



THE UNIVERSITY OF  
**MEMPHIS**<sup>®</sup>  
Human Resources

# Employee Benefits Packet

2026

# General Insurance Information

## Effective Date of Insurance

The following will be effective on the first day of the month after one (1) full calendar month of employment from your hire date:

- Health
- Dental
- Vision
- Basic Term Life and Accidental Death and Dismemberment
- Optional Special Accidental Death and Dismemberment
- Short Term Disability

For example, if your hire date is August 23, the above insurance coverage begins October 1. Optional term life coverage will begin after three (3) full calendar months of employment.

Payroll deductions for insurance premiums are made a month in advance for most plans. A few plans, such as Long-Term Disability and Flexible Spending Accounts (FSA), allow premiums to be paid the same month the coverage is effective. Example: health insurance premiums are deducted from your paycheck in August for September coverage, and long-term disability premiums are deducted from your pay in September for coverage in September.

## Employee Eligibility

- Full-time employees regularly scheduled to work a minimum of 30 hours a week for a period expected to exceed six (6) months
- Faculty employed a minimum of 30 hours a week for the full academic year
- Part-time employees with 24 months of service regularly working a minimum of 1450 hours per year

## Dependent Eligibility

- Spouse (legally married)
- Natural (biological) or adopted children
- Stepchild(ren)
- Children whom you are the legal guardian
- Children for whom the plan has received a qualified medical child support order

Dependent children are eligible for coverage through the last day of the month of their 26<sup>th</sup> birthday.

### **PROOF OF ALL DEPENDENT'S ELIGIBILITY IS REQUIRED BY THE STATE OF TN**

**Review the list of Dependent Definitions and Required Documents on page 2 for clarification.** Dependents must be verified by submitting a copy of the required documentation before they can be enrolled. Please mark/black out any personal financial information on the copies of your documents.

# Dependent Eligibility Definition & Required Documents

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>Spouse</b>	A person to whom the participant is legally married	You will need to provide a document proving marital relationship <b>AND</b> a document proving joint ownership
		<b>Proof of Marital Relationship</b> <ul style="list-style-type: none"> <li>• Government issued marriage certificate or license</li> <li>• Naturalization papers indicating marital status</li> </ul>
		<b>Proof of Joint Ownership</b> <ul style="list-style-type: none"> <li>• Bank Statement issued within the last six (6) months with both name; <b>or</b></li> <li>• Mortgage Statement issued within the last six (6) months with both names; <b>or</b></li> <li>• Residential Lease Agreement within the current terms with both names; <b>or</b></li> <li>• Credit Card Statement issued within the last six (6) months with both names; <b>or</b></li> <li>• Property Tax Statement issued within the last 12 months with both names; <b>or</b></li> <li>• The first page of most recent Federal Tax Return filed showing "married filing jointly" (if married filing separately, submit page 1 of both returns) or form 8879 (electronic filing)</li> </ul>
		<i><b>If just married in the current calendar year, a marriage certificate only is acceptable proof of eligibility</b></i>
<b>Natural (biological) child under age 26</b>	A natural (biological) child	The child's birth certificate; <b>or</b>
		Certificate of Report of Birth (DS-1350); <b>or</b>
		Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); <b>or</b>
		Certification of Birth Abroad (FS-545)
<b>Adopted child under age 26</b>	A child the participant has adopted or is in the process of legally adopting	Court documents signed by a judge showing that the participant has adopted the child; <b>or</b>
		International adoption papers from country of adoption; <b>or</b>
		Papers from the adoption agency showing intent to adopt
<b>Child whom the participant is legal guardian</b>	A child for whom the participant is legal guardian	Any legal document that establishes guardianship
<b>Stepchild under age 26</b>	A stepchild	Verification of marriage between employee and spouse and birth certificate of the child showing the relationship to the spouse; <b>or</b>
		Any legal document that establishes relationship between the stepchild and the spouse or the member
<b>Child for whom the plan has received a Qualified Medical Child Support Order</b>	A child who is named as an alternate recipient with respect to the participant under a Qualified Medical Child Support Order (QMCSO)	Court documents signed by a judge; <b>or</b>
		Medical support orders issued by a state agency
<b>Disabled dependent</b>	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	Documentation will be provided by the insurance carrier at the time incapacitation is determined

**Never send original documents. Please mark out or black out any Social Security numbers and any personal information.**

### **Special Enrollment Process**

If you do not enroll in medical insurance as a new hire, you or your dependents may apply for coverage by providing supporting documentation that one of the following qualifying events has occurred **within the past 60 days and caused loss of coverage**:

- Death of employee's spouse
- Divorce or legal separation
- Termination of spouse's employment
- Reduction in spouse's work hours below number required for benefits Spouse's employer discontinues total contributions to spouse's coverage Loss of TennCare coverage (excluding loss for lack of payment)
- You may also apply within 30 days of acquiring a new dependent (marriage, birth/adoption) without proving a loss of coverage.

### **Annual Enrollment Transfer Period (AETP)**

During the fall of each year, you will have an opportunity to:

- Enroll in, cancel or transfer between health options and carriers
- Enroll in, cancel or transfer between dental and vision options
- Enroll in, increase or decrease Voluntary Term Life Insurance
- Enroll in Voluntary Special Accidental Death and Dismemberment Insurance

Most changes you request start the following January 1. However, voluntary term life coverage may start January 1, February 1 or March 1.

Benefit information will be mailed to you and this information should be reviewed carefully to make the best decisions for you and your dependents.

### **Insurance Handbook**

The Eligibility and Enrollment Guide includes detailed information related to our insurance plans and a HIPAA information notice. The Guide may be viewed at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

You will find links to the Insurance Handbook and all vendor handbooks at this site.  
Benefits Administration: <https://www.tn.gov/partnersforhealth/publications/publications.html>

# Basic Health Insurance

## Choice of three health insurance options:

- Premier Preferred Provider Organization (PPO)
- Standard PPO
- Consumer-driven Health Plan (CDHP)

With each healthcare option, you can see any doctor you want. However, each carrier has a list of doctors, hospitals and other healthcare providers that you are encouraged to use. These providers make up a network. You can visit any doctor or facility that is in the network. These providers have agreed to take lower fees for their services. Network providers will always cost you less. The cost is higher when using out-of-network providers.

Each healthcare option covers the same services, treatments and products, including the following:

- Provides the same comprehensive health insurance coverage
- Offers the same provider networks
- Covers in-network preventive care (annual well visit, routine screenings) at no cost to you
- Covers maintenance prescription drugs without having to first meet a deductible
- Has a deductible
- Has out-of-pocket maximums to limit your costs

However, there are some differences between the PPOs and CDHP.

## Preferred Provider Organizations (PPOs)

- Higher monthly premium but have a lower deductible
- Fixed copays for doctor office visits and prescription drugs without first having to meet your deductible
- Pay deductible first before coinsurance applies
- When out-of-pocket maximum is reached the plan pays 100% for in-network services

## Consumer Driven Health Plan (CDHP)

- Lower monthly premium but have a higher deductible
- You pay the full discounted network cost for ALL healthcare expenses, including pharmacy, until you meet your deductible
- You receive a tax-free health savings account (HSA) which can be used to cover your qualified medical expenses, including your deductible
- Coinsurance after you meet your deductible
- Lower total out-of-pocket maximum compared to PPOs

## CDHP option:

- If you choose this plan, the state will put \$500 for employee coverage or \$1,000 for family coverage in your HSA for you to use tax free for qualified medical

expenses.

- New enrollees with coverage effective dates Sept 2 through the end of the year, will not receive a state contribution in 2026.

### **Health Savings Account (HSA)**

A health savings account (HSA) is a tax-exempt account that individuals can use to pay or save money for qualified medical expenses on a tax-free basis. The HSA is administered by TASC. The money in the account earns interest and when it reaches \$1,100 you can invest it.

The HSA is triple tax-free:

- Your contributions are made pre-tax,
- Your account balance earns interest tax-free, and
- Your distributions are tax-free if they are used for eligible medical expenses.

You can contribute money through payroll deduction if you wish. The money in the HSA is your money. The balance rolls over at the end of the year. As long as you use it for eligible medical expenses it will be tax free. And if you leave or retire, you take it with you. It can help fund health expenses tax free when you retire and at 65, it can be used for non-medical expenses with no penalty charges (but it will be taxed). If you use the HSA money for non-medical expenses prior to 65, you will pay a penalty as well as taxes.

You will set up your own online HSA account when you enroll in the CDHP. You can pay for services online or with a debit card that will be provided by Optum Bank. You can order additional cards for your spouse or dependent.

### **HSA Contribution Limits**

- IRS guidelines allow total tax-free annual contributions up to \$4,400 for individuals and \$8,750 for families in 2026.
- At age 55 and older, you can make an additional \$1,000/year contribution.

### **HSA Restrictions**

You cannot enroll in a CDHP if you are enrolled in another plan, your spouse's plan, or any government plan (e.g., Medicare A and/or B, Medicaid).

