



**Oak Ridge**  
SCHOOLS

## 2025 Employee Benefits Resource Guide



# 2025 Benefits Enrollment Guide

At Oak Ridge Schools, we strive to offer a comprehensive and affordable benefits package. This guide provides a general overview of the benefits made available to New Hires. For additional information or assistance, please contact Tamara Jones, Human Resources Benefits Coordinator, at 865-425-9020 or [tljones@ortn.edu](mailto:tljones@ortn.edu).

## **ELIGIBILITY:**

Employee benefits are available to those employed in a full-time, non-seasonal, non-temporary active-status position (Health insurance only is available to part-time certified staff at higher premiums. Contact Tamara Jones for additional information.)

## **NEW HIRE BENEFITS ENROLLMENT:**

New Hires are eligible to enroll in benefits within the first 30 days of their date of hire. Elections made during the New Hire enrollment period will remain in effect until the end of the plan year. Changes to your benefit elections may only be made during the Annual Open Enrollment periods. Mid-year benefit changes may only be made due to a Qualifying Life Event (i.e. marriage, birth of a child, loss of coverage, etc.). For additional information regarding enrollment eligibility and/or benefit changes, please contact Tamara Jones.

Customer Service Contact Info			
	<u>Carrier</u>	<u>Phone</u>	<u>Website</u>
Health Insurance	State of TN	800-253-9981	<a href="http://www.tn.gov/partnersforhealth">www.tn.gov/partnersforhealth</a>
Pharmacy Benefits	CVS Caremark	877-522-8679	<a href="http://info.caremark.com/stateoftn">info.caremark.com/stateoftn</a>
Dental Insurance	Delta Dental	800-223-3104	<a href="http://www.DeltaDentalTN.com">www.DeltaDentalTN.com</a>
Vision Insurance	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life & Supplemental Plans	USABLE	800-370-5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Retirement Benefits	TCRS	800-922-7772	<a href="http://treasury.tn.gov">treasury.tn.gov</a>

# 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 di disqualified from participating in the TennCare Program as an enrollee.

# 2025 ORS HEALTH INSURANCE PREMIUMS

## BCBST NETWORK S and CIGNA LOCALPLUS

### PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$9,060.00	\$14,928.00	\$20,376.00	\$23,532.00
<b>Total Monthly Premium</b>	<b>\$755.00</b>	<b>\$1,244.00</b>	<b>\$1,698.00</b>	<b>\$1,961.00</b>
Monthly Board Share	\$641.75	\$870.80	\$1,188.60	\$1,372.70
Monthly Employee Share	\$113.25	\$373.20	\$509.40	\$588.30
<b>20 Payperiods*</b>	<b>\$67.95</b>	<b>\$223.92</b>	<b>\$305.64</b>	<b>\$352.98</b>
<i>Annualized Premiums</i>	<i>\$1,359.00</i>	<i>\$4,478.40</i>	<i>\$6,112.80</i>	<i>\$7,059.60</i>

### STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$8,412.00	\$13,872.00	\$18,924.00	\$21,864.00
<b>Total Monthly Premium</b>	<b>\$701.00</b>	<b>\$1,156.00</b>	<b>\$1,577.00</b>	<b>\$1,822.00</b>
Monthly Board Share	\$595.85	\$809.20	\$1,103.90	\$1,275.40
Monthly Employee Share	\$105.15	\$346.80	\$473.10	\$546.60
<b>20 Payperiods*</b>	<b>\$63.09</b>	<b>\$208.08</b>	<b>\$283.86</b>	<b>\$327.96</b>
<i>Annualized Premiums</i>	<i>\$1,261.80</i>	<i>\$4,161.60</i>	<i>\$5,677.20</i>	<i>\$6,559.20</i>

### LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$7,944.00	\$13,092.00	\$17,880.00	\$20,640.00
<b>Total Monthly Premium</b>	<b>\$662.00</b>	<b>\$1,091.00</b>	<b>\$1,490.00</b>	<b>\$1,720.00</b>
Monthly Board Share	\$562.70	\$763.70	\$1,043.00	\$1,204.00
Monthly Employee Share	\$99.30	\$327.30	\$447.00	\$516.00
<b>20 Payperiods*</b>	<b>\$59.58</b>	<b>\$196.38</b>	<b>\$268.20</b>	<b>\$309.60</b>
<i>Annualized Premiums</i>	<i>\$1,191.60</i>	<i>\$3,927.60</i>	<i>\$5,364.00</i>	<i>\$6,192.00</i>

### LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$6,936.00	\$11,436.00	\$15,600.00	\$18,024.00
<b>Total Monthly Premium</b>	<b>\$578.00</b>	<b>\$953.00</b>	<b>\$1,300.00</b>	<b>\$1,502.00</b>
Monthly Board Share	\$491.30	\$667.10	\$910.00	\$1,051.40
Monthly Employee Share	\$86.70	\$285.90	\$390.00	\$450.60
<b>20 Payperiods*</b>	<b>\$52.02</b>	<b>\$171.54</b>	<b>\$234.00</b>	<b>\$270.36</b>
<i>Annualized Premiums</i>	<i>\$1,040.40</i>	<i>\$3,430.80</i>	<i>\$4,680.00</i>	<i>\$5,407.20</i>

\* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees. Effective January 1, 2025- December 31, 2025.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment. Monthly premiums are deducted over twenty pays.

**The Board pays 85% of the cost for Full Time Employee Only premiums and 70% of the cost for Full Time Employee + (Family) premiums.**

## 2025 ORS HEALTH INSURANCE PREMIUMS

### BCBST NETWORK P and CIGNA OPEN ACCESS

#### PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$9,960.00	\$15,948.00	\$22,176.00	\$25,332.00
<b>Total Monthly Premium</b>	<b>\$830.00</b>	<b>\$1,329.00</b>	<b>\$1,848.00</b>	<b>\$2,111.00</b>
Monthly Board Share	\$705.50	\$930.30	\$1,293.60	\$1,477.70
Monthly Employee Share	\$124.50	\$398.70	\$554.40	\$633.30
<b>20 Payperiods*</b>	<b>\$74.70</b>	<b>\$239.22</b>	<b>\$332.64</b>	<b>\$379.98</b>
<i>Annualized Premiums</i>	<i>\$1,494.00</i>	<i>\$4,784.40</i>	<i>\$6,652.80</i>	<i>\$7,599.60</i>

#### STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$9,312.00	\$14,892.00	\$20,724.00	\$23,664.00
<b>Total Monthly Premium</b>	<b>\$776.00</b>	<b>\$1,241.00</b>	<b>\$1,727.00</b>	<b>\$1,972.00</b>
Monthly Board Share	\$659.60	\$868.70	\$1,208.90	\$1,380.40
Monthly Employee Share	\$116.40	\$372.30	\$518.10	\$591.60
<b>20 Payperiods*</b>	<b>\$69.84</b>	<b>\$223.38</b>	<b>\$310.86</b>	<b>\$354.96</b>
<i>Annualized Premiums</i>	<i>\$1,396.80</i>	<i>\$4,467.60</i>	<i>\$6,217.20</i>	<i>\$7,099.20</i>

#### LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$8,844.00	\$14,112.00	\$19,680.00	\$22,440.00
<b>Total Monthly Premium</b>	<b>\$737.00</b>	<b>\$1,176.00</b>	<b>\$1,640.00</b>	<b>\$1,870.00</b>
Monthly Board Share	\$626.45	\$823.20	\$1,148.00	\$1,309.00
Monthly Employee Share	\$110.55	\$352.80	\$492.00	\$561.00
<b>20 Payperiods*</b>	<b>\$66.33</b>	<b>\$211.68</b>	<b>\$295.20</b>	<b>\$336.60</b>
<i>Annualized Premiums</i>	<i>\$1,326.60</i>	<i>\$4,233.60</i>	<i>\$5,904.00</i>	<i>\$6,732.00</i>

#### LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(re
Total Annual Premium	\$7,836.00	\$12,456.00	\$17,400.00	\$19,824.00
<b>Total Monthly Premium</b>	<b>\$653.00</b>	<b>\$1,038.00</b>	<b>\$1,450.00</b>	<b>\$1,652.00</b>
Monthly Board Share	\$555.05	\$726.60	\$1,015.00	\$1,156.40
Monthly Employee Share	\$97.95	\$311.40	\$435.00	\$495.60
<b>20 Payperiods*</b>	<b>\$58.77</b>	<b>\$186.84</b>	<b>\$261.00</b>	<b>\$297.36</b>
<i>Annualized Premiums</i>	<i>\$1,175.40</i>	<i>\$3,736.80</i>	<i>\$5,220.00</i>	<i>\$5,947.20</i>

\* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees. Effective January 1, 2025- December 31, 2025.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment. Monthly premiums are deducted over twenty pays.

The Board pays 85% of the cost for Full Time Employee Only premiums and 70% of the cost for Full Time Employee + (Family) premiums.

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



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 <sup>(1)</sup>		STANDARD PPO NETWORK STATUS & COST <sup>(1)</sup>		LIMITED PPO NETWORK STATUS & COST <sup>(1)</sup>		LOCAL CDHP/HSA NETWORK STATUS & COST <sup>(1)</sup>		
	COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE — OFFICE VISITS – AS RECOMMENDED &amp; MEDICALLY NECESSARY</b>									
<ul style="list-style-type: none"> <li>Well-baby, well-child visits</li> <li>Adult annual physical exam</li> <li>Annual well-woman exam</li> <li>Immunizations</li> <li>Annual hearing and non-refractive vision screening</li> <li>Screenings, labs, nutritional guidance, tobacco cessation counseling &amp; other</li> </ul>	\$0	\$45	\$0	\$50	\$0	\$50	\$0	50%	
<b>OUTPATIENT SERVICES — SERVICES SUBJECT TO COINSURANCE MAY BE EXTRA</b>									
<b>Primary Care Office Visit</b> <ul style="list-style-type: none"> <li>Family practice, general practice, internal medicine, OB/GYN and pediatrics</li> <li>Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only)</li> <li>Initial maternity visit</li> <li>Surgery in office setting</li> <li>Provider-based telehealth</li> </ul>	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%	
<b>Specialist Office Visit</b> <ul style="list-style-type: none"> <li>Nurse practitioners, physician assistants and nurse midwives (licensed health care facility only)</li> <li>Surgery in office setting</li> <li>Provider-based telehealth</li> </ul>	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%	
<b>Behavioral Health and Substance Use<sup>(2)</sup></b> <ul style="list-style-type: none"> <li>Including provider-based virtual visits</li> </ul>	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%	
<b>Telehealth Programs</b> (MDLive/Teledoc/Talkspace)	\$15	N/A	\$15	N/A	\$15	NA	30%	N/A	
<b>Allergy Injection</b> Without Office Visit Allergy serum – see page 2	\$0	\$0	\$0	\$0	\$0	\$0	30%	50%	
<b>Chiropractic and Acupuncture</b> <ul style="list-style-type: none"> <li>Annual limit of 50 visits each</li> </ul>	\$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%	
<b>Convenience Clinic</b>	\$25	\$45	\$30	\$50	\$35	\$55	30%	50%	
