

# 2011 **DECISION**

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# GUIDE

PAR**TN**ERS  

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FOR HEALTH<sup>SM</sup>

IF YOU ARE...	YOU MUST...	OR ELSE...
<b>An active employee, currently enrolled</b> for coverage	Complete the enrollment form and submit it to your agency benefits coordinator between September 15–October 15, 2010	You will automatically be enrolled in the Standard PPO with the least expensive carrier for your region for the 2011 calendar year
<b>An active employee</b> who is <b>not currently enrolled</b> for coverage*	If you would like to enroll for coverage, complete the enrollment form and submit it to your agency benefits coordinator between September 15–October 15, 2010	You will not be enrolled for coverage
<b>A new hire</b>	Complete the enrollment form and submit it to your agency benefits coordinator within the allotted timeframe	You will not be enrolled for coverage
<b>A retiree under age 65, not eligible for Medicare</b> *, currently covered under the Plan	Complete the enrollment form and mail it by October 15, 2010 to: State of Tennessee, Benefits Administration ATTN: RETIREMENT 312 Rosa L. Parks Avenue, Suite 2600 Nashville, TN 37243 FAX: 615-741-8196	You will automatically be enrolled in the Standard PPO with the least expensive carrier for your region for the 2011 calendar year
<b>On COBRA</b>	Complete the enrollment form and mail it by October 15, 2010 to: State of Tennessee, Benefits Administration ATTN: COBRA 312 Rosa L. Parks Avenue, Suite 2600 Nashville, TN 37243 FAX: 615-741-8196	You will automatically be enrolled in the Standard PPO with the least expensive carrier for your region for the 2011 calendar year

\*This includes any disabled retiree of the State, Higher Education or Local Education who is under age 65. Please note, disabled retirees of Local Government under age 65 who are on Medicare are not eligible for health benefits.

**Please note: The DVD has closed captions.**

#### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)

ParTNers for Health Call Center (until 10/15/10):

1-866-741-6464

# IT'S TIME TO MAKE YOUR CHOICES!

The State of Tennessee Group Insurance Program provides comprehensive, affordable and dependable benefits designed to protect you and your family from the high costs often associated with health care.



## About This Decision Guide

This booklet includes benefits that will be available to you in 2011 as a member of the State of Tennessee Group Insurance Program. This includes the State, Local Education and Local Government Plans. It describes each of the benefits, the choices you will need to make and how to enroll yourself and your family for coverage in 2011. Available benefits and premiums depend on where you work, so be sure to read this Decision Guide carefully along with any special inserts that are included with your Enrollment Kit.

## If You Are Not an Active Employee

The benefits described in this Guide apply to eligible members of the State, Local Education and Local Government Plans, including dependents of active employees, retirees who are not yet eligible for Medicare,\* COBRA members and non-Medicare-eligible spouses or dependent children of Medicare-eligible retirees. If you are not sure about your eligibility for a particular benefit described in this Guide, call your agency benefits coordinator or the ParTNers for Health Call Center at 1-866-741-6464. It's available 24/7 through October 15, 2010.

\*This includes any disabled retiree of the State, Higher Education or Local Education who is under age 65. Please note, disabled retirees of Local Government under age 65 who are on Medicare are not eligible for health benefits.

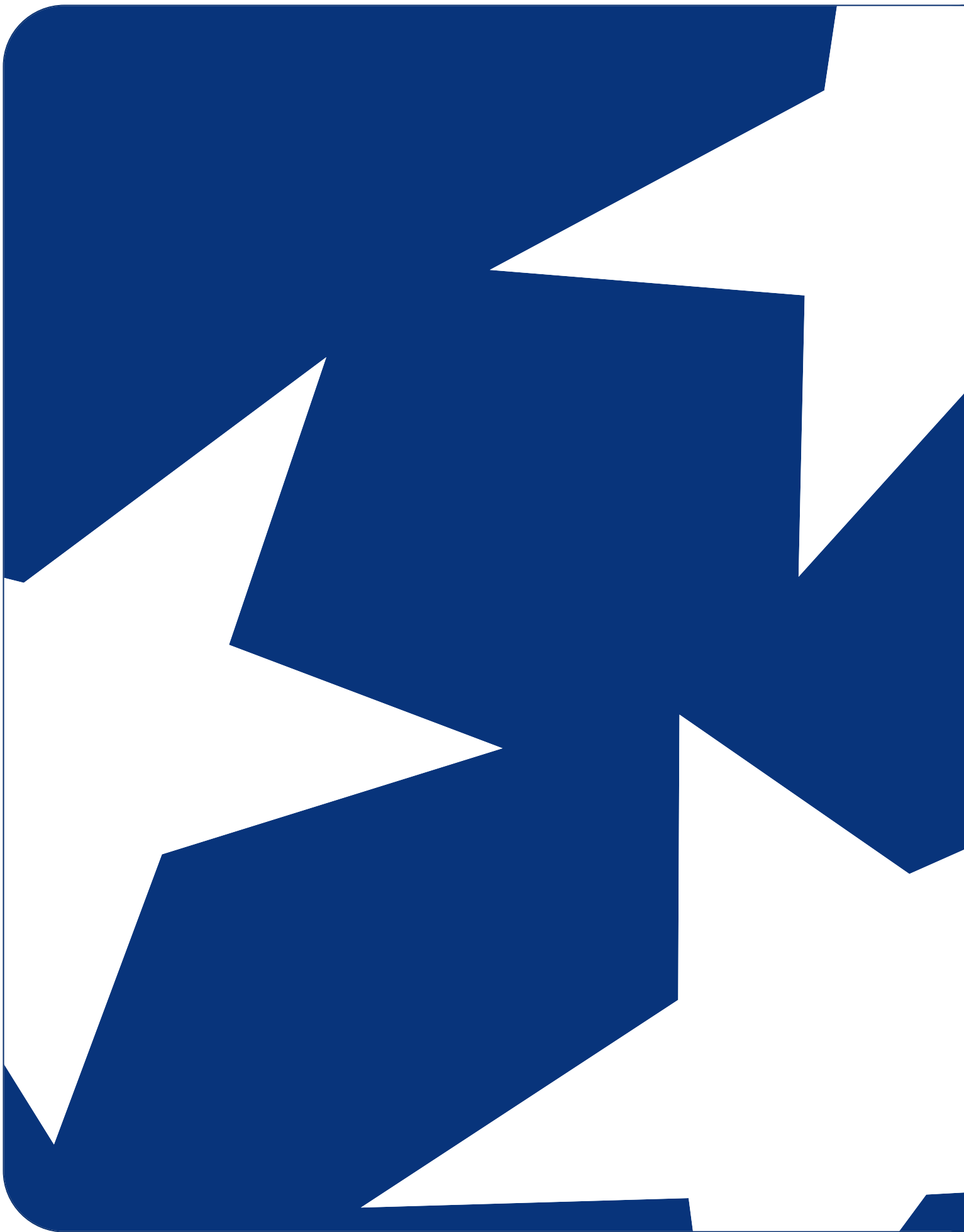
## This Year Is Different!

This year's Annual Enrollment Transfer Period (AETP) is now an open enrollment. All eligible employees and retirees of the State, University of Tennessee System and Tennessee Board of Regents schools and participating Local Education agencies and Local Governments can enroll in a health insurance option for 2011 during the AETP/Open Enrollment Period, which runs from September 15 through October 15, 2010. Read this Guide to become familiar with the options available to you.

## Annual Enrollment Transfer/Open Enrollment Period

As required by the recently enacted national health reform law, employees who are not currently enrolled in the State Group Insurance Program will be eligible to enroll during this year's Enrollment Period (formerly known as the "Annual Enrollment Transfer Period"). All current members will also need to make their benefits choices during the Enrollment Period. So, this year's enrollment invites all eligible employees, spouses and dependents up to age 26 to enroll in the health plan or other optional benefits.

**You can now enroll dependent children up to age 26 for health and dental benefits. See page 17 for more information.**



# WHAT YOU'LL FIND INSIDE

## HEALTH BENEFITS

1

Choosing a Health Insurance Option

1

Covered Services

1

How the PPOs Work

1

The Partnership Promise

2

Why Choose the Partnership PPO?

3

Comparing the Partnership and Standard PPOs

4

Choosing an Insurance Carrier

5

Choosing a Premium Level (Tier)

6

Pharmacy Benefits

6

Mental Health and Substance Abuse Services and Employee Assistance Program

7

Choices to Make During the Enrollment Period

8

---

## IMPORTANT INFORMATION FOR RETIREES

9

---

## DENTAL BENEFITS

10

Your Dental Insurance Options

10

Prepaid Plan

10

Dental PDO

10

Covered Dental Services

11

Choosing a Dental Premium Level (Tier)

12

Actions You Can Take During the Enrollment Period

12

---

## ACCIDENT AND LIFE INSURANCE

13

Basic Term Life and Special Accident Insurance

13

Optional Universal Life and Term Life Insurance

13

Optional Special Accident Insurance

13

Sick Leave Bank

13

---

## FLEXIBLE BENEFITS

14

Medical Reimbursement Account

14

Dependent Day Care Reimbursement Account

14

Parking Reimbursement Account

14

Transportation Reimbursement Account

14

---

## ENROLLING FOR COVERAGE

15

If You Are an Active Employee Who is Currently Enrolled

15

If You Are An Active Employee Who is NOT Currently Enrolled

15

If You Are a New Hire

16

If You Are a Retiree

16

If You Self-Pay for Coverage Through COBRA

16

If You Are Enrolling Dependents Up to Age 26

17

If You Have a Family Status Change

17

Enrollment Checklist

17

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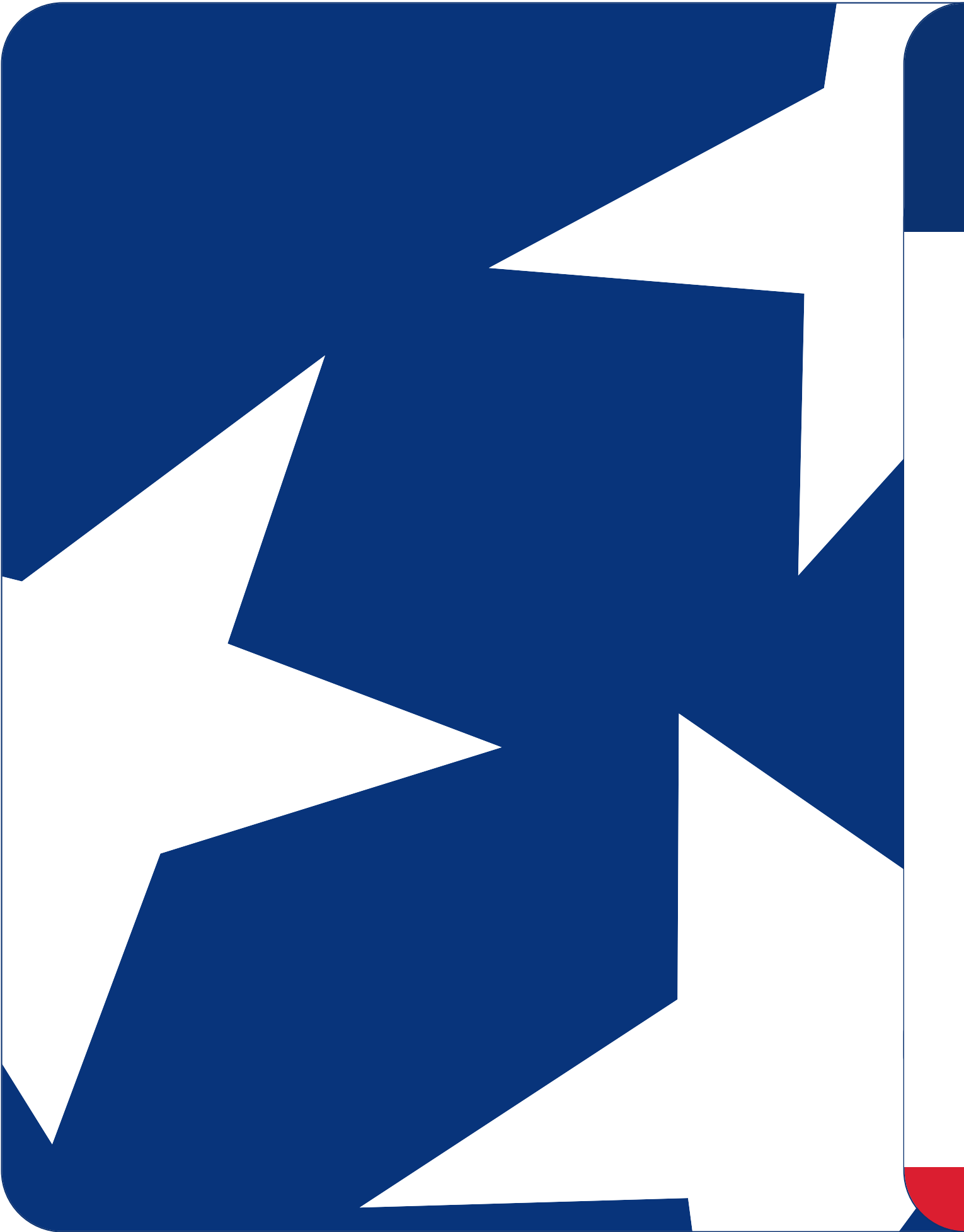
## NEED HELP?