If you are eligible for VA medical benefits and did not receive benefits during the preceding three months, you can enroll in and make contributions to your HSA. If you receive VA benefits in the future, then you are NOT entitled to contribute to your account for another three months. Restrictions may apply. Go to [IRS.gov](https://www.irs.gov) to learn more.

### **Wellness Program**

Members and enrolled spouses can get cash rewards for participating in the voluntary wellness program. You can get money deposited through payroll\* by completing certain activities and programs.

Regardless of the health plan you choose, members and enrolled spouses will first complete two requirements that may make them eligible for other programs. These requirements are:

- Health risk assessment (online questionnaire)
- Biometric screening at a worksite location or from your doctor

After members complete these two requirements, they will receive a cash deposit into their paycheck. Then, they'll find out if they qualify for other rewards and programs. Members who qualify can also get cash rewards for completing one or more programs. These additional programs could include:

- Weight loss/weight management program
- Tobacco cessation program
- Wellness counseling (diet, stress, exercise, etc.)
- Disease management program
- Diabetes Prevention Program (DPP)

There will also be wellness challenges, educational tools and other online wellness resources to help members track their results and progress.

\*Members must be in a positive pay status to receive an incentive. The cash incentive for both the employee and eligible spouse will be deposited directly into the member's paycheck and will be taxed.

**Basic Features of the Health Options:**

	PPOs (Premier & Standard)	CDHP/HSA
<b>Covered Services</b>	Each option covers the same set of services	
<b>Preventive Care</b> – Routine screenings and preventive care	Covered at 100% (no deductible)	
<b>Employee Contribution</b> – Premium	Higher than the CDHP	Lower than the PPOs
<b>Deductible</b> – The dollar amount of covered services you must pay each calendar year before the plan begins reimbursement	Lower than the CDHP	Higher than the PPOs
<b>Physician Office Visits</b> – Includes specialists and behavioral health and substance use services	You pay fixed copays without having to first meet your deductible	You pay the discounted network cost until the deductible is met, then you pay coinsurance
<b>Non-Office Visit Medical Services</b> – Hospital, surgical, therapy, ambulance, advanced x-rays	You pay the discounted network cost until the deductible is met, then you pay coinsurance	
<b>Prescription Drugs</b>	You pay fixed copays without having to first meet you deductible	You pay for the medication at the discounted network cost until your deductible is met – then you pay coinsurance until you meet the out-of-pocket maximum
<b>Out-of-Pocket Maximum</b> – The most you pay for coverer services; once you reach the out-of-pocket maximum, the plan pays 100%	Higher than the CDHP	Lower than the PPOs
<b>Health Savings Account</b>	None	The state will contribute \$500 for single coverage and \$1,000 for family coverage to help offset the deductible – your contributions are pre-tax

**Choice of four insurance carrier networks** (regardless of whether you choose the PPOs or the CDHP):

- BlueCross BlueShield of Tennessee Network S — there is no additional cost for this network. In 2026 in the Memphis market, Methodist facilities will be out-of-network, and Baptist facilities will be in-network. All Methodist provider groups (i.e., physicians, nurse practitioners) will also be out-of-network.
- BlueCross BlueShield of Tennessee Network P — this is a large network with a choice of more doctors

and facilities, but you will pay more. In 2026 in the Memphis market, Baptist facilities will both be in-network and Methodist facilities will be out-of-network. **Monthly surcharges will apply (included in the premium):**

- \$75 more each month for employee only coverage
- \$85 more each month for employee+child(ren) coverage
- \$150 more each month for employee+spouse or employee+spouse+child(ren)

- Cigna LocalPlus — there is no additional cost for this network. This is a smaller network than Cigna Open Access Plus.
- Cigna Open Access Plus — this is a large network with a choice of more doctors and facilities, but you will pay more. In 2026 in the Memphis market, Baptist facilities will be out-of-network, but Methodist facilities will remain in-network.

**Monthly surcharges will apply (included in the premium):**

- \$75 more each month for employee only coverage
- \$85 more each month for employee+child(ren) coverage
- \$150 more each month for employee+spouse coverage or employee+spouse+child(ren) coverage

BlueCross BlueShield of Tennessee and Cigna administer the health insurance options. Each carrier has its own network of preferred doctors, hospitals and other healthcare providers. Many doctors are in more than one network. Check the networks carefully for your preferred doctor or hospital when making your selection.

The carriers' covered services are generally the same whether you choose BlueCross BlueShield of Tennessee or Cigna. For some procedures, different medical criteria may apply based on the carrier you select. For detailed information on covered services, exclusions and how the plans work, view the insurance carriers' member handbooks, available on the Benefits Administration website.

If both you and your spouse are employees of the State of Tennessee, you have the choice of enrolling in separate plans or having one spouse cover the other. Be sure to discuss this with a Benefits staff member as it will affect the Basic Term Life coverage amount of the dependent spouse.

(There is a chart of covered services and their associated costs on pages 8-9.)

### **Transferring between health plans**

You will have an opportunity to transfer between health insurance plans during the Annual Enrollment Transfer Period (AETP) held each year during the fall. Changes made during the AETP become effective January 1 of the following year.

### **Cancellation of health insurance**

Health insurance premiums are automatically paid on a pre-tax basis. Therefore, cancellations or changes may only be processed with a valid family status change or during the AETP.

## 2026 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 except for 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>		CDHP/HSA NETWORK STATUS & COST <sup>(1)</sup>	
	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, &amp; tobacco cessation counseling</li> </ul>	\$0	\$45	\$0	\$50	\$0	40%
<b>OUTPATIENT SERVICES — SERVICES SUBJECT TO COINSURANCE MAY BE EXTRA</b>						
<b>Primary Care Office Visit <sup>(8)</sup></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> <li>Allergy injections and serum</li> </ul>	\$25	\$45	\$30	\$50	20%	40%
<b>Specialist Office Visit <sup>(8)</sup></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> <li>Allergy injections and serum</li> </ul>	\$45	\$70	\$50	\$75	20%	40%
<b>Behavioral Health and Substance Use<sup>(2) (8)</sup></b> <ul style="list-style-type: none"> <li>Including provider-based virtual visits</li> </ul>	\$25	\$45	\$30	\$50	20%	40%
<b>Telehealth Programs</b> (MDLive/Teladoc/Talkspace)	\$15	N/A	\$15	N/A	20%	N/A
<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	20%	40%
<b>Convenience Clinic</b>	\$25	\$45	\$30	\$50	20%	40%
<b>Urgent Care Facility</b>	\$45	\$70	\$50	\$75	20%	40%
<b>PHARMACY – GENERIC/PREFERRED/NON-PREFERRED</b>						
<b>30-Day Supply</b>	\$7/\$40/\$90	copay + amount > MAC	\$14/\$50/\$100	copay + amount > MAC	20%	40% + 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	20%	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	10% before deductible	N/A - no network
<b>30-Day Supply</b> Medications Prescribed for Obesity	25%	N/A - no network	25%	N/A - no network	25%	N/A - no network
<b>SPECIALTY PHARMACY MEDICATIONS – 30-DAY SUPPLY</b>						
<b>Generic/Preferred/Non-Preferred</b>	30%	N/A - no network	30%	N/A - no network	30%	N/A - no network

**2026 State and Higher Education Comparison** PPO services in this table ARE subject to a deductible unless noted with a [5]. 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 COVERED SERVICES	PREMIER PPO NETWORK STATUS & COST <sup>(1)</sup>		STANDARD PPO NETWORK STATUS & COST <sup>(1)</sup>		CDHP/HSA NETWORK STATUS & COST <sup>(1)</sup>	
	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>(8)</sup>	\$0	40%	\$0	40%	\$0	40%
<b>OTHER SERVICES</b>						
<b>Hospital/Facility Services</b> <sup>(4) (8)</sup> • Inpatient care <sup>(7)</sup> ; outpatient surgery <sup>(7)</sup> • Inpatient behavioral health and substance use <sup>(2) (6)</sup>	15%	40%	20%	40%	20%	40%
• Emergency room services <sup>(7)</sup>	15%		20%		20%	
<b>Maternity</b> Global billing after first visit; Routine services & labor and delivery	15%	40%	20%	40%	20%	40%
<b>Home Care</b> <sup>(4) (8)</sup> Home health; home infusion therapy	15%	40%	20%	40%	20%	40%
<b>Rehabilitation and Therapy Services</b> • Inpatient and skilled nursing facility <sup>(4)</sup> • Outpatient PT/ST/OT/ABA <sup>(5)</sup> ; Other therapy	15%	40%	20%	40%	20%	40%
<b>X-Ray, Lab and Diagnostics</b> (Excludes advanced studies below) <sup>(5)</sup>	15%		20%		20%	
<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%	20%	40%
<b>Pathology and Radiology Reading, Interpretation and Results</b> <sup>(5)</sup>	15%		20%		20%	
<b>Ambulance</b> (air and ground)	15%		20%		20%	
<b>Durable Medical Equipment, External Prosthetics and Medical Supplies</b> <sup>(4)</sup>	15%	40%	20%	40%	20%	40%
<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	\$1,700	\$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
<b>OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES— MEDICAL, BEHAVIORAL, AND NON-SPECIALTY PHARMACY, COMBINED, INCLUDING APPLICABLE DEDUCTIBLE EXPENSES</b>						
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
<b>OUT-OF-POCKET MAXIMUM — ELIGIBLE EXPENSES— SPECIALTY PHARMACY (ONLY), INCLUDING SPECIALTY PHARMACY DEDUCTIBLE EXPENSES</b>						
Employee Only	\$2,400	N/A	\$2,400	N/A	\$2,400	N/A
Employee + Child(ren)	\$3,600	N/A	\$3,600	N/A	\$4,800	N/A
Employee + Spouse	\$4,800	N/A	\$4,800	N/A	\$4,800	N/A
Employee + Spouse + Child(ren)	\$6,000	N/A	\$6,000	N/A	\$4,800	N/A
<b>CDHP STATE HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION</b>						
For individuals who enroll in the CDHP	N/A		N/A		\$500 employee only coverage level; \$1,000 all other coverage levels	

