

MTSU Human Resource Services Benefits



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MTSU Affiliated Benefits

■ General Overview

- Employee Classifications
- State of Tennessee Benefits
- How to enroll or make changes during annual enrollment
- Questions and Answers

2024 State of Tennessee Benefits Updates

State/higher education eligible active employees:

- Health insurance premiums will increase by an average of 5% for active employees. Premium increases will vary depending on the health plan, network and tier in which you're enrolled .
- Starting Jan. 1, 2024, Sharecare will be the new wellness program vendor.
- Dental premium changes: Cigna Dental Health Maintenance Organization - Prepaid Provider rates will increase by 2.5% for active employees.
- Delta Dental DPPO plan rates will increase by 1% for all plan members.
- The State will pay 50% of the dental insurance premiums for 2024.
- Vision benefits and premiums will stay the same.
- The state will pay 100% of the premiums for employee basic term life/basic accidental death and dismemberment insurance. Designated beneficiaries will receive 1X the employee's base annual salary rounded to the next highest thousand (\$50K minimum except when reduced at age milestones/\$250K maximum). Dependent basic term life/basic AD&D coverage will end after Dec. 31, 2023. You may be able to enroll your dependents in voluntary term life and/or voluntary AD&D insurance.
- Employees can enroll in or increase voluntary term life coverage in \$5,000 increments up to an additional \$50,000, not to exceed a new total of \$500,000 or five times base annual salary, whichever is less, effective January 1, 2024, without answering medical questions.
- Eligible state and higher education employees will be automatically enrolled in long-term disability option 3, and the state will pay 100% of the premiums.

2024 State of Tennessee Benefits

Health Plan Options for 2024:

2024 Health Plan Comparison of Member Costs — State and Higher Education

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.

| HEALTH PLAN OPTION COVERED SERVICES | PREMIER PPO | | STANDARD PPO | | CDHP/HSA | |
|--|---------------------------|-------------------------------|---------------------------|-------------------------------|---------------------------|-------------------------------|
| | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ |
| PREVENTIVE CARE — OFFICE VISITS | | | | | | |
| <ul style="list-style-type: none"> Well-baby, well-child visits as recommended Adult annual physical exam Annual well-woman exam Immunizations as recommended Annual hearing and non-refractive vision screening Screenings including Pap smears, labs, nutritional guidance, tobacco cessation counseling and other services as recommended | No charge | \$45 | No charge | \$50 | No charge | 40% |
| OUTPATIENT SERVICES — SERVICES SUBJECT TO A COINSURANCE MAY BE EXTRA | | | | | | |
| Primary Care Office Visit <ul style="list-style-type: none"> Family practice, general practice, internal medicine, OB/GYN and pediatrics Provider-based telehealth Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a primary care provider Including surgery in office setting and initial maternity visit | \$25 | \$45 | \$30 | \$50 | 20% | 40% |

Health Plan Options for 2024 Continued:

| HEALTH PLAN OPTION COVERED SERVICES | PREMIER PPO | | STANDARD PPO | | CDHP/HSA | |
|---|---|---|--|---|---|-------------------------------------|
| | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] |
| Specialist Office Visit • Including surgery in office setting • Provider-based telehealth • Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only) working under the supervision of a specialist | \$45 | \$70 | \$50 | \$75 | 20% | 40% |
| Behavioral Health and Substance Use ^[2] • Including virtual visits | \$25 | \$45 | \$30 | \$50 | 20% | 40% |
| Telehealth Carrier Programs (MDLive/Teledoc) | \$15 | N/A | \$15 | N/A | 20% | N/A |
| Allergy Injection Without an Office Visit • Allergy serum has additional member cost | 100% covered | 100% covered up to MAC | 100% covered | 100% covered up to MAC | 20% | 40% |
| Chiropractic and Acupuncture • Limit of 50 visits of each per year | Visits 1-20: \$25 Visits 21-50: \$45 | Visits 1-20: \$45 Visits 21-50: \$70 | Visits 1-20: \$30 Visits 21-50: \$50 | Visits 1-20: \$50 Visits 21-50: \$75 | 20% | 40% |
| Convenience Clinic | \$25 | \$45 | \$30 | \$50 | 20% | 40% |
| Urgent Care Facility | \$45 | \$70 | \$50 | \$75 | 20% | 40% |
| PHARMACY | | | | | | |
| 30-Day Supply | \$7 generic; \$40 preferred brand; \$90 non-preferred | copay plus amount exceeding MAC | \$14 generic; \$50 preferred brand; \$100 non-preferred | copay plus amount exceeding MAC | 20% | 40% plus amount exceeding MAC |
| 90-Day Supply (90-day network pharmacy or mail order) | \$14 generic; \$80 preferred brand; \$180 non-preferred | N/A - no network | \$28 generic; \$100 preferred brand; \$200 non-preferred | N/A - no network | 20% | N/A - no network |
| Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3] | \$7 generic; \$40 preferred brand; \$160 non-preferred | N/A - no network | \$14 generic; \$50 preferred brand; \$180 non-preferred | N/A - no network | 10% without first having to meet deductible | N/A - no network |
| Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy) | 20%; min \$100; max \$200 | N/A - no network | 20%; min \$100; max \$200 | N/A - no network | 20% | N/A - no network |
| Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy) | 30%; min \$200; max \$400 | | 30%; min \$200; max \$400 | | | |

Health Plan Options for 2024 Continued:

| HEALTH PLAN OPTION | PREMIER PPO | | STANDARD PPO | | CDHP/HSA | |
|---|--|-------------------------------|---------------------------|-------------------------------|---------------------------|-------------------------------|
| | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] | IN-NETWORK ^[1] | OUT-OF-NETWORK ^[1] |
| PREVENTIVE CARE – OUTPATIENT FACILITIES | | | | | | |
| <ul style="list-style-type: none"> Recommended screenings such as colonoscopy, mammogram, colorectal, lung imaging and bone density scans | No charge ^[5] | 40% | No charge ^[5] | 40% | No charge | 40% |
| OTHER SERVICES | | | | | | |
| Hospital/Facility Services ^[4] <ul style="list-style-type: none"> Inpatient care ^[7]; outpatient surgery ^[7] Inpatient behavioral health and substance use ^{[2] [6]} | 15% | 40% | 20% | 40% | 20% | 40% |
| <ul style="list-style-type: none"> Emergency room services ^[7] | 15% | | 20% | | 20% | |
| Maternity <ul style="list-style-type: none"> Global billing for labor and delivery and routine services beyond the initial office visit | 15% | 40% | 20% | 40% | 20% | 40% |
| Home Care ^[4] <ul style="list-style-type: none"> Home health; home infusion therapy | 15% | 40% | 20% | 40% | 20% | 40% |
| Rehabilitation and Therapy Services <ul style="list-style-type: none"> Inpatient and skilled nursing facility ^[4] Outpatient PT/ST/OT/ABA ^[5]; Other therapy | 15% | 40% | 20% | 40% | 20% | 40% |
| X-Ray, Lab and Diagnostics (not including advanced X-rays, scans and imaging) ^[5] | 15% | | 20% | | 20% | 40% |
| Advanced X-Ray, Scans and Imaging <ul style="list-style-type: none"> Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4] | 15% | 40% | 20% | 40% | 20% | 40% |
| Pathology and Radiology Reading, Interpretation and Results ^[5] | 15% | | 20% | | 20% | |
| Ambulance (medically necessary, air and ground) | 15% | | 20% | | 20% | |
| Equipment and Supplies ^[4] <ul style="list-style-type: none"> Durable medical equipment and external prosthetics Other supplies (i.e., ostomy, bandages, dressings) | 15% | 40% | 20% | 40% | 20% | 40% |
| Allergy Serum | 15% | 40% | 20% | 40% | 20% | 40% |
| Also Covered | Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details. | | | | | |

