Robertson County Board of Education

2025 Benefits Presentation

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Insurance | Risk Management | Consulting

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For Your Information

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Robertson County Finance Department

Robertson County Office Building (3rd floor)

523 South Brown Street

Springfield, TN 37172

Hours: Monday-Friday, 8:00 AM-4:30 PM

Finance Department Phone Number	615-384-0202
Finance Department Fax Number	615-384-0237

Payroll Officer: James Jarvis	jjarvis@rcstn.net
Benefits Officer: Bonnie Head	bhead@robcotn.org

Summary of Benefits can be found at

https://www.tn.gov/partnersforhealth/summary-of-benefits-and-coverage.html

Cobra notice can be found at

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/cobra.pdf

Privacy notice can be found at

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/hipaa.pdf

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Robertson County Tennessee
Jody Stewart, Finance Director
Finance Department
523 South Brown Street, Springfield, TN 37172
(615) 384-0202 Fax (615) 384-0237

Useful Information (BOE)

- **MyBenefitsChannel.com** gives you immediate access to paystubs, current federal tax withholdings, deductions, W-2's, current address and file and secure email when you register.

- To update Federal Tax Withholdings (this may be done any time in the year): Access the current W-4 on MyBenefitsChannel.com (under benefits, new hire). Submit to James Jarvis (Finance Payroll officer) by email jjarvis@robcotn.org, fax (615-384-0237) or courier. Changes to your W-4 cannot be made on MBC.

- Certified employees with a license will be paid monthly, 12 times per year. Pay dates are the 25th of each month unless it falls on a weekend or bank holiday, then will be paid on the Friday before. If 25th falls during a scheduled school break, employees will be paid on the Friday before the break begins. New hires will receive paper checks for the 1st 2 months of pay, then will be direct deposited.

- Support Staff will monthly, 12 times per year. Pay dates are the 25th of each month unless it falls on a weekend or bank holiday, then will be paid on the Friday before. If 25th falls during a scheduled school break, employees will be paid on the Friday before the break begins. New hires will receive paper checks on the 1st payday, then will be direct deposited

- Bus drivers/Nutrition/Daycare/Maintenance will get paid biweekly. New hires will receive a paper check on the 1st payday then will be direct deposited.

- To make changes to your direct deposit (this may be done any time in the year): Contact James Jarvis **BEFORE** making changes to avoid payments being returned. **MUST COME TO THE FINANCE OFFICE TO MAKE DIRECT DEPOSIT CHANGES**.

- Questions regarding the rate of pay/gross pay or sick leave should be directed to Sheila Clinard at the Central Office (615-384-5588)

- Questions regarding net pay or insurance benefits should be directed to the Finance Office (615-384-0202)Address/phone numbers should be kept current.

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Useful Information (BOE) continued

- Address/phone numbers for support staff: tammy.roberts@rcstn.net and all changes to Finance: bhead@robcotn.org(benefits/payroll)

- Please report address/phone changes to Central office,certified: annetteweeks@rcstn.net

- Name changes(marriage/divorce) should be reported to central office and to the Finance office. To change name, we must have marriage/divorce paperwork and new social security card.

- Be mindful to keep Beneficiaries current on life insurance and retirement accounts.

- Medical, dental, vision, voluntary policies such as USAble/Trustmark questions can be answered by Bonnie Head (Finance Benefits Officer) at bhead@robcotn.org, 615-384-0202

  **tn.gov/partnersforhealth provides information for the medical if enrolled

- Tennessee Consolidated Retirement System (TCRS), all active full-time employees participating in the program. You can access your account at http://mytcrs.tn.gov/, by registering, you gain immediate access to account balance, years of service in the program and **verification of beneficiaries.** Helpful information regarding TCRS including forms can be found at http://treasury.tn.gov/tcrs/.

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Employee Health Center

Springfield – Robertson County

CLINIC INFORMATION

900 S Brown Street
Springfield, TN 37172

Phone: 615-953-9980
Fax: 615-953-9988

www.Healthportal.care

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Employee Health Center

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Acute Care – Urgent Care – Primary Care

- Chronic Disease Management –
  - Communicating with Primary Care Physician
- Patient Referrals to Specialist
- Emergency Stabilization
  - Level 1 Suturing-Splinting
- Hypertension –
  - Treatment, education, counseling and monitoring
- Diabetes –
  - Treatment, education, counseling and monitoring
- Cholesterol –
  - Treatment, education, counseling and monitoring
- Smoking Cessation –
  - Treatment, education, counseling and monitoring
- Stress –
  - Treatment, education, counseling and monitoring
- Laboratory Capabilities
- Level 1 Procedure –
  - Wart & Skin Tag Removal
- Prescription Capabilities by Nurse Practitioners
- Asthma & Allergy Treatment –
  - Breathing Treatment
- EKGs with Basic Interpretation –
  - PreOp, Annual Physicals
- Immunizations
- Eye Care –
  - Vision Acuity
- Colon Cancer Screening
- Wound & Foot Care
- Physicals
- Well Women Exams
- Well Men Exams

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Employee Health Center

Clinic Benefits

- Zero Out of Pocket Cost for eligible employees and their dependents
- Use clinic as much as needed – no limit on visits
- Both appointments and walk-ins accepted
- No claim filed to your health insurance

100% Private

- Managed by Third-Party Company to ensure HIPAA Compliance
- Your employer will have **NO** access to any patient files or medical records
- Your information is 100% private to you

First-class healthcare in a safe and convenient setting for all employees and their eligible dependents ages 2 and up.

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Retirement

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Retire Ready

State of Tennessee

Deferred Compensation Program

Teachers and Nurses certified after 7/1/2014 are considered Retire Ready - Hybrid

Teachers certified before 7/1/2014, all support staff, bus driver, nutrition, maintenance and biweekly clerical are considered Retire Ready - Legacy

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Retiree Ready - Hybrid

RETIREREADY
TENNESSEE'S RETIREMENT PROGRAM

A program of the Tennessee Treasury Department | David H. Lillard, Jr., Treasurer

Hybrid Retirement Plan Information for Teachers hired on or after July 1, 2014

RetireReadyTN is the state's retirement program, combining the strengths of a defined benefit plan provided by the Tennessee Consolidated Retirement System (TCRS), a 401(k) plan offered by Empower Retirement, and retirement readiness education. We strive to empower public employees to take actionable steps toward preparing for the future.

Full-time teachers hired after June 30, 2014 are members of the Hybrid Retirement Plan for State Employees and Teachers ("Hybrid Plan") as a condition of employment.

RETIREREADY

TCRS Tennessee Consolidated Retirement System | 401(k) Plan | Retirement Readiness Education

About Tennessee Consolidated Retirement System (TCRS)

- TCRS provides a lifetime monthly benefit at retirement once eligibility has been met.
- Teachers become vested in TCRS upon completing at least 5 years of creditable service with a TCRS-covered employer.
- Vested members are eligible for an unreduced retirement benefit at age 65 or based on the rule "Rule of 90" (years of service + age = 90 or greater)
- Benefits are calculated based on the member's years of creditable service, age, the benefit accrual factor, and average final compensation (AFC). AFC is the average of the highest five consecutive years of compensation.

Benefit Calculation Example		
Accrual Factor		1.00%
Average Final Compensation	×	$30,000
Years of Creditable Service	×	30
Annual Benefit[1]	=	$9,000
	÷	12
Regular Monthly Benefit	=	$750.00

About the 401(k)

- The amount a member has available in retirement is based on contributions, plus any accumulated earnings.
- Members are immediately vested in the 401(k). Upon terminating employment or retiring, an employee may leave the account balance in the plan, roll it over to another qualified plan, or begin taking distributions.[2]
- Members select their investment options based on their individual goals, risk tolerance, and timeline.

[1]The IRS limits the maximum amount of compensation that may be recognized for retirement purposes. Annual limits are published at irs.gov.

[2]If the member withdraws money from the 401(k) account balance prior to age 59 ½, they may be subject to an early distribution tax.

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Retiree Ready - Hybrid

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Retirement Readiness Education

In addition to strong retirement plans, Retire*Ready*TN offers retirement readiness education and retirement counseling to all members. Members can meet with a local retirement plan advisor for assistance with retirement planning or to discuss any other financial planning needs. These services are provided to members at no additional fee. To find your local representative and schedule a one-on-one or group meeting, please visit the "Resources" tab at Retire*Ready*TN.gov.

Contributions			
	Employer[3]	Member	Total
TCRS	4%	5%	9%
401(k)	5%	2%[4]	7%
TOTAL	**9%**	**7%**	**16%**

Contributions to your Retirement

Your retirement is funded by contributions from both the State of Tennessee and you, the member. Contributions to TCRS are deducted pre-tax. Contributions to the 401(k) plan may be made on a pre-tax or after-tax (Roth) basis.