# Monthly Premiums for Active Employees

## State and Higher Education

### State and Higher Education

### 2026 Active Employees Monthly Health Premiums



ALL NETWORKS, PLANS AND TIERS						
		BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
<b>PREMIER PPO</b>	Employee Only	\$177	\$177	\$267	\$267	\$707
	Employee + Child(ren)	\$265	\$265	\$365	\$365	\$1,061
	Employee + Spouse	\$398	\$398	\$578	\$578	\$1,591
	Employee + Spouse + Child(ren)	\$459	\$459	\$639	\$639	\$1,838
		BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
<b>STANDARD PPO</b>	Employee Only	\$114	\$114	\$204	\$204	\$707
	Employee + Child(ren)	\$170	\$170	\$270	\$270	\$1,061
	Employee + Spouse	\$256	\$256	\$436	\$436	\$1,591
	Employee + Spouse + Child(ren)	\$295	\$295	\$475	\$475	\$1,838
		BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
<b>CDHP/HSA</b>	Employee Only	\$79	\$79	\$169	\$169	\$707
	Employee + Child(ren)	\$119	\$119	\$219	\$219	\$1,061
	Employee + Spouse	\$179	\$179	\$359	\$359	\$1,591
	Employee + Spouse + Child(ren)	\$206	\$206	\$386	\$386	\$1,838

## Pharmacy Benefits

Your health insurance benefits include pharmacy benefits. You do not have to make a choice about your pharmacy benefits. This benefit is automatically included for you and all enrolled dependents when you choose either health options. Pharmacy benefits are administered by CVS/Caremark, one of the largest pharmacy benefits managers in the country and the number one provider of prescriptions. Their network of more than 67,000 independent and chain pharmacies are available throughout the United States.

The state's prescription drug plan requires either a copay or coinsurance, depending on your health insurance option. How much you pay depends on how the prescription is filled.

- A generic drug (also called a tier one drug) is a Food and Drug Administration (FDA)-approved equivalent of a brand-name drug. It is equal to the brand-name product in safety, effectiveness, quality and performance. You pay the least when you fill a prescription with a generic drug.
- A preferred brand (also called a tier two drug) is a drug that is included on the drug list. Your cost will be higher for a preferred brand than for a generic but less than for a non-preferred brand.
- A non-preferred brand (also called a tier three drug) is a brand-name drug that is not on the drug list. You will pay the most if your prescription is filled with a non-preferred brand.
- A specialty drug tier for specialty drugs. For PPOs, 10% coinsurance will apply with a member minimum (\$50, unless the drug cost is under \$50, then you would pay the full cost of the drug) and a maximum (\$150) out-of-pocket. Members enrolled in a CDHP will pay coinsurance for specialty drugs.

All offer 30-day prescriptions. If you take a longer-term medication, more than 916 Tennessee "mail at retail" pharmacies also fill 90-day prescriptions. Mail service is also available. If you want to find a 30-day or 90-day network pharmacy, call the number or visit the website listed below.

See your plan's prescription drug co-pays and coinsurances under the PPO and CDHP health options at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

Additional Information:  
Caremark – 1.877.522.TNRX (8679)  
<http://info.caremark.com/stateoftn>

# Dental Insurance

## Choice of two dental insurance options:

- State of Tennessee Prepaid Plan
- MetLife Preferred Provider Organization

The State of Tennessee Prepaid Plan, offered through Cigna DHMO, provides dental services at predetermined copayment amounts, which are reduced fees for dental treatments when members receive services from their pre-selected Participating General Dentist or from a Participating Specialist. There are no deductibles, no claims to file, no waiting periods for covered members, and no annual dollar maximum. Pre-existing conditions are covered.

The Dental Preferred Provider Organization (DPPO), offered through MetLife, offers flexibility in that members may choose any dentist; however, members receive maximum benefits when visiting a PDO Network Provider. No referrals are required with the PDO option, and you or your dentist will file claims for covered services. Some services require waiting periods, and limitations and exclusions apply. Please refer to the vendor materials for complete information on coverage, limitations and exclusions.

Coverage is available to you and eligible dependents. The chart below depicts the monthly cost of each plan.

### 2026 Monthly Dental Premiums



	CIGNA DHMO (PREPAID PROVIDER) PLAN			METLIFE DPPO PLAN		
	TOTAL PREMIUM LOCAL EDUCATION, LOCAL GOVERNMENT	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYEE PREMIUM	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYER PREMIUM	TOTAL PREMIUM LOCAL EDUCATION, LOCAL GOVERNMENT	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYEE PREMIUM	STATE GOVERNMENT AND HIGHER EDUCATION EMPLOYER PREMIUM
<b>ACTIVE MEMBERS</b>						
Employee Only	\$14.69	\$7.34	\$7.35	\$20.32	\$10.16	\$10.16
Employee + Child(ren)	\$30.50	\$15.25	\$15.25	\$67.54	\$33.77	\$33.77
Employee + Spouse	\$26.03	\$13.01	\$13.02	\$39.96	\$19.98	\$19.98
Employee + Spouse + Child(ren)	\$35.79	\$17.89	\$17.90	\$99.47	\$49.73	\$49.74

If you do not enroll as a new employee, you may elect coverage for you and/or your dependents during the Annual Enrollment Transfer Period. You will also have the opportunity to add, change or cancel your dental coverage.

#### Additional information:

Cigna Dental DHMO Prepaid Plan – (800) 997-1617


- <https://stateoftn.cigna.com/>

MetLife Dental DPPO – 855.700.8001 Option 1

- Provider directory: <https://www.metlife.com/info/stateoftn>

# Dental Insurance Plan Comparison

## Covered Dental Services



### Partners for Health 2026 Dental Insurance

**PARTNERS FOR HEALTH**

**TWO OPTIONS ARE AVAILABLE**

**1. Dental health maintenance organization**  
- prepaid provider administered by Cigna

**2. Dental preferred provider organization**  
administered by MetLife

#### DHMO

- There is no deductible to meet, no annual maximum for services and no waiting periods.
- You pay copays for services, which are found in the [Patient Charge Schedule](#). You will also be responsible for paying lab fees for certain services.

**Teledentistry is available to members at a \$0 copay with no frequency limit.**

**Routine exams and cleanings**

- Oral evaluations are limited to a combined total of 4 of the following during a 12 consecutive month period
  - periodic oral evaluations,
  - comprehensive oral evaluations, and
  - comprehensive periodontal evaluations
- Cleaning – limit 2 per calendar year; can add 2 additional per year at copay of \$45

**Orthodontics**

- \$3,360 maximum (\$140 x 24 months) for treatment fee only. Member pays full charge after 24 months
- No age limit

**Waiting periods**

- There are no waiting periods.

**Providers/Network**

- You must select and use a Cigna network general dentist from the DHMO list for the state's dental plan and let Cigna know of your choice. You may select a network pediatric dentist for your child under age 13; the dentist will be considered a specialist.
- Before enrolling, carefully check the network for your location. You may be able to cancel this coverage if you enroll and later there are no network general dentists within a 25-mile driving-distance of your home address.
- Providers can be found here: [hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC060](http://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC060)

#### DPPO

**Deductible**

- In-network: \$50 single; \$150 family, per plan year
- Out of network: \$100 single; \$300 family, per plan year
- \$1,500 plan benefit maximum per person per calendar year

**Costs**

- You pay deductible and coinsurance for services
- Provider negotiated fee, or maximum plan allowance, is the highest dollar amount of reimbursement for specific dental procedures provided by MetLife DPPO in-network providers. The in-network dentists have agreed to not charge members or the plan more than the PNF.

**Member coinsurance breakdown for in-network**

- Diagnostic and preventive services: 0%
- Basic services: 20%
- Major services: 50%
- Orthodontic services: 50%

**Routine exams & cleanings**

- 2 routine office exams per calendar year
- 2 problem-focused exams (office or teledentistry) per calendar year

**Orthodontics**

- \$1,500 lifetime plan benefit maximum per person

**Waiting periods**

- There are no waiting periods.