Health Plan Options for 2024 Continued:

| HEALTH PLAN OPTION COVERED SERVICES | PREMIER PPO | | STANDARD PPO | | CDHP/HSA | |
|--|---------------------------|-------------------------------|---------------------------|-------------------------------|--|-------------------------------|
| | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ | IN-NETWORK ⁽¹⁾ | OUT-OF-NETWORK ⁽¹⁾ |
| DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE | | | | | | |
| Employee Only | \$750 | \$1,500 | \$1,300 | \$2,600 | \$1,700 | \$3,400 |
| Employee + Child(ren) | \$1,125 | \$2,250 | \$1,950 | \$3,900 | \$3,400 | \$6,800 |
| Employee + Spouse | \$1,500 | \$3,000 | \$2,600 | \$5,200 | \$3,400 | \$6,800 |
| Employee + Spouse + Child(ren) | \$1,875 | \$3,750 | \$3,250 | \$6,500 | \$3,400 | \$6,800 |
| OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM | | | | | | |
| Employee Only | \$3,600 | \$7,200 | \$4,400 | \$8,800 | \$2,800 | \$5,600 |
| Employee + Child(ren) | \$5,400 | \$10,800 | \$6,600 | \$13,200 | \$5,600 | \$11,200 |
| Employee + Spouse | \$7,200 | \$14,400 | \$8,800 | \$17,600 | \$5,600 | \$11,200 |
| Employee + Spouse + Child(ren) | \$9,000 | \$18,000 | \$11,000 | \$22,000 | \$5,600 | \$11,200 |
| CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION | | | | | | |
| For individuals who enroll in the CDHP | N/A | | N/A | | \$500 for employee only; \$1,000 for other coverage levels | |

| | BCBST NETWORK S | CIGNA LOCALPLUS | BCBST NETWORK P | CIGNA OPEN ACCESS | EMPLOYER SHARE |
|--------------------------------|-----------------|-----------------|-----------------|-------------------|----------------|
| PREMIER PPO | | | | | |
| Employee Only | \$159.00 | \$159.00 | \$234.00 | \$234.00 | \$634.00 |
| Employee + Child(ren) | \$238.00 | \$238.00 | \$323.00 | \$323.00 | \$951.00 |
| Employee + Spouse | \$357.00 | \$357.00 | \$507.00 | \$507.00 | \$1,427.00 |
| Employee + Spouse + Child(ren) | \$412.00 | \$412.00 | \$562.00 | \$562.00 | \$1,648.00 |
| STANDARD PPO | | | | | |
| Employee Only | \$102.00 | \$102.00 | \$177.00 | \$177.00 | \$634.00 |
| Employee + Child(ren) | \$153.00 | \$153.00 | \$238.00 | \$238.00 | \$951.00 |
| Employee + Spouse | \$230.00 | \$230.00 | \$380.00 | \$380.00 | \$1,427.00 |
| Employee + Spouse + Child(ren) | \$265.00 | \$265.00 | \$415.00 | \$415.00 | \$1,648.00 |
| CDHP/HSA | | | | | |
| Employee Only | \$71.00 | \$71.00 | \$146.00 | \$146.00 | \$634.00 |
| Employee + Child(ren) | \$107.00 | \$107.00 | \$192.00 | \$192.00 | \$951.00 |
| Employee + Spouse | \$160.00 | \$160.00 | \$310.00 | \$310.00 | \$1,427.00 |
| Employee + Spouse + Child(ren) | \$185.00 | \$185.00 | \$335.00 | \$335.00 | \$1,648.00 |