Designate a Beneficiary

One of the most important decisions a member can make is to designate a beneficiary(s). Designations for your TCRS benefit and the 401(k) account are made separately. In the event of a member's death, survivor benefits may be available to designated beneficiaries. Situations such as marriage, divorce, remarriage, or death do not automatically change a designated beneficiary(s).

For more information on designating a beneficiary, visit Retire*Ready*TN.gov.

Contact Us

Call **(800) 922-7772** Monday through Friday 8:00 a.m. to 7:00 p.m. CT

Visit **www.Retire*Ready*TN.gov** **@Retire*Ready*TN**

For complete plan information, please refer to the Hybrid Member Guide.

Department of Treasury; October 2018; Authorization #77777; 500 copies. This public document was promulgated at a cost of 83¢ each.

[3]Employer contributions to TCRS are not refundable and 401(k) contributions are pre-tax only.

[4]The employee's contribution to the 401(k) plan may be modified at any time. If the employee was auto enrolled in the plan, the employee has a 90 day window to opt out of the 401(k) plan and obtain a refund of the 2% employee contribution. New members will receive notice on how to opt out and or change their contribution amount. Members may also go online to make any changes to their accounts at RetireReadyTN.gov. Contributions are subject to Internal Revenue Service (IRS) limitations, $18,500 for 2018.

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Retiree Ready - Legacy

RETIREREADY
TENNESSEE'S RETIREMENT PROGRAM

A program of the Tennessee Treasury Department | David H. Lillard, Jr., Treasurer

Legacy Retirement Plan Information for Teachers hired before July 1, 2014

RetireReadyTN is the state's retirement program, combining the strengths of a defined benefit plan provided by the Tennessee Consolidated Retirement System (TCRS), the State of Tennessee 401(k) plan through services provided by Empower Retirement, and retirement readiness education. We strive to empower public employees to take actionable steps toward preparing for the future.

Full-time teachers hired prior to July 1, 2014 are members of the Legacy Plan for Teachers ("Legacy Plan") as a condition of employment.

RETIREREADY

TCRS Tennessee Consolidated Retirement System | 401(k) Plan | Retirement Readiness Education

About Tennessee Consolidated Retirement System (TCRS)

- TCRS provides a lifetime monthly benefit at retirement once eligibility has been met.
- Teachers become vested in TCRS upon completing at least 5 years of creditable service with a TCRS-covered employer.
- Vested members are eligible for an unreduced monthly retirement benefit at age 60 or with 30 years of creditable service.
- Benefits are calculated based on the member's years of creditable service, average final compensation (AFC), age, and the benefit accrual factor. AFC is the average of the highest five consecutive years of compensation.
- Teachers make a contribution of 5% of their salary to TCRS.

Benefit Calculation Example for member age 60		
Accrual Factor[1]		1.575%
Average Final Compensation[2]	×	$30,000
Years of Creditable Service	×	30
Annual Benefit	=	$14,175
	÷	12
Regular Monthly Benefit	=	$1,181.25

This hypothetical example assumes a teacher, and an eligible member in the Legacy Plan, is retiring at age 60.

About the 401(k)

- Teachers participate in the State 401(k) plan on a voluntary basis.
- The amount a member has available in retirement is based on contributions, plus accumulated earnings (if any), to the member's account.

[1]All legacy teachers receive a 5% Benefits Improvement Percentage (BIP), which raises the Accrual Factor from 1.5% to 1.575%.
[2]The IRS limits the maximum amount of compensation that may be recognized for retirement purposes. Annual limits are published at irs.gov.

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Retiree Ready - Legacy

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About the 401(k) *continued*

- Members are immediately vested in the 401(k). Upon terminating employment or retiring, an employee may leave the account balance in the plan, roll it over to another qualified plan, or begin taking distributions.[3]
- Members select their investment options based on their individual goals, risk tolerance, and timeline.

Retirement Readiness Education

In addition to retirement plans, Retire*Ready*TN offers retirement readiness education and retirement counseling to all members. Members can meet with a local RetireReadyTN plan advisor for assistance with retirement planning or to discuss other financial planning needs. These services are provided to members at no additional fee.

To find your local representative and schedule a one-on-one or group meeting, please visit the "Resources" tab at Retire*Ready*TN.gov.

Designate a Beneficiary

One of the most important decisions a member can make is to designate a beneficiary(s). Designations for your TCRS benefit and the 401(k) account are made separately. In the event of a member's death, survivor benefits may be available to designated beneficiaries. Situations such as marriage, divorce, remarriage, or death do not automatically change a designated beneficiary(s).

For more information, refer to our *Selecting a Beneficiary* guide on Retire*Ready*TN.gov.

Contact Us

Call **(800) 922-7772** Monday through Friday 8:00 a.m. to 7:00 p.m. CT

Visit **www.Retire*Ready*TN.gov** **@Retire*Ready*TN**

For more plan information, please refer to the Teacher Legacy Member Guide.

The information in this document is general in nature and may be subject to change without notice. In the event of a conflict between this guide and plan documents, the plan documents will take precedence. Additionally, the value of a 401(k) account will fluctuate and it is possible for the value to be less than what was contributed. The risks associated with investing are numerous, and as with any investment, it is possible to lose money. The state of Tennessee and its employees are not authorized to provide legal, financial or tax advice. For legal and tax advice concerning your situation you should consult your personal legal, tax or other advisers.

Tennessee Department of Treasury; March 2019; Authorization #309282; 300 copies. This public document was promulgated at a cost of 50¢ each.

[3] If the member withdraws money from the 401(k) account balance prior to age 59 ½, they may be subject to an early distribution tax under the Internal Revenue Code.

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Medical Insurance

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Who is Eligible for Coverage?

If you enroll in health, vision or dental coverage, you may also enroll your eligible dependents:

Eligible Dependents

- Your spouse (legally married); individual agencies may deny eligibility to the spouses of employees who are eligible for group health insurance through the spouse's employer
- Natural or adopted children
- Stepchildren
- Children for whom you are the legal guardian, custodian or conservator

All dependents must be listed by name on the enrollment change application.

Proof of dependent's eligibility is required.

See the Dependent Eligibility Definitions and Required Documents found on the application.

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When Can You Add Coverage?

As a new hire or newly eligible:

Enrollment must be completed and submitted to BA within 30 calendar days of your hire date or date of becoming eligible. The 30 days includes the hire date or other date you become eligible.

- Enroll as quickly as possible to avoid the possibility of double premium payroll deductions

Annual Enrollment Period:

Gives you a chance to enroll or make changes to your existing coverage, like transferring between health, dental and vision options and cancelling insurance.

- See the next slide for more information

Important! See the Eligibility & Enrollment Guide for rules around special enrollment, mid-year election provisions, qualifying events and canceling coverage.

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Canceling Coverage

Outside of the Annual Enrollment period, you can only cancel coverage for yourself and/or your covered dependents, IF:

- You lose eligibility for the State Group Insurance Program (e.g., changing from full-time to part-time)
- You experience a special qualifying event, family status change or other qualifying event as approved by BA

Canceling coverage in the middle of the plan year: You may only cancel coverage for yourself and/or your dependents in the middle of the plan year if you lose eligibility or have an event that results in you/your dependents becoming newly eligible for coverage under another plan. There are no exceptions.

- You have **60 days** from the date that you and/or your dependents become newly eligible for other coverage to turn in an application and proof to your agency benefits coordinator.
- **Examples**: Marriage, divorce, legal separation, annulment, birth, adoption, death of a spouse, new employment, entitlement to Medicare, Medicaid or TRICARE, court decree or order

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Partners for Health

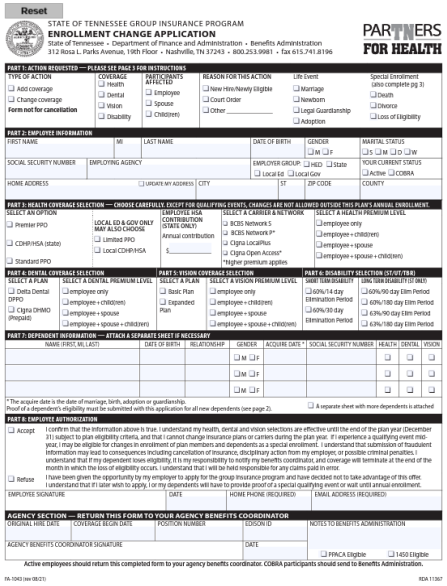
Special Enrollment/Mid-Year Election Provisions

If you or a dependent lose eligibility for coverage under any other group health insurance plan, or if you acquire a new dependent during the plan year, the federal Health Insurance Portability and Accountability Act may provide additional opportunities for you and eligible dependents to enroll in health coverage.