18

---

## BENEFITS ELIGIBILITY COMPARISON BY GROUP

19



# HEALTH BENEFITS



You have three important decisions to make when it comes to your 2011 health benefits:

- > a health insurance option
- > an insurance carrier
- > a premium level (tier)

Your choices for each of these decisions are included in this Guide. Consider them carefully. The decisions that you make when you enroll will remain in effect through the end of the 2011 calendar year unless you experience a family status change (see page 17).

## Choosing a Health Insurance Option

For 2011, you will have a choice of two health insurance options:

- > the Partnership PPO
- > the Standard PPO

**If you work in Local Government, you have a third choice—the Limited PPO. An insert with benefit details is included in Local Government Enrollment Kits.**

The options you have for 2011 are both PPOs. PPO stands for preferred provider organization. With a PPO, you can see any doctor you want. However, the PPO has a list of doctors, hospitals and other health care providers that you're encouraged to use. These providers make up what insurance carriers call a network. You can visit any physician or facility in the network. These providers have agreed to take lower fees for their services. Because their fees are lower, the plan saves money and so do you. The cost for members is higher when using out-of-network providers.

## Covered Services

The Partnership PPO and the Standard PPO cover the same services, treatments and products, including the following:

- > preventive care
- > primary care
- > specialty care
- > laboratory and x-rays
- > hospitalization and surgery
- > mental health and substance abuse

In addition, you will have the same pharmacy benefits (described on page 6) under either PPO. However, your costs, including premiums, deductibles, co-pays, co-insurance and out-of-pocket maximums will always be less with the Partnership PPO.

**Regardless of the PPO or carrier you choose, in-network preventive care is covered at no charge. No deductible applies. For more information about preventive care, visit [www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov).**

## How the PPOs Work

There is ONE important difference between the Partnership PPO and the Standard PPO. If you choose the Partnership PPO, you will be required to sign a **Partnership Promise** (included on the back of the enrollment form in your Enrollment Kit) when you enroll. The Partnership Promise requires you to take certain steps to get or stay as healthy as you can. In return, you will pay less than you would with the Standard PPO.

## The Partnership Promise

In general, the Partnership Promise is a commitment to:

- > know your health history
- > know your health risks
- > take actions to get and stay as healthy as you can

The Partnership Promise is an annual commitment. In order to remain in the Partnership PPO, you must meet your commitment each year and renew it the following fall during the Enrollment Period.

**You and all eligible family members must enroll in the same PPO. If you choose the Partnership PPO, your dependent spouse MUST also agree to the Partnership Promise. Children, however, are not required to take action.**

**Here's what you need to do for the Partnership Promise in 2011:**

- > complete a health questionnaire
- > complete a health screening
- > get appropriate preventive and routine health care services

If you want to remain in the Partnership PPO in 2012, you will have to complete the health questionnaire and health screening by June 30, 2011.

The health questionnaire asks questions about your current health habits, such as what you eat, how much you exercise, work and life stress and whether you use tobacco or alcohol. APS Healthcare, an independent health and wellness manager, conducts this survey.

The health screening measures your height, weight, blood sugar, blood pressure and cholesterol level. You can do the screening with your doctor or at one of the health screening sites that will be set up around the State by APS Healthcare.

**APS Healthcare will collect your data from the health questionnaire and the health screening. Under a current law known as HIPAA, they will not release any identifiable, individual information about you to either the State or your employer without your permission. No one other than APS will see your personal information.**

If you sign up for the Partnership PPO, but do not meet the requirements of the Partnership Promise, you will only be eligible for the Standard PPO in the next plan year.

## Did You Know?

Privacy rules, part of the Health Insurance Portability and Accountability Act (HIPAA) passed by Congress in 1996, became effective for most health entities on April 14, 2003. HIPAA privacy rules apply to those who provide medical services such as hospitals and doctors, and to insurance companies and health plans. These rules are intended to protect your personal information from being inappropriately disclosed. They also give you additional rights concerning your health care information.

Your privacy is important to us. If you would like a copy of our complete HIPAA privacy policy, please visit [www.tn.gov/finance/ins](http://www.tn.gov/finance/ins)—just click on the “Publications and Forms” link.



## Why Choose the Partnership PPO?

In return for committing to the Partnership Promise, you will have lower premiums, co-pays, co-insurance, deductibles and out-of-pocket maximums than under the Standard PPO.

**Premiums** are what you pay each month for coverage regardless of whether or not you receive health services. What you pay depends on where you work (State, Higher Education, Local Education or Local Government) and the decisions you make during the Enrollment Period. Premium information is included as an insert with this Enrollment Kit.

A **co-pay** is a form of payment for certain types of services and products, such as doctor's office visits and prescription drugs. It is a fixed dollar amount, such as \$25 for an office visit or \$10 for a prescription.

**Co-insurance** is a form of payment for services and products that do not require a co-pay, such as hospital care. Instead of a flat dollar amount, it is a percentage of the cost for the service. For example, if your co-insurance for a service is 10 percent, the plan's co-insurance is 90 percent. In other words, you will pay 10 percent of the cost and the plan will pay the remaining 90 percent.

**The maximum allowable charge (MAC) is the most that a plan will pay for a service from an in-network provider. If you go to an out-of-network provider who charges more than the MAC, you will pay the difference between the MAC and the actual charge (in addition to your co-insurance and deductible).**

A **deductible** is an amount you pay each year before the plan pays for services that require co-insurance. It applies only to charges that require co-insurance. It does not apply to services with a co-pay. It's also important to note that there is an in-network deductible AND an out-of-network deductible. The two deductibles add up separately. In-network charges cannot be applied to an out-of-network deductible, and out-of-network charges cannot be applied to an in-network deductible.

**All of your costs are lower under the Partnership PPO than the Standard PPO.**

An **out-of-pocket maximum** limits how much co-insurance (and deductible) you would have to pay in any given year. If your spending reaches the out-of-pocket maximum, the plan pays your co-insurance on eligible expenses for the rest of the year, and you won't have to pay any more co-insurance. Co-pays do not apply to the out-of-pocket maximum.

It's also important to note that there is a separate in-network out-of-pocket maximum and out-of-network out-of-pocket maximum.

As with the deductible, in-network charges cannot be applied to an out-of-network out-of-pocket maximum, and out-of-network charges cannot be applied to an in-network out-of-pocket maximum. Also, you are responsible for out-of-network charges that exceed the MAC for a given service.

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

## Comparing the Partnership and Standard PPOs

Here is a comparison of deductibles, co-pays, your share of co-insurance and out-of-pocket maximums for 2011 under the two PPOs.

	PARTNERSHIP PPO		STANDARD PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>COVERED SERVICES</b>				
<b>For the following services, you will not need to meet your deductible first. These costs do not apply to your annual out-of-pocket maximum.</b>				
<b>Preventive care</b>	No charge	\$45 co-pay	No charge	\$50 co-pay
<b>Well-baby, well-child visits</b>	No charge	\$45 co-pay	No charge	\$50 co-pay
<b>Primary Care</b>	\$25 co-pay	\$45 co-pay	\$30 co-pay	\$50 co-pay
<b>Mental Health*</b> (Outpatient, including psychiatry and substance abuse)	\$25 co-pay	\$45 co-pay	\$30 co-pay	\$50 co-pay
<b>Specialist Care</b>	\$40 co-pay	\$65 co-pay	\$45 co-pay	\$70 co-pay
<b>Convenience Clinics/Urgent Care Facilities</b>	\$50 co-pay	\$50 co-pay	\$55 co-pay	\$55 co-pay
<b>ER Visit</b> (waived if admitted)	\$80 co-pay	\$80 co-pay	\$100 co-pay	\$100 co-pay
<b>Routine Lab and X-Ray</b>	100% covered after office co-pay	100% covered after office co-pay up to MAC**	100% covered after office co-pay	100% covered after office co-pay up to MAC**
<b>Pharmacy</b> (30-day supply only from pharmacies in the 30-day network)	\$5 co-pay for generic; \$30 co-pay for preferred brand; \$80 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC**	\$10 co-pay for generic; \$40 co-pay for preferred brand; \$90 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC**
(90-day supply available only from special, less costly 90-day network or mail-order)	\$10 co-pay for generic; \$60 co-pay for preferred brand; \$160 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC**	\$20 co-pay for generic; \$80 co-pay for preferred brand; \$180 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC**
<b>Chiropractic</b> (up to 15 visits without prior authorization)	\$25 co-pay	\$45 co-pay	\$30 co-pay	\$50 co-pay
<b>For the following services, you must meet your deductible before the plan will begin to pay benefits. These costs apply to your annual out-of-pocket maximum.</b>				
<b>Inpatient care</b> (including mental health and substance abuse)	10% co-insurance	40% co-insurance	20% co-insurance	40% co-insurance
<b>Ambulance</b> (air and ground)	10% co-insurance	40% co-insurance	20% co-insurance	40% co-insurance
<b>Advanced X-Ray, Scans and Imaging</b>	10% co-insurance	40% co-insurance	20% co-insurance	40% co-insurance
<b>OT/PT/Speech Therapy</b>	10% co-insurance	40% co-insurance	20% co-insurance	40% co-insurance

\*The following behavioral health services are treated as "inpatient" for the purposes of determining member cost-sharing: residential treatment, partial hospitalization, and intensive outpatient therapy.

\*\*MAC stands for "maximum allowable charge." The MAC is the most that a plan will pay for a service from an in-network provider. If you go to an out-of-network provider who charges more than the MAC, you will pay the difference between the MAC and the actual charge.

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)

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1-866-741-6464

## Comparing the Partnership and Standard PPOs

		PARTNERSHIP PPO		STANDARD PPO	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible***</b>	Employee Only	\$350	\$700	\$700	\$1,400
	Employee + Child(ren)	\$700	\$1,400	\$1,400	\$2,800
	Employee + Spouse	\$700	\$1,400	\$1,400	\$2,800
	Employee + Spouse + Child(ren)	\$900	\$1,800	\$1,800	\$3,600
<b>Out-of-Pocket Maximum***</b>	Employee Only	\$1,350	\$2,700	\$1,700	\$3,400
	Employee + Child(ren)	\$2,700	\$5,400	\$3,400	\$6,800
	Employee + Spouse	\$2,700	\$5,400	\$3,400	\$6,800
	Employee + Spouse + Child(ren)	\$3,500	\$7,000	\$4,500	\$9,000

\*\*\*No single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members.