<b>Urgent Care Facility</b>	\$45	\$70	\$50	\$75	\$55	\$80	30%	50%	
<b>PHARMACY – GENERIC/PREFERRED/NON-PREFERRED</b>									
<b>30-Day Supply</b>	\$7/\$40/\$90	copay + amount > MAC	\$14/\$50/\$100	copay + amount > MAC	\$14/\$60/\$110	copay + amount > MAC	30%	50% + amount >MAC	
<b>90-Day Supply</b> 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	
<b>90-Day Supply Certain Maintenance Medications</b> 90-day pharmacy or mail order <sup>(3)</sup>	\$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	
<b>SPECIALTY PHARMACY MEDICATIONS – 30-DAY SUPPLY</b>									
<b>Generics Tier 1</b>	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	
<b>Preferred Brands Tier 2</b>	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	
<b>Non-Preferred Brands Tier 3</b>	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 <sup>[1]</sup>		STANDARD PPO NETWORK STATUS & COST <sup>[1]</sup>		LIMITED PPO NETWORK STATUS & COST <sup>[1]</sup>		LOCAL CDHP/HSA NETWORK STATUS & COST <sup>[1]</sup>	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE – OUTPATIENT FACILITIES – AS RECOMMENDED &amp; MEDICALLY NECESSARY</b>								
Screenings such as colonoscopy, mammogram, colorectal, lung imaging and bone density scans <sup>[5]</sup>	\$0	40%	\$0	40%	\$0	50%	\$0	50%
<b>OTHER SERVICES</b>								
<b>Hospital/Facility Services</b> <sup>[4]</sup>								
• Inpatient care <sup>[7]</sup> ; outpatient surgery <sup>[7]</sup>	15%	40%	20%	40%	30%	50%	30%	50%
• Inpatient behavioral health and substance use <sup>[2],[6]</sup>								
• Emergency room services <sup>[7]</sup>		15%		20%		30%		30%
<b>Maternity</b>								
• Global billing after first visit; Routine services & labor and delivery	15%	40%	20%	40%	30%	50%	30%	50%
<b>Home Care</b> <sup>[4]</sup>								
• Home health; home infusion therapy	15%	40%	20%	40%	30%	50%	30%	50%
<b>Rehabilitation and Therapy Services</b>								
• Inpatient and skilled nursing facility <sup>[4]</sup>	15%	40%	20%	40%	30%	50%	30%	50%
• Outpatient PT/ST/OT/ABA <sup>[5]</sup> ; Other therapy								
<b>X-Ray, Lab and Diagnostics</b> (Excludes advanced studies below) <sup>[5]</sup>		15%		20%		30%		30%
<b>Advanced X-Ray, Scans and Imaging</b>								
• Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies <sup>[4]</sup>	15%	40%	20%	40%	30%	50%	30%	50%
<b>Pathology and Radiology Reading, Interpretation and Results</b> <sup>[5]</sup>		15%		20%		30%		30%
<b>Ambulance</b> (air and ground)		15%		20%		30%		30%
<b>Durable Medical Equipment, External Prosthetics and Medical Supplies</b> <sup>[4]</sup>	15%	40%	20%	40%	30%	50%	30%	50%
<b>Allergy Serum</b>	15%	40%	20%	40%	30%	50%	30%	50%
<b>Also Covered</b>	Limited Dental benefits, Hospice Care and Out-of-Country Charges. See Member Handbook for coverage details.							
<b>DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE</b>								
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
<b>OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES FOR MEDICAL, BEHAVIORAL AND PHARMACY, COMBINED, INCLUDING DEDUCTIBLE</b>								
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.