Mid-Year Elections for Voluntary Programs — You or eligible dependents may also enroll in voluntary dental and vision if you meet the requirements stated in the certificates of coverage for those programs.

- **NOTE: Application for special enrollment or a mid-year election change** (https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/1043_2021.pdf) **must be made:**
- **within 60 days** of the loss of eligibility for other health insurance coverage; or
- **within 30 days** of a new dependent's acquire date.

You must also submit proof as listed on the enrollment application.



Reset

STATE OF TENNESSEE GROUP INSURANCE PROGRAM
ENROLLMENT CHANGE APPLICATION
State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196

PARTNERS FOR HEALTH

PART 1: ACTION REQUESTED — PLEASE SEE PAGE 3 FOR INSTRUCTIONS

TYPE OF ACTION	COVERAGE	PARTICIPANTS AFFECTED	REASON FOR THIS ACTION		
❑ Add coverage ❑ Change coverage **Form not for cancellation**	❑ Health ❑ Dental ❑ Vision ❑ Disability	❑ Employee ❑ Spouse ❑ Child(ren)	❑ New Hire/Newly Eligible ❑ Court Order ❑ Other _____	Life Event ❑ Marriage ❑ Newborn ❑ Legal Guardianship ❑ Adoption	Special Enrollment (also complete pg 3) ❑ Death ❑ Divorce ❑ Loss of Eligibility

PART 2: EMPLOYEE INFORMATION

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	MARITAL STATUS
				❑ M ❑ F	❑ S ❑ M ❑ D ❑ W

SOCIAL SECURITY NUMBER	EMPLOYING AGENCY	EMPLOYER GROUP	YOUR CURRENT STATUS
		❑ Local Ed ❑ Local Gov ❑ HED ❑ State	❑ Active ❑ COBRA

HOME ADDRESS	❑ UPDATE MY ADDRESS	CITY	ST	ZIP CODE	COUNTY

PART 3: HEALTH COVERAGE SELECTION — CHOOSE CAREFULLY. EXCEPT FOR QUALIFYING EVENTS, CHANGES ARE NOT ALLOWED OUTSIDE THIS PLAN'S ANNUAL ENROLLMENT.

SELECT AN OPTION		EMPLOYEE HSA CONTRIBUTION (STATE ONLY)	SELECT A CARRIER & NETWORK	SELECT A HEALTH PREMIUM LEVEL
❑ Premier PPO ❑ CDHP/HSA (state) ❑ Standard PPO	LOCAL ED & GOV ONLY MAY ALSO CHOOSE ❑ Limited PPO ❑ Local CDHP/HSA	Annual contribution $_____	❑ BCBS Network S ❑ BCBS Network P* ❑ Cigna LocalPlus ❑ Cigna Open Access* *Higher premium applies	❑ employee only ❑ employee + child(ren) ❑ employee + spouse ❑ employee + spouse + child(ren)

PART 4: DENTAL COVERAGE SELECTION		PART 5: VISION COVERAGE SELECTION		PART 6: DISABILITY SELECTION (ST/LT/TBA)	
SELECT A PLAN	SELECT A DENTAL PREMIUM LEVEL	SELECT A PLAN	SELECT A VISION PREMIUM LEVEL	SHORT TERM DISABILITY	LONG TERM DISABILITY (ST ONLY)
❑ Delta Dental DPPO ❑ Cigna DHMO (Prepaid)	❑ employee only ❑ employee + child(ren) ❑ employee + spouse ❑ employee + spouse + child(ren)	❑ Basic Plan ❑ Expanded Plan	❑ employee only ❑ employee + child(ren) ❑ employee + spouse ❑ employee + spouse + child(ren)	❑ 60%/14 day Elimination Period ❑ 60%/30 day Elimination Period	❑ 60%/90 day Elim Period ❑ 60%/180 day Elim Period ❑ 63%/90 day Elim Period ❑ 63%/180 day Elim Period

PART 7: DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY

NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER	ACQUIRE DATE *	SOCIAL SECURITY NUMBER	HEALTH	DENTAL	VISION
			❑ M ❑ F			❑	❑	❑
			❑ M ❑ F			❑	❑	❑
			❑ M ❑ F			❑	❑	❑

* 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 (see page 2).
❑ A separate sheet with more dependents is attached

PART 8: EMPLOYEE AUTHORIZATION

❑ Accept — I confirm that the information above is true. I understand my health, dental and vision selections are effective until the end of the plan year (December 31) subject to plan eligibility criteria, and that I cannot change insurance plans or carriers during the plan year. If I experience a qualifying event mid-year, I may be eligible for changes in enrollment of plan members and dependents as a special enrollment. I understand that submission of fraudulent Information may lead to consequences including cancellation of insurance, disciplinary action from my employer, or possible criminal penalties. I understand that if my dependent loses eligibility, it is my responsibility to notify my benefits coordinator, and coverage will terminate at the end of the month in which the loss of eligibility occurs. I understand that I will be held responsible for any claims paid in error.

❑ Refuse — I have been given the opportunity by my employer to apply for the group insurance program and have decided not to take advantage of this offer. I understand that if I later wish to apply, I or my dependents will have to provide proof of a special qualifying event or wait until annual enrollment.

EMPLOYEE SIGNATURE	DATE	HOME PHONE (REQUIRED)	EMAIL ADDRESS (REQUIRED)

AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR

ORIGINAL HIRE DATE	COVERAGE BEGIN DATE	POSITION NUMBER	EDISON ID	NOTES TO BENEFITS ADMINISTRATION
				❑ PPACA Eligible ❑ 1450 Eligible

AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

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

FA-1043 (rev 08/21) RDA 11367

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Partners for Health

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Choosing Your Premium Level

- Four premium levels for health, dental and vision coverage available:
  - Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)
- You may choose the same or different levels for health, dental and vision.
- If you enroll as a family, which is any coverage level other than Employee Only, all of you must enroll in the same health, dental and vision options.
- if you are married to an employee who is also a member of the local education, local government or state plan, you can each enroll in Employee Only coverage if you are not covering dependent children.
- If you have children, one of you can choose Employee Only and the other can choose Employee + Child(ren). Then you can each choose your own benefit option and carrier.

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Partners for Health

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You Have the Choice of Four Health Plans

Preventive care is no cost to you in all plans if you use an in-network provider

See the **full plan options comparison chart** on the Health Options > Health webpage

Comparison of the four plans:

- **Premier Preferred Provider Organization:** Higher monthly premium – but lower out-of-pocket costs for deductible, copays and coinsurance
- **Standard PPO:** Lower monthly premium than the Premier PPO – but higher out-of-pocket costs for deductible, copays and coinsurance
- **Limited PPO:** Lower monthly premiums than the other PPOs – higher out-of-pocket costs than the other PPOs
- **Local Consumer-driven health plan with a health savings account, or CDHP/HSA:** Lowest monthly premium – but you pay your deductible first before the plan pays anything for most services. Then you pay coinsurance, not copays.

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Partners for Health

CDHP/HSA

- The HSA can help you save for health care costs, you get tax benefits, the money rolls over each year and you keep the money if you leave/retire
- Learn more at www.tn.gov/PartnersForHealth under **CDHP/HSA Insurance Options**
- **HSA IRS max contributions** – there are limits on how much money you can put in your HSA each year:
  - $4,300 for employee-only coverage in 2025
  - $8,550 for all other family tiers in 2025
  - Members 55 or older can contribute $1,000 additional each year

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Partners for Health

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CDHP/HAS and FSA Restrictions

- **CDHP/HSA restrictions:** You **cannot** enroll in a CDHP if:
- You are also enrolled in another medical plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE or Social Security benefits)
- You have received Department of Veterans Affairs benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply. If you are eligible for VA medical benefits but did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, you are not entitled to contribute to your account for another three months. However, if your veteran's hospital care or medical service was for a service-connected disability, you may contribute to your HSA
- You have received care from the Indian Health Services within the past three months
- **HSA/FSA restrictions:** You **cannot** enroll in the Local CDHP/HSA if either you or your spouse have a medical FSA or a health reimbursement account, known as an HRA, at either employer. If you have one available, you can enroll in a limited purpose FSA for dental and vision costs.

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Partners for Health

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Carrier Networks

Choose between four carrier networks for your medical care

- Each network has providers (doctors, hospitals, facilities) throughout Tennessee and across the country.

BlueCross BlueShield of TN
- Network S
- Network P*

Cigna
- LocalPlus
- Open Access Plus*

BCBST Network S and **Cigna LocalPlus** networks do not include all the hospitals and providers found in the broad networks to keep your premiums, claim costs and rate increases low.