## Choosing an Insurance Carrier

For 2011, regardless of whether you choose the Partnership PPO or the Standard PPO, you will have a choice of two insurance carriers:

- > BlueCross BlueShield of Tennessee
- > CIGNA

Each carrier has its own network of preferred doctors, hospitals and other health care providers. Many doctors and hospitals are in more than one network. So, you may find yours listed under both of the insurance carrier options. On the other hand, some doctors and hospitals may be in one network but not the other. **Check the networks carefully when making your selection.**

Although BlueCross BlueShield of Tennessee and CIGNA will have PPO networks available throughout Tennessee, you will probably want to choose your insurance carrier based on whether or not your doctor, hospital or lab/facility participates in their network. Doctors and facilities move in and out of networks from time to time, so be sure to double check that you are comfortable with the provider options offered by the PPO network you select.

Provider network information will be available online at [www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov) or by calling 1-866-741-6464.

If you want to check whether a particular provider is in a network, you can contact a representative at the ParTNers for Health Call Center (1-866-741-6464). Customer Service Representatives will be available throughout the Enrollment Period to help you find a provider and answer any other questions you may have.

**Depending on where you live, BlueCross BlueShield of Tennessee or CIGNA have slight variations in premiums because the networks have different costs in each region. If the State pays less, you will pay less too. If you're in East or Middle Tennessee, the CIGNA plan costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels. If you're in West Tennessee, the BlueCross BlueShield of Tennessee plan costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels. Refer to the premium rate sheet included with this Kit.**

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

## Choosing a Premium Level (Tier)

The amount you pay in premiums depends on the PPO you choose and the number of people you cover under the plan. Starting in 2011, four premium levels will be available:

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

**The “employee” premium level applies to any member who enrolls alone, including an active employee, a retiree who is not eligible for Medicare, a disabled retiree under 65 who is enrolled in Medicare, a COBRA participant and a non-Medicare-eligible dependent of a retiree who is on Medicare.**

If you’re enrolling as a family, either under the second, third or fourth premium level listed above, all of you must be enrolled in the same PPO and with the same insurance carrier. However, there’s one exception to this rule. If you’re married to an employee who is also a member of the State, Local Education or Local Government Plan, you can each enroll in employee only coverage, provided you are not covering dependent children.

If two married eligible employees have children, one of you can choose employee only and the other can choose employee + child(ren). Then you can each choose your own PPO and insurance carrier, just like any two plan members who are not married.

**If you’re in the State Plan and your spouse is also in the State Plan, you both may want to consider choosing “employee only” coverage. As State Plan employees, you are only eligible to buy more basic life insurance if you are the head of contract. See page 13 for more information.**

**Remember, if you sign up with a spouse for the Partnership PPO, you each must commit to the Partnership Promise.**

If your family situation gives you options for your premium level, be sure to consider them carefully and choose the one that makes the most sense for you and your family. You pay for who you want to cover.

## Pharmacy Benefits

Your health insurance benefits include pharmacy benefits. The covered drug list is identical under both the Partnership PPO and the Standard PPO, although co-pays differ between the two. You do not have to make a choice about your pharmacy benefits. This benefit is automatically included for you and all enrolled dependents when you choose either the Partnership PPO or the Standard PPO or Limited PPO for Local Government.

Pharmacy benefits are administered by Caremark ([www.caremark.com](http://www.caremark.com)), one of the largest pharmacy benefits managers in the country and the number one provider of prescriptions. Their network of more than 1,600 pharmacies in Tennessee (64,000 nationwide) includes many major chains and independent pharmacies.

**If you have questions about your pharmacy benefits, call Caremark 24/7 at 1-877-522-TNRX (8679).**

When you fill a prescription, you will pay only a co-pay. No deductible is required. Your co-pay depends on whether you use a 30-day retail pharmacy or the 90-day mail at retail pharmacy, and which PPO you choose. Your co-pay also depends on whether your prescription is filled with a generic, preferred brand or non-preferred brand medication. (These drug levels are also called “tiers.”)

> A **generic drug** (also called a tier one drug) is a Food and Drug Administration (FDA)-approved equivalent of a brand-name drug. It is equal to the brand-name product in safety, effectiveness, quality and performance. You pay the least when you fill a prescription with a generic drug.

- > A **preferred brand** (also called a tier two drug) is a drug that is included on the drug list. Your cost will be higher for a preferred brand than for a generic but less than for a non-preferred brand.
- > A **non-preferred brand** (also called a tier three drug) is a brand-name drug that is not on the drug list. You will pay the most if your prescription is filled with a non-preferred brand.

If you want to know whether or not a drug is a generic, preferred or non-preferred brand, call 1-877-TNRX (8679) or visit [www.caremark.com](http://www.caremark.com). You will need to register at [www.caremark.com](http://www.caremark.com) to view network and benefits.

The chart below shows prescription drug co-pays under both the Partnership PPO and the Standard PPO as of January 1, 2011.

	PARTNERSHIP PPO		STANDARD PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Pharmacy</b> (30-day supply only from pharmacies in the 30-day network)	\$5 co-pay for generic; \$30 co-pay for preferred brand; \$80 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC*	\$10 co-pay for generic; \$40 co-pay for preferred brand; \$90 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC*
(90-day supply available only from special, less costly 90-day network or mail-order)	\$10 co-pay for generic; \$60 co-pay for preferred brand; \$160 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC*	\$20 co-pay for generic; \$80 co-pay for preferred brand; \$180 co-pay for non-preferred brand	Co-pay, plus any amount exceeding MAC*

\*MAC stands for “maximum allowable charge.” The MAC is the most that a plan will pay for a service from an in-network provider. If you go to an out-of-network provider who charges more than the MAC, you will pay the difference between the MAC and the actual charge.

**Please note:** Not all drugs are available in 90-day quantities.

## Mental Health and Substance Abuse Services and Employee Assistance Program

All employees and dependents enrolled in health coverage are eligible for mental health and substance abuse services from Magellan Health Services. To receive maximum benefit coverage, participants must use a network provider and obtain prior authorization for services. Magellan is available 24/7 at 1-800-308-4934 for members to speak confidentially with a trained professional for a referral. Magellan also administers the State’s Employee Assistance Program.

**Have a Question?**  
[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
 ParTNers for Health Call Center (until 10/15/10):  
 1-866-741-6464

**PLEASE NOTE!** If you are currently enrolled in the health plan and do not make a choice, you will automatically be enrolled in the Standard PPO. The carrier that is selected for you (BlueCross BlueShield of Tennessee or CIGNA) will be the least expensive carrier for the Standard PPO for the region where you live. You will also be enrolled in the appropriate premium level based on your current covered dependents.

### Choices to Make During the Enrollment Period If You Are Currently Enrolled

If you currently have health coverage under the State Group Insurance Program, you **MUST** make the following choices during the Enrollment Period:

- > **a health insurance option**—the Partnership PPO or the Standard PPO
- > **an insurance carrier**—BlueCross BlueShield of Tennessee or CIGNA
- > **a premium level**—employee only, employee + child(ren), employee + spouse, or employee + spouse + child(ren).

Please be aware, those who are already enrolled in the State, Local Education and Local Government Plans will **NOT** have a pre-existing condition exclusion. You will receive the full benefit from day one.

### If You Are Not Currently Enrolled

Under the new health reform law, eligible employees who are not currently enrolled in the State Group Insurance Program may enroll themselves and their eligible dependents for coverage during the Enrollment Period. If you do not have health coverage now, and you do not want to have coverage with the State Group Insurance Program in 2011, you do not need to take any action.

New enrollees age 19 and older will be subject to a 12-month pre-existing condition exclusion without a certificate of creditable coverage. This will not apply to children 18 and younger.

## Did You Know?

### Important Notice about Pre-Existing Condition Exclusion

This plan imposes a pre-existing condition exclusion for new enrollees. This means if you have a medical condition before joining the plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. The pre-existing condition exclusion does not apply to pregnancy or to children age 18 and younger.

This exclusion may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage for more than 63 days. To reduce the 12-month exclusion period by your creditable coverage, you will need to provide a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, Benefits Administration will help you obtain one from your prior plan or issuer. There are also other ways that you can prove creditable coverage. Please contact Benefits Administration if you need help demonstrating creditable coverage.

All questions about creditable coverage should be directed to Benefits Administration at 1-800-253-9981.

# IMPORTANT INFORMATION FOR RETIREES

If you're a retiree under age 65, be sure to read this Guide carefully. Everything you need to know about the new health insurance options and the dental insurance options is explained in this Enrollment Kit.



Here are some important things to keep in mind when reading the Guide and completing the enrollment form:

- > If you and/or your dependent(s) are covered on the State-Sponsored Retiree Group Health Plan, **please use the enrollment form—included with this Kit—that is designated for retirees only.**
  - > Enrollment forms must be returned to Benefits Administration. Completed forms must be faxed or postmarked no later than midnight October 15, 2010.
  - > If your enrollment application is not postmarked or faxed by October 15, 2010, you will be automatically enrolled in the Standard PPO for eligible covered member(s). You and/or your dependents will be enrolled in the lowest cost carrier for your region. You will not be able to change it until the next Enrollment Period in 2011.
  - > You may mail or fax your completed form to:
- > If you are applying to add a dependent child who is under the age of 26 and they were not previously covered during the 2010 plan year, you must submit supporting documentation to show dependent eligibility with your enrollment form. A list of supporting documents is available as an insert in this Kit.
  - > If you are eligible for coverage as the surviving spouse of a deceased retiree, complete the Retiree Information Section as though you are the retiree.
  - > When choosing a region, out-of-state retirees in states that border Tennessee should select the region closest to them. Those in states not on the border will be enrolled in the middle region. Please be aware that all regions and carriers offer networks with national coverage.
  - > Dental benefits are available to retirees. See page 11.

State of Tennessee, Benefits Administration  
ATTN: RETIREMENT  
312 Rosa L. Parks Avenue, Suite 2600  
Nashville, TN 37243  
FAX: 615-741-8196

## Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTners for Health Call Center (until 10/15/10):  
1-866-741-6464



# DENTAL BENEFITS

Eligible State Plan members can enroll in or transfer between dental benefits. Retirees and members of the Local Education and Local Government Plans may also be eligible for dental benefits, depending on where you work. If you are an active employee, check with your agency benefits coordinator.



## Your Dental Insurance Options

Eligible employees can choose between two dental plans—the Prepaid Plan and the Preferred Dental Organization (PDO).

- > The **Prepaid Plan** provides dental services at predetermined co-pay amounts from a limited network of participating dentists and specialists.
- > Under the **Dental PDO**, you can choose any dentist. However, you receive maximum benefits when you use a network provider.

During the Enrollment Period, eligible employees and retirees can enroll in or transfer between the two options by completing the dental insurance section of the enrollment application included with your Enrollment Kit.

As with health insurance, you pay **premiums** upfront for dental coverage regardless of whether or not you use any services. What you pay depends on the decisions you make about your dental coverage during the Enrollment Period. Information about carriers and premiums is included in your Enrollment Kit.

**If you don't make a choice, you will keep your current coverage, even if the premiums go up.**

## Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

## Prepaid Plan

The Prepaid Plan provides dental services at predetermined co-pay amounts. These co-pays are reduced fees for dental treatments from your selected participating general dentist or from any participating specialist. 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. Referrals are not required.