# Get answers to your questions, big and small

Juggling everything on your to-do list while taking care of your own health, both mental and physical, can be challenging. With additional stressors like relationship challenges, home repairs, childcare and eldercare, many people are feeling overwhelmed these days. **Here4TN** can help.

## WorkLife Services

**WorkLife Services** help make life a little less stressful by connecting you with:



**Child, family and parenting support services**



**Personal services**



**Education resources**



**Legal services**



**Adult care and eldercare support services**



**Financial services**



**Chronic illness and condition support services**

## Short-term counseling

**Here4TN** Emotional Wellbeing Solutions connects you with specialists 24/7 and offers five confidential\* counseling sessions per issue, per individual, per year at no additional cost to you. **Here4TN** can help with topics including:

- Depression, anxiety and stress
- Living with chronic conditions
- Sleep disorders
- Substance use issues
- Relationship and family concerns

**Call to speak confidentially\* with a specialist or to get referrals or prior approval for services, including virtual visits.**



## Take Charge at Work

Trouble concentrating? Feeling sluggish? This may be a sign of something more. **Take Charge at Work** can help you recognize and manage stress and depression at your workplace. Start with an assessment, then work with a coach to create a personal plan.

## Behavioral Health Services

Optum is your behavioral health and substance use benefits administrator, and **Here4TN** can help you learn about your benefits, search for in-network providers and connect for a virtual visit. To get details about what's covered and to view your member handbook and plan documents, visit [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth).

## Substance use

If you or someone in your family has substance use concerns, connect with a highly trained and licensed advocate at **Here4TN**. Your advocate will talk with you about your unique situation, answer questions, help create a personalized treatment plan and help with family support. The service is completely confidential.

## Talkspace

Regularly communicate with a therapist safely and securely from your phone or desktop with **Talkspace**. You can start therapy within hours of choosing your therapist, and it's secure and confidential.

## Self Care by AbleTo

**Self Care by AbleTo** offers on-demand help for reducing worry and stress and improving mood. Download the **AbleTo app** from the App Store® or Google Play™. Use access code **Here4TN**.

## Legal and financial support

Connect with legal assistance and mediation services that give you free and discounted confidential access to local attorneys and professional mediators.

Find financial services support to help you increase your savings, lower debt and improve credit, so you can dial down financial stress. Get an assessment; online learning; a 25% discount for preparation of all personal income tax documents; plus two calls with a Money Coach.



\*This program is confidential in accordance with the law.

**Here4TN** Emotional Wellbeing Solutions is available to you and your family at no extra cost as part of your benefits. The five Emotional Wellbeing Solutions visits per year, per issue are per individual. Members are ineligible for Emotional Wellbeing Solutions visits while they are currently receiving Behavioral Health Services.

State and Higher Education: Emotional Wellbeing Solutions services are available to all benefits-eligible employees and their eligible family members, even if they are not enrolled in medical insurance.

Local Education and Local Government: The following Emotional Wellbeing Solutions services are offered to employees who are enrolled in medical insurance. Dependents are eligible even if they are not enrolled in medical insurance.

All members (employees and dependents) enrolled in medical insurance are also eligible for behavioral health benefits.

Please note: While access to **WorkLife Services** and all referrals are included as part of your benefits, you will have to pay for any **WorkLife Services** you decide to use. Our specialists cannot book or purchase services on your behalf. This is an educational, referral-based service only. Certain services may not be available in some benefits plans. Consult your benefits plan to know what is available.

**This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 866-576-0029 or 615-741-4517.

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**“The person I spoke to had the kindest voice. They were professional and compassionate.”**



Talk with a specialist who cares, 24/7:

**855-Here4TN**  
(855-437-3486)

Or visit:

**Here4TN.com**



**Oak Ridge Schools**  
HUMAN RESOURCES

## DENTAL & VISION FY25 SEMI-MONTHLY PREMIUMS

### DELTA DENTAL (Semi-Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$17.97	\$17.97
Employee & Spouse	\$18.15	\$17.97	\$36.11
Employee & Children	\$21.72	\$17.97	\$39.69
Family	\$48.40	\$17.97	\$66.37

### VSP VISION (Semi- Monthly Rates)

Plan	Employee Share	ORS Share	Total Cost
Employee Only	No Cost	\$5.41	\$5.42
Employee & Spouse	\$5.41	\$5.41	\$10.85
Employee & Children	\$6.17	\$5.41	\$11.58
Family	\$13.16	\$5.41	\$18.57

**Oak Ridge Schools**  
**Delta Dental Benefits**  
**Group#8527**

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Sealants</b> - to prevent decay of permanent teeth	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> - to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> - X-rays	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Minor Restorative Services</b> - fillings	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontic Services</b> - root canals	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontic Services</b> - to treat gum disease	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Oral Surgery Services</b> - extractions and dental surgery	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Other Basic Services</b> - misc. services	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Adjustments and Repairs</b> - to bridges and dentures	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Major Restorative Services</b> - crowns	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Implant Repair</b> - implant maintenance, repair, and removal	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Relines and Rebase</b> - to dentures	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthodontic Services</b> - bridges, implants, and dentures	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Age Limit</b> -	<b>through age 17 and under</b>	<b>through age 17 and under</b>	<b>through age 17 and under</b>

