Annual Enrollment for 2027 Benefits

OCTOBER 1-16, 2026

STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYEES AND COBRA PARTICIPANTS

Review the Changes.
Make Your Plan.
Choose Your Benefits.

PARTNERS FOR HEALTH

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Benefits Administration, a division of the Department of Finance and Administration, manages the State Group Insurance Program. Partners for Health is the official logo and brand for the State Group Insurance Program.

PARTNERS FOR HEALTH

2027 HIGHLIGHTS

Review the Changes. Make Your Plan. Choose Your Benefits.

Thank you for considering Partners for Health for your insurance needs. We look forward to continuing to provide comprehensive, affordable, dependable and sustainable benefits to our members.

Annual Enrollment is when you can choose your Partners for Health benefits for the following Jan. 1-Dec. 31. Your annual enrollment period for 2027 benefits is Oct. 1-16, 2026.

2027 Premiums

For 2027, health insurance premiums will increase by an **average of 7.9%.** The increase is due to rising healthcare costs; however, it is lower than both national and state averages. Your specific increase may be different based on the health plan, network and coverage tier you choose. Tiers are employee only, employee+spouse, employee+children and employee+spouse+children.

Health Plans

We'll continue to offer three different health plan options: Premier Preferred Provider Organization, Standard PPO and the Consumer-driven Health Plan. For the PPOs, there will be no increase in health plan copays, deductibles or coinsurance. For the CDHP, there will be an increase in deductibles, but no increase in coinsurance. These are your "cost shares" for the out-of-pocket costs you pay when you get care.

Networks

BlueCross BlueShield and Cigna will stay as your health insurance carriers, and will offer the same four provider networks.

- **BCBST Network S and Cigna LocalPlus:** These are efficient networks, and you will save money with them. If your providers are in these networks, either one may be your best choice.
- **BCBST Network P and Cigna Open Access Plus**: These are expanded networks, which include more hospitals and facilities than the efficient networks. However, the premiums are higher for the expanded networks, and you may pay more for services you receive from network providers. Visit the ***Premiums page*** > Health Insurance Premiums to see the monthly premium charts and the increased cost if you select either of these networks.

Weight-loss Surgery

In 2027, weight-loss surgery will only be covered through the Carrum Health centers of excellence program. There will be no cost share for PPO members and no cost for CDHP members after meeting their deductible. If you use other providers for weight-loss surgery, it will not be covered.

New for 2027

- Optum Behavioral Health: Employees and eligible dependents will now get up to eight short-term counseling visits, per problem, per year, per individual at no cost.
- Sharecare Wellness Program: Enrolled health plan members will be able to earn an incentive for participating in the Unwinding Anxiety program. Five wellness challenges will offer incentives instead of four.

Other Benefits

- **Disability** coverage will stay with MetLife. If you're enrolled in short-term disability now and you don't cancel your coverage during Annual Enrollment, you will be automatically enrolled in the only available plan. The state pays 100% of the monthly premium for long-term disability so you will be automatically enrolled in the only available plan. For details, visit the *Disability webpage*.
- **Dental, vision** and **life insurance premium rates and benefits will not change next year.** The same carriers will administer these benefits.
- The flexible spending account administrator will continue to be TASC. **You must reenroll in FSAs each year during Annual Enrollment if you want to participate.**

Maybe your family or benefit needs have changed. Now is the time to review your options to make sure they make sense. This benefits guide provides important details and can help you make an enrollment plan.

- Note, if you're enrolled now and you don't make changes, except for disability options, you'll stay in the same plan options you have now and you'll pay 2027 premium amounts.
- Remember—for FSAs, you must enroll each year if you want to participate.
- No premium dollars will be deducted from your paycheck for any coverage in which you choose not to enroll or choose to disenroll.

2027 HEALTH INSURANCE AND PREMIUMS

Choosing your health insurance coverage is a very important decision. Here are your health plan options, networks and monthly premiums. Review, plan and select the right benefits for your budget, family and healthcare needs.

#1 First, you'll choose your **health insurance plan option**, which affects your pharmacy costs.

#2 Then you'll choose your **network**, which includes your doctors, hospitals and other providers.

#3 These choices all affect your monthly **premium**, the amount taken out of your paycheck for coverage.

#4 Monthly premiums are also determined by the coverage **tier** you choose, such as employee-only or a family coverage tier.

#1 - Health Insurance Plan Options (choose one)

You have a choice of three options: Premier Preferred Provider Organization, Standard PPO and the Consumer-driven Health Plan with a health savings account. Each plan has different deductibles, copays and coinsurance, which are your out-of-pocket costs or your "cost share" when you get care. For all plans, in-network preventive care has no member cost sharing.

Compare the three health plans:

Premier PPO: Higher monthly premium, but you'll have lower out-of-pocket costs for care.

Standard PPO: Lower monthly premium than the Premier PPO, but you'll pay more out of pocket when paying for care.

CDHP/HSA: Lowest monthly premium. For most services outside of preventive care, you pay your deductible first before the plan pays for anything. Then you pay coinsurance, not copays.

With the CDHP, you get a health savings account to help pay for your out-of-pocket costs. The state will put $500 (employee-only) or $1,000 (all other tiers) into your HSA. The IRS has a maximum contribution you can make and the state's contribution applies to that maximum.