Dental Plan Options for 2024

| COVERED SERVICES | Cigna DHMO OPTION | | Delta Dental DPPO OPTION | |
|---|---|------------------------------|--|--|
| | General Dentist | Specialist Dentist | In-Network | Out-of-Network |
| Annual Deductible | none | | \$25 single; \$75 family, per plan year ^[1] | \$100 single; \$300 family, per plan year ^[1] |
| Annual Maximum Benefit | none | | \$1,500 per person, per policy year | |
| Pre-existing Conditions | covered | | some exclusions | |
| Office Visit | \$10 copay ^[2] | | no charge | 20% of APNF |
| Periodic Oral Evaluation | no charge | | no charge | 20% of APNF |
| Routine Cleaning – Adult | no charge | | no charge | 20% of APNF |
| Routine Cleaning – Child | no charge | \$15 copay | no charge | 20% of APNF |
| X-ray — Intraoral, Complete Series | no charge | \$5 copay | no charge | 20% of APNF |
| Amalgam (silver) Filling Two Surfaces Permanent teeth | \$8 copay | \$10 copay | 20% of PNF | 40% of APNF |
| Endodontics — Root Canal Therapy Molar (excluding final restoration) | \$125 copay ^[7] | \$600 copay ^[7] | 20% of PNF | 40% of APNF |
| Major Restorations — Crowns | \$190 copay, plus lab fees ^{[3] [7]} | | 50% of PNF ^[4] | 50% of APNF ^[4] |
| Extraction of Erupted Tooth (minor oral surgery) | \$15 copay | \$70 copay | 20% of PNF | 40% of APNF |
| Implant (endosteal) | \$1,025 copay ^[7] | \$1,025 copay ^[7] | 50% of PNF ^{[4] [8]} | 50% of APNF ^{[4] [8]} |
| Removal of Impacted Tooth — Complete Bony (complex oral surgery) | \$100 copay | \$120 copay | 50% of PNF | 50% of APNF |
| Dentures — Complete Upper | \$310 copay, plus lab fees ^{[3] [7]} | | 50% of PNF ^{[4] [8]} | 50% of APNF ^{[4] [8]} |
| Orthodontics | \$140 monthly copay for treatment equal or less than 24 months. Then, full charge. ^[6] | | 50% of PNF | 50% of APNF |
| • Annual Deductible | none | | none | |
| • Lifetime Maximum | \$3,360 copay (\$140 x 24 months) for treatment fee only. Then, member pays full charge after initial 24 months. ^[6] | | \$1,250 ^[5] | |
| • Waiting Period | none | | 12 months | |
| • Age Limit | none | | up to age 19 | |

| ACTIVE MEMBERS | TOTAL PREMIUM (LOCAL EDUCATION, LOCAL GOVERNMENT, AND STATE OFFLINE AGENCIES) | CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYEE PREMIUM | CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYER PREMIUM | TOTAL PREMIUM (LOCAL EDUCATION, LOCAL GOVERNMENT, AND STATE OFFLINE AGENCIES) | CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYEE PREMIUM | CENTRAL STATE GOVERNMENT AND STATE HIGHER EDUCATION EMPLOYER PREMIUM |
|--------------------------------|---|--|--|---|--|--|
| Employee Only | \$14.19 | \$7.09 | \$7.10 | \$20.02 | \$10.01 | \$10.01 |
| Employee + Child(ren) | \$29.47 | \$14.73 | \$14.74 | \$53.23 | \$26.61 | \$26.62 |
| Employee + Spouse | \$25.15 | \$12.57 | \$12.58 | \$39.37 | \$19.68 | \$19.69 |
| Employee + Spouse + Child(ren) | \$34.58 | \$17.29 | \$17.29 | \$81.53 | \$40.76 | \$40.77 |

Vision Plan Options for 2024

2024 Monthly Vision Premiums

| | BASIC PLAN | EXPANDED PLAN |
|--------------------------------|------------|---------------|
| ACTIVE MEMBERS | | |
| Employee Only | \$3.18 | \$6.30 |
| Employee + Child(ren) | \$6.35 | \$12.60 |
| Employee + Spouse | \$6.03 | \$11.98 |
| Employee + Spouse + Child(ren) | \$9.33 | \$18.54 |