**Providers/Network**

- You can use any dentist, but you'll save money and receive maximum benefits when visiting an in-network MetLife PDP Plus provider for the Partners for Health DPPO dental plan.
- Providers can be found here: [metlife.com/StateOfTN](http://metlife.com/StateOfTN)

Visit [tn.gov/partnersforhealth/other-benefits/dental](http://tn.gov/partnersforhealth/other-benefits/dental) for details.

Review the member handbooks and certificates of coverage for details at [tn.gov/partnersforhealth/publications/publications](http://tn.gov/partnersforhealth/publications/publications). Request pre-treatment estimates to understand costs prior to receiving service.

PNF—Provider Negotiated Fee is the highest dollar amount of reimbursement for specific dental procedures provided by MetLife Dental DPPO in-network providers. The in-network dentists have agreed to not charge members or the plan more than the PNF. When a member receives dental services from an out-of-network provider, the out-of-network dentist will be paid by the plan for covered procedures according to the average PNF for in-network providers and respective plan coinsurance. The member then is responsible for all other charges by the out-of-network dentist. Review additional information on the ParTners for Health website [tn.gov/partnersforhealth.html](http://tn.gov/partnersforhealth.html) under “Other Benefits” and “Dental”.

The benefits listed are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

# Vision Insurance

Regular full-time and eligible part-time employees may enroll in optional vision insurance as a new employee. The State of Tennessee offers coverage through EyeMed. This plan offers two coverage plans; a basic plan and an expanded plan. Services and materials must be received from a participating provider to receive the highest benefit.

Both plans offer the same services, including:

- Annual routine eye exam once every calendar year
- Frames once every calendar year
- Choice of eyeglasses or contact lenses once every calendar year
- Discount on LASIK/Refractive surgery

## 2026 Monthly Vision Premiums



	BASIC PLAN	EXPANDED PLAN
<b>ACTIVE MEMBERS</b>		
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

If you do not enroll as a new employee, you may elect coverage for you and/or your dependents during the Annual Enrollment Transfer Period. You will also have the opportunity to add, change or cancel your dental coverage.

Additional information:  
 EyeMed – 855.779.5046  
[eyemed.com/stateoftn](http://eyemed.com/stateoftn)

# Vision Insurance Comparison Chart

Here is a comparison of discounts, copays and allowed amounts for 2024 under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover. Actual costs and benefits may vary based upon the plan design selected. Exclusions and limitations may apply. Out-of-network member costs can be found in the [EyeMed Handbook](#).

## 2026 Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2026 under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover. Actual costs and benefits may vary based upon the plan design selected. Exclusions and limitations may apply. Out-of-network member costs can be found in the EyeMed Handbook at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

SERVICE	BASIC PLAN IN-NETWORK COSTS <sup>[1]</sup>	EXPANDED PLAN IN-NETWORK COSTS <sup>[1]</sup>
<b>Eye Exam With Dilatation as Necessary</b>	\$10 copay	\$0 copay
<b>Retinal Imaging</b>	Up to \$39 copay	\$0 copay
<b>Contact Lens fit and Follow up (standard/premium)</b>	\$40/\$50 copay	\$35/\$45 copay
<b>Low Vision Evaluation</b>	\$300 allowance	\$300 allowance
<b>Low Vision Supplemental Aids</b>	\$300 allowance	\$300 allowance
<b>Eyeglass Benefit—Frame</b>		
<b>Retail Frame</b>	\$105 allowance	\$150 allowance
<b>Eyeglass Benefit—Spectacle Lenses</b>		
<b>Single Vision, Bifocal, Trifocal &amp; Lenticular Lenses</b>	\$20 copay	\$15 copay
<b>Standard Progressive Lenses</b>	\$90 copay	\$50 copay
<b>Premium Progressive Lenses (Tier 1 Tier 2 Tier 3 Tier 4)</b>	Copay amount of: (\$110/\$140/\$155/\$225)	Copay amount of: (\$85/\$110/\$150/\$175)
<b>UV Treatment</b>	\$15 copay	\$15 copay
<b>Tint (solid or gradient)</b>	\$15 copay	\$15 copay
<b>Standard Polycarbonate (adults/children<sup>(4)</sup>)</b>	\$40/\$0 copay	\$40 copay/\$0 copay
<b>Standard Anti-reflective Coating</b>	\$45 copay	\$45 copay
<b>Premium Anti-reflective Coating (Tier 1 Tier 2 Tier 3)</b>	\$57/\$68/\$85 copay	\$57/\$68/\$85 copay
<b>Polarized</b>	\$90 copay	\$75 copay
<b>Plastic Photochromic Lenses</b>	\$75 copay	\$50 copay
<b>Standard Plastic Scratch Coating</b>	\$15 copay	\$15 copay
<b>Contact Lenses</b>		
<b>Conventional and Disposable</b>	\$105 allowance	\$150 allowance
<b>Medically Necessary</b>	\$155 allowance	\$0 copay
<b>Frequency of Vision Benefits</b>		
<b>Vision Exam</b>	Once every calendar year	Once every calendar year
<b>Eyeglass Lenses</b>	Once every calendar year (in lieu of contact lenses)	Once every calendar year (in lieu of contact lenses)
<b>Frames</b>	Once every two calendar years	Once every calendar year
<b>Contact Lenses</b>	Once every calendar year (in lieu of eyeglass lenses)	Once every calendar year (in lieu of eyeglasses)
<b>Contact Lens Fit and Two Follow-ups</b>	Once every calendar year	Once every calendar year
<b>Retinal Imaging</b>	Once every calendar year	Once every calendar year
<b>Low Vision Evaluation</b>	Once every two calendar years	Once every two calendar years
<b>Low Vision Aids</b>	Once every two calendar years	Once every two calendar years

[1] Member pay will not be greater than the copay, but could be less based upon the actual charge.

### Discounts

- Member receives a 40% discount on additional complete pairs of eyeglasses once the funded benefit has been used.
- Member receives a 20% discount on the amount over the frame allowance.
- Member receives a 15% discount on the amount over the contact lens allowance for conventional contact lenses.
- Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations.

Note: Discounts may not be available with all providers.

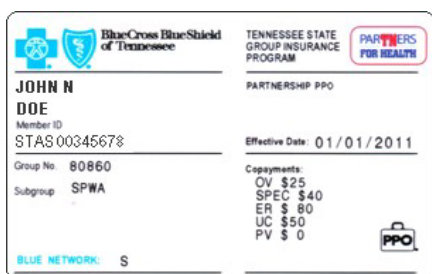
Some exclusions and limitations apply. See the EyeMed Handbook at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

# Insurance Cards

Your insurance cards will be mailed to you three (3) to four (4) weeks after your application is processed. You may call the insurance carrier to ask for extra cards or print a temporary card from the carrier's website.

Please be mindful of your coverage effective date when scheduling an appointment with a physician. If you are at a doctor's office or pharmacy and services are declined after your effective date, please call Benefits Administration at 1-800-253-9981, press option "5" for assistance.

## Health Insurance Cards

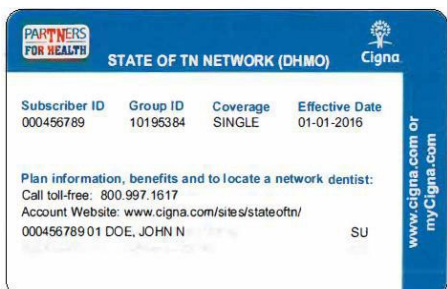


BlueCross BlueShield of Tennessee  
Phone: (800) 558-6213  
[www.bcbst.com/members/tn\\_state](http://www.bcbst.com/members/tn_state)

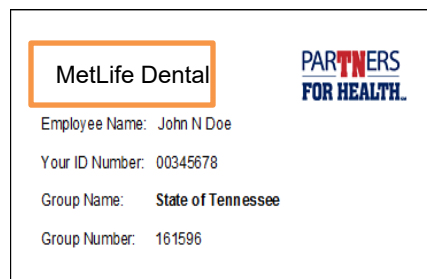


Cigna Healthcare  
Phone: (800) 244-6224  
[www.cigna.com/stateoftn](http://www.cigna.com/stateoftn)

## Dental Insurance Cards



Cigna Dental DHMO Prepaid Plan  
Phone: (800) 997-1617  
[www.cigna.com/stateoftn](http://www.cigna.com/stateoftn)



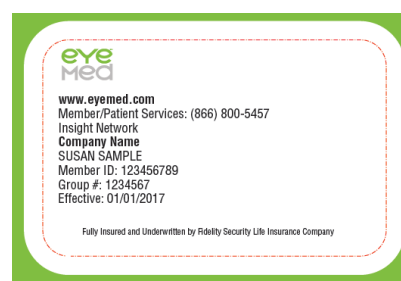
MetLife Dental PDO  
Phone: (855) 700-8001  
<https://www.metlife.com/stateoftn/dental/plan/>

## Prescription Card



Caremark Prescription  
Phone: (877) 522-8679  
[www.caremark.com](http://www.caremark.com)

## Vision Insurance Information



EyeMed  
Phone: (855) 779-5046  
[eyemed.com/stateoftn](http://eyemed.com/stateoftn)

# Basic Term Life and Accidental Death & Dismemberment Insurance

Designated beneficiaries will receive 1X the employee's base annual salary rounded to the next highest thousand (\$50K minimum/\$250K maximum, except when reduced at age milestones).