Resources to help you:

- *2027 Health Plan Comparison of Member Costs – State and Higher Education*
- *2027 Premium Charts*
- *Four Steps to Setting Up Health Insurance*

Learn more about health savings accounts

For those who enroll in the CDHP/HSA:
There are limits on how much money you can contribute to your HSA in 2027.

- $4,400 for employee-only coverage
- $9,000 for all other family tiers
- Members age 55 and older can add $1,000 more each year
- These limits include funds from all sources including the $500 or $1,000 you receive from your employer and any wellness incentive funds you may earn and add to your account. HSA contributions more than the IRS maximums listed above are not tax deductible and are subject to a 6% excise tax. Monitor your HSA contributions carefully.

- **Updating the HSA contribution amounts:** State employees can update their contributions in Edison at any time. Higher education employees must contact their agency benefits coordinators.
- **HSA contribution is not available upfront:** Your HSA pledged amount is taken out of each paycheck. You can only spend the money that is in your HSA at the time of service, but you can pay yourself back later with HSA funds.
- **HSA debit cards:** Currently enrolled HSA members will use the same debit card they have now. Members who are new to the CDHP/HSA will receive new debit cards from TASC in December 2026.
- **HSA and flexible spending account restrictions:** There are restrictions on who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you cannot enroll in another medical plan, including any government plan, and cannot have a medical FSA or health reimbursement account, among other restrictions. You can enroll in a limited purpose FSA for dental and vision costs.
- **Social Security and HSAs:** If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice.

Visit the TASC website for more information.

TASC

All healthcare options cover the same services and treatments, but medical necessity decisions may vary by carriers BlueCross BlueShield of Tennessee and Cigna. Eligible preventive care billed as preventive is free if you use an in-network provider. Eligible preventive care coverage follows the United States Preventive Services Task Force recommended frequency and age limits for preventive screenings rated A or B. You can review the screening recommendations on the USPSTF website. Ask your doctor about your recommended preventive services.

Pharmacy

Managed by CVS Caremark

All Partners for Health medical plans include pharmacy benefits. When you choose your health plan option, Premier PPO, Standard PPO or CDHP/HSA, this will determine your out-of-pocket prescription costs, including copay, coinsurance, deductible and out-of-pocket maximum.

How much you'll pay for a prescription depends on several things, including copays and coinsurance:

- A **copay** is a flat dollar amount you pay when filling a prescription. The exact amount depends on:
  - Your health plan option (Premier PPO or Standard PPO)
  - The drug tier (generic, preferred brand or non-preferred brand)
  - The number of days' supply you receive
- **Coinsurance** is a percentage of the drug's cost that you pay when filling a prescription. Coinsurance applies to the **CDHP, specialty drugs and medications prescribed for obesity**.

- **Where you get your prescription**: You can fill your prescription at any pharmacy participating in the Partners for Health network.
  - Retail-30 Network: Fill up to a 30-day supply of medications at most pharmacies.
  - Retail-90 Network: Fill up to a 90-day supply of your medications at one time, often at a lower cost than filling multiple 30-day prescriptions. Not all pharmacies in the Retail-30 Network are part of the Retail-90 Network.
  - Specialty Pharmacy Network: Your plan requires specialty medications to be filled through pharmacies in the Specialty Pharmacy Network.
  - Use the Pharmacy Locator tool at the *CVS Caremark website* to help you.

Specialty Drugs

Members pay 30% coinsurance for specialty medications with all plans. Additionally, there is a separate maximum out-of-pocket for specialty drugs processed through the pharmacy benefit. The amount varies based on your coverage tier. Specialty drugs are limited to a 30-day supply.

Weight-loss Medications

Members pay 25% coinsurance for weight-loss medications with all plans. Medications prescribed for weight loss are limited to a 30-day supply.

Visit the *pharmacy webpage* to see which medications are covered. Here you'll find a formulary guidebook that's updated quarterly.

#2 – Health Insurance Network Options (choose one)

Now you'll choose your network option. There are four network options for your medical care. The in-network providers and hospitals in each option may be different.

BlueCross BlueShield of Tennessee and Cigna, our health insurance carriers, offer expansive networks of doctors, hospitals and facility providers. Each network covers the same benefits; however coverage decisions between carriers may differ.

BlueCross BlueShield Network S
Cigna LocalPlus

These are efficient networks, and you will save money with them. These networks include more than 95% of the providers and 85% of the hospitals in the expanded networks. If your providers are in BCBST Network S or Cigna LocalPlus, either may be your best choice for saving money on premiums and healthcare costs.

BlueCross BlueShield Network P
Cigna Open Access Plus

These are expanded networks that include more hospitals and facilities than the efficient networks. However, the premiums are higher for the expanded networks, and you may pay more for services you receive from network providers.

It's important to check the networks carefully. **The network choice you make during Annual Enrollment is for the entire 2027 calendar year (Jan. 1 until Dec. 31)**. You may be able to make changes allowed by the plan if you have a qualifying event. Information about qualifying events is on the *Help for Qualifying Enrollment Events* webpage.

Network providers and facilities can and do change. Benefits Administration cannot guarantee that all providers and hospitals in a network at the beginning of the year will stay in that network for the entire year. A provider or hospital leaving a network is not a qualifying event and does not allow you to change your insurance choices.