**However, to receive benefits, you must select a dentist from the Prepaid Plan list.**

## Dental PDO

With the Dental PDO, you can choose any dentist; however, you receive maximum benefits when visiting an in-network provider. You pay co-insurance for covered services, which is a percentage of the maximum allowable charge, or MAC. In addition, a deductible applies for out-of-network dental care, but not for in-network services.

No referrals are required with the Dental PDO, and you or your dentist will file claims for covered services. Some services require waiting periods and limitations and exclusions apply.

**See page 3 for definitions of a co-pay, co-insurance, deductible and the maximum allowable charge.**



## Covered Dental Services

Here is a comparison of member co-pays, deductibles and co-insurance in 2011 and other features of the Prepaid Plan and the Dental PDO. Costs listed below represent what the member pays.

	PREPAID PLAN		DENTAL PDO	
	GENERAL DENTIST	SPECIALIST DENTIST	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	None		None	Employee Only: \$100; Employee + Child(ren): \$300; Employee + Spouse: \$300; Employee + Spouse + Child(ren): \$300 <sup>5</sup>
<b>Annual Maximum Benefit</b>	None		\$1,500/person	
<b>Pre-existing Conditions</b>	Covered		Some exclusions	
<b>Office Visit</b>	\$10 co-pay <sup>3</sup>		0% of MAC	20% of MAC
<b>Periodic Oral Evaluation</b>	No charge		0% of MAC	20% of MAC
<b>Routine Cleaning Adult</b>	No charge		0% of MAC	20% of MAC
<b>X-ray—Intraoral, Complete Series</b>	No charge	\$5 co-pay	20% of MAC	40% of MAC
<b>Amalgam (silver) Filling— 2 Surfaces Permanent</b>	\$8 co-pay	\$10 co-pay	20% of MAC	40% of MAC
<b>Endodontics—Root Canal Therapy Molar (excluding final restoration)</b>	\$250 co-pay	\$600 co-pay	50% of MAC	
<b>Major Restorations—Crowns (porcelain fused to high noble metal)</b>	\$275 co-pay, plus lab fees <sup>1</sup>		50% of MAC <sup>4</sup>	
<b>Extraction of Erupted Tooth (minor oral surgery)</b>	\$15 co-pay	\$70 co-pay	20% of MAC	40% of MAC
<b>Removal of Impacted Tooth— Complete Bony</b> (complex oral surgery)	\$100 co-pay	\$120 co-pay	50% of MAC	
<b>Dentures—Complete Upper</b>	\$310 co-pay, plus lab fees <sup>1</sup>		50% of MAC	
<b>Orthodontics</b>	25% off participating orthodontist's usual fees		50% of MAC	
• Annual Deductible	None		None	
• Lifetime Maximum	None		\$1,250 (including any benefits received under a prior dental plan) <sup>2</sup>	
• Waiting Period	None		12 months	
• Age Limit	None		Up to age 19	

### MAC—Maximum Allowable Charge

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

<sup>1</sup> Members are responsible for additional lab fees for these services.

<sup>2</sup> If an individual had coverage through another dental plan, they may also have had a lifetime maximum for orthodontia. The orthodontia maximum is a lifetime benefit, which means, if an individual enrolls under the PDO, the benefit amount will not start over again. The benefits for orthodontia under the PDO would be adjusted based on the benefits a member may have received previously through another dental plan.

<sup>3</sup> A charge of \$20 (\$25 for retirees) may apply for a missed appointment when the member does not cancel at least 24 hours prior to the scheduled appointment.

<sup>4</sup> A 12-month waiting period applies.

<sup>5</sup> Does not apply to diagnostic and preventive benefits such as periodic oral evaluation, cleaning and x-ray.

### Have a Question?

www.partnersforhealthtn.gov  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

### Choosing a Dental Premium Level (Tier)

The same four premium levels that apply to health insurance will apply to dental benefits in 2011:

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

If you're enrolling as a family, under the second, third or fourth premium level listed above, all of you must be enrolled in the same dental option.

However, there's one exception to this rule. If you're married to an employee who is also a member of the State, Local Education or Local Government Plan, and you are both eligible for dental benefits, you can each enroll for employee only coverage. 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 dental option, just like any two plan members who are not married.

### Actions You Can Take During the Enrollment Period

If you are eligible and would like to enroll for dental benefits, here's what you must do during the Enrollment Period:

- > enroll yourself (and eligible dependents) for dental coverage for the first time
- > select coverage from the Prepaid Plan or Dental PDO
- > add eligible dependents, including any children under age 26
- > choose a new premium level

If you are currently enrolled and make no changes to your dental benefits during the Enrollment Period, your current option will continue automatically in 2011 for you and all enrolled dependents who continue to be eligible. You will be enrolled in the appropriate premium level based on your covered dependents. For example, if you are currently enrolled in family coverage but only cover you and your child, you will be enrolled in employee + child coverage for 2011.

## Did You Know?

**Under the Women's Health and Cancer Rights Act of 1998, a group health plan participant who is receiving benefits in connection with a mastectomy is entitled to coverage for the following services:**

- > **reconstruction of the breast on which the mastectomy has been performed**
- > **surgery and reconstruction of the other breast to produce a symmetrical appearance**
- > **prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas**

**Coverage for these benefits or services will be provided in a manner determined in consultation with the participant's attending physician. Coverage for the mastectomy-related services or benefits required under the Act will be subject to the same deductibles and co-insurance or co-pay provisions that apply with respect to other medical or surgical benefits provided.**

# ACCIDENT AND LIFE INSURANCE

Life insurance is available to qualified active State and Higher Education employees. It is not available to members of the Local Education or Local Government Plans. Currently covered or newly eligible retirees and COBRA participants can choose to continue coverage on a direct pay basis to the carrier.



## Basic Term Life and Special Accident Insurance

The State provides a basic level of term life insurance (\$20,000) and special accident insurance (\$40,000) as part of your benefits. 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 term life insurance and \$100,000 for special accident insurance.

**State employees are automatically enrolled for this coverage at the time of hire.**

## Optional Universal Life and Term Life Insurance

If you qualify, you may be able to purchase optional coverage for yourself and coverage for your dependent spouse and children. You can apply for up to five times your annual base salary (to a maximum of \$300,000) for yourself and the equivalent of your annual base salary (to a maximum of \$30,000) for your spouse. You can also apply for coverage for your children equal to \$2,500 or \$5,000.

**An enrollment form for life insurance is included in the Kits of eligible members. This form should be sent directly to Unum Group at the address on the form.**

If you are currently enrolled and are eligible for an increase, information will be mailed to you. If you and/or your dependents are not presently enrolled, you will be required to present evidence of insurability through a health questionnaire.

## Optional Special Accident Insurance

If you'd like additional accident protection, you may enroll in the Optional Special Accident Insurance for yourself and your dependents. Coverage is available at low group rates—no questions asked. Refer to the Life Insurance Handbook for more information. The Handbook is available at [www.tn.gov/financial/ins](http://www.tn.gov/financial/ins) or from your agency benefits coordinator.

**A separate enrollment form for accident insurance is included in the Kits of eligible members and can be returned to your agency benefits coordinator.**

## Sick Leave Bank

The Sick Leave Bank Program provides additional sick leave benefits for State employees. The program is available to qualifying members who have exhausted their sick, compensatory and annual leave balances due to personal illness, injury, disability, medical condition or quarantine. This program is administered by the Tennessee Department of Human Resources. To learn more, visit [www.tn.gov/dohr/employees/sickleave/sickleave.html](http://www.tn.gov/dohr/employees/sickleave/sickleave.html).

# FLEXIBLE BENEFITS

State Employees are eligible for the Flexible Benefits program, which includes the Medical Reimbursement Account and the Dependent Day Care Reimbursement Account. The program is administered by Department of Treasury. Higher Education offers their own flexible benefits program. Check with your agency benefits coordinator to find out if you are eligible for flexible benefits through your employer.



## Medical Reimbursement Account

With a medical reimbursement account, you can set aside up to \$7,500 a year to pay for eligible medical expenses with your pre-tax contributions.

Beginning in 2011, over-the-counter medications will no longer be a reimbursable expense unless your doctor writes a prescription.

## Dependent Day Care Reimbursement Account

The amount you can set aside for a dependent day care reimbursement account depends on your tax filing status. If you are married and file separately, you can contribute up to \$2,500 for the year. If you are married and file jointly or you file as head of household, the maximum is \$5,000. You can use your pre-tax contributions to pay for eligible dependent day care expenses.

**Visit [treasury.tn.gov/flex](http://treasury.tn.gov/flex) to learn the latest about Flexible Benefits for State employees.**

## Annual Enrollment Required

If you're interested, you must sign up for Flexible Benefits each year during the Enrollment Period. Selections made in previous years do not continue automatically.

For State employees, additional information about the program is included in your Enrollment Kit. Also, visit **[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)** for worksheets to help estimate your contribution.

**If you want a medical and/or dependent day care reimbursement account in 2011, you must sign up by October 15, 2010—even if you are already participating in Flexible Benefits. You must sign up each year.**

## Parking Reimbursement Account

With a parking reimbursement account, you can set aside up to \$215 per month to pay for qualified parking expenses with your pre-tax contributions. An employee may enroll in a parking reimbursement account at any time.

## Transportation Reimbursement Account

With a transportation reimbursement account, you can set aside up to \$110 per month to pay for qualified transportation expenses with your pre-tax contributions. An employee may enroll in a transportation reimbursement account at any time.

The monthly exclusions for 2011 will be adjusted for inflation. It has not yet been set. Visit [treasury.tn.gov/flex](http://treasury.tn.gov/flex) for up-to-date information.

# ENROLLING FOR COVERAGE

The Enrollment Period for 2011 benefits will be held from **September 15 through October 15, 2010**. Enrolling in your coverage is simple. Here's how it works:



## If You Are an Active Employee Who is Currently Enrolled...

Individuals who are currently enrolled in the State Group Insurance Program must make choices during the Enrollment Period—**September 15–October 15**. During this time, all currently enrolled members must choose either the Partnership PPO or the Standard PPO (Limited PPO for Local Government), an insurance carrier and a premium level, as well as any other optional benefits. (See pages 10–14 for details about your options.) The choices you make will become effective on January 1, 2011.

To enroll, complete the forms included with this Enrollment Kit, and return them to your agency benefits coordinator by October 15. Retirees and COBRA participants should return completed forms to Benefits Administration at the address on the application.

State employees can use Employee Self Service (ESS) in Edison to enroll and submit benefit choices electronically. Using ESS is easy. State employees can refer to the insert in the Enrollment Kit for instructions.

If you are enrolling new dependents, you will need to provide proof of eligibility. You will not be able to add new dependents using ESS. A list of acceptable forms of proof is included as an insert with this Enrollment Kit.

**Unless you are able to use Employee Self Service (ESS) in Edison to submit your benefits choices, active employees must return all completed forms to their agency benefits coordinator.**

## If You Are an Active Employee Who is **NOT** Currently Enrolled...

Under the new health reform law, eligible employees who are not currently enrolled in a health plan may enroll in coverage. If you do not have coverage under a State-sponsored health plan now and you do not wish to enroll yourself or your dependents, you do not need to take any action.

To enroll, complete the forms included with this Enrollment Kit, and return them to your agency benefits coordinator by October 15.

If you are enrolling dependents, you will need to provide proof of eligibility. A list of acceptable forms of proof is included as an insert with this Enrollment Kit.

