

PERSONNEL

Personnel

Insurance (6.21)

PURPOSE

The purpose of this policy is to highlight the benefits of the State Group Insurance Program, and other optional benefits approved by the Tennessee Board of Regents (TBR) and the State Insurance Committee.

POLICY

Regular, full-time Tennessee State University employees who are scheduled to work at least 30 hours a week are eligible to participate in all State and TBR sponsored insurance programs. Part-time employees (as defined under Chapter 1004 of Public Acts of 1990) may be eligible to participate under the 1450 rule: The employee **must** have a total of **24** months of service and be scheduled to work **1450** hours or more during the fiscal year. Employees whose status changes so that they meet the eligibility requirements as outlined may be insured if the necessary enrollment form(s) is completed within thirty-one (31) days of the status change.

Participating employees will be provided at least thirty (30) days notice when changes to insurance programs take effect (i.e., premium increase or decrease, reduction to or addition of benefits, and other modifications to current provisions). More information may be obtained in the State of Tennessee Group Insurance Program Employee Handbook "Insurance Benefits Summary," or reference to the Insurance Officer's Plan Document.

Available programs include:

State Sponsored Programs:

TBR Programs:

Basic Medical/Life and Accident Insurance
Disability

TIAA Long Term

Health Maintenance Organizations
Disability

Provident Long Term

Dental Plan

Other State/TBR Programs:

Optional Special Accident Insurance
Discount Program

Prescription

Optional Term Life

Flexible Benefits Plan

Optional Universal Life
Program

Employee Assistance

PROCEDURE

ENROLLMENT/ELIGIBILITY PERIOD

The enrollment period for a new employee to join all of the insurance plans is from the first day of employment until the last day of the full calendar month of employment. The employee must complete one full calendar month of active service in order to be eligible to participate in the State and TBR insurance plans. For example, if an employee begins work on March 1, the enrollment period ends March 31. If employment begins after the first working day of the month, such as March 15, the enrollment period ends April 30.

If you choose not to enroll during the initial enrollment period, you must sign the refusal section of the enrollment form. **If you do not enroll during the initial enrollment period, you will be considered a "late applicant." As a late applicant, you must prove insurability by means of a physical examination at your expense.**

New employees who are eligible for insurance are initially informed of the insurance programs during scheduled employee orientations (conducted within the first two (2) weeks of employment). Employees are provided appropriate booklets, brochures, and enrollment forms and are presented an insurance video in the orientation session.

The Insurance Officer must have your completed enrollment form(s); the correct premium must be deducted from your paycheck in advance of the effective date (for most plans); and you must be actively at work on the date that coverage becomes effective or the effective date becomes the date you return to work. In order to insure eligible dependents, they must be listed on the form(s) with the required information: Social Security Number, name, date of birth, relationship to you, acquire date, and student status, if applicable. In the event the dependent is hospitalized on the effective date, the coverage becomes effective on the day after being discharged from the hospital. Benefits are not provided for dependents that are not listed on the appropriate enrollment form(s), such as new born, new spouse, adopted dependents, or dependents acquired through marriage.

The employee selects one of the following types of coverage:

1. **SINGLE COVERAGE**--covers employee only;
2. **FAMILY COVERAGE**--covers employee, spouse and all eligible dependent children;

3. ***SPLIT CONTRACT COVERAGE**--covers employee and dependent children; when the spouse also is employed by the State and is insured with the State Plan under single coverage.

*If an employee's spouse is also employed by the State, both are eligible for single coverage as individual employees. If there are eligible dependent children, one State employee elects split contract coverage to cover himself/herself and the dependent children, and the spouse elects single coverage.

A. EFFECTIVE DATE OF COVERAGE

MEDICAL/BASIC TERM INSURANCE, BASIC ACCIDENT INSURANCE, AND DENTAL INSURANCE: The effective date of the medical, basic life and dental insurance would be the first day following completion of one full calendar month of services.

OPTIONAL SPECIAL ACCIDENT INSURANCE also would be effective on the first day of the month following completion of one full calendar month of employment as outlined above.

OPTIONAL TERM LIFE AND OPTIONAL UNIVERSAL LIFE are effective two months after the medical insurance becomes effective. For example, if an employee reports to work on May 1st, optional life coverage would be effective August 1st. If the employee reports to work on May 15, coverage would be effective September 1st.