Covered Services

Covered services are generally the same whether you choose BlueCross BlueShield or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the BCBST or Cigna Member Handbook and your State Plan Document by going to the Partners for Health website > *Publications*. If you have questions about your benefits or medical criteria for a specific service, contact the carriers' member services.

Search the carriers' websites for your providers:

Efficient Networks

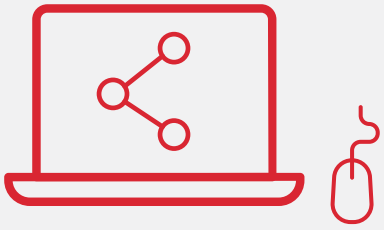
BCBST Network S

Cigna LocalPlus

Expanded Networks

BCBST Network P

Cigna Open Access Plus



#3 Premiums and #4 Tiers

On the premiums webpage, you'll find health, life, dental, vision and short-term disability insurance premiums.

- State government and higher education employees choose **State Plan premiums**.
- Your monthly premium is the amount taken out of your paycheck for your coverage.

The following things affect your health insurance premium costs:

Your choice of healthcare options, including the network

The size and makeup of your family

There are four premium coverage levels, called **tiers**:

1. Employee only
2. Employee + spouse
3. Employee + child(ren)
4. Employee + spouse + child(ren)

Where you work

The state pays a portion of your monthly health insurance premium. On the 2027 premium charts, you would pay the premium for the plan, network and tier you select.

Find premium charts on the ***Premiums webpage***.

HOW TO ENROLL AND HELPFUL INFORMATION

Employee Self Service in Edison

You'll use Employee Self Service in *Edison* to add, remove or make changes to your insurance coverage, unless otherwise noted.

- Annual Enrollment elections must be submitted through Edison self-service portal. Enrollment Change Applications are not a valid submission method and will not be processed for Annual Enrollment elections.
- **Higher education employees may be able to access Edison through their human resources system. Look for information from your institution about this.**

Look for the green Benefits Enrollment button:

- Click the green Benefits Enrollment button, then click the Login button to log in to Edison using your Access ID. This is not your eight-digit Edison employee ID. To get your Access ID, go to Edison, click the green Benefits Enrollment button, and then click the Retrieve Access ID button.
- Once logged in, choose the Annual Enrollment tile to start your enrollment.
- All the insurance plans you are currently enrolled in, or that are available to you, are listed in Edison, except voluntary term life insurance, if eligible. Enroll in voluntary life insurance on the *Securian Life insurance website*.
- Higher education employees enroll in flexible savings accounts by going to the *TASC website*.
- You can enroll on your computer or mobile device. Use the device's built-in web browser.

If you're adding new dependents or a spouse, we need documents to prove their relationship to you.

- Dependent verification documents MUST be received by Oct. 26, 2026, which is 10 days after the annual enrollment period ends.
- Find a list of required documents on the Partners for Health website, under Publications > Forms > Active Employees and COBRA. Required documents are listed in the *Dependent Eligibility Verification Document*.

Enrollment Instructions and Password Reset

You can find enrollment instructions and help with passwords:

- *State: How to Enroll*
- *Higher Education, Local Education, Local Government: How to Enroll*
- For password reset help, call Edison at 866.376.0104.

If you change your mind after the annual enrollment period has ended: Employees have one opportunity to revise their Annual Enrollment elections as described in the State Plan Document Section 2. The Plan Document is posted on the Partners for Health website on the Publications page.

Special Enrollment– Other Opportunities to Enroll

If you decline enrollment for yourself or your dependents, including your spouse because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan later if you or your dependents experience an event that results in losing eligibility for that other coverage or if the employer stops contributing toward the other coverage. However, you must request enrollment within 60 days after the other coverage ends or after the employer stops contributing toward the other coverage.

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption. Application must be made within 30 days of a birth, adoption or placement for adoption for the coverage to be retroactive to the date of birth, adoption or placement for adoption.

In addition, if you or your dependents become newly eligible for a premium subsidy under a State Children's Health Insurance Program or Medicaid, you may be able to enroll yourself and your dependents. You must apply within 60 days of receiving notice of eligibility for the premium subsidy.

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

Enrollment Videos

How to Reset Your Password

How to Get Your Access ID

How to Log in for the First Time

Benefits Information from our Vendors

BlueCross BlueShield Medical Network Options

Cigna Medical Network Options

CVS Caremark

EyeMed Vision Options

Cigna Dental DHMO Option

MetLife DPPO Option

TASC Flexible Spending Account Options

TASC Health Savings Account Option
(for those enrolled in a CDHP health plan)

Optum Behavioral Health

MetLife Disability Options

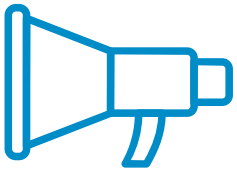
Securian Financial Life Insurance Options

Sharecare Wellness Program

Helpful Terms and Definitions

There is a *definitions page* on the Partners for Health website to help you with any terms used in this guide and on the website.

Contact Us



On the Partners for Health website, you'll find:

- A *Questions* link to contact our help desk.
- The chat icon on the bottom-right corner to contact our help desk during business hours.

Call Benefits Administration at 615.741.3590 or 800.253.9981, M-F 8 a.m. to 4:30 p.m. CT or email us at *benefits.administration@tn.gov*.