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

**If you're currently enrolled in health benefits and don't make health insurance choices, you and any covered dependents will be enrolled automatically in the Standard PPO with the least expensive insurance carrier in your region. You will not be able to change until next fall's Enrollment Period, except to leave the plan.**

**You will be enrolled in the appropriate premium level based on your covered dependents. For example, if you are currently enrolled in family coverage but only cover you and your child, you will be enrolled in employee + child coverage for 2011.**

### **If You Are a New Hire**

You have a limited time from your date of hire to enroll for your coverage. If you are hired on or after January 1, 2011, your dependent children under age 19 will not be subject to any pre-existing condition exclusions, and you should sign up all dependents you want to enroll as soon as you become eligible. As a new hire, you must submit your enrollment form(s) within a limited number of days from your eligibility date. Check with your agency benefits coordinator for information.

### **If You Are a Retiree**

Retirees who are currently enrolled in the State Group Insurance Program must enroll during the Enrollment Period (September 15–October 15). During this time, all currently enrolled retirees must choose either the Partnership PPO or the Standard PPO, an insurance carrier and a premium level, as well as any other optional benefits. The choices you make will become effective on January 1, 2011.

To enroll, review the important information on page 9. Complete and sign the form designated for retirees included with this Enrollment Kit. Submit your forms via U.S. mail by October 15, 2010. Mail the forms to:

State of Tennessee, Benefits Administration  
ATTN: RETIREMENT  
312 Rosa L. Parks Avenue, Suite 2600  
Nashville, TN 37243  
FAX: 615-741-8196

If you are enrolling new dependents, you will need to provide proof of eligibility. A list of acceptable forms of proof is included as an insert with this Enrollment Kit.

### **If You Self-Pay for Coverage Through COBRA**

If you're a COBRA participant and you are continuing coverage in 2011, you must make choices during the Enrollment Period. Submit your enrollment forms by October 15, 2010 via U.S. mail to:

State of Tennessee, Benefits Administration  
ATTN: COBRA  
312 Rosa L. Parks Avenue, Suite 2600  
Nashville, TN 37243  
FAX: 615-741-8196

### **Have a Question?**

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

## If You Are Enrolling Dependents Up to Age 26

Under the new national health reform law, employees may cover dependent child(ren) up to age 26. Coverage will become effective on January 1, 2011. Dependents who turn 24 between July 1 and December 31, 2010 will continue to be covered through the end of 2011.

Providing dependent verification will now be a simpler process, though documentation will still be required. Refer to the insert about acceptable forms of proof for information.

Please note that a 12-month pre-existing condition exclusion will apply for anyone age 19 or older who enrolls in the plan without a notice of creditable coverage within the past 63 days. For more information, call the ParTNers for Health Call Center at 1-866-741-6464.

## If You Have a Family Status Change

The options you choose during the Enrollment Period or when you first become eligible will remain in effect through December 31, 2011, unless you have a family status change during the year. Examples of family status changes include a loss of coverage under a spouse's plan, the birth of your child, a change in your marital status and a dependent's loss of eligibility because of age.

If you experience one of these events and need to make changes to your coverage, contact your agency benefits coordinator.

## Enrollment Checklist

- > **Understand what's available to you.** Take some time to review this Decision Guide and watch the enclosed DVD so that you have the information you need to make your benefit choices carefully.
- > **Complete, sign and date the forms** included with this Enrollment Kit to select your benefit choices for 2011 (health, dental, life, flexible benefits, etc.). Active employees should return completed forms to their agency benefits coordinator by the deadline. Retirees should follow the instructions on page 9 of this Guide. Instructions for COBRA participants are on page 16.
- > If you are enrolling dependents for the first time, **submit proof of dependent eligibility.** Acceptable forms of proof are provided as an insert with this Enrollment Kit.
- > If you are enrolling during the Enrollment Period, **return your forms by October 15, 2010.**

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)  
ParTNers for Health Call Center (until 10/15/10):  
1-866-741-6464

# NEED HELP?

If you need help enrolling or understanding your benefits options, you have a number of useful resources.



**Call the ParTNners for Health Call Center at 1-866-741-6464.** This special Call Center is staffed with benefits professionals who know our plans and enrollment procedures. The Call Center will be open to our members 24/7 until October 15, 2010.

**Visit the ParTNers for Health website ([www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)).** Our ParTNers for Health website has information about all the benefits described in this Guide—plus definitions of insurance terms that may be unfamiliar and answers to members' questions. The website will be updated often with new information and frequently asked questions.

**Contact your agency benefits coordinator.** Besides being a local benefits contact, your agency benefits coordinator has received special training in our new health insurance program. If he or she cannot answer your question, you'll be directed to someone who can.

For additional information about a specific benefits program, refer to the chart below. Please note, information for dental providers can be found on the Dental Benefits insert in your Enrollment Kit.

	CONTACT	PHONE	WEBSITE
<b>Health Insurance Carriers</b>	BlueCross BlueShield of Tennessee CIGNA	1-800-558-6213 1-800-244-6224	<a href="http://www.bcbst.com">www.bcbst.com</a> <a href="http://www.cigna.com">www.cigna.com</a>
<b>Pharmacy Benefits</b>	Caremark	1-877-522-TNRX (8679)	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Optional Term and Universal Life Insurance</b>	Unum Group	1-866-310-6784	n/a
<b>Optional Special Accident Insurance</b>	Fort Dearborn	1-800-348-4512	n/a
<b>Mental Health and Substance Abuse Services and Employee Assistance Program</b>	Magellan	1-800-308-4934	<a href="http://www.magellanhealth.com/member">www.magellanhealth.com/member</a>
<b>Flex Benefits</b> (State employees only)	Tennessee Department of Treasury	1-615-741-3131	<a href="http://www.treasury.tn.gov/flex">www.treasury.tn.gov/flex</a>
<b>Long-term Care</b> (State employees only)	MedAmerica Insurance Company	1-866-615-5824	<a href="http://www.ltc-tn.com">www.ltc-tn.com</a>
<b>Sick Leave Bank</b> (State employees only)	Tennessee Department of Human Resources	n/a	<a href="http://www.tn.gov/dohr/employees/sickleave/sickleave.html">www.tn.gov/dohr/employees/sickleave/sickleave.html</a>
<b>Medicare Supplement</b> (Retirees only)	The POMCO Group	1-888-477-9307	<a href="http://www.thetennesseeplan.com">www.thetennesseeplan.com</a>



## Benefits Eligibility Comparison by Group

Effective January 1, 2011

	STATE	HIGHER EDUCATION	LOCAL EDUCATION	LOCAL GOVERNMENT
<b>Medical (including pharmacy)</b>	Yes	Yes	Yes	Yes
<b>Behavioral Health*</b>	Yes	Yes	Yes	Yes
<b>Employee Assistance Program**</b>	Yes	Yes	Yes	Yes
<b>Wellness</b>	Yes	Yes	Yes	Yes
<b>Basic Term and ADD</b>	Yes <sup>†</sup>	Yes <sup>†</sup>	<b>No</b>	<b>No</b>
<b>Optional Term Life</b>	Yes	Yes	<b>No</b>	<b>No</b>
<b>Optional Universal Life</b>	Yes	Yes	<b>No</b>	<b>No</b>
<b>Optional ADD</b>	Yes	Yes	<b>No</b>	<b>No</b>
<b>Optional Dental</b>	Yes	Yes	Yes <sup>†</sup>	Yes <sup>†</sup>
<b>Optional LTC</b>	Yes	Yes	<b>No</b>	<b>No</b>
<b>Medicare Supplement</b>	Yes	Yes	Yes	Yes

\* Available only if member is enrolled in a medical plan.

\*\* Available to dependents even if the head of contract is the only person enrolled in a medical plan.

<sup>†</sup> Available only to State and UT/TBR staff in a medical plan. It is not optional.

<sup>‡</sup> If a participating agency makes this available to active employees, then they may enroll. However, all retirees are eligible.

### Have a Question?

[www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov)

ParTNers for Health Call Center (until 10/15/10):

1-866-741-6464

*The information contained in this Decision Guide is a brief, general overview of some of the benefits available to you through the State of Tennessee. More complete and specific information is contained within the formal plan documents. If there is any discrepancy between the information in this Guide and the formal plan documents, the plan documents will govern in all cases.*





STATE OF TENNESSEE  
**BENEFITS ADMINISTRATION**  
DEPARTMENT OF FINANCE AND ADMINISTRATION

26TH FLOOR, 312 ROSA L. PARKS AVENUE • WILLIAM R. SNODGRASS TENNESSEE TOWER  
NASHVILLE, TENNESSEE 37243-1102  
AUTHORIZATION NO. 317370

Tennessee Department of Finance and Administration, Authorization No. 317370, August 2010, 240,000 copies.  
This public document was promulgated at a cost of \$1.00 per copy.



STATE OF TENNESSEE GROUP INSURANCE PROGRAM  
**ANNUAL TRANSFER/OPEN ENROLLMENT APPLICATION**  
**EMPLOYEE OR COBRA PARTICIPANT**

State of Tennessee • Department of Finance and Administration • Benefits Administration  
312 Rosa L. Parks Avenue • Suite 2600 • Nashville, TN 37243 • Fax: 615.741.8196

**PARTNERS**  
**FOR HEALTH**

**Part 1: Employee Information**

Last Name		First Name		MI	Social Security Number	Edison ID (if known)
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	Employing Agency		Employer Group: <input type="checkbox"/> UT <input type="checkbox"/> TBR <input type="checkbox"/> State <input type="checkbox"/> Local Ed <input type="checkbox"/> Local Gov	Your Current Status <input type="checkbox"/> Active <input type="checkbox"/> COBRA
Home Address		City	ST	ZIP Code	County	

**Part 2: Health Coverage Selection**

<b>Select Region Where You Live or Work</b> <input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West See reverse side for map and information for out of state residents	<b>Select a Benefit Option</b> <input type="checkbox"/> Partnership PPO <input type="checkbox"/> Standard PPO <input type="checkbox"/> Limited PPO (local government only)	<b>Select a Carrier</b> <input type="checkbox"/> BlueCross BlueShield <input type="checkbox"/> Cigna	<b>Select a Health Premium Level</b> <input type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)
---	--	--	---

**Part 3: Dental Coverage Selection**

<b>Select a Plan</b> <input type="checkbox"/> Prepaid Plan <input type="checkbox"/> Preferred Dental Organization Check with your agency to see if you are eligible for dental coverage	<b>Select a Dental Premium Level</b> <input type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)
--	---

**Part 4: Coverage Cancellation**

☐ Health: Cancel ALL coverage for 2011 (leave health section blank) ☐ Dental: Cancel ALL coverage for 2011 (leave dental section blank)

**Part 5: Dependent Information — list all dependents you wish to cover (attach a separate sheet if necessary)**

Social Security Number	Name (Last, First, MI)	Birthdate	Gender	Relationship	Acquire date *	Health	Dental
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>

\* The acquire date is the date of marriage, birth, adoption or guardianship.

Proof of a dependent's eligibility must be submitted with this application for all new dependents.

☐ A separate sheet with more dependents is attached

**Part 6: Employee Authorization**

I confirm that all of the information above is true. If I chose the Partnership PPO, then I agree to the terms and conditions of the Partnership Promise on the back of this form. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell my benefits coordinator within five working days. If I do not, then I will have to pay the plan back for all of my dependent's health care bills. Finally, I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents.