Eligible employees may opt to decrease coverage to \$50,000 to avoid imputed income, as outlined in IRS publication 15B.

## Voluntary Special Accidental Insurance

You can buy voluntary AD&D insurance to give additional protection if the employee or employee's covered dependent's death or dismemberment is due to an accident. This is in addition to the basic AD&D coverage. The employee will pay the full monthly premiums. Enroll and keep the beneficiary information current in Edison.

- Employee coverage is a coverage level based on salary to a choice of these five amounts: \$50,000, \$60,000, \$100,000, \$250,000 or \$500,000.
- Dependent enrollment is on a coverage tier basis [spouse only, spouse + child(ren), or child(ren) only] instead of generic family coverage. Dependents may be removed or added for this coverage via Edison ESS.
- Dependent voluntary AD&D coverage is based on a percentage of the employee's voluntary AD&D coverage.
- Dependent premium rates is per \$1,000 of total dependent coverage, instead of per family unit.
- Benefits will be paid for dismemberment if the loss occurs within 180 days of the accident, provided the employee or dependent was covered on the date of the accident and met the established criteria. Accident could occur at work or elsewhere.
- Coverage is available at low group rates, no questions asked.
- Premiums will be for the coverage level the employee selects.

If you and/or your eligible dependents do not elect coverage as a new employee for this plan, you may enroll during the Annual Enrollment Transfer Period with no health questions.

# Voluntary Optional Term Life Insurance

If qualified, employees can buy additional voluntary term life insurance. Enrollment is not automatic. An employee must apply for this coverage. This coverage is available regardless of whether the employee or dependents enroll in health coverage. The employee's spouse may also apply for enrollment in this coverage even if the employee does not enroll. A child term rider may be added to the employee's or spouse's certificate, but not to both. If the employee's spouse is also a state employee, the spouse must apply for coverage as an employee, not as the other employee's spouse.

- New hires: Guaranteed issue coverage with no medical questions asked for an employee is available if the employee enrolls during the first 30 calendar days of employment. Coverage will become effective on the first day of the month following completion of three full calendar months of eligible employment. If coverage is not elected during this time, an employee may apply during the annual enrollment period by presenting evidence of insurability through a health questionnaire.
- Newly eligible spouses can enroll within 30 days of first becoming eligible in \$5,000 of coverage without answering medical questions (guaranteed issue). This does not apply to current spouses.
- The employee or spouse's monthly premium will go up if the voluntary term life insurance amount is increased or the employee or spouse moves into a higher age bracket as of Jan. 1.
- Find coverage options and plan highlights on the Publications page under Life Insurance.
- To apply, go to [lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn).
- Beneficiaries for voluntary term life coverage can be updated after logging in at [lifebenefits.com/statoftern](http://lifebenefits.com/statoftern)

During Annual Enrollment, currently enrolled employees who are eligible for a guaranteed issue increase of \$5,000 will receive a notice from Securian mailed prior to the start of the annual enrollment period. If not currently enrolled, an employee and/or spouse will be required to present evidence of insurability by answering health questions when applying. A child term life insurance rider may be added to an enrolled employee or spouse's certificate without answering any health questions.

# Flexible Spending Accounts

The Flexible Benefits Plan, often called a cafeteria plan, is a plan that allows you to pay for certain benefits on a tax-free basis. The plan, sanctioned under the Internal Revenue Code Section 125, is administered by TASC. There are three benefit options to this plan.

- **Medical Expense Flexible Spending Account:** You may elect to have an additional reduction of salary made each pay period to an account on a tax-free basis for eligible medical expenses. As eligible expenses (e.g. deductibles, co-payments, contact lenses or glasses, dental procedures and/or prescription drugs) are incurred, tax-free withdrawals from your account may be made to reimburse yourself. This election must be made as a new employee and then again each year during the annual transfer period.
- **Dependent Care Expense Flexible Spending Account:** You may also elect to have an additional reduction of salary made each pay period to an account on a tax-free basis for dependent care expenses. As the expenses are incurred, tax-free withdrawals from your account may be made to reimburse yourself. This election must be made as a new employee and then again each year during the annual transfer period.
- **Limited Purpose Spending Account:** You do not qualify for a medical FSA if you are enrolled in the CDHP/HSA. However, you can put money in a limited purpose FSA for dental and vision expenses.

## FSA Contributions Limits

Account	Minimum Contribution Amount	Maximum Contribution Amount
Health Care FSA	\$10	\$3,300 <sup>[1]</sup>
Dependent Care FSA	\$10	\$5,000 <sup>[2]</sup>
Limited Purpose FSA	\$10	\$3,300 <sup>[3]</sup>

[1] If you and your spouse each have a health care FSA, you can each contribute \$2,500.

[2] The maximum contribution amount for a dependent care FSA depends on your tax filing status.

[3] You can use the limited purpose FSA to pay for certain dental and vision costs not covered by insurance.

**You do not have to be enrolled in the group insurance program in order to participate in the medical reimbursement or dependent day care accounts.**

Elections are effective the first of the month after one full calendar month of employment and ends on December 31 of that calendar year. You are locked into your elections for the calendar year unless you have a family status change, such as changes in spouse's employment or acquiring a new dependent.

**You must re-elect the options during each Annual Enrollment Transfer Period for the next calendar year.**

Please refer to the Flexible Benefits Accounts booklet for more detailed information about plan options.

Additional Information:  
TASC – 800.575.6277  
Website: [www.stateoftntasc.com](http://www.stateoftntasc.com)

# Short Term Disability

Employees may enroll in a long-term disability insurance plan offered by MetLife. Short Term Disability Insurance replaces a portion of your income during a disability, which could last up to 26 weeks. It may be good for those who – have little annual or sick leave; take part in high-risk activities; don't have six-month emergency funds. The cost is dependent upon your salary and the level of coverage you wish to carry. The plan offers two levels of coverage:

	Option A	Option B
<b>Eligibility</b>	All employees working not less than 30 hours/week; or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.	
<b>% of Gross Annual Base Salary Paid Weekly</b>	60% of salary paid weekly	
<b>Maximum Weekly Benefit</b>	Up to \$2,500	
<b>Minimum Weekly Benefit</b>	\$25	
<b>Elimination Period</b>	14 calendar days	30 calendar days
<b>Duration of Benefit</b>	26 weeks	
<b>Pre-Existing Condition</b>	None	
<b>Rate per \$100 of monthly income</b>	0.41	0.33

## Sample Premium Calculation:

Salary: 30,000/year	Option A	Option B
<b>Monthly Cost</b> (Annual salary / \$1,200 x Rate)*	\$30,000/1,200 x 0.41 = \$33.50	\$30,000/1,200 x 0.33 = \$27.00

To calculate your cost:

1. Enter your annual earning\*: \$ \_\_\_\_\_
  2. Divide by 1,200: \$ \_\_\_\_\_
  3. Enter your rate from the table above: \$ \_\_\_\_\_
  4. Multiply line 2 by line 3.
- This is your monthly cost. \$ \_\_\_\_\_

\*Maximum \$216,666.84 for Option A and Option B

If you decline coverage as a new employee, you may apply for coverage during the Annual Enrollment Period by completing a special enrollment form and health statement. Your information will be reviewed by the insurance company and approved or denied at that time based on the health questionnaire.

# Long Term Disability Insurance

Eligible central state government and state higher education employees will be automatically enrolled in long-term disability option 3, and the state will pay 100% of the premiums. This does not apply to employees of state offline agencies.

If you have additional questions, please contact [benefits@memphis.edu](mailto:benefits@memphis.edu).

Employees who use this benefit will receive 63% of their monthly salary\*, up to \$10,000 per month, following a 90-day waiting period.

\*The maximum covered monthly salary is \$15,873.02.

The state group insurance long-term and short-term disability insurance plans are managed by MetLife. Please call the MetLife state of Tennessee dedicated customer service line with questions: 855.700.8001, Mon.-Fri., 7 a.m. to 10 p.m. CT or visit <https://www.metlife.com/stateoftn/>

# State of TN Retirement Programs

## Hired before July 1, 2014

Employees who became members of TCRS after July 1, 1981 and before July 1, 2014 are non-contributory. The State's non-contributory plan is referred to as the Legacy Plan.

Rehired employees are eligible for enrollment in the Legacy Plan as follows:

- Vested in Legacy Plan with a break in service – may return to Legacy Plan upon reemployment with State agency.
- Not vested in Legacy Plan and return to service in less than 7 years – may return to Legacy Plan.
- Not vested in Legacy Plan and return to service after 7 years – must enroll in new Hybrid Plan.
- If eligible for the Legacy Plan, the rehired employee must be enrolled in the same retirement plan he/she was previously a member (i.e. TCRS to TCRS Legacy and ORP to ORP Legacy).