OTHER BENEFITS

Partners for Health offers dental, vision, disability, term life and accidental death and dismemberment insurance, plus flexible spending accounts. These benefits give you and your eligible dependents additional coverage.

Find premium charts on the *Premiums webpage*.

- The state pays 50% of dental coverage premiums (see Dental Insurance).
- The state also pays 100% of the premium for long-term disability coverage (see Disability Insurance). In 2027, all eligible employees are automatically enrolled in the LTD plan.
- The state pays 100% of the premium for employee basic term life/basic accidental death and dismemberment insurance (see Life Insurance).
- For other benefits, employees pay 100% of the premiums or contributions as noted.

Dental Insurance

Offered through Cigna and MetLife

Partners for Health offers two different dental plans. The state pays 50% of dental premiums in all tiers for active state government and higher education employees. Premiums and benefits stay the same in 2027 for both dental plans.

See the dental plan comparison chart on the *Publications webpage* > Insurance Comparison Charts – 2027 Dental Options.

Cigna: Dental
Health Maintenance Organization – Prepaid Provider

Members must choose a Cigna network general dentist and notify Cigna. View the *list of dentists*.

- Members pay copays. Review the Cigna Dental Care® Plan Patient Charge Schedule before having procedures performed. Lab fees may apply for some procedures.
- Completion of crowns, bridges, dentures, implants or root canals already in progress before coverage begins will not be covered.
- Members can contact Cigna for details on orthodontic services already in progress.

MetLife: Dental
Preferred Provider Organization

You may use any dentist, but in-network dentists cost less. In the DPPO plan, you'll search for providers in the *MetLife's PDP+ network*.

- Discuss estimated costs with your dentist or specialist. Charges for dental procedures are subject to change. Members pay deductibles and coinsurance.
- There are no waiting periods for any services.
- In-network deductibles: $50 per individual, $150 per family.
- Two routine office exams and two problem-focused exams will be covered each calendar year.
- Annual plan maximum: $1,500
- Children orthodontia benefit lifetime maximum: $1,500.

Cigna DHMO premiums are lower than MetLife DPPO premiums, but the DHMO has fewer providers. Review all plan details before choosing. Find both plan handbooks and the Cigna patient charge schedule on the Partners for Health website under *Publications*.

Visit *Cigna DHMO* for more information.

Visit *MetLife DPPO* for more information.

Vision Insurance

Offered through EyeMed

Members pay 100% of the monthly premium. In 2027, premiums and benefits will stay the same. You'll save money by using in-network providers.

Choose from two vision insurance options: **Basic Plan** or **Expanded Plan**.

Both include:

- One routine eye exam every calendar year
- Eyeglass lenses or contact lenses once each calendar year
- Low-vision evaluation and aids once every two calendar years

See the vision plan comparison on the *Publications webpage* > Insurance Comparison Charts – 2027 Vision Options.

Basic Plan: $10 copay for an eye exam. Set dollar amounts paid by the plan for materials such as frames and contact lenses. **Frames are available once every two calendar years.**

Expanded Plan: $0 copay for an annual exam and dollar amounts paid by the plan are higher than the Basic Plan. **Frames are available once every calendar year.**

In both plans, you pay copays and any costs above the dollar amounts paid by the plan for materials and services. Discounts may apply to some materials.

Find the EyeMed handbook by going to the *Publications webpage* > Vision Insurance.

Visit *EyeMed* for more information.

Disability Insurance

Offered through MetLife

Disability insurance is available to full-time state and higher education employees.

All accrued sick leave, annual leave, comp time and paid parental leave, subject to the rules of your employer, must be used before benefits are payable.

Important! In 2027, changes to both short- and long-term disability may affect current enrollees.

Short-term Disability: One STD plan will be offered in 2027. STD replaces a percentage of your income for up to 13 weeks during a disability. Employees pay the full monthly premium if they choose to enroll.

- If you are currently enrolled in STD options A or B, you'll automatically move to the 2027 STD plan unless you cancel this coverage.
- Employees not enrolled may apply.
- Action Required: If you apply during Annual Enrollment, MetLife will mail you a Statement of Health form with medical questions. This form is also posted on the *MetLife website on the resources page*. Complete the form and submit it by email or mail.

MetLife must review and approve your application based on underwriting rules. MetLife may contact you for more information. **STD insurance premiums adjust as of Oct. 1 if your salary is different from the prior Sept. 1.**

Long-term Disability: **One LTD plan will be offered in 2027, and all eligible employees will be automatically enrolled.** LTD replaces a percentage of your income during a disability that is expected to last more than 90 days. **The state pays 100% of the LTD plan premiums for state government and higher education employees.**

- All current LTD enrollees and eligible employees will move to the 2027 LTD plan on Jan. 1, 2027.
- Approved benefits pay 63% of your covered monthly salary, up to $10,000 per month, after a 90-day waiting period.
- The maximum covered monthly salary is $15,873.02.
- Coverage is guaranteed issue coverage and does not require medical questions.
- Coverage cannot be waived because it is 100% employer-paid.

The gross base annual salary you make on Sept. 1 of each calendar year determines the benefit you are eligible for beginning Oct. 1 of each calendar year.

Find the MetLife disability handbook on the Partners for Health website by going to the *Publications webpage* > Disability Insurance.

Visit *MetLife* for more information. MetLife

Flexible Spending Accounts

Offered through TASC

Flexible spending accounts let eligible employees set aside pre-tax dollars for qualified healthcare or dependent care expenses. Active state government and higher education employees who are insurance-eligible may enroll.

