



Major Insurance Plan Changes for 2013 Requires Taking Action

The State of Tennessee Group Insurance Plan has several changes for 2013. **All of the information provided here will be mailed to your home by mid/late September in the form of a 2013 Decision Guide (pictured).**

Firstly, all changes for the year will be made electronically by the employee in a program called Edison Employee Self-Service (ESS). Learn more about ESS on the back of this newsletter.

The Partnership Promise is changing significantly for 2013. There are several requirements members must fulfill and these actions have deadlines. See the Partnership Promise information in the column to the right for full details.

BlueCross BlueShield and CIGNA will be the health insurance carriers for 2013.

BlueCross BlueShield: Network S
CIGNA: Network Open Access Plus



Vision insurance is also changing - VisionBlue will no longer be the county's provider. The State is offering a new optional Vision Plan with 2 plan choices: Basic and Extended Plan. Get details about the new Vision Plan on the back of this newsletter.

Health insurance premiums are increasing 9.2%, and dental insurance premiums are increasing by 3%. These rates are also included on the 2013 rate sheets that are attached with this newsletter. There are also additional member cost changes:

Deductibles Increasing	
Employee Only	\$100 increase
Employee + Child(ren)	\$150 increase
Employee + Spouse	\$200 increase
Employee+Spouse+Child(ren)	\$250 increase
Out-of-Pocket Maximums Increasing	
Employee Only	\$200 increase
Employee + Child(ren)	\$300 increase
Employee + Spouse	\$400 increase
Employee+Spouse+Child(ren)	\$500 increase
Specialist Office Visit Co-Pays (Increasing \$5)	
Partnership PPO (in-network)	\$45
Partnership PPO (out-of-network)	\$70
Standard PPO (in-network)	\$50
Standard PPO (out-of-network)	\$75
* Co-pays will not change for the following: Primary care, mental health & substance abuse treatment, allergy injections with a primary care office visit, and chiropractic visits (1-20).	
Emergency Room Co-Pays (Increasing \$45)	
Partnership PPO	\$125
Standard PPO	\$145
* Emergency room co-pay waived if member is admitted to the hospital	

Prescription drug co-pays will increase by \$5 for Tier 2 (Preferred) and Tier 3 (Non-preferred). There are a lot of changes, so watch your home mail to receive the 2013 Decision Guide. For even more, log onto www.partnersforhealthtn.gov.

PartNership Promise Requirements Change for 2013: Encourages Active Interest in Your Health



Requirements for the ParTnership Promise is one of the most significant changes for 2013. **All of the information provided here will be mailed to your home by mid/late September in the form of a 2013 Decision Guide.** To fulfill the PartNership Promise for 2013, members and their covered spouses must:

- Complete the online Healthways Well-Being Assessment (questionnaire) **by March 15, 2013.**
- Engage in ONE ParTners for Health wellness activity **by July 15, 2013. (See list below)**
- Keep contact information current with Finance Dept
- If tobacco user, begin a tobacco cessation program



The Online Well-Being Assessment (WBA) summarizes your overall health and offers steps you can take to improve it. The confidential assessment teaches members about total health and lifestyle habits. Beginning January 1, 2013, visit www.partnersforhealth.gov and create a new, online well-being account to access the assessment. The assessment must be completed by March 15, 2013.

Wellness activities are easy actions you can take to work towards better health. Members under the Partnership Plan must fulfill **ONE** of following:

1. Receive an age-appropriate preventive service: ie: Annual physical, well-woman visit, flu shot **OR**
2. Join a ParTners for Health Wellness Challenge - Choose one of two offered online challenges **OR**
3. Complete Your Well-Being Plan and 3 Action Items ie: Action items can include tracking your exercise, completing a journal entry or reading an article in the Resources Center, to name a few.

Remember that you must keep all of your contact information current with the Finance Office, and if you are a tobacco user, Healthways will reach out to enroll you in a tobacco cessation program.

Some members who are identified as "at risk" will be required to take extra steps for health management. "At risk" members and spouses are determined by Healthways and are required to:

- Complete a biometric screening with health care provider by July 15, 2013. Screening results from a doctor's visit between July 15, 2012 and July 15, 2013 can count towards fulfilling this promise. Work-site screenings **will not** be available in 2013. And,
- Participate in health coaching or case management during 2013. Health coaches will contact members using the telephone, emails, and the internet.