BCBST Network P and **Cigna OAP** broad networks give you more hospital choices but have an additional monthly cost* added to your monthly premium. You may also pay more per claim because the costs for services in these networks are generally higher than the narrow networks.

*Additional monthly premium cost: $65 more each month for employee only or employee + child(ren) coverage; $130 more each month for employee + spouse or employee + spouse + child(ren) coverage

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Partners for Health

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Pharmacy Benefits

- Pharmacy Benefits are included when you and your dependents enroll in a health plan.
- The plan you choose determines the out-of-pocket prescription costs.
- How much you pay for your medicine depends on whether it is generic, brand or non-preferred brand, as well as the day-supply.
- Out-of-network pharmacy benefits are available, they will cost more.
- Specialty Network Pharmacy
  - Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.

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2025 Health Plan Comparison of Member Costs — Local Education and Local Government

PARTNERS FOR HEALTH

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible and coinsurance with the exception of in-network preventive care and maintenance medications.
Coverage for ALL services is subject to medical necessity as determined by the Third Party Administrator.

HEALTH PLAN OPTION	PREMIER PPO NETWORK STATUS & COST [1]		STANDARD PPO NETWORK STATUS & COST [1]		LIMITED PPO NETWORK STATUS & COST [1]		LOCAL CDHP/HSA NETWORK STATUS & COST [1]	
COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE — OFFICE VISITS – AS RECOMMENDED & MEDICALLY NECESSARY								
• Well-baby, well-child visits • Adult annual physical exam • Annual well-woman exam • Immunizations • Annual hearing and non-refractive vision screening • Screenings, labs, nutritional guidance, tobacco cessation counseling & other	$0	$45	$0	$50	$0	$50	$0	50%
OUTPATIENT SERVICES — SERVICES SUBJECT TO COINSURANCE MAY BE EXTRA								
Primary Care Office Visit • Family practice, general practice, internal medicine, OB/GYN and pediatrics • Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) • Initial maternity visit • Surgery in office setting • Provider-based telehealth	$25	$45	$30	$50	$35	$55	30%	50%
Specialist Office Visit • Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) • Surgery in office setting • Provider-based telehealth	$45	$70	$50	$75	$55	$80	30%	50%
Behavioral Health and Substance Use [2] • Including provider-based virtual visits	$25	$45	$30	$50	$35	$55	30%	50%
Telehealth Programs (MDLive/Teledoc/Talkspace)	$15	N/A	$15	N/A	$15	NA	30%	N/A
Allergy Injection Without Office Visit Allergy serum – see page 2	$0	$0	$0	$0	$0	$0	30%	50%
Chiropractic and Acupuncture • Annual limit of 50 visits each	$25/visit 1-20 $45/visit 21-50	$45/visit 1-20 $70/visit 21-50	$30/visit 1-20 $50/visit 21-50	$50/visit 1-20 $75/visit 21-50	$35/visit 1-20 $55/visit 21-50	$55/visit 1-20 $80/visit 21-50	30%	50%
Convenience Clinic	$25	$45	$30	$50	$35	$55	30%	50%
Urgent Care Facility	$45	$70	$50	$75	$55	$80	30%	50%
PHARMACY – GENERIC/PREFERRED/NON-PREFERRED								
30-Day Supply	$7/$40/$90	copay + amount > MAC	$14/$50/$100	copay + amount > MAC	$14/$60/$110	copay + amount > MAC	30%	50% + amount >MAC
90-Day Supply 90-day pharmacy or mail order	$14/$80/$180	N/A - no network	$28/$100/$200	N/A - no network	$28/$120/$220	N/A - no network	30%	N/A - no network
90-Day Supply Certain Maintenance Medications 90-day pharmacy or mail order [3]	$7/$40/$160	N/A - no network	$14/$50/$180	N/A - no network	$14/$60/$200	N/A – no network	20% before deductible	N/A - no network
SPECIALTY PHARMACY MEDICATIONS – 30-DAY SUPPLY								
Generics Tier 1	20%; min $100; max $200	N/A - no network	20%; min $100; max $200	N/A - no network	20%; min $100; max $200	N/A – no network	30%	N/A - no network
Preferred Brands Tier 2	30%; min $200; max $400	N/A - no network	30%; min $200; max $400	N/A - no network	30%; min $200; max $400	N/A – no network	30%	N/A - no network
Non-Preferred Brands Tier 3	40%; min $300; max $600	N/A - no network	40%; min $300; max $600	N/A - no network	40%; min $300; max $600	N/A - no network	30%	N/A – no network

2025 Local Education and Local Government Comparison. PPO services in this table ARE subject to a deductible unless noted with a [5]. Local CDHP/HSA services in this table ARE subject to a deductible and coinsurance except for in-network preventive care. **Coverage for ALL services is subject to medical necessity as determined by the Third Party Administrator.**

HEALTH PLAN OPTION	PREMIER PPO NETWORK STATUS & COST [1]		STANDARD PPO NETWORK STATUS & COST [1]		LIMITED PPO NETWORK STATUS & COST [1]		LOCAL CDHP/HSA NETWORK STATUS & COST [1]	
COVERED SERVICES	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
PREVENTIVE CARE – OUTPATIENT FACILITIES – AS RECOMMENDED & MEDICALLY NECESSARY								
Screenings such as colonoscopy, mammogram, colorectal, lung imaging and bone density scans [5]	$0	40%	$0	40%	$0	50%	$0	50%
OTHER SERVICES								
Hospital/Facility Services[4] • Inpatient care[7]; outpatient surgery [7] • Inpatient behavioral health and substance use[2] [8]	15%	40%	20%	40%	30%	50%	30%	50%
• Emergency room services [7]	15%		20%		30%		30%	
Maternity • Global billing after first visit; Routine services & labor and delivery	15%	40%	20%	40%	30%	50%	30%	50%
Home Care[4] • Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility [4] • Outpatient PT/ST/OT/ABA[5]; Other therapy	15%	40%	20%	40%	30%	50%	30%	50%
X-Ray, Lab and Diagnostics (Excludes advanced studies below) [5]	15%		20%		30%		30%	50%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies [4]	15%	40%	20%	40%	30%	50%	30%	50%
Pathology and Radiology Reading, Interpretation and Results[5]	15%		20%		30%		30%	
Ambulance (air and ground)	15%		20%		30%		30%	
Durable Medical Equipment, External Prosthetics and Medical Supplies[4]	15%	40%	20%	40%	30%	50%	30%	50%
Allergy Serum	15%	40%	20%	40%	30%	50%	30%	50%
Also Covered	Limited Dental benefits, Hospice Care and Out-of-Country Charges. See Member Handbook for coverage details.							
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE								
Employee Only	$750	$1,500	$1,300	$2,600	$1,800	$3,600	$2,000	$4,000
Employee + Child(ren)	$1,125	$2,250	$1,950	$3,900	$2,500	$4,800	$4,000	$8,000
Employee + Spouse	$1,500	$3,000	$2,600	$5,200	$2,800	$5,500	$4,000	$8,000
Employee + Spouse + Child(ren)	$1,875	$3,750	$3,250	$6,500	$3,600	$7,200	$4,000	$8,000
OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES FOR MEDICAL, BEHAVIORAL AND PHARMACY, COMBINED, INCLUDING DEDUCTIBLE								
Employee Only	$3,600	$7,200	$4,400	$8,800	$6,800	$13,600	$5,000	$10,000
Employee + Child(ren)	$5,400	$10,800	$6,600	$13,200	$13,600	$27,200	$10,000	$20,000
Employee + Spouse	$7,200	$14,400	$8,800	$17,600	$13,600	$27,200	$10,000	$20,000
Employee + Spouse + Child(ren)	$9,000	$18,000	$11,000	$22,000	$13,600	$27,200	$10,000	$20,000

For PPO Plans, 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. **For CDHP Plan**, the deductible and out-of-pocket maximum amount can be met by one or more persons but must be met in full before it is considered satisfied.

1 Subject to maximum allowable charge. The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge, unless otherwise specified by state or federal law.

2 The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization/day treatment programs and intensive outpatient therapy. In addition to services treated as "inpatient," prior authorization is required for certain outpatient behavioral health services including, but not limited to, applied behavioral analysis, transcranial magnetic stimulation, psychological testing, and other behavioral health services as determined by the Contractor's clinical staff.

3 Additional information on the maintenance drug benefit and a list of participating Retail-90 pharmacies can be found at https://www.tn.gov/partnersforhealth/health-options/pharmacy.html.

4 Prior authorization required for non-emergent services. When using out-of-network providers, benefits for non-emergent medically necessary services will be reduced by half if PA is required but not obtained, subject to the maximum allowable charge. If services are not medically necessary, no benefits will be provided.