- For medical and limited purpose FSAs, your contributions are available upfront.
- Dependent care FSA contributions are available as they are deducted from your paycheck.
- Distributions from your FSA must be used to reimburse yourself for qualified expenses.

You must re-enroll in FSAs each year during Annual Enrollment and choose your contribution amount. Midyear enrollment or changes are allowed only if you have a qualifying status change event, such as marriage or the birth of a child.

Important! You cannot enroll in both a medical FSA **and** an L-FSA in the same year.

Medical FSA: For medical, dental and vision expenses for members enrolled in the Premier PPO or Standard PPO.

- Annual limit: $3,400
- Carryover amount: Up to $680 at the end of 2027

Limited purpose FSA: For dental and/or vision expenses only for members enrolled in a consumer-driven health plan.

- Annual limit: $3,400
- Carryover amount: Up to $680 at the end of 2027

Debit cards: Medical FSA and L-FSA members get a debit card for expenses. Current FSA members who enroll for 2027 will use their same debit cards; new FSA enrollees will get a new debit card from TASC in December 2026.

Use debit cards only for expenses in the current calendar year. Expenses from the prior calendar year must be submitted manually to TASC during the runout period (Jan.-April).

Debit card substantiation: Per IRS rules, TASC may need you to verify FSA or L-FSA debit card purchases. You must respond to TASC to verify certain expenses, if requested. If you do not provide the requested verification, your debit card will be suspended, and you will have to file claims directly with TASC online or via the app.

Your employer may deduct unsubstantiated claim expenses from your pay to the extent permitted by and in accordance with applicable law.

Dependent Care FSA: For eligible child and adult care expenses.

- Annual limit: $7,500 (up to $3,750 per spouse for married couples filing separately)
- No carryover amount allowed
- No debit card available

Contributions to flexible benefits plan accounts may be modified, reduced or recharacterized at any time to comply with applicable Internal Revenue Code provisions.

Find an FSA/HSA grid showing contribution amounts, tax benefits and how to use your funds on the Partners for Health website, under ***Publications*** > HSA/FSA.

How to enroll in FSAs

- **State employees enroll in Edison.** If you are in new hire status during the annual enrollment period and you wish to make changes to your FSA contribution or enrollment status for the upcoming plan year, you can submit an Enrollment Change Application during the 30-day new hire enrollment period, or submit an Enrollment Change Application as an Annual Enrollment revision by no later than Dec. 1.
- **Higher education employees enroll by going to the *TASC website*.**

Non-discrimination Testing: Federal law requires annual testing of flexible benefit plan to ensure that the plans treat employees fairly. If testing shows that the flexible benefit plan favors highly compensated employees, contributions to their flexible benefits accounts may be modified, reduced or recharacterized at any time for the plan to comply with the Internal Revenue Code governing these plans.

The annual maximum amount you can contribute to your FSA is set by the IRS. The limits are subject to change yearly, and your employer may set a lower limit than the maximum allowed by the IRS.

If an FSA participant does not enroll in an FSA for the following plan year and has a permissible carryover balance at the end of the plan year, an account will be opened by TASC for the carryover balance. Any portion of the carryover balance not used for qualified medical care expenses will be forfeited at the end of the following plan year. There is no carryover for DC-FSA.

Visit ***TASC*** for more information.

Life Insurance

Offered through Securian Financial (Minnesota Life Insurance Company)

Basic term life and basic accidental death & dismemberment insurance

The state pays 100% of the premiums for basic term life and basic accidental death and dismemberment insurance for state government and higher education employees.

Basic term life: Pays your designated beneficiaries an amount equal to one time your base salary, rounded up to the next $1,000, with a minimum of $50,000 and a maximum of $250,000 (before age reductions). You can elect to lower your coverage to $50,000 to avoid imputed income.

Basic AD&D: Employee coverage matches your basic term life insurance amount.

Coverage amounts decrease beginning at age 65. Basic term life and basic AD&D are not available for dependents; dependent coverage is only available through voluntary term life or voluntary AD&D.

Voluntary accidental death and dismemberment insurance

You can buy voluntary AD&D insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident.

Premium rates for employees and dependents will remain the same in 2027. Rates are per $1,000 of total coverage.

Visit *Securian Life Insurance* for more information.

securian FINANCIAL

Employee coverage options: $50,000, $60,000, $100,000, $250,000 or $500,000. You may change coverage amounts previously selected.

- Employees can add or drop dependents already enrolled.
- Dependent coverage is a percentage of the employee's voluntary AD&D elected amount:
  - Spouse only: 60%
  - Spouse with child(ren): 40%
  - Child(ren): 10% per child
- Enrolling in voluntary AD&D coverage never requires health questions.

Voluntary term life insurance

Apply or increase voluntary term life insurance coverage and update beneficiaries on the *Securian website*.

You can buy voluntary term life insurance for yourself, your spouse and your children. This coverage is in addition to the employee's basic term life insurance provided at no cost.

Premiums remain the same in 2027, but you and your spouse's monthly premium could go up if you increase your coverage or move into a higher age bracket on Jan. 1.

Voluntary child term life insurance

Employees or spouses who are already enrolled or who will enroll may add or increase a child term rider by $5,000 or $10,000. Only the employee or spouse may have a child term rider attached to their certificate.