- Oral exams are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year.
- Fluoride treatments are payable once per benefit year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 13 and under.
- Bitewing X-rays are payable once per benefit 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.
- Crowns and inlays are payable once per tooth in any five-year period. Veneers are payable on incisors, cuspids, and bicuspids once per tooth per five-year period for people age 12 and over when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

**Deductible:** \$25 Deductible per person total per contract year limited to a maximum Deductible of \$75 per family per contract year. The Deductible does not apply to oral exams, preventive services, brush biopsy, X-rays, sealants, cephalometric films, diagnostic casts, photos, and orthodontic services.

**Maximum Payment:** \$1,000 per person total per contract 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.

**Delta Dental of Tennessee\*240 Venture Circle\*Nashville, TN 37228\* [www.DeltaDentalTN.com](http://www.DeltaDentalTN.com)\*800.223.3104**

## YOUR VSP VISION BENEFITS SUMMARY

OAK RIDGE SCHOOLS and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

07/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$25	Every plan year*
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	\$0	Every other plan year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	\$0	Every plan year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every plan year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every plan year
<b>DIABETIC EYECARE PLUS PROGRAM<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
<b>ADDITIONAL PAIRS OF EYEWEAR</b>			
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> </ul>	\$0	Every other plan year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	\$0	Every plan year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every plan year
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*Plan year begins in July

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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## TCRS Legacy Plan

The Legacy Plan is a defined benefit plan administered by the Tennessee Consolidated Retirement System (TCRS).

- Defined Benefit Plan - Guaranteed lifetime monthly benefit upon service retirement
- Benefit paid upon service retirement is calculated with a set formula
- Vesting - 5 years
- Required contributory rate is 5% of member's earnable compensation
- Covered members may voluntarily participate in the Deferred Compensation Program (401(k) program)  
\*Member contributions only; Employer contributions do not apply\*
- Survivorship options available

## What determines your TCRS Retirement Benefit?

- **Average Final Compensation (AFC)** - The average of your highest 60 consecutive months of salary.  
\*Not necessarily your last 60 months of salary prior to retirement\*
- **Years of Service** - Your total number of years and months of creditable service
- **Age at Retirement** - Determines early retirement deduction factors and benefits paid under the optional survivor benefits plans

## Legacy Plan Retirement Requirements

- **Service Retirement**
  - Member must be age 60 and vested or have 30 years of service, regardless
- **Early Retirement**
  - Member must be age 55 and vested
  - Once reduction factor will be applied
- **25-Year Early**
  - Member must be under the age of 55 and have 25 years of service
  - Two reduction factors will be applied



## TCRS Hybrid Plan

The Hybrid Plan is a combination of a defined benefit plan administered by the Tennessee Consolidated Retirement System (TCRS) and the State of Tennessee's deferred compensation plan (401(k)).

### Components:

- TCRS Defined Benefit Plan (Defined Benefit (DB) portion of your benefit
- State of TN 401(k) Plan (Defined Contribution (DC) portion of your benefit

### Vesting:

- 5 years vesting with TCRS
- Immediate vesting in the 401(k) (DC) plan

### Service Retirement:

- 65 years of age OR rule of 90 (service credit + age = 90)

## What determines your TCRS Retirement Benefit?

- **Average Final Compensation (AFC)** - The average of your highest 60 consecutive months of salary.  
\*Not necessarily your last 60 months of salary prior to retirement\*
- **Years of Service** - Your total number of years and months of creditable service
- **Age at Retirement** - Determines early retirement deduction factors and benefits paid under the optional survivor benefits plans

## TCRS Hybrid Plan Component Features

### Defined Benefit Plan (TCRS)

- Required contributory rate-5% off earnable compensation
- Benefits are calculated with a set formula
- Lifetime monthly benefit at retirement once eligible
- Survivorship options available
- Employer bears investment risk