Find all the Partnership Promise information in the Decision Guide that will be mailed to you, or at http://www.partnersforhealthtn.gov/your_health_options/promise.aspx.

State of Tennessee Group Insurance Implements Employee Self-Service (ESS) For Participating Members



During the Annual Transfer Period, October 1 - November 1, 2012, members will be required to make any and all changes to insurance coverage online through a program called Edison Employee Self-Service (ESS). This means all health, dental, and vision insurance changes will have to be made by the member, using the ESS program.

All employees will be given a unique User ID and temporary password that will be mailed to their home address. Once received, members can log in to the program at www.edison.tn.gov.

Remember that all changes made will not go into effect until January 1, 2013 and will remain in effect through December 31, 2013. More instructions on how to use ESS will be available in the 2013 Decision Guide, which will also be mailed to members homes mid to late September.

If you have any questions concerning Edison ESS, please contact the Finance Office at 731.364.5429.



Now What Am I Receiving in the Mail?

Changes can sometimes create confusion. Just to be clear, by the end of September, you should have received a **2013 Decision Guide**. We urge you to read the Decision Guide from cover to cover as it will have all of the information concerning this year's changes and updates, as well as information about the differences in all of the options.



You will also be receiving the **Unique User ID & temporary password for Edison Employee Self-Service (ESS) Program**. The Decision Guide fully explains how to use this program to make all the changes you would like to make concerning your insurance for 2013.

Questions? Call us: 731.364.5429.

Actions to Take Concerning Your Insurance



So what actions should be taken if a member does not want to make any changes in health and dental plans for 2013? Simple! The employee takes no action.

Employees that DO want to modify coverage on health, dental or vision must obtain their Employee Self-Service user ID and password, and make all of those changes in the online program: www.edison.tn.gov. Fully detailed instructions are in the 2013 Decision Guide that will be sent to your home address in mid/late September.

Regardless of whether a member does or does not make changes to insurance coverage, all members participating in the ParTnership Plan must fulfill the Partnership Promise. Guidelines concerning the 2013 Promise are on the front page of this newsletter.



Weakley County Employees Get New Vision Plan

The State of Tennessee is now offering optional vision coverage, effective January 1, 2013, in connection with the State Group Insurance Plan. The current provider, VisionBlue, will no longer be Weakley County's provider after December 31, 2012, and members' coverage through VisionBlue will cease on the effective date. Members wishing to extend vision coverage must add the newly offered state vision plan. Members can add the coverage through the Edison Employee Self-Service Program during the annual transfer period, October 1 - November 1, 2012.

The optional vision plan will be administered by EyeMed Vision Care, and members have access to EyeMed's Select Network. Rates that members will pay for services will depend on the plan chosen. There are two options: Expanded Plan & Basic Plan. Both plans offer discounted rates and allowances, but only the Expanded Plan offers co-pays. Here's the rates break down:

	Basic	Expanded
Employee Only	\$3.27	\$5.73
Employee+Child(ren)	\$6.54	\$11.46
Employee+Spouse	\$6.21	\$10.89
Employee+Spouse+Child(ren)	\$9.61	\$16.84

Both plans also offer the same services, such as annual routine eye exam, frames, eyeglass lenses, contact lenses, and discount Lasik/Refractive Surgery.

All of this information in more detail will be mailed to your home in the 2013 Decision Guide.

Co-Insurance vs. Co-Payments: What's the Difference?



A **copay** is a flat dollar amount that you pay for certain services like office visits and prescriptions. **Coinsurance** is the percentage of a dollar amount that you pay for certain services. Unlike a fixed copay, coinsurance varies depending on the total charge for a service.

Here are some examples of the differences: You go to the doctor for a bad cold. You must pay a copay to see the doctor. In comparison, if you had to have outpatient surgery, you would instead be responsible for meeting any applicable amount of your deductible and a coinsurance percentage. How much coinsurance you will pay depends on what procedures and services are administered.

Copay amounts and coinsurance percentages for all covered services in your benefit plan can be found in the 2013 Decision Guide that will be mailed to your home this month.