All regular, full-time employees are required to participate in the retirement plan as a condition of employment. For regular part-time employees, membership in a retirement plan is optional. In addition to the State's retirement system, rehired employees will also be automatically enrolled to contribute 2% into a defined contribution plan (401k). While the auto-enroll is an automated process, employees do have an opportunity to 'opt-out' of the 2% contribution.

### **Auto-enroll:**

Auto-enroll allows an employer to automatically deduct elective deferrals from an employee's wages unless the employee makes an election not to contribute or to contribute a different amount. Employees will receive a letter from the Defined Contribution Record-Keeper, which is currently Empower Retirement. Employees will have thirty (30) days from the date of the letter to opt-out or change the contribution amount.

Eligible rehired employees determined to be "Exempt" from the Fair Labor Standards Act (FLSA) have two (2) retirement plans available, the TCRS or ORP. Eligible rehired employees determined to be "Nonexempt" from the Fair Labor Standards Act (FLSA) have one retirement plans available, which is the TCRS. Rehired employees will be electronically enrolled in the same retirement plan he/she was previously a member (i.e. TCRS to TCRS Legacy and ORP to ORP Legacy).

Employees will be required to enter beneficiary information online once the account is set-up with the chosen vendor.

Additional information:

ORP

<https://treasury.tn.gov/Portals/0/Documents/Retirement/Forms%20and%20Guides/Active%20Members/OptionalRetirementProgramFAQ.pdf>

TCRS – (800) 922-7772

<https://treasury.tn.gov/Retirement/Information-and-Resources/TCRS-Overview-and-Self-Service>

# ORP and TCRS Comparison Chart

Hired before July 1, 2014

FEATURE	TCRS	ORP
<b>Contributions</b>	The member makes no contributions to the plan. The employer pays both the employee and employer costs for funding the benefits.  A 2% employee auto-enroll contribution will also be made on behalf of all participants to the 401(k) plan for which a participant may opt-out or change his/her contribution amount at any time.	The member makes no contributions to the plan. The employer contributes 10% of gross salary covered by Social Security and 11% of salary in excess of the Social Security Wage Base. A 2% employee auto-enroll contribution will also be made on behalf of all participants to the 401(k) plan for which a participant may opt-out or change his/her contribution amount at any time. IRS Salary Limit: \$330,000 FICS Wage: \$160,200
<b>Vesting</b>	Higher education employees participating in TCRS are <b>vested after five (5) years</b> of service.	All contributions made to the plan are <b>100% vested from the date of contribution</b> .
<b>Creditable Service</b>	Members may earn service credit in TCRS for service with the State of Tennessee, the public school systems in Tennessee, or over 300 political subdivisions in Tennessee, which have elected to participate. Vested members may also establish credit in TCRS for up to 4 years of eligible military service. At retirement, unused sick leave may be converted to retirement service credit at the rate of one month of service credit for each 20 days of leave.	Benefits are based on the member's account balance rather than on service. Contributions are credited to the member's account during service to a Tennessee higher education institution while a member of the ORP.
<b>Retirement Benefits</b>	TCRS retirement benefits are computed under a formula which uses the average of the member's highest five consecutive years of salary (while a member of TCRS) and the years of service credited in TCRS. Members are eligible for unreduced benefits upon attaining age 60 or 30 years of service. Reduced benefits are available upon attaining age 55 or 25 years of service.	<b>ORP benefits are based on the member's account balance and the member's age at the time benefits begin.</b> Members are eligible to begin drawing benefits at any age if separation from service has occurred.
<b>Disability Benefits</b>	Accidental disability retirement benefits are available immediately if a member is injured on the job. Ordinary disability retirement benefits are available to members with five (5) years of creditable service, regardless of where the member is employed at the time the disability occurs.	Upon disability retirement or upon termination of employment for any reason, the member may request an annuity settlement of lifetime distribution payout. Members receiving social security disability benefits may also elect a partial lump sum payment from their account, subject to the provisions of the product(s) the member selected.
<b>Cost of Living Adjustment</b>	TCRS retirement benefits are payable in the form of a fixed annuity. Compounded adjustments in the benefits to reflect increases in the Consumer Price Index (CPI) of up to 3% are made annually. Adjustments appear in the July 31 payment.	There are no automatic cost-of-living adjustments in most ORP payment options; however, the benefit payable under a variable annuity may fluctuate up or down depending on market conditions.
<b>Payouts Methods</b>	<b>Vested members are eligible to select a single life annuity or one of several joint and survivor annuities at retirement.</b> No refunds of contributions are provided for members who joined after July 1, 1981.	A member's account balance can be distributed in lump sum payments, partial lump sum payments, periodic payments, and required minimum distribution payments, among others. Payouts are subject to any restrictions on individual funds.
<b>Death Benefits Before Retirement</b>	The beneficiary of a TCRS member who dies before retirement may be eligible for one of the following benefits: (1) if the member is eligible to retire, TCRS will provide a survivor annuity to a surviving beneficiary upon the member's death before retirement; or (2) if the member has at least 10 years creditable service, the surviving spouse is eligible for a 100% joint and survivor annuity if the spouse is named as beneficiary; or (3) if the member has made contributions to TCRS, the beneficiary or estate may receive a lump-sum payment equal to twice the value of the member's accumulation.	The value of the total accumulation is payable to the named beneficiary or the estate. If the value of the accumulation is sufficiently large, the beneficiary may be eligible to elect an annuity payout.
<b>Transfers Between TCRS and ORP</b>	Employees who are eligible to participate in the ORP, but who elected to participate in TCRS, <b>may make a one-time election to transfer membership from TCRS to the ORP.</b> Members are advised to obtain a TCRS benefit estimate before making a decision to transfer.	Employees who participate in the ORP generally may not transfer membership to TCRS; however, beginning in 2005, <b>ORP members who reach five (5) years of service have a one-time transfer option.</b> This election must be made and filed no later than the end of the calendar year following the year that five (5) years of service is achieved.
<b>Transfers Outside Tennessee's Plans</b>	Employees who joined TCRS after July 1, 1981 may not transfer their TCRS account to another employer's plan or to an Individual Retirement Account (IRA).	Some employees who participate in the ORP may be eligible to transfer a portion of their Tennessee ORP account balance to another employer's plan or to an Individual Retirement Account (IRA) if they qualify for partial or total lump sum distribution.

# State of TN Retirement Programs

## Hired after July 1, 2014

All regular full-time employees of the University of Memphis are required to participate in a State of TN retirement program. Regular part-time employees are eligible, but are not required to participate. Participation entails a mandatory 5% contribution by the employee. Employees will also be automatically enrolled to contribute an additional 2% into a defined contribution plan. While the mandatory 5% is a condition of employment, employees do have an opportunity to 'opt-out' of the additional 2% contribution. In addition to the employee contribution, University of Memphis will contribute 8.95% (8.92% as of July 1, 2026) (TN Consolidated Retirement System (TCRS) or 9% (Optional Retirement Program (ORP) of salary annually.

Employees paid on a bi-weekly basis will be enrolled in the TCRS. Regular academic, executive, and administrative employees shall have the option of becoming a member of either TCRS or the ORP.

### **NOTE:**

The Treasury Department is requiring all newly hired employees to make a retirement election on his/her **FIRST DAY OF EMPLOYMENT**. Employees who do not make a binding retirement decision on the first day of employment will be automatically defaulted into TCRS.

### **Eligibility**

- All regular full-time employees are required to participate.
- Regular part-time employees are eligible, but not required to participate.
- Employees who are non-US citizens on F-1 or J-1 visas are not eligible for retirement membership. As soon as you gain H-1 visa status or become a permanent resident, you must contact University Benefits Administration to enroll.
- Employees who have current membership (because of previous State of TN employment) in either TCRS or the ORP may be eligible for the legacy TCRS/ORP programs.
- Employees paid on an hourly basis will be enrolled in the TCRS.
- Regular academic, executive, and administrative employees shall have the option of becoming a member of either TCRS or the ORP.

### **Tennessee Consolidate Retirement System Hybrid Plan**

**TCRS** is a combination of a defined benefit plan and a defined contribution plan. The defined benefit portion is managed by TCRS and benefits are defined according to length of service, age and salary. The defined contribution portion is managed by Empower Retirement Services and assets will be deposited into the State's 401(k) plan. Contributions are both employee and employer paid.

Employees participating in TCRS are **vested after five (5) years** of service. A member becomes eligible for service retirement at age 65 with the completion of five (5) years of service or the Rule of 90. The Rule of 90 means the completion of a combination of age and years of creditable service as to equal 90. A member becomes eligible for reduced early retirement benefits at age 60 with the completion of five (5) years of creditable service or the Rule of 80. The Rule of 80 means the completion of a combination of age and years of creditable service as to equal 80. TCRS provides retirement benefits as well as death and disability benefits to plan members and their beneficiaries. Also, a member may establish up to four (4) years of credit for active military duty service. At retirement, unused sick leave may be converted to retirement service credit at the rate of one (1) month of service credit for each 20 days of leave.

