActiveHealth

To help you achieve your health goals, two wellness programs are available in 2023 to enrolled health plan members and adult dependents. Members must qualify for these programs.

Disease management is offered to those with chronic diseases like asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease to better manage these conditions.

Diabetes Prevention Program is available to eligible adult plan members to help prevent or delay Type 2 diabetes. Offered through [health insurance carriers BlueCross or Cigna](#).

All members have access to ActiveHealth's online resources including health assessment, health education and digital coaching.

Find information about programs and activities by [clicking on Wellness](#).

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

Additional Benefits

Along with health insurance, you may be offered dental and vision insurance benefits through ParTners for Health. These benefits provide additional coverage for you and your eligible dependents. Typically, employees pay 100% of the dental and vision premiums. The employer may contribute to the premium in some instances.

Dental Insurance

Offered through Cigna and Delta Dental

ParTners for Health offers two different dental plans.

Find 2023 dental premiums by [clicking on Premiums](#) and going to **Other Insurance Coverages – Dental**.

- **Cigna: Dental Health Maintenance Organization – Prepaid Provider**

- Premiums will stay the same in 2023.
- 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.





Vision Insurance

Offered through EyeMed - NEW vendor for 2023

Premiums will increase in 2023, and there are benefit changes and enhancements. You'll save money when using in-network providers.

Find 2023 vision premiums by [clicking on Premiums](#), go to **Other Insurance Coverages – Vision**. Find the EyeMed handbook by [clicking on Publications](#) and **Vision Insurance**.

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) for materials such as eyeglass frames and contact lenses.

- **NEW!** In-network retail frame allowance will increase.

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

- **NEW!** Frames now available once every calendar year.

In both plans, you pay copays, or when the cost exceeds the allowed dollar amount, you pay the cost of materials and services. **Some allowances and copays are changing in both plans.** Discounts may be available for select materials.

Find information including a comparison of both plans by [clicking on Vision](#).

Contact: **EyeMed**, 855.779.5046, Mon.-Sat., 7 a.m. – 10 p.m. CT, Sun. 10 a.m. – 7 p.m. CT, eyemed.com/stateoftn

- Members pay copays. Review the Patient Charge Schedule by [clicking on Publications](#) and Dental HMO – Prepaid Provider before having procedures performed. Lab fees may apply for some procedures.
- Completion of crowns, bridges, dentures, implants, root canals or orthodontic treatment already in progress on a new member's effective date will not be covered.
- To learn about all DHMO benefits, find the Cigna DHMO handbook by [clicking on Publications](#) and **Dental HMO – Prepaid Provider**.

• Delta Dental: Dental Preferred Provider Organization

- Premiums will stay the same in 2023.
- Use any dentist but save money staying in network. Review Delta Dental's DPPO network by [clicking on Dental](#).
- Discuss any estimated expenses with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and co-insurance.
- Waiting periods apply to select procedures.
- To learn about all DPPO benefits, find the Delta Dental DPPO handbook under [Publications](#) and **Dental PPO**.

Find more information, including a comparison of the two plans, by [clicking on Dental](#).

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

Contact: **Delta Dental**, 800.552.2498, M-F, 7 a.m. – 5 p.m. CT, DeltaDentalTN.com/StateofTN

2023 MONTHLY VISION PREMIUMS FOR ALL PLANS

	BASIC PLAN	EXPANDED PLAN
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54

2023 MONTHLY DENTAL PREMIUMS FOR ALL PLANS

	CIGNA DHMO (PREPAID PROVIDER) PLAN	DELTA DENTAL DPPO PLAN
Employee Only	\$13.84	\$19.82
Employee + Child(ren)	\$28.75	\$52.70
Employee + Spouse	\$24.54	\$38.98
Employee + Spouse + Child(ren)	\$33.74	\$80.72

Enroll online: www.edison.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 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 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.

If you speak a language other than English, help in your language is available for free.

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalan- gan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298)።

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

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)

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 866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

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).

ध्यान दें: यदि आप हद्दि बोलते है तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

زبان فارسی گفتگو می کنی، تسهیلات زبانی بصورت رایگان 1-800-848-0298 (TTY: 1-800-848-0298) فراهم می باشد. با تماس توجہ: اگر بہ بگوری برای شام 866-576-0029

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), including Privacy and Security Rules. The notice 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 Practice is located on the Benefits Administration website at 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.

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.

Summary of Benefits and Coverage

As required by law, a Summary of Benefits and Coverage is available which describes your 2023 health coverage options. The SBC is found at www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage on or after Sept. 1. The digital newsletter contains much of the same information. To get a 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

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 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 to Retirees with Medicare.

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program. Local education, local government and retirees enrolled in health coverage have access to certain programs like disease management and the web portal.

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.

The information from your health questionnaire 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 the wellness program such as 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 to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other healthcare professionals) and their vendor partners (case managers with the medical and behavioral health vendors) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, 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. Here is the link to the wellness page:

www.tn.gov/content/tn/partnersforhealth/other-benefits/wellness-program.html



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