

AGENCY BENEFITS
COORDINATOR
GUIDE



AGENCY BENEFITS COORDINATOR GUIDE

A helpful guide for your new role.

Helpful Contact Information

Benefits Administration

Hours of operation:

Monday - Friday

8 a.m. - 4:30 p.m. CST

(Closed on state holidays)

Phone:

800.253.9981

615.741.3590

Fax:

615.741.8196

Email:

benefits.administration@tn.gov

Zendesk

Submitting a ticket through Zendesk is the quickest way to contact us.

Important Reminders

- Your Annual HIPAA training is required within **30 days** after gaining access to Edison.
- Your one-time, mandatory New ABC Training must be completed within **60 days** after gaining access to Edison.

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Helpful Links

Health Insurance Carriers

[Cigna](#)

[BlueCross BlueShield of TN](#)

Vision Insurance Carriers

[Davis Vision](#)

Dental Insurance Carriers

[Cigna \(DHMO\)](#)

[Delta Dental \(DPPO\)](#)

Pharmacy Benefits

[CVS/Caremark](#)

Behavioral Health

Employee Assistance Program

[Here4TN](#)

Telehealth

Health Savings Account

[Optum](#)

Wellness

[Fitness Center Discounts](#)

[Diabetes Prevention Program](#)

Commonly Used Forms

Enrollment Change Application

This form is used for employees to select and/or make changes to their benefits.

However, there are other times this form will be used.

- If you have an employee who wants to edit their elections within their 30-day eligibility period, and they are not using Employee Self-Service, this form can be submitted to Benefits Administration through Zendesk.
- Other events including but not limited to marriage, divorce, birth, adoption, etc.
- A full list of eligible dependents can be found on page 2 of the enrollment change application.

[Click here to see an example of a completed form](#)

Cancel Request Form

This is the form used if an employee and/or their dependents want to voluntarily cancel insurance. Have the employee complete and sign the form and return to us at BA by uploading the document in Zendesk.

Note: *Canceling is only permitted outside of Annual Enrollment due to one of the specified qualifying events listed on the form.*

[Click here to see an example of a completed form](#)

Corrections and Clarifications Form

For BA to make a change within Edison on information such as employee or dependent names, addresses or Social Security numbers, this form should be completed and can be sent to BA by uploading the document in Zendesk.

[Click here to see an example of a completed form](#)

Administrative Error Form

This form should be used for all administrative errors and must be signed by the ABC and a supervisor.

[Click here to see an example of a completed form](#)

How Zendesk Works

Zendesk is a ticketing-based system that serves as your primary form of communication with Benefits Administration.

ABCs can search the knowledge base in Zendesk for frequently asked questions, policies and procedures, among other topics.

For topics and situations that require further research, a user can submit a ticket to the BA team.

One of the great features of Zendesk is that it allows transcripts of every interaction to be recorded within Zendesk for future reference.

By signing into your account, you can check the status of a pending request.

BA strives to resolve reported issues within 1.5 business days or less. Some examples of ticket issues created by ABCs include billing questions, enrollment delays, eligibility questions and general questions.

Pro-Tip: *Be sure to add your phone number to your Zendesk profile to ensure that tickets associated with your number are added to your profile.*

Helpful Zendesk Links

- [Step-by-step walkthrough for how to use Zendesk](#)
- [How to upload documents in Zendesk](#)
- [Video Guide](#)

How Edison Works

Edison is the main database used by the State of Tennessee. It's used to collect and organize personal and job data for all ABCs and employees enrolled in the State Group Insurance Program. Edison maintains all benefit selections and corresponding dependent verification documents, if applicable. As an ABC you will use Edison to hire, transfer and terminate employees who are benefits eligible.

Helpful Edison Links

- [E-Forms/Data Entry](#)
- [Self Service](#)
- [Video Guide](#)
 - [Terminating an Employee](#)
 - [Updating name, address, marital status, and SSN](#)

Eligibility Dates

Pro Tip: Use this [Time and Date Calculator](#) to help determine the exact dates to use in Edison.