5 For PPO plans, the deductible DOES NOT apply to IN-NETWORK outpatient PT/ST/OT/ABA and other PPO services as noted.

6 Enhanced benefit for select preferred Substance Use Treatment Facilities - PPO members won't pay a deductible or coinsurance for facility-based substance use treatment; CDHP members must meet their deductible first, then coinsurance is waived. Copays for PPO and deductible/coinsurance for CDHP will apply for standard outpatient treatment services. Call 855-Here4TN for assistance.

7 In-network benefits apply to certain out-of-network professional services at certain in-network facilities.

Learn more at tn.gov/partnersforhealth

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Dependent Eligibility

DEPENDENT ELIGIBILITY

Definitions and Required Documents

PARTNERS FOR HEALTH

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document proving marital relationship **AND** one document from the additional documents list below:
		Proof of Marital Relationship • Government-issued marriage certificate or license • Naturalization papers indicating marital status
		Additional Documents • Bank Statement issued within the last six months with both names; **or** • Mortgage Statement issued within the last six months with both names; **or** • Residential Lease Agreement within the current terms with both names; **or** • Credit Card Statement issued within the last six months with both names; **or** • Property Tax Statement issued within the last 12 months with both names; **or** • The first page of most recent Federal Tax Return filed showing "married filing jointly" or "married filing separately" with the name of the spouse provided thereon; submit page 1 of the return with the income figures blacked out
		If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child's birth certificate (will accept mother's copy for newborn); **or**
		Certificate of Report of Birth (DS-1350); **or**
		Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); **or**
		Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	Final court order granting adoption; **or**
		International adoption papers from country of adoption; **or**
		Court order placing child in custody of member for purpose of adoption
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) **and** birth certificate of the child showing the relationship to the spouse, **or** documents determined by BA to be the legal equivalent
Disabled dependent	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.	Certificate of Incapacitation for Dependent Child form must be submitted prior to the dependent's 26th birthday. The insurance carrier will review the form, make a determination and provide BA with documentation once a determination has been made. If approved for incapacity, the child will continue the same coverage.
Child under age 26 placed for guardianship, custody or conservatorship with the head of contract* (placement order active or expired due to age of majority)	A child under age 26 for whom the head of contract is or has been the legal guardian, custodian or conservator	Valid order by a court of competent jurisdiction (placement order) establishing guardianship, custody or conservatorship arrangement between child and head of contract; **and** an attestation signed by the head of contract upon initial enrollment and upon request

*Head of contract is the person who elects coverage and has authority to change coverage elections.

Never send original documents. Please mark out or black out any Social Security numbers and any personal financial information on the copies of your documents BEFORE you return them.

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Medical Premiums 2025

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Premier PPO Rates

Health Insurance:		Status of Employee:		
		12 month	10/12 mo sup	12 mo support
		Teachers	Aides / Nurses Bookkeepers	Maintenance/Bus Drivers Clerical / Café
PREMIER PPO	BCBS (S) / CIGNA LP	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$755.00	$75.50	$75.50	$37.75
Emp+Child(ren)	$1,244.00	$124.40	$124.40	$62.20
Emp+Spouse	$1,698.00	$169.80	$169.80	$84.90
Emp+Spouse+Child(ren)	$1,961.00	$196.10	$196.10	$98.05
PREMIER PPO	BCBS (P) / CIGNA OA	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$830.00	$83.00	$83.00	$41.50
Emp+Child(ren)	$1,329.00	$132.90	$132.90	$66.45
Emp+Spouse	$1,848.00	$184.80	$184.80	$92.40
Emp+Spouse+Child(ren)	$2,111.00	$211.10	$211.10	$105.55

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Medical Premiums 2025

Standard PPO Rates

Health Insurance:		Status of Employee:		
		12 month	10/12 mo sup	12 mo support
		Teachers	Aides / Nurses Bookkeepers	Maintenance/Bus Drivers Clerical / Café
STANDARD PPO	BCBS (S) / CIGNA LP	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$701.00	$70.10	$70.10	$35.05
Emp+Child(ren)	$1,156.00	$115.60	$115.60	$57.80
Emp+Spouse	$1,577.00	$157.70	$157.70	$78.85
Emp+Spouse+Child(ren)	$1,822.00	$182.20	$182.20	$91.10
STANDARD PPO	BCBS (P) / CIGNA OA	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$776.00	$77.60	$77.60	$38.80
Emp+Child(ren)	$1,241.00	$124.10	$124.10	$62.05
Emp+Spouse	$1,727.00	$172.70	$172.70	$86.35
Emp+Spouse+Child(ren)	$1,972.00	$197.20	$197.20	$98.60

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Medical Premiums 2025

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Limited PPO Rates

Health Insurance:		Status of Employee:		
		12 month	10/12 mo sup	12 mo support
		Teachers	Aides / Nurses Bookkeepers	Maintenance/Bus Drivers Clerical / Café
LIMITED PPO	BCBS (S) / CIGNA LP	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$662.00	$66.20	$66.20	$33.10
Emp+Child(ren)	$1,091.00	$109.10	$109.10	$54.55
Emp+Spouse	$1,490.00	$149.00	$149.00	$74.50
Emp+Spouse+Child(ren)	$1,720.00	$172.00	$172.00	$86.00

LIMITED PPO	BCBS (P) / CIGNA OA	# Annual Pay Period Deductions:		
		12	12	24
	Total Premium:	Employee Premium Cost per Pay Period:		
Employee	$737.00	$73.70	$73.70	$36.85
Emp+Child(ren)	$1,176.00	$117.60	$117.60	$58.80
Emp+Spouse	$1,640.00	$164.00	$164.00	$82.00
Emp+Spouse+Child(ren)	$1,870.00	$187.00	$187.00	$93.50

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Medical Premium 2025

CDHP Rates

Health Insurance:		Status of Employee:		
		12 month	10/12 mo sup	12 mo support
		Teachers	Aides / Nurses Bookkeepers	Maintenance/Bus Drivers Clerical / Café
CDHP w/health savings acct	**BCBS (S) / CIGNA LP** **BCBS (S) / CIGNA LP**	**# Annual Pay Period Deductions:**		
		12	12	24
	Total Premium:	**Employee Premium Cost per Pay Period:**		
Employee	$578.00	$57.80	$57.80	$28.90
Emp+Child(ren)	$953.00	$95.30	$95.30	$47.65
Emp+Spouse	$1,300.00	$130.00	$130.00	$65.00
Emp+Spouse+Child(ren)	$1,502.00	$150.20	$150.20	$75.10
CDHP w/health savings acct	**BCBS (P) / CIGNA OA**	**# Annual Pay Period Deductions:**		
		12	12	24
	Total Premium:	**Employee Premium Cost per Pay Period:**		
Employee	$653.00	$65.30	$65.30	$32.65
Emp+Child(ren)	$1,038.00	$103.80	$103.80	$51.90
Emp+Spouse	$1,450.00	$145.00	$145.00	$72.50
Emp+Spouse+Child(ren)	$1,652.00	$165.20	$165.20	$82.60

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Dental Insurance

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Dental

Delta Dental

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: Robertson Co Brd Of Ed
Group Number: 1241
Provider Network: Delta Dental PPO™ (Point-of-Service)
Benefit Year: January 1 through December 31

Deductible – None.

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings	100%	100%	100%
Endodontic Services - root canals	100%	100%	100%
Periodontic Services - to treat gum disease	100%	100%	100%
Oral Surgery Services - extractions and dental surgery	100%	100%	100%
Other Basic Services - misc. services	100%	100%	100%
Adjustments and Repairs - to dentures	100%	100%	100%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Rebase - to dentures	50%	50%	50%
Fixed Prosthodontic Repair - to bridges	50%	50%	50%
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	to the end of the month of age 19	to the end of the month of age 19	to the end of the month of age 19

Customer Service Toll-Free Number: 800-223-3104
https://www.DeltaDentalTN.com
July 7, 2023

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 14 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

Maximum Payment – $1,000 per person total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. $1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Special Enrollment Notations – Employees are eligible on the 1st of the month following the completion of a full calendar month of continuous employment.

