



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 Group Insurance Program 2014 Eligibility & Enrollment Guide](#) or reference to the State Plan Document.

Available State of Tennessee programs include:

- Medical Insurance/Pharmacy
- Dental Insurance
- Vision Insurance
- Employee Assistance Program
- ParTNers for Health Wellness Program
- Life Insurance
- Long-Term Care

Available Tennessee Board of Regents programs include:

- Vision Insurance

- AFLAC Supplemental Insurance
- Flexible Benefits Reimbursement Accounts
- Long-Term Disability

PROCEDURE

ENROLLMENT/ELIGIBILITY PERIOD

As a new employee, your eligibility date is your hire date. You must complete enrollment within 31 days after your hire date. Coverage starts on the first day of the month after your hire date.

State Plan employees in the 1,450 hour category must apply within one full calendar month after meeting the 24-month requirement.

If you are a part-time employee and gain full-time status, your coverage will start the first day of the month after gaining full-time status or you may choose the next month for coverage to start. You must complete one full calendar month of employment. Application must be made within one full calendar month after becoming eligible.

You must be in a positive paystatus on the day your coverage begins. If you do not enroll in health coverage by the end of your enrollment period you must wait for the annual enrollment period, unless you have a qualifying event under the special enrollment provisions during the year. Refer to the special enrollment provisions section of this guide for more information.

A dependent's coverage starts on the same date as yours unless newly acquired. Application to add a newly acquired dependent must be submitted within 60 days of the acquire date. Family coverage based on enrolling newly acquired dependent children due to birth, adoption or legal custody must begin on the first day of the month in which the event occurred and the children shall be eligible for coverage on the date they were acquired. Coverage for an adopted child begins when the child has been adopted or has been placed for adoption. If enrolled in single coverage and adding a newly-acquired spouse, you may choose to begin family coverage on the first day of the month in which your spouse was acquired or the first day of the following month. Depending on the date you choose, your newly-acquired spouse will be covered beginning with the acquire date (date of marriage) or the first day of the following month.

There are four premium levels for health, dental and vision coverage to choose from depending on the size of your family:

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Employee + Spouse + Child(ren)

If you enroll as a family in the second, third or fourth premium level, all of you must enroll in the same health, dental and vision options. However, if you are married to an employee who is also member of the State, Local Education or Local Government Plan, you can each enroll in employee only coverage if you are not covering dependent children. If you have children, one of you can choose employee only and the other can choose employee + child(ren). Then you can each choose your own benefit option and carrier.

If you are in the state plan and your spouse is also in the state plan, you both may want to think about choosing coverage as the head of contract. State plan employees can get a higher level of life insurance coverage as the head of contract. Refer to the available benefits section of this guide for more information.

ANNUAL ENROLLMENT TRANSFER PERIOD

The enrollment period gives you another chance to enroll in health, dental, vision and optional accidental death coverage and apply for optional term life coverage. You can also make changes to your existing coverage, like increasing or decreasing optional term insurance, transferring between health, dental and vision options and canceling coverage.

Benefit enrollments remain in effect for a full plan year (January 1 through December 31). You may not cancel coverage outside of the enrollment period unless eligibility is lost or there is a qualifying change or event.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

This program combines employee assistance, mental health and substance abuse benefits for all State of Tennessee employees. Employees 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 up to 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.

REFERENCE

[State Group Insurance Program 2014 Eligibility & Enrollment Guide](#)

State Plan Document

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