## TCRS Program Highlights

- Defined benefit contributions:
  - Employee contributes 5% of gross salary
  - Employer contributes 3.95% of gross salary (3.92% as of 7/1/26)
- Defined contribution (the State’s 401(k) plan):
  - Employee contributes 2% of gross salary (with opt-out feature)
  - Employer match up to \$50 per month
- Five (5) year vesting for defined benefit portion
- Defined benefit retirement benefit is based on years of service, age and average salary
- Disability benefit available if vested
- May apply additional service credit for sick leave accruals and military leave

## TCRS Contributions and Match:

	Defined Benefit	Defined Contribution	Total
<b>Employer Contributions</b>	3.95%; 3.92% as of 7/1/26)	NA	8.95%; 8.92% as of 7/1/26)
<b>Employee Contributions: Required</b>	5%	0%	5%
<b>Employee Contributions: Auto-enroll <sup>[1]</sup></b>	NA	2%	2%
<b>Employee Contributions: Voluntary <sup>[2]</sup></b>	NA	IRS Limit	IRS Limit
<b>Employer Contributions: 401k <sup>[3]</sup></b>	NA	\$50 match	\$50 match
<b>Total (excluding \$50 match)</b>	8.95%; 8.92% as of 7/1/26)	7%	15.95%

<sup>[1]</sup> Employees may opt out of the auto-enroll contributions.

<sup>[2]</sup> Employees may make additional voluntary contributions to the 401(k), 457, and 403(b) plan up to Federal IRS limit.

<sup>[3]</sup> Employer match up to \$50 per month for employees contributing to 401k.

Employees electing to participate in TCRS will receive an Active Member Welcome Packet. This packet is mailed to the home address and will contain instructions on accessing Member Self-Service (MSS) and electing a beneficiary.

Additional information:  
 TCRS – (800) 922-7772  
<https://treasury.tn.gov/Retirement/Information-and-Resources/TCRS-Overview-and-Self-Service>

## Optional Retirement Program (ORP)

**ORP** is a defined contribution plan. Employees who participate in the ORP may direct contributions to one or both of the two vendors designated under the State's ORP. These companies are TIAA and VOYA. Auto-enrollment into the State's 401(k) is included with this plan. Contributions are both employee and employer paid.

Employees participating in ORP are **100% vested from the date of contribution**. Once funds are on deposit, the participant may move funds among the investment accounts offered under the company's annuity contract, subject to restrictions of the contract. An employee may request assistance from one or more ORP representative(s) listed below.

### Optional Retirement Program Highlights

- Employee contributes 5% of gross salary
- Employee contributes 2% of gross salary (with opt-out feature)
- Employer contributes 9% of gross salary
- Vested from the date of contribution
- Participant directed investment program
- Benefits are determined by the employees account balance

### ORP Contributions and Match:

	ORP	Defined Contribution	Total
<b>Employer Contributions</b>	9%	0%	9%
<b>Employee Contributions: Required</b>	5%	0%	5%
<b>Employee Contributions: Auto-enroll <sup>[1]</sup></b>	NA	2%	2%
<b>Employee Contributions: Voluntary <sup>[2]</sup></b>	NA	IRS Limit	IRS Limit
<b>Employer Contributions: 401k <sup>[3]</sup></b>	NA	\$50 match	\$50 match
<b>Total (excluding \$50 match)</b>	14%	2%	16%

<sup>[1]</sup> Employees may opt out of the auto-enroll contributions.

<sup>[2]</sup> Employees may make additional voluntary contributions to the 401(k), 457, and 403(b) plan up to Federal IRS limit.

<sup>[3]</sup> Employer match up to \$50 per month for employees contributing to 401k.

Employees electing to participate in ORP will be required to enter beneficiary information online once the account is set-up with the chosen vendor.

Additional information:		
ORP: <a href="#">Link</a>		
Representatives:		
TIAA	Rosaline Banks	(901) 498-6165
VOYA	Calvin Reid	(901) 496-2741 or (800) 262-3862

# ORP and TCRS Comparison Chart

Hired after July 1, 2014

FEATURE	TCRS	ORP
<b>Contributions</b>	<p>Participation entails a mandatory 5% contribution by the employee. In addition to the employee contribution, the University of Memphis will contribute 8.95% of salary annually (8.92% after July 1, 2026).</p> <p>A 2% employee auto-enroll contribution will also be made on behalf of all participants to the 401(k) plan for which a participant may opt-out or change his/her contribution amount at any time.</p>	<p>Participation entails a mandatory 5% contribution by the employee. In addition to the employee contribution, the University of Memphis will contribute 9% of salary annually. A 2% employee auto-enroll contribution will also be made on behalf of all participants to the 401(k) plan for which a participant may opt-out or change his/her contribution amount at any time. IRS Salary Limit: \$330,000 FICS Wage: \$160,200</p>
<b>Vesting</b>	Higher education employees participating in TCRS are <b>vested after five (5) years</b> of service.	All contributions made to the plan are <b>100% vested from the date of contribution</b> .
<b>Creditable Service</b>	Members may earn service credit in TCRS for service with the State of Tennessee, the public school systems in Tennessee, or over 300 political subdivisions in Tennessee, which have elected to participate. Vested members may also establish credit in TCRS for up to 4 years of eligible military service. At retirement, unused sick leave may be converted to retirement service credit at the rate of one month of service credit for each 20 days of leave.	Benefits are based on the member's account balance rather than on service. Contributions are credited to the member's account during service to a Tennessee higher education institution while a member of the ORP.
<b>Retirement Benefits</b>	TCRS retirement benefits are computed under a formula which uses the <b>average of the member's highest five consecutive years of salary</b> (while a member of TCRS) and the <b>years of service credited in TCRS</b> . Members are for service retirement upon attainment of age 65 and completion of five years of creditable service or the Rule of 90. The Rule of 90 means the attainment of a combination of age and years of creditable service as to equal 90. For example, a member age 55 with 35 years of service would qualify for service retirement since the member's age and service totals 90 (55 + 35 = 90).	<b>ORP benefits are based on the member's account balance and the member's age at the time benefits begin.</b> Members are eligible to begin drawing benefits at any age if separation from service has occurred.
<b>Disability Benefits</b>	TCRS provides coverage for two kinds of disability: ordinary disability and job-related accidental disability. Disability benefits are equal to 90% of the service retirement benefit that would have been payable. To be eligible for ordinary disability retirement benefits, you must have a minimum of five years of creditable service. There is no minimum service requirement for accidental disability benefits; however, the accident must have occurred in the performance of duty.	Upon disability retirement or upon termination of employment for any reason, the member may request an annuity settlement of lifetime distribution payout. Members receiving social security disability benefits may also elect a partial lump sum payment from their account, subject to the provisions of the product(s) the member selected.
<b>Cost of Living Adjustment</b>	TCRS retirement benefits are payable in the form of a fixed annuity. Compounded adjustments in the benefits to reflect increases in the Consumer Price Index (CPI) of up to 3% are made annually. Adjustments appear in the July 31 payment.	There are no automatic cost-of-living adjustments in most ORP payment options; however, the benefit payable under a variable annuity may fluctuate up or down depending on market conditions.
<b>Payouts Methods</b>	<p><b>Defined benefit plan:</b> vested members are eligible to select a single life annuity or one of several joint and survivor annuities at retirement.</p> <p><b>Defined contribution plan:</b> based on the member's account balance and can be distributed in lump sum payments, periodic payments, and required minimum distribution payments, among others.</p>	A member's account balance can be distributed in lump sum payments, partial lump sum payments, periodic payments, and required minimum distribution payments, among others. Payouts are subject to any restrictions on individual funds.
<b>Death Benefits Before Retirement</b>	The beneficiary of a TCRS member who dies before retirement may be eligible for one of the following benefits: (1) if the member is eligible to retire, TCRS will provide a survivor annuity to a surviving beneficiary upon the member's death before retirement; or (2) if the member has at least 10 years creditable service, the surviving spouse is eligible for a 100% joint and survivor annuity if the spouse is named as beneficiary; or (3) if the member has made contributions to TCRS, the beneficiary or estate may receive a lump-sum payment equal to twice the value of the member's accumulation.	The value of the total accumulation is payable to the named beneficiary or the estate. If the value of the accumulation is sufficiently large, the beneficiary may be eligible to elect an annuity payout.
<b>Transfers Between TCRS and ORP</b>	Employees who are eligible to participate in the ORP, but who elected to participate in TCRS, <b>may make a one-time election to transfer membership from TCRS to the ORP</b> . Members are advised to obtain a TCRS benefit estimate before making a decision to transfer.	Employees who participate in the ORP generally may not transfer membership to TCRS; however, beginning in 2005, <b>ORP members who reach five years of service have a one-time transfer option</b> . This election must be made and filed no later than the end of the calendar year following the year that five (5) years of service is achieved.
<b>Transfers Outside Tennessee's Plans</b>	Employees who joined TCRS after July 1, 1981 may not transfer their TCRS account to another employer's plan or to an Individual Retirement Account (IRA).	Some employees who participate in the ORP may be eligible to transfer a portion of their Tennessee ORP account balance to another employer's plan or to an Individual Retirement Account (IRA) if they qualify for partial or total lump sum distribution.