Agencies have two options for eligibility and benefits begin dates.

1. If you use the employee’s hire date; benefits will begin the first day of the month after the hire date OR;
2. If you use the end of the subsequent month; benefits will begin the first day of the subsequent month.

Hire Date	Eligibility Dates (Effective Date in Edison Job Data)	Date Benefits Begin
4/6	4/6 or 5/31	5/1 or 6/1
8/1	8/1 or 9/30	9/1 or 10/1

Termination Dates

Enter the effective date or the coverage end date in Edison Job data. If you enter the coverage end date, Edison will automatically populate the effective date. Benefits always terminate at the end of the month.

Effective Date: Last day of the month prior to when coverage should end.

Coverage End Date: Actual last day of coverage on the plan.

Example 1: If an employee resigns on 5/11, and the agency wants benefits to terminate at the end of June, enter 6/30 in the coverage end date box.

Example 2: If an employee resigns on 5/11, and the agency wants benefits to terminate at the end of May, enter 5/31 in the coverage end date box.

Reports

Collections Applied Report

This report shows all the monthly deductions/refunds for insurance coverage for each employee of your agency. If the report is run for a date in the past, it will be titled “Collections Applied” at the top. If it is run for a future date it will be titled “Premiums Due.” The Premiums Due report is an estimate, and the Collections Applied report shows what BA will pull or did pull from the agency.

This report can be set up in two ways; to be received automatically each month, and to be run manually.

[Setting Up To Automatically Receive Reports](#)

[How To Manually Run A Report](#)

[Monthly Calendar Showing Exact Report Run Dates](#)

Edison Information > External Agency Calendar

Queries

Queries to Run Anytime

TN_BA104_ELIGIBLE_NO_MEDICAL – Provides a list of employees who are eligible but not enrolled in Medical coverage.

When should I run this?

This query can be run on an as-needed basis. This query is very helpful for new agencies to serve as a double-check that the only employees who *intentionally* waived medical coverage are the ones being waived.

TN_BA219_MED_DEN_COVERAGE – After Annual Enrollment events are closed, this query will show any new coverage that is effective Jan 1. This query can also be run throughout the year for new hire enrollments or changes for special qualifying events. This query also includes vision.

When should I run this?

This query can be run any time. It most commonly run after annual enrollment, though, as you can set the report to show you coverage that will start the first of a specific month.

TN_BA219_MED_DEN_ELECTIONS – This query will show all elections made in Edison between a specific date range.

When should I run this?

This query can be run on as-needed basis. If you know the range of dates that you entered your employees' benefits selection, you can run this query to show the selections that were made by each employee. This is a good way to double-check that the enrollments selected in Edison are correct with the information that you were provided by your employees.

Queries to Run at the Same Time Every Month

TN_BA142_TEMP_PRIMARY_NID_DEP – This query will show you all of the dependents that have a temporary Social Security Number and the name of the employee for that dependent. If you do not have the permanent SSN, you will need to get this information from the employee.

TN_BA142_TEMP_PRIMARY_NID_EMPL – This query will show you all the employees that have a temporary Social Security Number. If you do not have the permanent SSN, you will need to get this information from the employee.

TN_BA313_ADDRESS_CHANGES – Shows all the addresses that have been updated for an agency within a specified date range.

TN_BA302_PERSON_AND_JOB – Shows all personal and job information for all active employees in your agency.

[How to Run a Query Manual](#)

[Full Query List](#)

Adding A New Employee

When an employee is hired in your agency, follow this step-by-step process to enroll them in benefits.

1. Complete the [New Employee Checklist](#)
2. Provide [New Employee Presentation](#) to new employee
 - a. Video presentation can be found [here](#).
3. Enter personal and job information into Edison for new employee. Benefits can be entered using any of the following methods:

E-Forms Process – An automation process in Edison for an ABC to hire, rehire or terminate an employee and add job information and benefit selections.