Dependent Age Limit – 26

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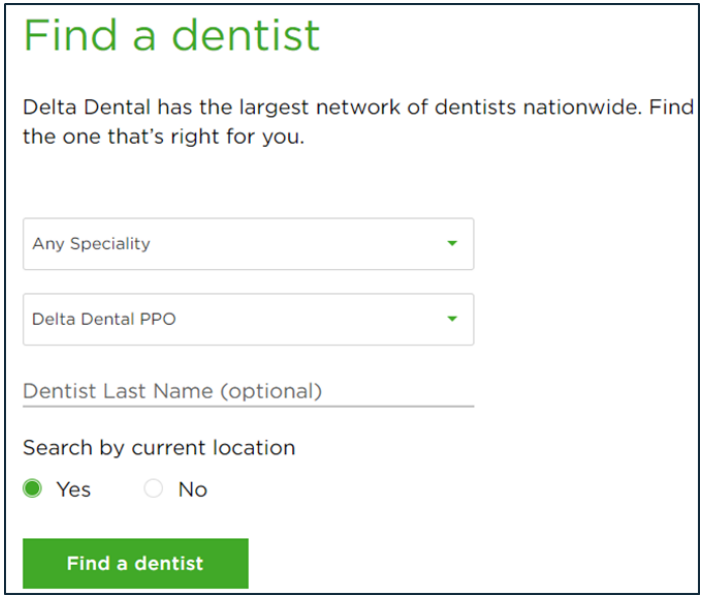
Dental

Delta Dental

Download the Delta Dental app for access to provider search, ID cards, claims and coverage!

Go to www.deltadentaltn.com and under Find a Dentist, choose type of Dental provider you would like from the dropdown (e.g. General Dentist, Oral Surgeon, etc…)



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Dental

Delta Dental Rates

Delta Dental	Prices		Teachers-12	Monthly-12	Maintenance Bus Drivers Clerical / café biweekly-24
Employee	$31.94		free	$31.94	$15.97
Emp + 1	$66.62		$34.68	$66.62	$33.31
Emp + 2 or more	$125.69		$93.75	$125.69	$62.85

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Vision Insurance

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Vision

Ameritas Vision

- Low and High Plan Offered
- Two Networks to Chose From
    - EyeMed Network
        - Insight Network
    - VSP Network
- Since you have two networks to chose from, there is more choice for local providers
- It is always very important to review networks
    - Go to Website: www.ameritas.com/employee-benefits/find-a-provider/

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Vision

Ameritas VSP Vision

	VSP Focus® - Low		VSP Focus® - High	
	In-network	Out-of-network	In-network	Out-of-network
Benefit frequencies				
Exam	Every 12 months		Every 12 months	
Eyeglass lenses or contacts	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 24 months	
Deductible Per person per calendar year	$0 Exam $10 Eyeglass lenses or frames*		$10 Exam $25 Eyeglass lenses or frames*	
Annual eye exam	100%	Up to $45	100%	Up to $45
Lenses				
Single vision	100%	Up to $30	100%	Up to $30
Bifocal	100%	Up to $50	100%	Up to $50
Trifocal	100%	Up to $65	100%	Up to $65
Lenticular	100%	Up to $100	100%	Up to $100
Progressive	Up to provider's lined bifocal contracted fee	No coverage	Up to provider's lined bifocal contracted fee	No coverage
Frames	$70**	Up to $70	150**	Up to $75
Contacts				
Elective	Up to $70	Up to $105	Up to $150	Up to $120
Fit & follow-up exam	Member cost up to $60	No coverage	Member cost up to $60	No coverage
Medically necessary	100%	Up to $210	100%	Up to $210

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.
**The Costco and Walmart allowance will be the wholesale equivalent.

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Vision

Ameritas EyeMed Vision

	EyeMed ViewPointe® - Low		EyeMed ViewPointe® - High	
	In-network	Out-of-network	In-network	Out-of-network
Benefit frequencies				
Exam	Every 12 months		Every 12 months	
Eyeglass lenses or contacts	Every 12 months		Every 12 months	
Frames	Every 24 months		Every 12 months	
Deductible Per person per calendar year	$0 Exam $10 Eyeglass lenses	None	$0 Exam $10 Eyeglass lenses	None
Annual eye exam	100%	Up to $35	100%	Up to $35
Lenses				
Single vision	100%	Up to $25	100%	Up to $25
Bifocal	100%	Up to $40	100%	Up to $40
Trifocal	100%	Up to $55	100%	Up to $55
Lenticular	20% discount	No coverage	20% discount	No coverage
Progressive	See lens options	No coverage	See lens options	No coverage
Frames	$70	Up to $45	$150	Up to $75
Contacts				
Elective	Up to $70	Up to $92	Up to $150	Up to $120
Fit & follow-up exam	Standard: member cost up to $55 Premium: 10% off retail + $40 allowance	No coverage	Standard: member cost up to $55 Premium: 10% off retail	No coverage
Medically necessary	100%	Up to $200	100%	Up to $200

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Vision

Ameritas Vision Rates

Ameritas EyeMed/VSP High	prices	Teachers-12	Monthly-12	Maintenance Bus Drivers Clerical / café biweekly-24
Employee	$6.30	$6.30	$6.30	$3.15
Emp+Child(ren)	$12.60	$12.60	$12.60	$6.30
Emp+Spouse	$11.98	$11.98	$11.98	$5.99
Emp+Spouse+Child(ren)	$18.54	$18.54	$18.54	$9.27

Ameritas EyeMed/VSP Low	Prices	Teachers-12	Monthly-12	Maintenance Bus Drivers Clerical / café biweekly-24
Employee	$3.38	$3.38	$3.38	$1.69
Emp+Child(ren)	$6.42	$6.42	$6.42	$3.21
Emp+Spouse	$6.76	$6.76	$6.76	$3.38
Emp+Spouse+Child(ren)	$9.94	$9.94	$9.94	$4.97

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Additional Benefits

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YMCA

Your employer, Robertson County, cares enough about you and your well-being to offer you a special membership plan with the YMCA of Middle Tennessee. Below are the answers to some frequently asked questions.

1. What are the monthly membership rates for Robertson County employees (Middle TN Association Wide rates are also available)?
    - Please the attached rate sheet for Local and Middle TN Association

2. How do I sign up?
    - Visit the Robertson County Finance Department to set you up with reduced rates

3. Where can I use my YMCA membership?
    - Your membership is good at the Robertson County YMCA and you may also visit other YMCA's throughout the country that participate in the Y AWAY program.

4. What are some of the things my membership includes?
    - Free group fitness classes
    - Equipment orientations
    - State of the art wellness center
    - Indoor and Outdoor Pool and Water Parks
    - Free nursery/childcare while you workout
    - Free health and wellness assessments (Polar Body Age)
    - Special member-only rates and priority registration for Y programs including youth sports, swim lessons, summer camp, and more.

5. How do I pay for my membership?
    - Your company will set up a convenient payroll deduction for you.

6. Who is eligible for membership under this plan?
    - Participation in this corporate membership plan is open to anyone who receives a paycheck from your employer, and anyone in their household (please see membership categories above for more details)

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YMCA - Local

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 CENTER-ONLY CATEGORIES AND RATES

Clarksville, North Rutherford and Robertson County

MEMBERSHIP CATEGORY	WAIVED JOINING FEE	FULL PAY RATE	20% REDUCTION
YOUNG ONE One adult age 19-30	$50	$56	$44.80
ONE One adult age 31-64	$75	$59	$47.20
ONE PLUS One adult, and dependents living in the same household	$100	$91	$72.80
TWO Two people under the age of 65, living in the same household	$100	$94	$75.20
TWO PLUS Two adults, plus dependents, living in the same household	$100	$109	$87.20
SENIOR ONE One adult age 65 or older	$75	$58	$46.40
SENIOR TWO Two adult, one of whom is 65 or older, living in the same household	$100	$79	$63.20
THREE PLUS Three adults, plus dependents, living in the same household	$125	$143	114.40
FOUR PLUS Four adult, plus dependents, living in the same household	$125	$177	$141.60

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.

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YMCA – Association Wide

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 ASSOCIATION-WIDE CATEGORIES AND RATES

YMCA Corporate Partners

MEMBERSHIP CATEGORY	WAIVED JOINING FEE	FULL PAY RATE	20% REDUCTION
YOUNG ONE One adult age 19-30	$50	$59	$47.20
ONE One adult age 31-64	$75	$70	$56
ONE PLUS One adult, and dependents living in the same household	$100	$109	$87.20
TWO Two people under the age of 65, living in the same household	$100	$112	$89.60
TWO PLUS Two adults, plus dependents, living in the same household	$100	$130	$104
SENIOR ONE One adult age 65 or older	$75	$67	$53.60
SENIOR TWO Two adult, one of whom is 65 or older, living in the same household	$100	$88	$70.40
THREE PLUS Three adults, plus dependents, living in the same household	$125	$165	$132
FOUR PLUS Four adult, plus dependents, living in the same household	$125	$199	$159.20

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind and body.

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Tenncare

Gallagher

NOTICE TO TENNCARE ENROLLEES

Are You or Your Dependents Insured by TennCare?

Employees and their dependents are eligible for health insurance through a state-sponsored medical plan. These employees include:

- Regular full-time employees of participating agencies of state government
- Local education agencies
- Local government agencies

If you and/or your dependents are currently enrolled in TennCare, you are required to contact the Tennessee Health Connection (TNHC). This must be done within 10 days of your date of employment. You will need to report:

- your new job,
- salary, **and**
- that you now have access to medical insurance with your employer.