| SERVICE | BASIC PLAN IN-NETWORK COSTS ⁽¹⁾ | EXPANDED PLAN IN-NETWORK COSTS ⁽¹⁾ |
|---|---|--|
| Eye Exam With Dilation as Necessary | \$10 copay | \$0 copay |
| Retinal Imaging | Up to \$39 copay | \$0 copay |
| Contact Lens fit and Follow up (standard/premium) | \$40/\$50 copay | \$35/\$45 copay |
| Low Vision Evaluation | \$300 allowance | \$300 allowance |
| Low Vision Supplemental Aids | \$300 allowance | \$300 allowance |
| Eyeglass Benefit—Frame | | |
| Retail Frame | \$105 allowance | \$150 allowance |
| Eyeglass Benefit—Spectacle Lenses | | |
| Single Vision, Bifocal, Trifocal & Lenticular Lenses | \$20 copay | \$15 copay |
| Standard Progressive Lenses | \$90 copay | \$50 copay |
| Premium Progressive Lenses (Tier 1 Tier 2 Tier 3 Tier4) | Copay amount of: (\$110/\$140/\$200/\$225) | Copay amount of: (\$85/\$110/\$150/\$175) |
| UV Treatment | \$15 copay | \$15 copay |
| Tint (solid or gradient) | \$15 copay | \$15 copay |
| Standard Polycarbonate (adults/children⁽⁴⁾) | \$40/\$0 copay | \$40 copay/\$0 copay |
| Standard Anti-reflective Coating | \$45 copay | \$45 copay |
| Premium Anti-reflective Coating (Tier 1 Tier 2 Tier 3) | \$70/\$85/\$120 copay | \$70/\$85/\$120 copay |
| Polarized | \$90 copay | \$75 copay |
| Plastic Photochromic Lenses | \$75 copay | \$50 copay |
| Standard Plastic Scratch Coating | \$15 copay | \$15 copay |
| Contact Lenses | | |
| Conventional and Disposable | \$105 allowance | \$150 allowance |
| Medically Necessary | \$155 allowance | \$0 copay |
| Frequency of Vision Benefits | | |
| Vision Exam | Once every calendar year | Once every calendar year |
| Eyeglass Lenses | Once every calendar year (in lieu of contact lenses) | Once every calendar year (in lieu of contact lenses) |
| Frames | Once every two calendar years | Once every calendar year |
| Contact Lenses | Once every calendar year (in lieu of eyeglass lenses) | Once every calendar year (in lieu of eyeglasses) |
| Contact Lens Fit and Two Follow-ups | Once every calendar year | Once every calendar year |
| Retinal Imaging | Once every calendar year | Once every calendar year |
| Low Vision Evaluation | Once every two calendar years | Once every two calendar years |
| Low Vision Aids | Once every two calendar years | Once every two calendar years |

Employee Basic Term Life/Basic AD&D

- The state will pay 100% of the premiums for employee basic term life/basic accidental death and dismemberment insurance. Designated beneficiaries will receive 1X the employee's base annual salary rounded to the next highest thousand (\$50K minimum except when reduced at age milestones/\$250K maximum).
- You may opt to decrease your coverage to \$50,000 to avoid imputed income, as outlined in IRS publication 15B.
- Dependent basic term life/basic AD&D coverage will end after Dec. 31, 2023. You may be able to enroll your dependents in voluntary term life and/or voluntary AD&D insurance.
- Your basic term life/basic AD&D coverage amounts decrease at age 65 and over.

Coverage and Premium Examples:

| SALARY | LEVELS OF COVERAGE | | EMPLOYEE PREMIUM RATES | | EMPLOYER PREMIUM RATES | | |
|--------------|--------------------|------------|------------------------|-----|------------------------|------------|---------------|
| | Basic Term Life | Basic AD&D | \$0 | \$0 | Basic Term Life | Basic AD&D | Total Premium |
| \$12,000.00 | \$50,000 | \$50,000 | \$0 | \$0 | \$8.10 | \$0.95 | \$9.05 |
| \$15,200.00 | \$50,000 | \$50,000 | \$0 | \$0 | \$8.10 | \$0.95 | \$9.05 |
| \$24,152.00 | \$50,000 | \$50,000 | \$0 | \$0 | \$8.10 | \$0.95 | \$9.05 |
| \$30,057.00 | \$50,000 | \$50,000 | \$0 | \$0 | \$8.10 | \$0.95 | \$9.05 |
| \$71,000.00 | \$71,000 | \$71,000 | \$0 | \$0 | \$11.502 | \$1.349 | \$12.85 |
| \$125,000.00 | \$125,000 | \$125,000 | \$0 | \$0 | \$20.25 | \$2.375 | \$22.63 |
| \$288,545.00 | \$250,000 | \$250,000 | \$0 | \$0 | \$40.50 | \$4.75 | \$45.25 |

Employee Voluntary Term Life and Voluntary Accidental Death

Voluntary Term Life Insurance – Securian Financial (Minnesota Life):

