

Source: Presentation by staff of State of Tennessee, Department of Insurance, Benefits Administration

State of Tennessee Group Insurance Program

What's Changing for 2012?

- Reduced co-pay for convenience care or urgent care facility visits
- New, separate out-of-pocket co-pay maximum for primary and specialist office visits
- Decrease in health insurance deductible and out-of-pocket maximums for those enrolled in the Employee+Child(ren) premium tier in both health options
- Reduced late applicant fee
- New low-cost co-pays for certain drugs when obtaining a 90-day supply — including diabetic medications and supplies

Urgent Care Co-pays

- The co-pay to receive services at a convenience clinic or urgent care facility will decrease in 2012:
 - Partnership PPO - \$30
 - Standard PPO - \$35
- The co-pay is the same for in- and out-of-network facilities

Physician Office Visit Out-of-Pocket Co-pay Maximum

- To reduce expenses for members who require frequent doctor visits, there will be a limit on the amount of money you pay in co-pays for in-network primary and specialty care
 - Partnership PPO: \$900
 - Standard PPO: \$1,100
- This benefit excludes visits subject to deductible and coinsurance and chiropractic visits

- Separate from your out-of-pocket maximum for services that require co-insurance

Deductible and Out-of-Pocket Maximum Decrease

- To correct a cost difference for two married employees who both work for an agency that participates in State of Tennessee plans, the deductible and out-of-pocket coinsurance maximum will decrease in 2012 for the “Employee + Child(ren)” premium category

	Partnership PPO		Standard PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee + Child(ren) Deductible	\$550	\$1,100	\$1,100	\$2,220
Employee + Child(ren) Out-of-pocket Maximum	\$2,150	\$4,300	\$2,800	\$5,600

Monthly Late Applicant Fee

- The monthly late applicant fee for members who joined the plan during the 2011 AETP will be less in 2012
- Employees or spouses who did not join the health plan when they were initially eligible will be allowed to enroll in benefits during AETP if they agree to pay the monthly late applicant fee while they are enrolled through December 31, 2013

	State/Higher Education	Local Education	Local Government
Employee Only	\$65	\$56	\$68
Spouse Only	\$72	\$53	\$78
Employee and Spouse	\$137	\$109	\$145

Pharmacy

- Lower co-pays for certain medications from the special, less costly 90-day network
- **Diabetic medications and supplies will no longer be free in 2012**
- Drug groups that will cost less for members obtaining a 90-day supply are:
 - **Statins** (cholesterol lowering drugs)
 - **Oral diabetic medications, insulins and supplies**
 - **Anti-hypertensives**, including beta blockers, calcium channel blockers, diuretics and ACE/ARBs (angiotensin converting enzyme inhibitors and angiotensin receptor blockers)
 - Reduced co-pays for a 90-day supply:

90-day Maintenance Co-Pays		
Brands	Partnership	Standard
Generic	\$5	\$10
Preferred	\$30	\$40
Non-Preferred	\$160	\$180

- For members who choose to receive a 30-day supply of their medication, the normal 30-day co-pay applies
- Please call CVS Caremark at 1.877.522.8679 to make sure your particular medication qualifies

Health Benefits

Your Health Insurance Options

For 2012, subject to eligibility, you will continue to have the same health insurance options.

<p>Preferred Provider Organization (PPO) Options</p> <p>Partnership PPO</p> <p>Standard PPO</p>	<p>Two Insurance Carriers</p> <ul style="list-style-type: none">• BlueCross BlueShield of Tennessee• CIGNA	<p>Four Premium Levels</p> <ul style="list-style-type: none">• Employee• Employee + child(ren)• Employee + spouse• Employee + spouse + children
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➤ **Both PPOs cover services, treatments and products, such as:**

- In-network preventive care, x-ray, lab and diagnostics at no cost
- Primary and specialist doctor office visits for a fixed co-pay without having to meet a deductible
- Prescription drugs for a fixed co-pay without having to meet a deductible
- Deductibles and co-insurance for certain services
- Out-of-pocket maximums to limit your co-insurance and physician visit co-pay costs

Both carriers also offer discounts for services not covered. Refer to the carrier's member handbooks or websites for more information

➤ Free preventive health services include, but are not limited to:

- Flu vaccination and pneumococcal vaccinations
- Annual preventive visit (i.e., physical exam)
- Annual well-woman visit
- Cholesterol test

- Osteoporosis screening for women
- Screenings for colon, breast or cervical cancer or prostate cancer
- If other services or related treatment are received during the same visit, an office visit co-pay may apply

You need to visit an in-network provider to receive preventive care services at no cost.