B. LATE APPLICANT PROCESS

If an employee does not elect coverage for himself or dependent during the enrollment period (as a new employee or when first acquiring a dependent) employee and dependent are considered "late applicants." All late applicants (i.e., employee and dependents requesting insurance under the State Plan) must provide satisfactory evidence of insurability by means of physical examinations. These examinations must be paid for by the employee. The appropriate forms may be obtained from the Personnel Office. The Insurance Officer will be notified if coverage is approved and when it will become effective. Late applicant procedures also apply to the employee if he/she cancels coverage and later wishes to re-enroll. **Please note that even though you and/or your dependents have correctly followed all steps of the late applicant process that approval for coverage is not guaranteed. You are encouraged to apply for coverage when you and your dependents are first eligible rather than risk the possibility of being unable to obtain coverage as a late applicant.**

C. WAIVER OF LATE APPLICANT REQUIREMENTS

The late applicant procedures described above are waived when an employee and/or dependents lose health insurance coverage through the spouse's employer due to the death, divorce, or non-voluntary termination of employment of the spouse. The employee must apply in writing for this waiver within 60 days of the loss of the spouse's coverage. Certain guidelines must be followed and specific information must be submitted to apply for this waiver.

D. REINSTATEMENT OF COVERAGE

If an employee does not wish to continue his or her medical insurance while on leave, the employee must terminate that coverage **IN WRITING BEFORE** the date the leave of absence is to begin. Coverage terminates on the last day of the month in which the request was made.

Upon reinstating coverage for an employee that has been laid-off or on an approved leave of absence, the employee must request this reinstatement within thirty-one (31) days of his/her return to work.

--If the employee returns within thirty-one (31) days of termination, the employee may continue his insurance, if all other eligibility requirements are met. The employee does not have to prove insurability or satisfy a six-month, pre-existing condition.

--If the employee returns from leave within six (6) months of the leave of absence, coverage will be reinstated on the first day of the calendar month coinciding with or following the date the employee returns to work without having to prove insurability or satisfy a six-month, pre-existing condition (eligibility requirements must also be met).

--If the employee returns to employment later than six (6) months of termination, the employee will have the applicable waiting period as a new employee and will be subject to the six-month, pre-existing conditions (eligibility requirements must also be met).

TBR PROGRAMS:

TIAA Long Term Disability: This plan assures that the employee continues to receive income once he or she is no longer receiving a paycheck. The effective date would be the first day following completion of one full calendar month of service. Benefits, if approved, are scheduled to begin on the 91st day of the disability. (For Administrative/Professional employees and faculty only.)

Provident Long Term Disability Plan: The effective date would be the first day following completion of one full calendar month of service. Benefits, if approved, begin on the 91st day of the disability. (For all regular, full-time employees who are scheduled to work at least 30 hours a week.)

OTHER STATE PROGRAMS:

OPTOMETRY VISION CARE PLAN

Under provisions of the OVC Plan, TSU employees and dependents receive an eighteen (18) percent discount on both professional services (annual eye examinations), materials (eyeglasses/contact lenses), and medical treatment of common eye problems. This discount applies only to payments in full and appointments with participating doctors, presentation of a higher education identification card, and your request for the entitled discount from the total fee.

PRESCRIPTION DISCOUNT PROGRAM

This program (under the Rx Care Network), reduces pricing on most prescription medications for Basic Medical Plan participants and their eligible dependents. To receive the best price available:

1. Ask the pharmacist if he/she participants in the Rx Care Network,
2. Present your insurance identification card to the pharmacist
3. when having your prescription filled, and
4. Pay the discounted price at that time.

The pharmacist will electronically file the claim with the insurance carrier. If you have met your medical plan deductible, you will receive an Explanation of Benefits Statement and the appropriate reimbursement within ten (10) days.

FLEXIBLE BENEFITS PLAN

Medical insurance premiums will automatically be paid with tax-free salary affording the employee higher net pay. The employee must, however, complete an enrollment form for other eligible benefits each plan year as listed.

- --Dental Premium
- --Medical and Dental Reimbursement Account
- --Dependent Day Care Expenses

The plan is effective on the effective date of the medical and/or dental insurance for new employees and January 1 for the new plan year.

Employees electing not to participate must complete the "**waiver**" for Medical Premiums Section of the enrollment form.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

This program Combines employee assistance, mental health and substance abuse benefits for employees covered under the Basic Medical Plan. Employees not covered by the Basic Medical Plan can utilize the program for access to a network of EAP specialists who are experienced in dealing with marital, family, emotional, financial, and legal issues.

All employees and dependents can receive six (6) free EAP counseling sessions per problem. The EAP network also includes community-based resources which may be free or available at special discounted rates.

ANNUAL OPEN ENROLLMENT/TRANSFER PERIOD:

Each year, October 1 through November 15th, employees may **enroll** in:

- the Dental Plan
- Optional Special Accident Plan
- Flexible Benefits Plan, **OR**

Transfer: from the Basic Medical Plan to an HMO, or from an HMO to the Basic Medical Plan; to another Dental Plan Option; and

Apply: for Optional Term Life and Universal Life Insurance

All transfers and enrollments become effective January 1 of the ensuing year. Applications for participation in the optional life plans, if approved for coverage, are effected in accordance with the insurance carrier's designation.

For further information regarding Insurance Programs contact the Personnel Department.

REFERENCES

State of Tennessee Group Insurance Program Employee Handbook "Insurance Benefits Summary"

Insurance Officer's Plan Document