- **During Annual Enrollment, employees may apply/increase coverage and update beneficiaries on the Securian website.**
- **You can buy voluntary term life insurance for yourself, your spouse and your children. This insurance is in addition to the employee basic term life insurance.**
- **Rates will stay the same in 2024 and there is an enhanced enrollment opportunity!**
 - **Employees can enroll in or increase voluntary term life coverage in \$5,000 increments up to an additional \$50,000, not to exceed a new total of \$500,000 or five times base annual salary, whichever is less, effective January 1, 2024, without answering medical questions. Employees may apply for additional coverage over the \$50,000 offered above and the overall guaranteed issue maximum by completing an Evidence of Insurability application.**
 - **Spouses losing the \$3,000 of basic term life coverage can choose to enroll for voluntary spouse term life in the amount of \$5,000 without answering health questions (guaranteed issue). Voluntary child term life insurance in the amount of \$5,000 or \$10,000 can also be added to an employee or spouse's voluntary term life certificate without answering health questions.**
- **All voluntary life enrollment/changes must be made through the vendor Securian self-service portal.**

Voluntary Accident Death and Dismemberment Insurance– Securian Financial (Minnesota Life):

- **You can buy voluntary AD&D insurance to give you and your family additional protection if you or your covered dependent's death or dismemberment is due to an accident.**
- **There are no coverage changes in 2024. Employee coverage is a choice of these five amounts: \$50,000, \$60,000, \$100,000, \$250,000 or \$500,000.**
- **Rates will stay the same in 2024.**
- **Employees can change coverage values previously selected. • Employees can add or drop dependents already enrolled. Dependent coverage amounts are a percentage of the employee's voluntary AD&D coverage amounts.**
- **The coverage tiers are spouse only (60%), spouse enrolled with child(ren) (40%), and child(ren) (10% per child.)**
- **Enrolling in voluntary AD&D coverage never requires health questions.**
- **All voluntary accident enrollment/changes must be made through the Edison self-service portal.**

Short-Term and Long-Term Disability

Short-Term Disability Insurance – MetLife:

- Disability insurance is offered to full-time state and higher education employees.
- For short-term disability, employees pay the full monthly premium if enrollment is selected.
- Replaces a percentage of your income for up to 26 weeks during a disability.
- Two coverage options are available for you to voluntarily select if desired.
- Apply for STD coverage or increase your coverage, if already enrolled. Pick the benefit in Edison you want under STD.
- Action Required: MetLife will mail you a Statement of Health form with medical questions. This form will also be posted online at [metlife.com/StateOfTN](https://www.metlife.com/StateOfTN). Complete the form and submit it via email or mail.
- Your application is subject to review and approval by MetLife based on underwriting rules. After receiving your form, MetLife may need more information from you.

Long-Term Disability Insurance-MetLife:

- New in 2024! Eligible state and higher education employees will be automatically enrolled in long-term disability option 3, and the state will pay 100% of the premiums.
- Employees who use this benefit will receive 63% of their monthly salary, up to 10K per month, following a 90-day waiting period.
- All eligible employees will automatically be defaulted into LTD option 3 in Edison for coverage effective on Jan. 1, 2024. This is guaranteed issue coverage and employees won't have to answer medical questions.
- Coverage cannot be waived because it is 100% employer paid.
- LTD coverage options 1, 2 and 4 are also available, but employees are responsible for 100% of the premium.
- Disability insurance premiums adjust as of Oct. 1 if your salary is greater on Sept. 1 compared to the prior Sept. 1