If you have chosen to sign up for state-sponsored medical insurance you will need to provide TNHC with the date your coverage will begin and the name of the insurance provider.

TennCare could decide that you may still be eligible to keep TennCare. If TennCare cancels your coverage or the coverage of your dependents at a future date, you will have 60 days from the termination date to apply to your employer for coverage on the state-sponsored plan.

For questions or instructions on how to apply after TennCare has cancelled your coverage please contact Finance and Administration, Benefits Administration at **800.253.9981**.

Tennessee Code Annotated 71-5-118

It is now a felony offense to obtain TennCare coverage under fraudulent means. Violators, if convicted, can be sent to prison.

It is now a felony offense for a person to knowingly obtain, attempt to obtain or aid and abet any other person to obtain, by fraudulent, means any coverage provided to TennCare enrollees.

In addition to any penalties for a felony offense, any person committing the offense and violating the law may be disqualified from participating in the TennCare Program as an enrollee.

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Employee Assistant Program

Managed by Optum

EAP services are available to enrolled health plan members and eligible dependents, even if your dependents are not enrolled in a health plan. Master's level specialists are available 24/7 to assist with stress, legal, financial, mediation and work/life services. With EAP services:

- Get five counseling visits, per problem, per year, per individual at no cost to you. Available in person or by virtual visit to get the care you need in the privacy and comfort of your own home.

Your benefits include **Sanvello**, an on-demand mobile app to help with stress, anxiety and depression; **Talkspace online therapy**; and **Take Charge at Work**, a telephonic coaching program that helps those working and eligible for EAP services deal with stress and depression.

Learn more about your EAP benefits by clicking on EAP. For all EAP programs and services and help finding a provider, contact Optum 24/7 at 855 HERE4TN (855.437.3486) or HERE4TN.com

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Telehealth

Gallagher

TELEHEALTH

24/7 VIRTUAL MEDICAL CARE — NON-EMERGENCY MEDICAL DOCTORS WHEN YOU NEED THEM

All health plan members have access to virtual medical Telehealth programs. You can talk to a doctor for non-emergency medical care, 24/7, by phone, computer or tablet from anywhere, at any time. The cost is less than a typical office visit when you use PhysicianNow or MDLive programs sponsored by BlueCross BlueShield (BCBST) and Cigna.

WHEN TO USE TELEHEALTH

- For non-emergency medical issues (allergies, asthma, bronchitis, cold & flu, infections, fever, ear aches, nausea, pink eye, sore throat, etc.)
- 24 hours a day, seven days a week — including nights, weekends and holidays
- Your doctor or pediatrician is unavailable
- It's not convenient to leave your home or work
- You are traveling and need medical care

BCBST- AND CIGNA-SPONSORED TELEHEALTH PROGRAM COSTS

- PPO Members: Copay is $15 (in-network)
- CDHP Members: You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies.

Important: You must go through the BCBST and Cigna programs (PhysicianNow, MDLive) for medical services. The costs listed above do not apply to Telemedicine services received from a different program or provider.

HERE'S HOW TO USE TELEHEALTH

Save time - create your user profile in advance.

BCBST members —

- Log in at bcbst.com/members/tn_state/ and select **Talk With a Doctor Now**, or
- BCBST app — Click the **Talk With a Doctor Now** button
- Or, call 888.283.6691

Cigna members —

- MyCigna.com — Log in and click the **Connect Now** button, or
- MyCigna app — click the **Find Care & Costs** button and select "**Talk to a Doctor 24/7**"
- Or, call 888.726.3171

June 30, 2021

PARTNERS FOR HEALTH

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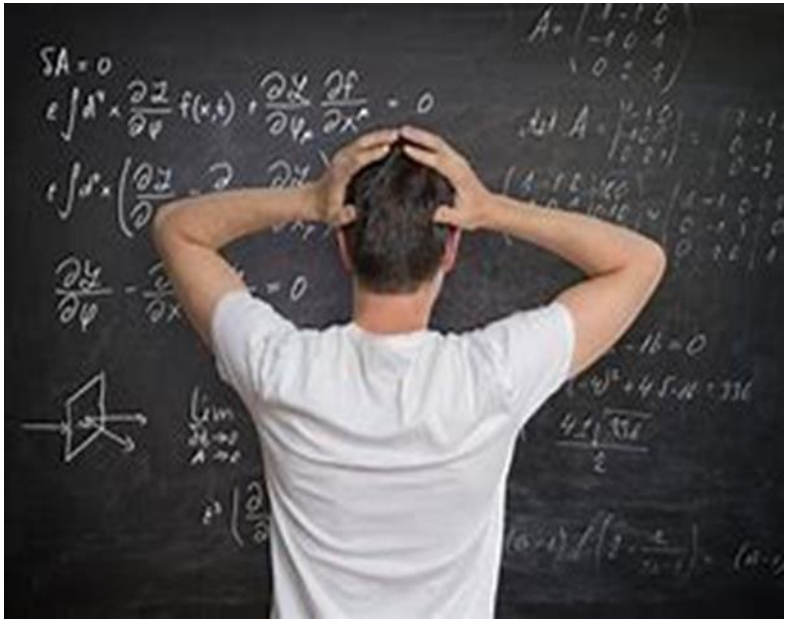
How To. . .



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TCRS Member Self-Service Instructions

Tennessee Department of Treasury
Tennessee Consolidated Retirement System

Welcome to Concord's Member Self-Service! To register for an account, which will allow you to access your TCRS Annual Statement, account history, beneficiary information, and much more, follow the simple steps below.

1. Navigate to http://mytcrs.tn.gov and click

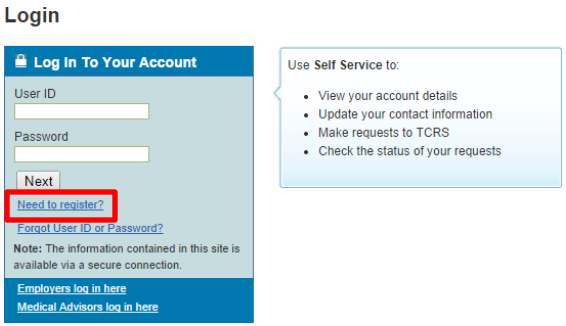
link. (You can also access reference the materials via the Concord tab.)

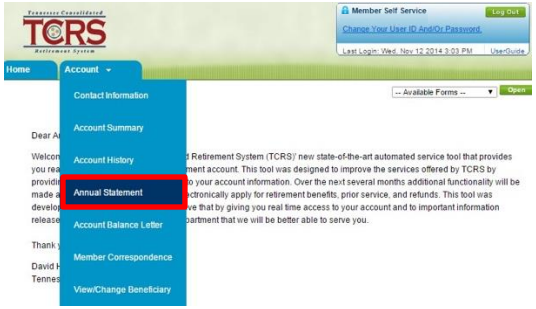
2. From the login page, click Need to register?

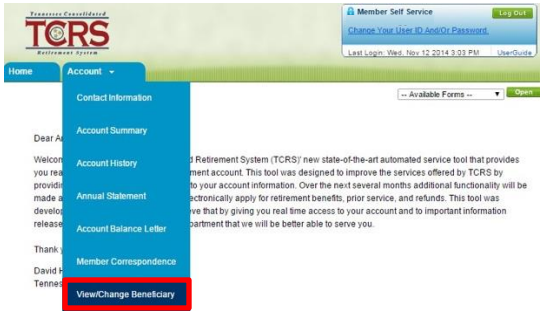
3. Complete the registration process. The process does not require any special information and only asks you to answer personal questions that are applicable to you.

4. Once you have successfully registered and logged in, navigate to Account > Annual Statement to access your 2013-2014 TCRS Annual Statement.

5. We also strongly encourage all members to verify their beneficiary information. To do so, navigate to Account > View/Change Beneficiary.

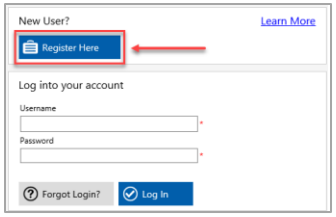






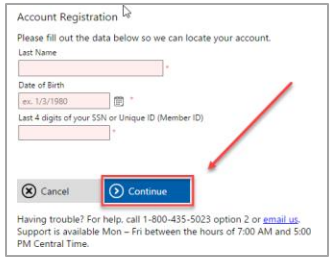
How to Register on MBC

Accessing Your MyBenefitsChannel Account



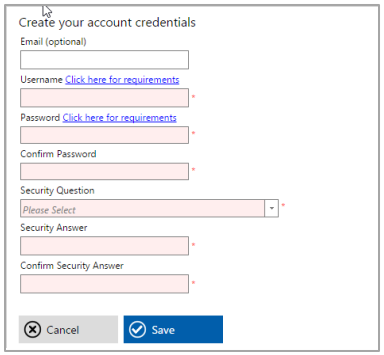
Step 1: Go to MyBenefitsChannel.com

- From any computer, visit www.mybenefitschannel.com
- To register and create your username and password, click **Register Here**.
- Your username and password are secure and are not shared with anyone, even your employer.