- [Helpful Guide for E-Forms](#)

Employee Self Service – The method by which an employee can make enrollment selections without a paper application. The employee will enter their benefits selections in Edison.

- [Helpful Guide for Employee Self Service](#)

You can also refer to the [For New Employees](#) section of the ParTNers for Health website.

Additional Information

[Plan Document](#)

[Annual Enrollment](#)

2022 Annual Enrollment information will be posted in September.

Conference Calls and Weekly Emails

ABC conference calls are held the second Tuesday of each month, and BA sends an email to ABCs each Friday. If you missed a conference call or weekly email, please reference the links below. This is our way of getting important information to you and your employees. It's important that you attend the monthly conference calls and read each weekly email update.

- [Conference Call Notes](#)
 - [Weekly Emails](#)
-

A Note About Insurance Cards

[BlueCross BlueShield of TN](#)

Phone: 1-800-558-6213

- Up to two ID cards sent automatically (both with member's name).
- May be used by any covered dependent.

[Cigna](#)

Phone: 1-800-997-1617

- Sends separate ID cards for each insured family member – with participant's name.
- May be up to four ID cards in each mailing.

Members can get additional cards by contacting their insurance carrier (BCBSTN or Cigna).

Note: *Subscriber IDs and group numbers can be found on your insurance cards.*

Acronyms

ABC	Agency Benefits Coordinator	LE	Local Education
ACH	Automated Clearing House	LG	Local Government
ADM	Administrative	LOA	Leave of Absence
AE	Annual Enrollment	MAC	Maximum Allowable Change
BA	Benefits Administration	MED	Medical
BEP	Basic Education Plan	MED SUPP	Medicare Supplement
BIL	Direct Billing	MSC	Miscellaneous
CC	Corrections and Clarification form	OBF	Office of Business and Finance
CNP	Cancel for Non-Payment	OE	Open Enrollment
COC	Certificate of Credible Coverage	One Ded	One-time Deduction
CR	Cancel request	OSA	Optional Special Accident
CSA	Central State Agency	OOS	Out of Sequence
DEP	Dependent	PPO	Preferred Provider Organization
DIV	Divorce	PPACA	Patient Protection and Affordable Care Act
DNTL	Dental	PY	Payroll
DOB	Date of Birth	REH	Rehire
DOR	Date of Retirement	RET	Retirement
EAP	Employee Assistance Program	RFL	Return from Leave
EBB	End Benefits Billing	SBB	Start Benefits Billing
EE	Employee	SLB	Sick Leave Bank
ELIG	Eligibility	SQE	Special Qualifying Event
ER	Employer	SUS	Suspend
FDL	Minnesota Life (fmr Fort Dearborn Life)	TBB	10 Month Teacher Billing
FSCM	Accounting Side of Edison	TBR	Tennessee Board of Regents
HED	Higher Education	TER	Termination
HCM	Benefits (HR) Side of Edison	TN	State, as in State Employees
HIPAA	Health Insurance Portability and Accountability Act	UT	University of Tennessee
IC	Insurance Committee	VIS	Vision
		W/C	Workers Comp

We do not recommend printing this guide as the information is subject to change.



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



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

TYPE OF ACTION <input checked="" type="checkbox"/> Add coverage <input type="checkbox"/> Change coverage Form not for cancellation	COVERAGE <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision <input type="checkbox"/> Disability	PARTICIPANTS AFFECTED <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)	REASON FOR THIS ACTION <input checked="" type="checkbox"/> New Hire/Newly Eligible <input type="checkbox"/> Court Order <input type="checkbox"/> Other _____	Life Event <input type="checkbox"/> Marriage <input type="checkbox"/> Newborn <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Adoption	Special Enrollment (also complete pg 3) <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Loss of Eligibility
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PART 2: EMPLOYEE INFORMATION