- Each carrier has its own network
- Many doctors and hospitals are in more than one network
- Check the networks for each carrier carefully when making your decision
- Provider directories are available, on the ParTNers for Health website, by calling the carrier or from your Agency Benefits Coordinator

Doctors and facilities move in and out of networks from time to time, so be sure you are comfortable with the provider options offered by the PPO network you select

- Carrier costs vary by grand division
 - In East and Middle Tennessee CIGNA costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels
 - In West Tennessee, BlueCross BlueShield costs \$10 more per month for employee only coverage and \$20 more per month for all other premium levels
 - BlueCross BlueShield offers Network S
 - CIGNA offers Open Access Plus, OA Plus, Choice Fund OA Plus

Covered Services

Services that Require Co-Pays

- The following are some of the services that require co-pays:
 - Preventive Care Office Visits
 - Primary Care Office Visit*

- X-ray, Lab and Diagnostics
- Pharmacy
- Urgent Care
- Specialist Office Visit
- Allergy Injection (with office visit*)
- Chiropractors
- Emergency Room Visit
- Mental Health and Substance Abuse*

*Subject to Out-of-Pocket Co-pay Maximum

Services that require Co-Insurance

- The following are some of the services that require co-insurance:
 - Hospital/Facility Services
 - Home Care
 - Ambulance
 - Rehabilitation and Therapy Services
 - Advanced X-Ray, Scans and Imaging
 - Maternity
 - Equipment and Supplies
 - Hospice Care
 - Dental
 - Out-of-Country Charges

Premiums for 2012:

Local Education

Total Monthly Premiums

Premium Level	Partnership PPO	Standard PPO
Employee Only	\$468.90	\$493.90
Employee + Child(ren)	\$773.69	\$798.69
Employee + Spouse	\$914.36	\$964.36
Employee + Spouse + Child(ren)	\$1,219.14	\$1,269.14

- Premiums shown are for the least expensive carrier in the region. A complete chart is available in the Decision Guide and on the ParTNers for Health website.

The State pays 45% of the total premium cost for certified instructional employees and may pay a portion for non-instructional employees.

In 2012, members and covered spouses must:

- Participate in health coaching if an opportunity to improve your health is identified by the Partners for Health wellness staff during 2012
- Keep address, phone number and email, if you have one, current with your employer

ParTNers for Health Wellness Program 1-888-741-3390

Members will not have to complete a health questionnaire or screening in 2012. We are asking members to take a more active role in their health and wellness.

Working with a Health Coach

- A health coach is a trained health care professional who can help you achieve your personal health goals.
- Your coach can help you:
 - Understand your medications
 - Understand any lab results or doctor's directions
 - Set goals for healthier living
 - Plan healthy meals and exercise habits
 - Find a doctor, if you need one
- **All conversations with your health coach are confidential and cannot be shared with a third party without your permission**
- There are two types of health coaching programs:
 - Lifestyle Management
 - Disease Management

- **When you participate in health coaching:**
 - A coach may contact you at any time during the year (January 1 – December 31, 2012).
 - You may communicate via phone or email.
 - There is no set number of emails or phone call required.
 - Coaches are available Monday – Friday from 8:00 a.m. until 8:00 p.m. CST.

- Participation in coaching based on medical conditions and behaviors determined using health and pharmacy insurance claims, your questionnaire responses and health screening results.

Examples of opportunities to improve someone's health and wellness:

- A member with diabetes and high blood sugar
- A member who has been hospitalized for heart disease
- A member with asthma or chronic obstructive pulmonary disease (COPD)
- A member who has health risk behaviors (e.g., tobacco use or unhealthy eating habits)
- A member with depression, arthritis or low back pain.

Health Coaches

- Registered nurses and dieticians, clinical social workers, certified health educators and those with degrees in exercise physiology, exercise science and health promotion
- Members can work with both their health coach and primary care provider
- **Your physicians recommendations will always take priority over any recommendation made through the wellness program**

- Share your physician's plan of care and recommendations with your coach so that he/she can work as part of your health care team
- **As an active participant, you must work with your health coach to:**
 - Identify challenges to achieving or maintaining good health and set long-term and short-term goals
 - Develop an individualized plan of care specific to your needs
 - Communicate (via phone or email) as needed
 - Engage in other health and wellness activities
 - Make continued positive improvement toward meeting the goals in your plan of care

Failure to follow your individualized plan of care can make you ineligible for the Partnership PPO and transfer you to the Standard PPO in 2013.

In 2012...

- Make an effort to work towards your goals and communicate with the health coach
- Establish reasonable and achievable goals, which can be adjusted at any time when appropriate
- You will be expected to participate in the program until your goals are met
- **You may choose to opt-out of a program but it will impact your eligibility for Partnership PPO in 2013.**