Step 2: Register & Create your Account

- Enter your Last Name, Date of Birth, and Last 4 digits of your SSN or Unique ID (Member ID).
- Click **Continue**.
- On the next screen, you will need to review the Terms & Conditions: check the box indicating your agreement, and click **Submit Agreement**.



Step 3: Create your username and password

- Be sure to enter the email address you use most frequently. When you have secure messages or employer-sponsored activities to do you will receive a notification to the email address you enter on this page. Your email address is **secure and will not be shared** or sold, and will only be used for employer-related business.
- Your username and password must be at least 8 characters and cannot contain special characters like <, >, ‘, “, and &. Using your email address as your username is recommended.
- Password must be at least 8 characters with at least 1 upper case letter (A-Z), at least one lower case letter (a-z), and at least 1 digit (0-9).
- Cannot contain special characters, your first name, last name or username. Cannot contain certain common passwords or any of your previous 3 passwords.
- Choose a security question and answer to use if you need to recover your username and password.
- You will use the same username and password to log-in to MyBenefitsChannel and the My Wellness Station biometric data upload application (if applicable).
- Click **Save**.

Congratulations, you’ve logged in! Please explore all that MyBenefitsChannel has to offer!

Need help or have questions? Contact MyBenefitsChannel at 800.435.5023. We will be glad to help!

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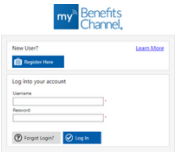
How to View Your Paycheck Stubs

Online Paycheck Stub App
How to View Your Paycheck Stubs

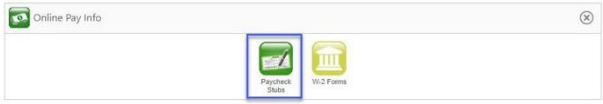
Follow these easy steps to view your paystubs in your MyBenefitsChannel account!

- Log-in to www.mybenefitschannel.com using your username and password

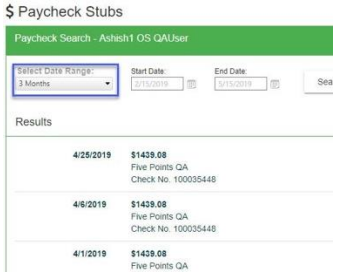


- First time user? Click the "Register Here" button on the log-in page

- Once you are logged in, navigate to the Online Pay Info app dashboard, then click the Paycheck Stub app icon



- The Paycheck Stub app displays the check date, number and amount for checks within the last 3 months by default



- To view checks from other dates, adjust the start/ end date(s) and click "Search"

- Click the paycheck stub to view it!

- Once the paycheck stub opens, you will be able to see all the details for your paycheck, just as you would on a paper stub

- *Please note: your electronic paycheck stub may look somewhat different from your paper stubs, this is normal*

- To print you paycheck stub, click the "Print" icon in the upper right corner of the screen

- Click the "Close button in the lower left corner of the screen to return to the paycheck stub list view

For help, call us at 800.435.5023 or email us at support@mybenefitschannel.com

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my Benefits Channel

How to Adjust Paycheck Stub Notification

Employees have the ability to enable email and text message (SMS) notifications to indicate when a new paycheck stub is available on MyBenefitsChannel.com. These notifications are optional and are disabled by default.

Step 1: Log-in to www.MyBenefitsChannel.com

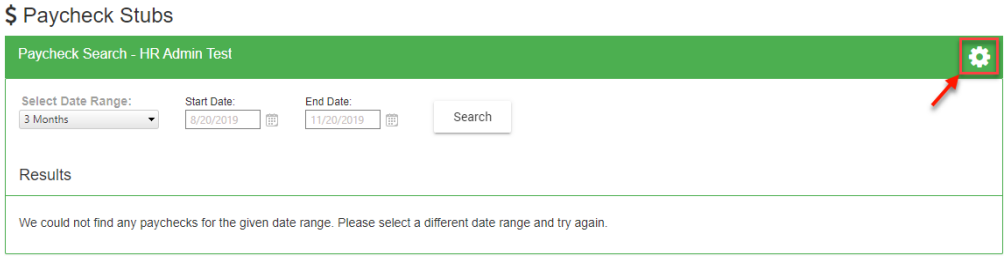
- Go to www.MyBenefitsChannel.com and log-in using your username and password
- If it's your first time visiting the site, click the "Register Here" button to create your username and password

Step 2: Navigate to the Paycheck Stub app

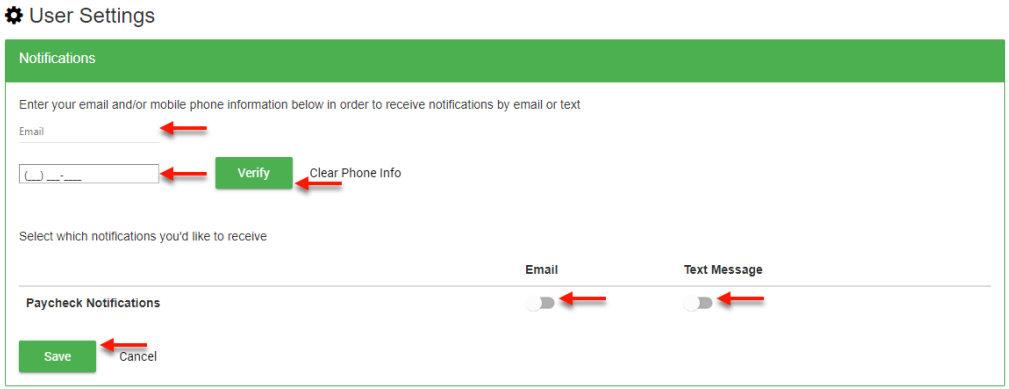
- Once you are logged in to MyBenefitsChannel.com, from your homepage click the "Online Pay Info" icon
- Depending on your group's settings, click the "Paycheck Stubs" or "Paychecks" icon

Step 3: Adjust Your Notification Settings

- From the Paycheck Stub screen, locate the "Settings" icon in the upper right corner of the window



- By default, your email notifications will be turned off
- Enter the email address where you would like to receive email notifications, if desired
- Enter the phone number where you would like to receive text message notifications, if desired
  - Click the "Verify" button to
- To enable email/text notifications, click the slider next to each desired notification option
  - Important Note: Email notifications are optional and you may change your setting at any time.
- Click the "Save" button to confirm changes



- Locate the "Menu" icon and select "Home" to return to the MyBenefitsChannel homepage

******These steps may be repeated and notification settings changed at any time***

Questions? Need Help?

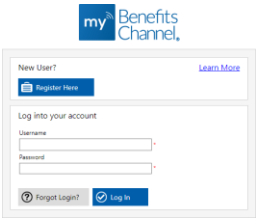
For technical assistance, please contact MyBenefitsChannel at 800.435.5023 ext. 2 or support@mybenefitschannel.com. For questions about the information on your paycheck stub, you can contact your HR or payroll department.

How to Opt-in to Electronic Notices

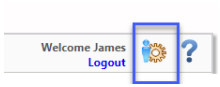
Opt-in to eDelivery!

Save time (and trees!) by receiving notices online.

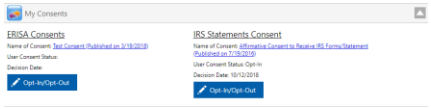
Follow these easy steps to opt-in to receive important documents from your employer through your MyBenefitsChannel secure online portal.



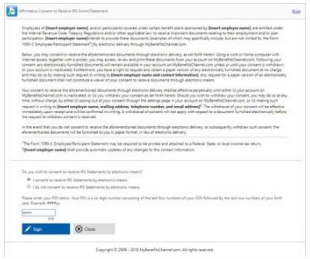
- Log-in to www.mybenefitschannel.com using your username and password
- First time user? Click the "Register Here" button on the log-in page
- Once you are logged in, navigate to your account settings by clicking the icon in the upper right hand of the page



- **Navigate to the "My Consents" section and review your consent** status
- Click the "Opt-in/Opt- out" button under the appropriate consent



- Review the consent and select an option
- Electronically sign your consent using the last 4 digits of your SSN + the last 2 digits of your birth year
- Click the "Sign" button
- You can make changes to your settings at any time by revisiting this page



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Questions

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