### Defined Contribution Plan (401(k))

- Multiple distribution options
- Member contribution may be adjusted
- Participant selects investments
- Participant bears investment risk
- Benefit in retirement is based upon participant's account balance

Contributions to the Hybrid Plan			
	Employer <sup>3</sup>	Member	Total
TCRS	4%	5%	9%
401(k)	5%	2% <sup>4</sup>	7%
<b>TOTAL</b>	<b>9%</b>	<b>7%</b>	<b>16%</b>

\*Deductions will not begin until completion of six-month probationary period (if applicable)\*

## USABLE Supplementary Benefits

New employees are eligible for USABLE supplementary benefits offered to Oak Ridge Board of Education employees. New hires have 30 days from their date of hire to enroll in eligible benefits. Enrollment in USABLE products is processed directly through USABLE. To enroll, or for additional information, please contact Brian Gass at [Brian.gass@usablelife.com](mailto:Brian.gass@usablelife.com) or 423-653-8126.

**Voluntary Group Term Life Insurance** – Life insurance coverage that you can take out since you are an eligible member of the group:

- Employee – Guaranteed Issue up to \$200,000 or 5x salary – whichever is lower
  - o \$2.15/month per \$10,000 of coverage
- Spouse – Guaranteed Issue up to \$30,000 or 50% of Employee Coverage – whichever is lower
  - o \$2.15/month per \$10,000 of coverage
- Child – Blanket Coverage - \$10,000 on all children under age 26
  - o \$1.76/month

**Disability** – Educator LTD 3:

- USABLE Life has a special disability program for the Education Industry
- It is short term and long term combined into 1 plan
- There are different elimination periods – elimination period is how long you have to be out of work before USABLE Life would start to pay you a benefit.
  - o 1st day/4th day – starts to pay out immediately on accident or hospitalization, 4th day of illness
  - o 7/7 – Starts to pay after being out of work for 7 days
  - o 15/15 - Starts to pay after being out of work for 15 days
  - o 30/30 - Starts to pay after being out of work for 30 days
  - o 60/60 - Starts to pay after being out of work for 60 days

**You have 2 opportunities to sign up for the coverage with no health questions asked (Guaranteed Issued):**

- Now – signed applications must be dated and returned no later than 30 days after your hire date
  - o Enrollment Limited to Guaranteed Issue Products - Voluntary Group Life Insurance and Disability Insurance
- 1st Annual Enrollment following your hire date – our open enrollment occurs in September of each year, and the coverage becomes effective 1/1 of the following year.
  - o All products offered including FSA plans

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

## **PART A: General Information**

There is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace is held annually in the fall. Check the [www.healthcare.gov](http://www.healthcare.gov) website for more information and deadlines.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?** Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if

your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the

Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_Tamara Jones\_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Oak Ridge Schools		4. Employer Identification Number (EIN) 62-6014956	
5. Employer address 304 New York Avenue		6. Employer phone number 865-425-9008	
7. City Oak Ridge		8. State Tennessee	9. ZIP code 37830
10. Who can we contact about employee health coverage at this job? Tamara Jones			
11. Phone number (if different from above)		12. Email address: tjones@ortn.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
    - All employees.
    - Some employees. Eligible employees are:
      - Any employee scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position
      - Any member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation)
      - Utility board members appointed or elected pursuant to TCA 7-82-307, but only during their term of service
      - County officials as defined in TCA 8-34-101(9) (A) and (B), regardless of whether the agency participates in the plan, pursuant to TCA 8-27-704
  - All other individuals cited in state statute, approved as an exception by the Local Government Insurance Committee, or defined as full time employees for health insurance purposes by federal law
  - With respect to dependents:
    - We do offer coverage. Eligible dependents are:
      - 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 employers
      - Natural or adopted children
      - Stepchildren
      - Children for whom you are the legal guardian
      - Children for whom the plan has qualified medical child support orders
    - We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- \*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy)  
(Continue)

**No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

**Yes** (Go to question 15)     **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$104.04

b. How often?     Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)