Determine your life insurance needs

Securian's Benefit Scout can help you estimate how much life insurance you may need.

Update your beneficiaries

Keep your life insurance beneficiaries up to date.

- For basic term life/basic AD&D and voluntary AD&D insurance: Update in Edison.
- For voluntary term life, make changes on the *Securian website*.

BENEFITS INCLUDED WITH COVERAGE

Members enrolled in medical coverage also have the following benefits: behavioral health, an employee assistance program, a wellness program and centers of excellence services. Here's more information about these benefits.

Behavioral Health

Managed by Optum Behavioral Health

All members enrolled in medical insurance with Partners for Health have behavioral health benefits through Optum Behavioral Health. All health plans include access to outpatient and facility-based behavioral health and substance use disorder services.

Optum Behavioral Health can help members find a provider for in-person or virtual visits, explain benefits, identify best treatment options, schedule appointments and answer questions. **Virtual Behavioral Coaching** provides personalized, self-paced support to those who need help managing symptoms of depression, stress and anxiety. Your benefits include applied behavior analysis therapy.

Members who use certain preferred substance use treatment facilities can have their costs waived.

- For PPO members, the deductible and coinsurance are waived.
- For CDHP members, coinsurance is waived after the deductible is met.
- Copays, deductible and coinsurance will still apply for standard outpatient treatment services.

Members have a separate Optum Behavioral Health ID card to use for their services.

Visit ***Here4TN.com*** for more information or call 855-437-3486.

Employee Assistance Program

Managed by Optum Behavioral Health

Members have access to an employee assistance program through Here4TN. Services are available to all benefits-eligible state and higher education employees and their eligible dependents, even if they are not enrolled in medical insurance through Partners for Health. COBRA participants are also eligible.

Specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. In 2027, eligible individuals will now get eight counseling visits, either in-person or virtual, per problem, per year, at no cost.

Your benefits include the **Calm Health app,** available 24/7 to help build coping skills and resilience to navigate life's uncertainties; **Talkspace** online therapy; and **Take Charge at Work**, a coaching program that helps those working and eligible for EAP deal with stress and depression.

Visit ***Here4TN.com*** for more information or call 855-437-3486.

Wellness Program

Managed by Sharecare

To help you achieve your health goals, the wellness program is available for state and higher education employees, spouses and adult dependents enrolled in medical insurance through Partners for Health.

Members enrolled in health benefits have access to the Sharecare online platform and the Sharecare mobile app, RealAge Test, lifestyle management coaching, chronic condition management coaching, the Eat Right Now digital weight loss and diabetes prevention program, Unwinding Anxiety program, quarterly challenges and biometric screenings.

Your wellness program includes cash incentives of up to $250 each for enrolled employees and spouses who complete certain program activities. You can find an incentive table on the Partners for Health *wellness program* webpage.

Visit *Sharecare* to learn more about the program and find resources.

sharecare

Centers of Excellence Services

Available through Carrum Health

All members aged 18 and older enrolled in medical insurance with Partners for Health have centers of excellence services available through Carrum Health.

Carrum Health makes it simpler and more affordable for you to access top surgical and cancer care from some of the nation's leading surgeons and specialists.

In 2027, weight-loss surgery will only be covered through the Carrum Health centers of excellence program. There will be no cost share for PPO members and no cost for CDHP members after meeting their deductible. Weight-loss surgery performed by any other provider will not be covered.

Visit *Carrum Health* for more details.

carrumhealth

Carrum Health provides access to many non-emergency surgical and medical services, including:

- Joint and spine surgeries
- Heart surgery
- Comprehensive cancer care

Most, if not all, costs associated with Carrum Health services will be covered by your medical plan. Members in a CDHP will need to meet the federal minimum deductible, but your coinsurance is waived. For those enrolled in a PPO, all out-of-pocket costs are waived. Plus, Carrum Health offers second opinion services at no charge, with no deductible required.

Included Benefits Extras webpage:

Learn about services such as telehealth, Hinge Health personalized exercise therapy, expert medical opinion services and much more.

Your Life, Your Benefits webpage:

This page organizes resources by health topics and life events so they're easy to find. Get information about weight management, diabetes support, stress and anxiety and maternity care.

AFTER ENROLLMENT

Annual Enrollment Confirmation Statement

After you click the Submit Enrollment button in Edison, an email will be sent to your primary email address in Edison confirming that your benefits enrollment has been submitted. After the annual enrollment period ends, you'll get another email letting you know your confirmation statement is available in Edison. This email will include instructions on how to access the statement, and there are a couple of different ways you can do it:

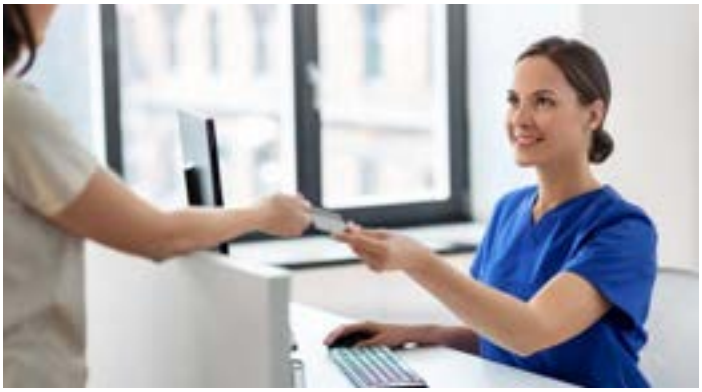
- From the Edison homepage, if you log in through the green Benefits Enrollment button: Click Benefit Details, and then click on Benefits Statement. If you do not see the Benefit Details tile, check the drop-down in the upper left corner to make sure the Employee Self Service menu is selected.
- Or from the Edison homepage, if you log in through the red Employee Portal login button: Click Benefits & Health and then click on Benefit Statements under the Benefits section.