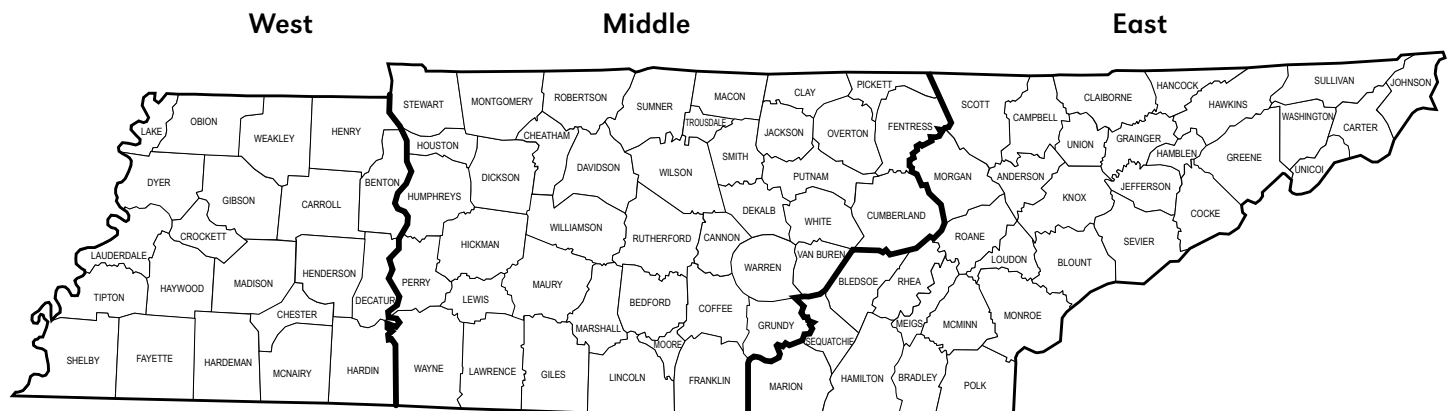
Employee Signature	Date	Home Phone	Work Phone
--------------------	------	------------	------------

**Part 7: Agency Section (to be completed by agency benefits coordinator)**

Original Hire Date	Physical County of Work	Annual Salary	(Optional) Notes to Benefits Administration
Employee Class	Employee Pay Group	Position Number	
Agency Benefits Coordinator Signature		Date	Phone Number

Active employees should return this completed form to your agency benefits coordinator. COBRA participants should send to Benefits Administration.

## COUNTIES AND REGIONS FOR HEALTH PLANS



Active employees can select the region where they either live or work. COBRA participants must select the region where they live.

Out of state residents: If you do not live in a state that borders Tennessee, select the middle region. If you live in a bordering state, select the region closest to the border.

### 2011 PARTNERSHIP PROMISE

By choosing the Partnership PPO and signing the front of this form, I agree to the terms and conditions of the Partnership Promise. Under the Partnership Promise, I will:

- (1) Complete the health questionnaire.
- (2) Complete a health screening at a worksite screening event or at my doctor's office.
- (3) Get appropriate preventive and routine health care services.

Also, I promise to do items (1) and (2) above by June 30, 2011.

By making the Partnership Promise, I am eligible to join the Partnership PPO. I know that the Partnership Promise is a serious commitment on my part.

If I do not keep my promise, then I must enroll in the Standard PPO the next year.

If my spouse is covered under the plan, I know that we have to make the same choice. This means that we both have to be in the Partnership PPO - or we both have to be in the Standard PPO. For us to be in the Partnership PPO, my spouse must also make the Partnership Promise.

Our family is not eligible for the Partnership PPO if my covered spouse will not make the Partnership Promise. If I do not or my covered spouse does not fulfill our promise, then our entire family must enroll in the Standard PPO for the next year.

**You acknowledge that you agree to abide by the Partnership Promise by choosing that option and signing the application on the reverse side.**



STATE OF TENNESSEE GROUP INSURANCE PROGRAM  
**ANNUAL TRANSFER/OPEN ENROLLMENT APPLICATION**  
**RETIREE PARTICIPANT**

State of Tennessee • Department of Finance and Administration • Benefits Administration  
312 Rosa L. Parks Avenue • Suite 2600 • Nashville, TN 37243 • Fax: 615.741.8196

**PARTNERS**  
**FOR HEALTH**  
**FOR RETIREE**

**Part 1: Retiree Information**

Last Name		First Name		MI	Social Security Number	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	Are you the surviving spouse of a deceased retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Retired From	
Home Address			City	ST	ZIP Code	County

**Part 2: Health Coverage Selection**

<b>Select Region Where You Live</b> <input type="checkbox"/> East See reverse side <input type="checkbox"/> Middle for map and <input type="checkbox"/> West information for out of state residents	<b>Select a Benefit Option</b> <input type="checkbox"/> Partnership PPO <input type="checkbox"/> Standard PPO <input type="checkbox"/> Limited PPO (local government only)	<b>Select a Carrier</b> <input type="checkbox"/> BlueCross BlueShield <input type="checkbox"/> Cigna	<b>Select a Health Premium Level</b> <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + spouse + child(ren) <input type="checkbox"/> spouse ONLY <input type="checkbox"/> child(ren) ONLY <input type="checkbox"/> spouse + child(ren) ONLY
--	---	---	--

**Part 3: Dental Coverage Selection (must receive a TCRS or ORP benefit to be eligible)**

<b>Select a Plan</b> <input type="checkbox"/> Prepaid Plan <input type="checkbox"/> Preferred Dental Organization Out of state retirees are NOT eligible for the prepaid plan	<b>Select a Dental Premium Level</b> <input type="checkbox"/> retiree only <input type="checkbox"/> retiree + spouse <input type="checkbox"/> retiree + child(ren) <input type="checkbox"/> retiree + spouse + child(ren)
--	---

**Part 4: Coverage Cancellation**

<input type="checkbox"/> Health: Cancel ALL coverage for 2011 (leave health section blank)	<input type="checkbox"/> Dental: Cancel ALL coverage for 2011 (leave dental section blank)
--	--

**Part 5: Dependent Information — list all dependents you wish to cover (attach a separate sheet if necessary)**

Social Security Number	Name (Last, First, MI)	Birthdate	Gender	Relationship	Acquire date *	Health	Dental
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>

\* The acquire date is the date of marriage, birth, adoption or guardianship.

Proof of a dependent's eligibility must be submitted with this application for all new dependents.

☐ A separate sheet with more dependents is attached

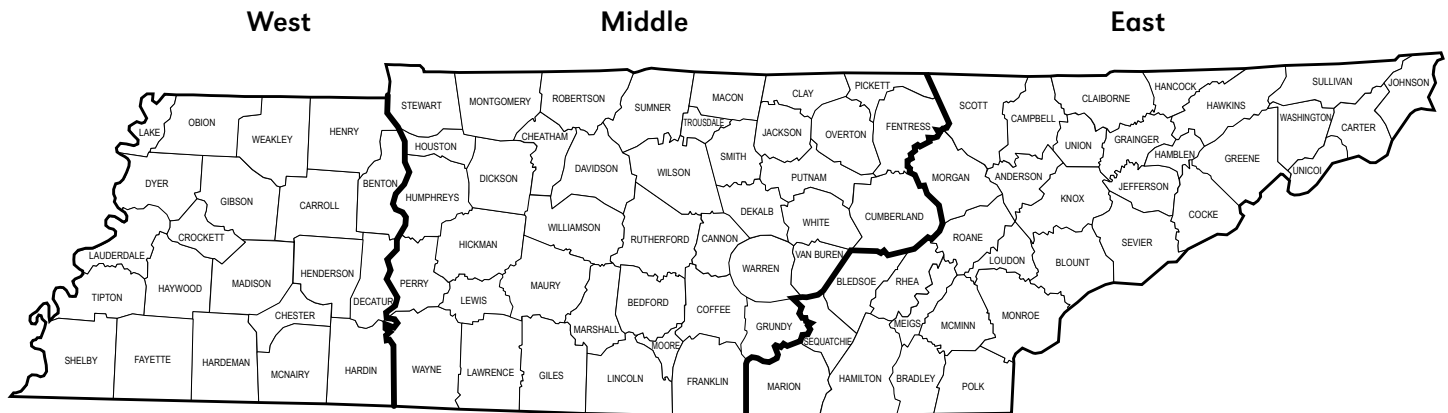
**Part 6: Retiree Authorization**

I confirm that all of the information above is true. If I chose the Partnership PPO, then I agree to the terms and conditions of the Partnership Promise on the back of this form. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell Benefits Administration within five working days. If I do not, then I will have to pay the plan back for all of my dependent's health care bills. Finally, I authorize healthcare providers to give my insurance carrier the medical and insurance records for me and my dependents.

Retiree Signature	Date	Home Phone
-------------------	------	------------

Completed form must be postmarked or faxed to Benefits Administration by 10/15/10 — Attention: Retirement

## COUNTIES AND REGIONS FOR HEALTH PLANS



Retirees who live in Tennessee must select the region where they live.

Out of state residents: If you do not live in a state that borders Tennessee, select the middle region. If you live in a bordering state, select the region closest to the border.

### 2011 PARTNERSHIP PROMISE

By choosing the Partnership PPO and signing the front of this form, I agree to the terms and conditions of the Partnership Promise. Under the Partnership Promise, I will:

- (1) Complete the health questionnaire.
- (2) Complete a health screening at a worksite screening event or at my doctor's office.
- (3) Get appropriate preventive and routine health care services.

Also, I promise to do items (1) and (2) above by June 30, 2011.

By making the Partnership Promise, I am eligible to join the Partnership PPO. I know that the Partnership Promise is a serious commitment on my part.

If I do not keep my promise, then I must enroll in the Standard PPO the next year.

If my spouse is covered under the plan, I know that we have to make the same choice. This means that we both have to be in the Partnership PPO - or we both have to be in the Standard PPO. For us to be in the Partnership PPO, my spouse must also make the Partnership Promise.

Our family is not eligible for the Partnership PPO if my covered spouse will not make the Partnership Promise. If I do not or my covered spouse does not fulfill our promise, then our entire family must enroll in the Standard PPO for the next year.

**You acknowledge that you agree to abide by the Partnership Promise by choosing that option and signing the application on the reverse side.**



## **OPEN ENROLLMENT AND MEDICAL UNDERWRITING**

Effective September 15, 2010, medical underwriting will no longer be an option for enrolling in the State Group Insurance Program.

Employees who previously declined coverage will be able to join the plan only during the Open Enrollment Period, which runs from September 15 to October 15, 2010.

Outside of this time, the only way someone can enroll will be through a special qualifying event, such as marriage, birth of a child or divorce.

Those members who join the State Group Insurance Program during Open Enrollment will be subject to a pre-existing condition exclusion of up to 12 months unless they can show they have had creditable coverage (other health insurance) in the past 63 days. This exclusion does not apply to dependents age 18 and younger.

All new members who join through Open Enrollment will be subject to a monthly fee in addition to their regular monthly premium. This fee varies depending on your premium level (tier). This monthly fee will continue until coverage is dropped by the member or until December 31, 2013—whichever happens first. Those who enroll as a result of a special qualifying event will not pay the additional monthly fee.

The Open Enrollment monthly fees are listed on the **ParTNers for Health** website at [www.partnersforhealthtn.gov](http://www.partnersforhealthtn.gov). Employees who are interested in learning more about Open Enrollment may also call the **ParTNers for Health** Call Center at 1-866-741-6464.

Retirees are not eligible for Open Enrollment; however, retirees currently enrolled in health coverage can add dependents. The additional monthly late applicant fee will apply.

Please note, the same monthly late applicant fee applies to members of the State, Local Education and Local Government Insurance Plans.