2024 Flexible Benefits

- This plan allows eligible employees to pay for certain expenses from their salary before taxes are deducted.
- You must enroll in your medical FSA or L-FSA and DC-FSA each year during annual enrollment and choose how much money you'll put in your account(s) for the upcoming calendar year.
- Enrollment is directly with the vendor Optum Financial through a specific annual enrollment self-service portal.
 - ❖ **Medical FSA: Annual limit - \$3,050 | Carryover limit - \$610**
 - Use to pay for certain medical, dental, vision and prescription costs not covered by your insurance.
 - You do NOT qualify for a medical FSA if you are enrolled in the CDHP/HSA.
 - Up to \$610 of your unused FSA balance can be carried over into the next plan year instead of you “losing it.”
 - Your entire election, up to \$3,050 in 2024, is available for use at the beginning of the year.
 - ❖ **Limited Purpose FSA (Only used with CDHP Health Plan): Annual limit - \$3,050 | Carryover limit - \$610**
 - May only be used to pay for certain dental and vision costs not covered by insurance.
 - L-FSA allows tax-free savings on eligible vision and dental expenses while continuing to grow your HSA balance.
 - Your entire election, up to \$3,050 in 2024, is available for use at the beginning of the year.
 - If you currently have an HSA with a debit card and plan to enroll in an L-FSA, you will use the same debit card for both your HSA and L-FSA eligible purchases.
- **Debit Card: Medical FSA and L-FSA members get a debit card to use their funds at the pharmacy or provider's office. Per IRS rules, Optum Financial may need you to verify some debit card purchases by providing your explanation of benefits or other claims document. Make sure to respond to any verification request from Optum Financial, or your debit card may be suspended and any unsubstantiated claims may be reported to your employer for inclusion on your W2 or turned over to a collection agency. If your debit card is suspended, you will still have access to your flexible account funds but will need to file paper claims, fax them or upload them on the [Optum Financial website](#) or app.**
- **Dependent Care FSA: Annual limit - \$5,000 per household, or up to \$2,500 per spouse for married couples filing separately. No carryover amount allowed.**

2024 Health Savings Account (HSA)

- **HSA and FSA restrictions:** There are certain restrictions about who can enroll in a plan with an HSA. If you enroll in the CDHP/HSA, you cannot enroll in another medical plan, including any government plan, and cannot have a medical flexible spending account or health reimbursement account, among other restrictions.
- You can enroll in a limited purpose FSA for dental and vision costs. If you enroll in Social Security at age 65, you'll automatically be enrolled in Medicare Part A, and if enrolled in a CDHP, this may have tax consequences affecting your HSA contribution. Consult your tax advisor for advice
- If you are enrolled in a CDHP/HSA, you and your enrolled spouse cannot use an FSA for medical expenses. You can have an L-FSA to use for dental and vision expenses. You should consider contributing the maximum allowed to your HSA before contributing to your L-FSA because HSA dollars are not "use-it-or-lose-it" like an FSA.
- **HSA IRS maximum contributions are increasing in 2024. There are limits on how much money you can put in your HSA each year:**
 - \$4,150 for employee-only coverage in 2024;
 - \$8,300 for all other family tiers in 2024; and
 - Members 55+ can add \$1,000 more each year.
 - These limits include the \$500 or \$1,000 you receive from your employer and any wellness incentive funds you may earn and add to your account.
 - HSA contributions in excess of the IRS 2024 maximums listed above are not tax deductible and are subject to a 6% excise tax, so monitor your HSA contributions carefully.
- **HSA Enrollment/Change forms are located on the MTSU HRS webpage.**

How To Make Changes

- If you DO NOT want to make changes to your current State sponsored benefits, NO ACTION is required EXCEPT if you would like to **continue** an FSA contribution.
- If you DO want to make changes to your State sponsored benefits, you must do so online using employee self- service (ESS) in Edison, the State's business software. The State does not accept paper forms during Open Enrollment.
- To make changes:
 1. Log into your Pipeline Account
 2. Click on the “Employees” tab
 3. Click on the “Edison (State of Tennessee Benefits) button in purple
 4. You will be directed to “accept” the user terms
 5. Click the dropdown button under “Self Service” and select “Employee WorkCenter”
 6. Under “My Benefits” click the “Benefits Enrollment” button
 7. Click “Start” on the right-hand side to begin

Questions and Answers

Thank You For Attending!

- Contact Information

- Human Resource Services Benefits Staff

- Lisa Batey, Director

- Wendy Brown, Assistant Director

- Kim Burns, Benefits Analyst

- LaCresha Longwell, EPAF/ACA Coordinator

- Karen Milstead, Senior Benefits Specialist

- Belinda Pate, Data Entry Analyst