ID and Debit Cards

ID Cards

Newly enrolled members, all members enrolled in the CDHP and members who change their medical, dental or vision plans will receive new ID cards for 2027. If you do not change your PPO dental or vision plan, you will not get a new ID card.

Medical plan members: Those who are newly enrolled, members who changed their last name and members who change plans will receive new medical, behavioral health and pharmacy ID cards.



Debit Cards

Current consumer-driven health plan/health savings account, medical flexible spending account and limited purpose FSA members will use their same debit cards. Newly enrolled CDHP members will get a new debit card from TASC.

If you have both an HSA and an L-FSA, you will use the same debit card for both accounts.

When Cards Will Mail

- **BlueCross BlueShield:** ID cards will mail by Dec. 15, 2026.
- **Cigna (both medical and dental):** ID cards will mail between Dec. 9-18, 2026.
- **CVS Caremark:** ID cards will mail between Dec. 11-31, 2026.
- **MetLife Dental:** ID cards will mail between Dec. 9-18, 2026.
- **EyeMed:** ID cards will mail by Dec. 17, 2026.
- **Optum Behavioral Health:** ID cards will mail by Dec. 15, 2026.
- **TASC:** HSA/FSA debit cards will mail between Dec. 10-31, 2026. They'll arrive in an unmarked envelope.

Members can request additional cards by contacting their vendor(s) or by using a vendor's mobile app or online member portal. ***Find vendor contact information on the Benefits Contact Information webpage***.

Keep Your Email Address Current

Partners for Health sends important insurance emails to members throughout the year. Emails include the Partners for Health logo and are sent from an email service provider. You can unsubscribe at any time, but if you do, you won't receive any insurance-related updates, including Annual Enrollment information. To continue to receive these emails, make sure your email address is up to date.

Please log in to Edison and make sure your primary email address is correct. It's easy! Click on your name next to the home icon in the top right corner. On the screen with all your personal information, click on the pencil icon found by the Email section. This will open an Update Email Addresses & MFA Methods pop-up window.

Click in the field labeled Primary Email to type in your updated email. Once complete, click Submit at the bottom of the pop-up window.

PARTNERS FOR HEALTH WEBSITE LINKS AND CONTACT INFORMATION

Partners for Health Website Links:

Health Plans

CDHP/HSA Insurance Options

Network Information (BlueCross BlueShield and Cigna)

Pharmacy

Behavioral Health

Dental Insurance

Vision Insurance

Life Insurance

Disability

Flexible Benefits

Wellness Program

Employee Assistance Program

Included Benefits Extras

Your Life, Your Benefits

Contact Information:

Benefits Administration
800.253.9981 or 615.741.3590
Monday - Friday, 8 a.m.-4:30 p.m. CT
Fax: 615.741.8196
e-mail: *benefits.administration@tn.gov*

HEALTH INSURANCE

BlueCross BlueShield of Tennessee
800.558.6213
Monday - Friday, 7 a.m. - 5 p.m. CT
bcbst.com/members/tn_state/

Cigna
800.997.1617
24/7
cigna.com/stateoftn

HEALTH SAVINGS ACCOUNT & FLEXIBLE SPENDING ACCOUNT

TASC
800.575.6277
24/7
www.stateoftntasc.com

PHARMACY

CVS Caremark
877.522.TNRX (8679)
24/7
info.caremark.com/stateoftn

BEHAVIORAL HEALTH/ EMPLOYEE ASSISTANCE PROGRAM

Optum Behavioral Health
855.HERE4TN (855.437.3486)
24/7
Here4TN.com

WELLNESS PROGRAM

Sharecare
888.741.3390
Monday Friday, 8 a.m.-8 p.m. CT
sharecare.com/tnwellness/

DENTAL INSURANCE

Cigna Dental Health Maintenance Organization - Prepaid Provider
800.997.1617
24/7
cigna.com/stateoftn

MetLife – Dental Preferred Provider Organization
855.700.8001 Option 1
Monday-Friday, 7 a.m.-5 p.m. CT
metlife.com/StateOfTN

VISION

EyeMed
855.779.5046
Monday.-Saturday., 7 a.m.–10 p.m. CT, Sunday. 10 a.m.–7 p.m. CT,
eyemed.com/stateoftn

LIFE INSURANCE

Securian Financial (Minnesota Life)
866.881.0631
Monday-Friday, 7 a.m.-6 p.m. CT
securian.com/tn-insurance

DISABILITY

MetLife
855.700.8001, Option 2
Monday-Friday, 7 a.m.-10 p.m. CT
metlife.com/StateOfTN

LEGAL NOTICES

Anti-Discrimination Compliance and Civil Rights Complaint Procedures

Benefits Administration does not support any practice that excludes participation in its health programs or activities or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability. If you think you have been denied services or treated differently for these reasons you may submit a complaint to the Tennessee Department of Finance and Administration Civil Rights Coordinator at FA.CivilRights@tn.gov. Please include the following information in your email:

- Your name, address and phone number. You must provide your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.