FIRST NAME John	MI M	LAST NAME Smith	DATE OF BIRTH 01/01/1980	GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
SOCIAL SECURITY NUMBER 123-45-6789	EMPLOYING AGENCY Benefits Administration	EMPLOYER GROUP: <input type="checkbox"/> HED <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Ed <input type="checkbox"/> Local Gov	YOUR CURRENT STATUS <input checked="" type="checkbox"/> Active <input type="checkbox"/> COBRA		
HOME ADDRESS 123 Tennessee Street	<input type="checkbox"/> UPDATE MY ADDRESS	CITY Nashville	ST TN	ZIP CODE 37011	COUNTY Davidson

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

SELECT AN OPTION <input checked="" type="checkbox"/> Premier PPO <input type="checkbox"/> CDHP/HSA (state) <input type="checkbox"/> Standard PPO	LOCAL ED & GOV ONLY MAY ALSO CHOOSE <input type="checkbox"/> Limited PPO <input type="checkbox"/> Local CDHP/HSA	EMPLOYEE HSA CONTRIBUTION (STATE ONLY) Annual contribution \$ _____	SELECT A CARRIER & NETWORK <input checked="" type="checkbox"/> BCBS Network S <input type="checkbox"/> BCBS Network P* <input type="checkbox"/> Cigna LocalPlus <input type="checkbox"/> Cigna Open Access* *higher premium applies	SELECT A HEALTH PREMIUM LEVEL <input checked="" type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)
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PART 4: DENTAL COVERAGE SELECTION

PART 5: VISION COVERAGE SELECTION

PART 6: DISABILITY SELECTION (ST/UT/TBR)

SELECT A PLAN <input checked="" type="checkbox"/> Delta Dental DPO <input type="checkbox"/> Cigna DHMO (Prepaid)	SELECT A DENTAL PREMIUM LEVEL <input checked="" type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)	SELECT A PLAN <input checked="" type="checkbox"/> Basic Plan <input type="checkbox"/> Expanded Plan	SELECT A VISION PREMIUM LEVEL <input checked="" type="checkbox"/> employee only <input type="checkbox"/> employee + child(ren) <input type="checkbox"/> employee + spouse <input type="checkbox"/> employee + spouse + child(ren)	SHORT TERM DISABILITY <input type="checkbox"/> 60%/14 day Elimination Period <input type="checkbox"/> 60%/30 day Elimination Period	LONG TERM DISABILITY (ST ONLY) <input type="checkbox"/> 60%/90 day Elim Period <input type="checkbox"/> 60%/180 day Elim Period <input type="checkbox"/> 63%/90 day Elim Period <input type="checkbox"/> 63%/180 day Elim Period
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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
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 John M. Smith	DATE 01/01/2022	HOME PHONE (REQUIRED) 615-555-1234	EMAIL ADDRESS (REQUIRED) john.smith@myemail.com
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AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR

ORIGINAL HIRE DATE 01/01/2019	COVERAGE BEGIN DATE 02/01/2019	POSITION NUMBER 00000000	EDISON ID 00XXXXXX	NOTES TO BENEFITS ADMINISTRATION <input type="checkbox"/> PPACA Eligible <input type="checkbox"/> 1450 Eligible
AGENCY BENEFITS COORDINATOR SIGNATURE Sarah Benefits			DATE 01/01/2022	

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

RESET



STATE OF TENNESSEE GROUP INSURANCE PROGRAM
INSURANCE CANCEL REQUEST 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



NAME: John M. Smith; EDISON ID: 00XXXXXX; EMPLOYER GROUP: [X] STATE, [] LOCAL ED, [] LOCAL GOV

PART 1 — PARTICIPANT(S) CANCELING COVERAGE (ATTACH A SEPARATE SHEET IF NECESSARY)

I request to cancel [X] medical [X] dental [] STD [] LTD [X] vision [] FSA/medical [] FSA/dep care [] FSA/limited [] Voluntary AD&D
[] Reason marked in Part 2 below
[] Prepaid dental; no participating general dentist within a 25-mile radius of my home (skip Parts 2 and 3 below)
[] Disability; requires 30 days advance written notice (skip Parts 2 and 3 below)
[X] Employee [] Spouse [] Child(ren) (names):