**Monthly Premiums for Active Employees**

EAST AND MIDDLE TENNESSEE				
	BCBST		CIGNA	
	EMPLOYEE SHARE	EMPLOYER SHARE	EMPLOYEE SHARE	EMPLOYER SHARE
<b>PARTNERSHIP PPO</b>				
Employee Only	\$102.30	\$466.03	\$112.30	\$466.03
Employee + Child(ren)	\$153.45	\$699.05	\$173.45	\$699.05
Employee + Spouse	\$214.83	\$978.66	\$234.83	\$978.66
Employee + Spouse + Child(ren)	\$265.98	\$1,211.68	\$285.98	\$1,211.68
<b>STANDARD PPO</b>				
Employee Only	\$127.30	\$466.03	\$137.30	\$466.03
Employee + Child(ren)	\$178.45	\$699.05	\$198.45	\$699.05
Employee + Spouse	\$264.83	\$978.66	\$284.83	\$978.66
Employee + Spouse + Child(ren)	\$315.98	\$1,211.68	\$335.98	\$1,211.68

WEST TENNESSEE				
	BCBST		CIGNA	
	EMPLOYEE SHARE	EMPLOYER SHARE	EMPLOYEE SHARE	EMPLOYER SHARE
<b>PARTNERSHIP PPO</b>				
Employee Only	\$112.30	\$466.03	\$102.30	\$466.03
Employee + Child(ren)	\$173.45	\$699.05	\$153.45	\$699.05
Employee + Spouse	\$234.83	\$978.66	\$214.83	\$978.66
Employee + Spouse + Child(ren)	\$285.98	\$1,211.68	\$265.98	\$1,211.68
<b>STANDARD PPO</b>				
Employee Only	\$137.30	\$466.03	\$127.30	\$466.03
Employee + Child(ren)	\$198.45	\$699.05	\$178.45	\$699.05
Employee + Spouse	\$284.83	\$978.66	\$264.83	\$978.66
Employee + Spouse + Child(ren)	\$335.98	\$1,211.68	\$315.98	\$1,211.68

**Monthly Premiums for Pre-Medicare Retirees**

EAST AND MIDDLE TENNESSEE						
	AT LEAST 30 YEARS OF SERVICE		20–29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST	CIGNA	BCBST	CIGNA	BCBST	CIGNA

**PARTNERSHIP PPO**

Employee Only	\$113.67	\$123.67	\$170.50	\$180.50	\$227.33	\$237.33
Employee + Child(ren)	\$170.50	\$190.50	\$255.75	\$275.75	\$341.00	\$361.00
Employee + Spouse	\$238.70	\$258.70	\$358.05	\$378.05	\$477.40	\$497.40
Employee + Spouse + Child(ren)	\$295.53	\$315.53	\$443.30	\$463.30	\$591.06	\$611.06

**STANDARD PPO**

Employee Only	\$138.67	\$148.67	\$195.50	\$205.50	\$252.33	\$262.33
Employee + Child(ren)	\$195.50	\$215.50	\$280.75	\$300.75	\$366.00	\$386.00
Employee + Spouse	\$288.70	\$308.70	\$408.05	\$428.05	\$527.40	\$547.40
Employee + Spouse + Child(ren)	\$345.53	\$365.53	\$493.30	\$513.30	\$641.06	\$661.06

WEST TENNESSEE						
	AT LEAST 30 YEARS OF SERVICE		20–29 YEARS OF SERVICE		LESS THAN 20 YEARS OF SERVICE	
	BCBST	CIGNA	BCBST	CIGNA	BCBST	CIGNA

**PARTNERSHIP PPO**

Employee Only	\$123.67	\$113.67	\$180.50	\$170.50	\$237.33	\$227.33
Employee + Child(ren)	\$190.50	\$170.50	\$275.75	\$255.75	\$361.00	\$341.00
Employee + Spouse	\$258.70	\$238.70	\$378.05	\$358.05	\$497.40	\$477.40
Employee + Spouse + Child(ren)	\$315.53	\$295.53	\$463.30	\$443.30	\$611.06	\$591.06

**STANDARD PPO**

Employee Only	\$148.67	\$138.67	\$205.50	\$195.50	\$262.33	\$252.33
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Employee + Spouse	\$308.70	\$288.70	\$428.05	\$408.05	\$547.40	\$527.40
Employee + Spouse + Child(ren)	\$365.53	\$345.53	\$513.30	\$493.30	\$661.06	\$641.06

**Monthly Premiums for COBRA Members**

EAST AND MIDDLE TENNESSEE				
	COBRA		ARRA COBRA SUBSIDY	
	BCBST	CIGNA	BCBST	CIGNA
<b>PARTNERSHIP PPO</b>				
Employee Only	\$579.70	\$589.90	\$198.92	\$202.42
Employee + Child(ren)	\$869.55	\$889.95	\$298.38	\$305.38
Employee + Spouse	\$1,217.36	\$1,237.76	\$417.72	\$424.72
Employee + Spouse + Child(ren)	\$1,507.21	\$1,527.61	\$517.18	\$524.18
<b>STANDARD PPO</b>				
Employee Only	\$605.20	\$615.40	\$207.67	\$211.17
Employee + Child(ren)	\$895.05	\$915.45	\$307.13	\$314.13
Employee + Spouse	\$1,268.36	\$1,288.76	\$435.22	\$442.22
Employee + Spouse + Child(ren)	\$1,558.21	\$1,578.61	\$534.68	\$541.68

WEST TENNESSEE				
	COBRA		ARRA COBRA SUBSIDY	
	BCBST	CIGNA	BCBST	CIGNA
<b>PARTNERSHIP PPO</b>				
Employee Only	\$589.90	\$579.70	\$202.42	\$198.92
Employee + Child(ren)	\$889.95	\$869.55	\$305.38	\$298.38
Employee + Spouse	\$1,237.76	\$1,217.36	\$424.72	\$417.72
Employee + Spouse + Child(ren)	\$1,527.61	\$1,507.21	\$524.18	\$517.18
<b>STANDARD PPO</b>				
Employee Only	\$615.40	\$605.20	\$211.17	\$207.67
Employee + Child(ren)	\$915.45	\$895.05	\$314.13	\$307.13
Employee + Spouse	\$1,288.76	\$1,268.36	\$442.22	\$435.22
Employee + Spouse + Child(ren)	\$1,578.61	\$1,558.21	\$541.68	\$534.68

## Monthly Premiums

	ASSURANT PRE-PAID PLAN	DELTA DENTAL PDO PLAN
<b>ACTIVE</b>		
Employee Only	\$9.35	\$19.14
Employee + Child(ren)	\$19.42	\$44.01
Employee + Spouse	\$16.57	\$36.20
Employee + Spouse + Child(ren)	\$22.79	\$70.84
<b>COBRA</b>		
Employee Only	\$9.54	\$19.52
Employee + Child(ren)	\$19.81	\$44.89
Employee + Spouse	\$16.90	\$36.92
Employee + Spouse + Child(ren)	\$23.25	\$72.26
<b>COBRA DISABILITY</b>		
Employee Only	\$14.03	\$28.71
Employee + Child(ren)	\$29.13	\$66.02
Employee + Spouse	\$24.86	\$54.30
Employee + Spouse + Child(ren)	\$34.19	\$106.26
<b>COBRA ARRA SUBSIDY</b>		
Employee Only	\$3.27	\$6.70
Employee + Child(ren)	\$6.80	\$15.40
Employee + Spouse	\$5.80	\$12.67
Employee + Spouse + Child(ren)	\$7.98	\$24.79
<b>RETIREE</b>		
Retiree Only	\$10.28	\$24.72
Retiree + Child(ren)	\$21.36	\$56.83
Retiree + Spouse	\$18.23	\$46.75
Retiree + Spouse + Child(ren)	\$25.06	\$91.48

**FOR MORE INFORMATION, CONTACT:**

**PRE-PAID DENTAL PLAN**

**Assurant**  
1-800-443-2995  
[www.assurantemployeebenefits.com/stofn/](http://www.assurantemployeebenefits.com/stofn/)

**PDO PLAN**

**Delta Dental**  
1-615-255-3175 or 1-800-223-3104  
[www.deltadentaltn.com/statetn/](http://www.deltadentaltn.com/statetn/)

DENTAL PREMIUMS



# DEPENDENT ELIGIBILITY

## Definitions and Required Documents (rev 7/20/10)

**PARTNERS**  
**FOR HEALTH**<sup>SM</sup>

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>Spouse</b>	A person to whom the participant is legally married	Page 1 <b>and</b> signed and dated signature page of participant's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse's name and marked either married filing jointly or married filing separately; <b>or</b>
		Page 1 <b>and</b> Certificate of Electronic Filing (must show as accepted) of participant's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse's name and marked either married filing jointly or married filing separately; <b>or</b>
		Marriage certificate <b>and</b> one of the following: <ul style="list-style-type: none"><li>• Proof that participant and spouse own a home or other real estate together</li><li>• Proof that participant and spouse are both listed on a lease or share the rent of a home or other property</li><li>• A utility bill with both names</li><li>• Proof of a jointly-owned bank or financial account</li><li>• Proof of a joint loan or debt obligation</li></ul>
		<b>If just married in the current calendar year, a marriage certificate only is acceptable proof of eligibility</b>
<b>Natural (biological) child under age 26</b>	A natural (biological) child	The child's birth certificate; <b>or</b>
		Certificate of Report of Birth (DS-1350); <b>or</b>
		Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); <b>or</b>
		Certification of Birth Abroad (FS-545)
<b>Adopted child under age 26</b>	A child the participant has adopted or is in the process of legally adopting	Court documents signed by a judge showing that the participant has adopted the child; <b>or</b>
		International adoption papers from country of adoption; <b>or</b>
		Papers from the adoption agency showing intent to adopt
<b>Child for whom the participant is legal guardian</b>	A child for whom the participant is the legal guardian	Any legal document that establishes guardianship
<b>Stepchild under age 26</b>	A stepchild	Verification of marriage between employee and spouse and birth certificate of the child showing the relationship to the spouse; <b>or</b>
		Any legal document that establishes relationship between the stepchild and the spouse or the member
<b>Child for whom the plan has received a Qualified Medical Child Support Order</b>	A child who is named as an alternate recipient with respect to the participant under a Qualified Medical Child Support Order (QMCSO)	Court documents signed by a judge; <b>or</b>
		Medical support orders issued by a State agency
<b>Disabled dependent</b>	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a State-sponsored plan.	Documentation will be provided by the insurance carrier at the time incapacitation is determined

**Never send original documents. Please mark out or black out any Social Security numbers and any personal information.**



# HIGHER EDUCATION FLEXIBLE BENEFITS

The University of Tennessee and the Tennessee Board of Regents offer a Flexible Benefits Plan as an important part of your overall benefits package.

This Plan permits you to reduce your taxable earnings (for both Federal Income and Social Security taxes) by the amount you pay for group medical and dental insurance and the amount you contribute to a medical and/or dependent care reimbursement account.

Both Systems offer a medical reimbursement account and a dependent day care reimbursement account. By enrolling in one or both of the reimbursement accounts, you can designate a fixed dollar amount to be set aside annually for medical and/or dependent care expenses.

## Medical Reimbursement Account

With a medical reimbursement account, you can set aside funds to pay for eligible medical expenses with your pre-tax contributions. The TBR and UT systems set limits on how much you can contribute each year.

## Dependent Day Care Reimbursement Account

The amount you can set aside for a dependent day care reimbursement account depends on your tax filing status. If you are married and file separately, you can contribute up to \$2,500 for the year. If you are married and file jointly or you file as head of household, the maximum is \$5,000. You can use your pre-tax contributions to pay for eligible dependent day care expenses.

## Annual Enrollment Required

If you're interested, you must sign up for Flexible Benefits each year during the enrollment period. **Selections made in previous years do not continue automatically.**

## Tennessee Board of Regents Colleges, Universities and Technical Schools

The enrollment period will be from September 15, 2010 to October 15, 2010. FBMC administers the Flexible Benefits program for TBR. Employees should contact their Human Resources Department for more information.