Email to *FA.CivilRights@tn.gov* or

Mail to: State of Tennessee Department of Finance and Administration
Civil Rights Coordinator
312 Rosa L. Parks Avenue,
William R. Snodgrass Tennessee Tower,
19th Floor
Nashville, TN 37243

F & A Policy No. 36. Non-Discrimination Policy and Complaint procedure may be found on the F&A Policies webpage at *www.tn.gov/finance/looking-for/policies/.*

You may also contact the:

U.S. Department of Health & Human Services
Region IV Office for Civil Rights
Sam Nunn Atlanta Federal Center,
Suite 16T70 61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
1-800-368-1019 or TTY/TDD at 1-800-537-7697

U. S. Office for Civil Rights
Office of Justice Programs
U. S. Department of Justice
810 7th Street, NW
Washington, DC 20531

Tennessee Office of Attorney General and Reporter
Civil Rights Enforcement Division
P.O. Box 20207
Nashville, TN 37202

Language/Communication Assistance. Do you speak a language other than English, and need free language help? Do you have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please request assistance by emailing ***benefits.assistance@tn.gov*** or calling 800-253-9981. If you think you have been denied free language or communications assistance, please call 615-532-9617 for the F&A Civil Rights Coordinator or follow the F&A complaint procedurees in F&A Policy No. 36 Non-Discrimination Policy and Complaint Procedure which is available on the F&A Policies webpage at ***www.tn.gov/finance/looking-for/policies/.***

Spanish

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

Arabic

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

Chinese
注意：如果□會說中文，則提供免費的語言協助服務。 請致電 1-866-576-0029（電傳打字機：1-800-848-0298）。

Vietnamese
CHÚ Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn. Gọi 1-866-576-0029 (TTY: 1-800-848-0298).

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

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1800-848-0298).

Laotian
ຂ້ອນລະວັງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີ ໃຫ1-866-576-0029 (TTY: 1-800-848-0298).

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298.

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

Gujarati
સુચના: જો તમે ગુજરાતી બોલતા હો, તો ન:િશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY: 1-800-848-0298).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-576-0029（TTY:1-800-848-0298）まで、お電話にてご連絡ください

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1800-848-0298) पर कॉल करें।

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

Persian
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.

The Notice of Privacy Practice
Your health record contains personal information about you and your health. This information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as protected health information, or PHI. The Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act. The notice also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice of Privacy Practices. The Notice of Privacy Practices is located on the Partners for Health website. You may also request the notice in writing by emailing benefits.privacy@tn.gov.

Prescription Drug Coverage and Medicare
Medicare prescription drug coverage is available to everyone with Medicare. However, as a member of the State Group Insurance Program, you have options for your drug coverage. For information about your current prescription drug coverage with the SGIP and your options under Medicare's prescription drug coverage, review the Medicare Part D notice on the Partners for Health website.

Summary of Benefits and Coverage
As required by law, a Summary of Benefits and Coverage is available which describes your 2027 health coverage options. The SBC will be available for review on the Partners for Health website no later than Sept. 1. The digital guide contains much of the same information. To get an SBC paper copy, free of charge, call 855-809-0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

Plan Document and Certificates of Coverage
The information contained in this guide provides a summary of the benefits available to you through the state of Tennessee. Specific plan information is contained within the formal plan documents and certificates of coverage. If there is any discrepancy between the information in this guide and the formal plan documents and certificates of coverage, the plan documents and certificates of coverage will govern in all cases. You can find a copy of these documents on the Partners for Health website on the Publications webpage.

Other Publications
In addition to the documents mentioned above, the Partners for Health website contains many other important publications, including, but not limited to, brochures and handbooks for medical, pharmacy, dental and vision and the brochure and handbook for the Supplemental Medical Insurance for Retirees with Medicare.

Notice Regarding Wellness Program
The Partners for Health Wellness Program is a voluntary wellness program available to all state, higher education, local education, local government employees, spouses and adult dependents as well as retirees enrolled in health coverage. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the assessment or other medical examinations. Although you are not required to complete the health questionnaire, only active state and higher education employees and spouses who do so are eligible to receive cash incentives. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Partners for Health Wellness Program at 888-741-3390.

The information from your health questionnaire and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through wellness programs such as weight management, the Diabetes Prevention Program, and other programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information
Partners for Health is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the state of Tennessee may use aggregate information it collects to design a program based on identified health risks in the workplace, the Partners for Health Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed for you to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your

supervisors or managers and will never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law and the state of Tennessee's contract with Sharecare to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive, if eligible. Anyone who receives your information for the purpose of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the wellness vendor (nutritionists, nurses, nurse practitioners, registered dietitians, health coaches and other health care professionals) and their vendor partners (case managers with the medical and behavioral health vendors, diabetes remission program vendor, and the biometric screening vendor) to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted and no information you provide as part of the wellness program will be used in making any employment decisions. Appropriate safeguards will be taken to avoid any data breach, and in the event a data breach occurs involving information in connection with the wellness program, you will be notified promptly. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Partners for Health at *partners.wellness@tn.gov*.