INSTRUCTIONS — SUBMIT ALL DOCUMENTS TO YOUR AGENCY BENEFITS COORDINATOR

You and/or your dependent(s) may only cancel coverage under this plan during the annual enrollment period except as stated on this form. (Note: STD and/or LTD may be canceled during the year for any reason.)
1. You and/or your dependent(s) may cancel coverage if you lose eligibility under this plan, or you have one of the reasons listed in Part2. Only persons who lose eligibility under this plan or become newly eligible for other coverage may cancel. You have 60 days from a qualifying event to submit documentation.
2. Purchase of a private policy, voluntary cancellation of other coverage, and financial hardship do not qualify as reasons to cancel coverage under this plan.
3. If enrolled in the prepaid dental option and there is no participating general dentist within a 25-mile radius of your home, you may cancel dental coverage. The coverage end date will be the last day of the month that this form is received by Benefits Administration.

PART 2 — REASON TO REQUEST TO CANCEL

Table with 2 columns: REASON, DOCUMENTATION REQUIRED. Rows include: Marriage, divorce, legal separation, annulment; Birth, adoption, placement for adoption; Death of spouse, dependent; New employment, return from unpaid leave, change from part-time to full-time employment; Entitlement to Medicare, Medicaid, TRICARE; Court decree or order; Open enrollment; A change in your place of residence or workplace out of the national service area; Marketplace Enrollment.

PART 3 — REQUESTED COVERAGE END DATE

The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred. LAST DAY COVERAGE TO BE ACTIVE (MM/DD/YY) 02/28/2021

PART 4 — AUTHORIZATION

By signing this application, I attest that I have read the instructions above and that I and/or my dependent(s) are eligible to cancel coverage for the reason(s) marked on this form. I also attest that I can cancel disability coverage for any reason. I further attest that the information I am submitting is true and accurate. I understand that by making this request, the person(s) whose coverage is cancelled may not be eligible for COBRA and that any future request for coverage will be subject to the Plan's eligibility and enrollment rules.

EMPLOYEE SIGNATURE: John M. Smith; DATE: 01/01/2022; PHONE:
AGENCY BENEFITS COORDINATOR SIGNATURE: Sara Benefits; DATE: 01/01/2022; NOTES:

RESET

Benefits Administration
Corrections and Clarifications Form

to be completed by an Agency Benefits Coordinator
Fax Number (615) 741-8196

Please do not send this form to BA if you have access to make the change in Edison

Employee Name

Employee SSN Employee ID

Agency Type ST LE
 UT/TBR LG

Personal Information Correction

For Employee For Dependent - Name:

	Name	Date of Birth	Social Security Number
Incorrect Info	<input type="text"/>	<input type="text"/>	123-45-6788
Correct Info	<input type="text"/>	<input type="text"/>	123-45-6789

ABC Unable to Key Address Change

New Address

Street Address:		Address Change Effective Date <input type="text"/>
City:	State:	
Zip Code:	County:	

ABC Unable to Key Position Number Change (within an agency)

Old Position Number New Position Number

Clarification (usually in response to a request from BA)

Agency Benefits Coordinator Authorization

ABC Signature Date

**BENEFITS ADMINISTRATION
ADMINISTRATIVE ERROR FORM**

Purpose: This form is to be completed by an Agency Benefits Coordinator of any Local Education Association, Local Government Association, or Higher Education Entity and signed by their Supervisor for all administrative errors.*

Employee Name John Smith

Employee SSN 555-55-5555 Employee Edison ID _____

Agency _____

Type HED LE LG

Hire Date 10/01/2021

Date Enrollment Submitted 10/04/2021

Details of administrative error:

Agency Benefits Coordinator Signature

Date

Supervisor's Signature

Date

*BA's acceptance of late enrollment by an employee due to administrative error does not constitute tax or legal advice. All questions regarding the impact of late enrollment to an agency's pretax benefit status with the IRS must be determined by the agency's attorney or accountant.