## The University of Tennessee System

The enrollment period for Flexible Benefits will be from November 1, 2010 to December 13, 2010. The University-wide Administration Payroll Office administers the Flexible Benefits program for the University of Tennessee. Employees should call this office at 1-865-974-5251 for more information. There is also a website at <http://flexiblebenefits.tennessee.edu> that you can visit for information about the program.





STATE GROUP INSURANCE PROGRAM  
**OPTIONAL SPECIAL ACCIDENT ENROLLMENT APPLICATION**

State of Tennessee • Department of Finance and Administration • Benefits Administration  
26th Floor WRS TN Tower • 312 Rosa Parks Ave • Nashville, TN 37243 • 615.741.3590 • 1.800.253.9981 • Fax 615.741.8196

**TYPE OF REQUEST**

- ☐ New Enrollment  
    ☐ Single  
    ☐ Family  
☐ Enrollment Change

**ACTION FOR ENROLLMENT CHANGE**

- ☐ Add Dependent                      ☐ Terminate Coverage  
☐ Terminate Dependent              ☐ Change Beneficiary  
☐ Update Dependent Eligibility      ☐ Change Coverage Type to:    ☐ Single    ☐ Family

Effective Date of Change: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Name		Social Security Number		EmplID (if known)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Daytime Phone		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Employing Agency		Budget Code/Dept ID		Annual Salary	
Home Address		City		State      Zip Code	

**DEPENDENT INFORMATION**

Social Security Number	Name Last, First, MI	Birth Date mm/dd/yy	Relationship Code	Relationship as of date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-Time Student <input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

Relationship Codes:    SP – legally married spouse                      CS – stepchild                      CT – IRS tax dependent  
                                    CN – natural or adopted child                      CL – legal guardian

**PRIMARY BENEFICIARY**

Name	Social Security Number	Relationship	
Home Address	City	State	Zip Code

**CONTINGENT BENEFICIARY**

Name	Social Security Number	Relationship	
Home Address	City	State	Zip Code

**AUTHORIZATION**

I confirm that all the above information is accurate. I understand that providing false and/or misleading information may subject me to disciplinary and/or legal action. I authorize my employer to deduct the required premium from my salary/wages.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





STATE OF TENNESSEE  
APPLICATION FOR  
☐ OPTIONAL TERM LIFE  
☐ OPTIONAL UNIVERSAL LIFE  
Provident Life and Accident Insurance Company  
Chattanooga, TN 37402

Application Type: ☐ Annual Enrollment ☐ New Hire

**SECTION 1: Employee Information – Always Complete**

Employee Name (First, Middle, Last)		Social Security Number
Home Address (Street/PO Box)		Gender <input type="checkbox"/> F <input type="checkbox"/> M
City		Date of Birth (mm/dd/yyyy)
State	ZIP Code	Daytime Phone
Email Address		Cell Phone
Employee Annual Base Salary \$		Date of Hire (mm/dd/yyyy)

**SECTION 2: Certificate Information**

**Employee Coverage**

Minimum - \$5,000

Maximum - Five times your annual base salary, rounded to the next higher multiple of \$5,000 up to \$300,000. A supplemental application must be completed and submitted for amounts over three times annual base salary.

**Term Life**

Employee Coverage Amount \$

**Universal Life**

Employee Coverage Amount \$

Beneficiary	Relationship	Beneficiary	Relationship
Address	Percentage	Address	Percentage
Beneficiary	Relationship	Beneficiary	Relationship
Address	Percentage	Address	Percentage

**Children's Coverage**

Children's coverage will be automatically attached to the employee certificate if employee coverage is selected.

Children's coverage is only available on the term certificate, unless only universal life coverage is selected.

If coverage is attached to the employee certificate, it cannot be attached to the spouse certificate.

If selecting children's coverage, please complete section 5.

**Children's Term Rider** ☐ 2,500 ☐ 5,000

**SECTION 3: Spouse Information – Always show name – Fully Complete for Coverage**

Name (First, Middle, Last)		Social Security Number
Home Address (Street/PO Box)		Gender <input type="checkbox"/> F <input type="checkbox"/> M
City		Date of Birth (mm/dd/yyyy)
State	ZIP Code	

Has spouse been hospitalized, advised to seek medical treatment, or received disability benefits during the last 6 months?  
☐ Yes ☐ No

If yes, submit supplemental application.

**SECTION 4: Spouse Certificate Information****Spouse Coverage**

Minimum - \$5,000

Maximum - Less than Age 55: one times employee's annual base salary up to \$30,000 in \$5,000 increments

Maximum - Ages 55 and Over: \$15,000

<b>Term Life</b>		<b>Universal Life</b>	
Spouse Coverage Amount \$		Spouse Coverage Amount \$	
Beneficiary	Relationship	Beneficiary	Relationship
Address	Percentage	Address	Percentage
Beneficiary	Relationship	Beneficiary	Relationship
Address	Percentage	Address	Percentage

**Children's Coverage**

Please note you can not add children's coverage to the spouse certificate if children's coverage has already been added to employee certificate.

Children's coverage is only available on the term certificate, unless only universal life coverage is selected.

If selecting children's coverage, please complete section 5.

**Children's Term Rider** ☐ 2,500 ☐ 5,000

**SECTION 5: Children Information – Complete only if dependent children's insurance chosen**

List eligible dependent children as defined in the plan.

Child's Name First, Middle, Last	Social Security Number	Date of Birth (mm/dd/yyyy)	Issue Age	Gender M or F	Relationship to Employee

The beneficiary of children's term insurance is the employee, if living, otherwise the estate of the covered child.

I certify that the information on this application is true and complete and that I am Actively at Work/Positive Pay Status on the date of my signature below. I understand that if I have selected insurance for myself, it will begin on the Certificate Issue Date; provided I am Actively at Work/Positive Pay Status on that date.

Dependent Spouse and/or Dependent Children's Coverage, if selected, will begin on the Certificate Issue Date; provided: (1) I am Actively at Work/Positive Pay Status on that date; and (2) my Dependent Spouse and/or Dependent Child(ren) is/are able to engage in normal activities on the date the coverage is to become effective.

I understand that I, as the Employee, am the owner of all coverages applied for. I authorize my Employer to deduct the proper premiums for this insurance from my earnings.

**Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application or files a claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR HOME OFFICE USE ONLY

DEDUCTION AMOUNT: E \_\_\_\_\_ S \_\_\_\_\_ C \_\_\_\_\_ TD \_\_\_\_\_

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

PROVIDENT LIFE AND ACCIDENT  
INSURANCE COMPANY

1 FOUNTAIN SQUARE  
CHATTANOOGA, TN 37402 (Herein called "Provident")  
A subsidiary of Unum Group

Please Print or Type

SUPPLEMENTAL APPLICATION FOR  
OPTIONAL LIFE INSURANCE  
FOR THE STATE OF TENNESSEE

Check One: ☐ Universal Life ☐ Term Life

Employee \$	Last Name	First	Middle	Employee Social Security No.
Employee Annual Base Salary (does not include overtime pay, longevity, etc.)			Employee Daytime Telephone No. (REQUIRED)	
Proposed Insured (Employee, Spouse, Child)	Last Name	First	Middle	Budget Code
Home Address	Date of Birth		State of Birth	
City - State - Zip Code	Occupation		Ft. In. lbs.	Weight

PLEASE COMPLETE **ONLY** IF APPLYING FOR AN INCREASE IN EXISTING COVERAGE

Currently Insured by Provident for \$ Additional Amount Requested \$

THE FOLLOWING REPRESENTATIONS SHALL FORM A BASIS FOR PROVIDENT'S  
APPROVAL OR REJECTION OF THIS APPLICATION

Every Question Must Be Answered	Yes	No
1. Will any existing life or annuity contracts be lapsed or changed if the proposed insurance is issued? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 10 years, have you had high blood pressure or heart disease, cancer or tumor of any kind; epilepsy or nervous disorder; diabetes; lung or respiratory disorder; kidney or liver disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been diagnosed by or received treatment from a member of the medical profession as having "AIDS" (Acquired Immune Deficiency Syndrome) or ARC?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you now receiving treatment or taking medication of any kind? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 5 years, have you received advice, treatment, or been arrested for the use of alcohol, or the use or possession of any narcotic, stimulant, sedative or hallucinogenic drug?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. In addition to conditions in Questions 1–5, have you consulted any doctors or been a patient in any hospital in the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>

Give complete details below for any questions answered "Yes".

Question Number	Condition Details	Date and Duration of Disability	Name and Addresses of Physicians and Hospitals

All statements and answers recorded on this application are true and complete. I understand that the optional life insurance coverage I have selected will become effective on the later of: (1) The Certificate Issue Date; or (2) Approval of this application; provided:  
(a) For Employee Coverage: I am Actively at Work/Positive Pay Status on the date my application is signed AND on the date my coverage is to become effective; and  
(b) For Dependent Spouse and/or Dependent Children Coverage: I am Actively at Work/Positive Pay Status on the date my application is signed and the date coverage is to become effective AND my Dependent Spouse and/or Dependent Child(ren) is/are able to engage in normal activities on the date the coverage is to become effective.

I understand that I, as the Employee, am the owner of all coverages applied for. I authorize my Employer to deduct the proper premiums for this insurance from my earnings.

AUTHORIZATION: The Proposed Insured authorizes the following, who have records or knowledge of him/her or his/her health, to release such information to Provident, or its reinsurers: any (1) Licensed physician or medical practitioner; (2) Clinic, hospital, or other medical or medically related facility; (3) Insurance company; (4) The Medical Information Bureau; or (5) Other person, organization, or institution. This authorization also applies to any Eligible Child, if applicable. Information may be testified to, to the extent permitted by law. This authorization will be valid for 30 months from the date shown below. A photographic copy of this authorization will be as valid as the original. Receipt of the Notice of Information Practices attached to this application is also acknowledged.

Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application or files a claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Signature of Proposed Insured (if other than Employee)	Date
Signature of Employee	Date
Agency Name	Budget Code
Agency Benefits Coordinator Signature	Date
Email Address	Phone
Agency Benefits Coordinator Signature above verifies applicant's eligibility for life coverage.	
M-95202 (11/07)	

NOTICE OF INFORMATION PRACTICES  
(Including Medical Information Bureau (MIB) Notice and Fair Credit Reporting Act Notice)  
This Notice Must Be Given to Proposed Insured

In considering your application, information from various sources will be considered. These include your statements, the results of your physical examination (if required) and reports we get from doctors or medical facilities which have attended you.

Information about your insurability will be treated as confidential. Provident, or our reinsurers, may, however, make a brief report of this to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426–3660.

We, or our insurers, may also release information to other life insurance companies to whom you apply for life or health insurance, or to whom a claim is submitted.

In addition, we may get an investigative report from a consumer reporting agency. This report requires personal interviews with your neighbors, friends, or other acquaintances for information as to your general reputation, personal characteristics and mode of living. As part of your application, you have authorized us to do this. You have the right to be personally interviewed and to make a written request within a reasonable period about the nature and scope of this investigation. Upon written request you will be told if such a report has actually been ordered, and if it has, we will give you the name and address of the consumer reporting agency. You may contact this consumer reporting agency and ask for a copy of such report.

Unless we are required to do so by law, the information we get in this report as well as any other information which we later acquire, will not be disclosed to anyone else without your consent. You may request a copy of all information acquired by us and have a right to correct any personal information which you feel is inaccurate. We will, if required by law, give you a more detailed notice of the types of personal information which we get in considering your application, as well as any additional rights which you may have.

If you need any assistance, please feel free to contact us at Provident Life and Accident Insurance Company, Attention: Voluntary Benefits Division (3–S) Chattanooga, Tennessee 37402–1338.