# Tax Deferred Annuity and Deferred Compensation Plans

The University of Memphis offers four long-term savings plans designed to supplement income after retirement on a tax-deferred basis. **You may enroll at any time** in the following programs:

- Traditional 401(k) – a deferred compensation plan
- ROTH 401(k) – a post-tax deferred compensation plan
- 457 – designed as a deferred compensation plan for State government employees
- 403(b) – designed for educational and nonprofit institutions

## Contributions

Employees may contribute a specified dollar amount or a percentage of salary to the plans through salary reduction. Amounts contributed do not affect retirement or social security. Contributions and earnings on the plans are not subject to federal income tax until funds are withdrawn (with exception of the ROTH 401(k) plan). Generally, withdrawals are not permitted before age 59 1/2 or retirement. Early withdrawals are subject to taxes and IRS regulations and penalties. The minimum monthly contribution is \$20. The table below shows the annual maximum amounts that can be tax under these programs.

	401(k) and 403(b) combination	457
Age/Calendar Year	2026	2026
Less than age 50	\$24,500	\$24,500
Age 50 or older	\$32,500	\$32,500

401(k) and 403(b) = combined annual maximum contribution  
 457 = separate annual maximum contribution

## Traditional 401(k), 401(k) ROTH, and 457

The Traditional 401(k), 401(k) ROTH, and 457 are administered by Empower Retirement Services (formerly Great-West). Each program offers the same investment options. The State of TN will also contribute a match with a minimum contribution of at least \$20 up to a maximum contribution of \$50 per month. There is not a match in the 457.

## 403(b)

There are currently two companies that are available for investment in the 403(b). Those companies are TIAA and VOYA. There is not a match in the 403(b).

Additional information:  
 Empower Retirement Services – 1-800-922-7772

- University Benefits Administration: <https://www.memphis.edu/hr/tda.php>
- State of TN Deferred Compensation (401(k) and 457 plans): <https://retirereadytn.empower-retirement.com/>
- Plan Comparison: <https://docs.empower-retirement.com/EE/TennesseeWR/DOCS/Plan-Comparison-flier.pdf>

# Annual Leave and Sick Leave

The University of Memphis offers a generous leave program to all regular employees. Employees hired on a temporary appointment are not eligible for the programs.

## Annual Leave

Executive, administrative, professional, and twelve-month academic personnel, who are regular full-time employees, shall accrue annual leave at the rate of 15 hours (2 days) per month.

Regular full-time clerical and support personnel shall accrue annual leave in accordance with the following schedule:

Years of Service	*Accrued Rate for Month	*Maximum Annual Accumulation	*Maximum Total Accumulation Within Fiscal Year	*Maximum Accumulation Carried Forward to Next Fiscal Year
0 – 5	7.5	90.0	315.0	225.0
5 – 10	11.3	135.6	405.6	270.0
10 – 20	13.2	158.4	450.9	292.5
20 or more	15.0	180.0	495.0	315.0

\*Number of hours

Nine, ten, and eleven-month faculty, full or part-time, whether or not compensated over a twelve-month period, are **not** eligible to accrue annual leave.

All personnel entitled to accrue annual leave may request use of annual leave at any time preferred by application to their proper approving authority. Such requests are subject to the discretion of the approving authority, which is responsible for planning the work under his or her control and should be approved only at such times as the employee can best be spared.

## Sick Leave

Regular full-time employees employed on a twelve-month or nine-month basis accrue sick leave at the rate of 7.5 hours per month. Sick leave is generally applicable to absences due to illness or injury to an employee, including illness or incapacity to work due to pregnancy, medical examinations and dental appointments. In addition, sick leave may be used for parental leave.

Where an employee must be absent because of serious illness in the immediate family, sick leave may be granted by the appropriate approving authority. For purpose of this section, “immediate family” shall be deemed to include: (1) spouse; (2) children, step-children; (3) parents, step-parents, foster parents and parents-in-law; (4) sibling; and (5) other members of the family who reside within the home of the employee.

For the actual language and full coverage of leave regulations enforced by the university, please visit <https://policies.memphis.edu>.

## Sick Leave Banks

Regular Non-Faculty and Faculty Sick Leave Banks provide sick leave to members of the bank for personal illness or injury after leave is exhausted. All regular full and part-time employees are eligible. To join you will be assessed 22.5\* hours of sick leave. To use the bank hours, you must have been a member for 30 days and your initial request may not exceed 20 days. Pre-existing conditions will not be covered during the first 12 months of membership.

The Sick Leave Bank Trustees must review your request to be approved for sick bank leave. You may also enroll any time of the year.

Please call (901) 678-3573 for more information.

**\*Prorated for part-time employees**

## Longevity

The State of Tennessee offers longevity pay for employees who work eighty-two percent (82%) of full time or more as a bonus for years of service. You will begin receiving longevity pay after you have completed three (3) years of employment with the State of Tennessee. Longevity is rewarded at a rate of \$100 per year, up to a maximum of \$3,000, and is paid on the second pay period of your anniversary month (biweekly) or in your regular pay for that month (monthly).

## Workers' Compensation

Any job-related injury should be reported immediately to your supervisor. If you experience a workplace injury, you and your supervisor will need to call the Workplace Injury Nurse Hotline number at (866) 245-8588 and select option 1.

In an emergency, you should go to the nearest emergency room and contact Human Resources as soon as possible. Please call (901) 678-3573 for more information. The State of Tennessee Workers' Compensation program is administered through CorVel Corporation.

Human Resources Benefits Administration:  
(901) 678-3573  
<http://www.memphis.edu/hr/index.php>

## Paid Parental Leave

The University of Memphis is committed to providing a work environment that is supportive of employees' work and personal life obligations. In demonstration of this commitment, six (6) weeks (225 hours) of Paid Parental Leave is provided to eligible faculty and staff employees following the birth or adoption of a child, offering parents the opportunity to bond with their new child and balance their professional obligations.

Eligibility for Paid Parental Leave is determined based on the following criteria:

Employee must be the biological parent or adoptive parent.

- Faculty (includes post-docs) and staff employed in a regular position regardless of FTE.
- Faculty must be on an active contract during the time the leave is being sought.
- The employee must be continuously employed by the University in a regular position for at least twelve (12) months prior to the birth or adoption of the child.
- The Paid Parental Leave will end immediately, if the employee no longer meets the criteria for eligibility. For example, if the employee voluntarily or involuntarily transfers to an ineligible position, or separates from the University while on Paid Parental Leave.

Surrogate mothers and sperm donors are not eligible for Paid Parental Leave.

The employee should notify his or her department of their intention to request Paid Parental Leave. The employee should provide the department with the anticipated timing and duration of the leave.

To receive Paid Parental Leave, the employee must complete the Paid Parental Leave Request Form, and submit the approved form to the Department of Human Resources for review and processing at least three (3) months prior to the start of the leave. It is understood that under certain circumstances it may not be feasible to provide three (3) month notice; in these cases, the employee must provide notice as soon as practicable.

## Family Medical Leave Act

In compliance with the Family Medical Leave Act of 1993 (FMLA), it is the policy of the University of Memphis to provide eligible employees up to twelve workweeks (450 hours) of job-protected leave during a twelve-month period for specified family and medical reasons.

For eligibility purposes, an employee must have worked for at least twelve months for the State of Tennessee and must have worked 1250 hours for the University of Memphis during the year preceding the beginning of the leave. Human Resources (HR) is responsible for determining these criteria at the beginning of the leave. The FMLA policy includes both regular and temporary employees of the University.

In all circumstances, the employee and/or supervisor are responsible for notifying the University Benefits Administration office of any employee who has been off or plans to be off more than three (3) consecutive work days due to family and medical reasons. This guideline applies whether or not the employee actually has sick leave or annual leave or is on leave without pay. UofM Policy HR5028 stipulates that any employee who has accumulated sick and annual leave must use this leave during a period of FMLA before going on leave without pay; FMLA shall run concurrently with the paid leave.

The Benefits office will provide the employee with the necessary paperwork, and all forms must be completed and returned to the Benefits office within 15 calendar days. Information concerning medical leaves is maintained in a confidential file separate from the employee's Human Resources file. FMLA qualifying events include: birth or adoption of a child; to care for the employee's spouse, son or daughter under age 18, or parent with a serious health condition; or the employee's own serious health condition.

For additional information, please contact the University Benefits Administration office at (901) 678-3573.

Human Resources Benefits Administration:  
(901) 678-3573  
<http://www.memphis.edu/hr/index.php>

# Educational Assistance Programs

The University of Memphis offers two (2) programs, Staff Scholarship and Fee Waiver (formerly referred to as PC-191), to assist employees in their educational pursuits. Also offered is a tuition discount program for eligible spouse and/or dependents.

- **Fee Waiver (formerly PC-191)** – Regular full-time employees are eligible immediately upon employment as of the first day of class. The program will pay for one (1) course per semester. Classes may be graduate or undergraduate and may be taken at any Tennessee Board of Regents (TBR) or University of TN (UT) institution on a space available basis.
- **Staff Scholarship** – Regular full and part-time employees with at least six (6) months of service as of the first day of class are eligible. The program pays for up to six (6) hours per semester for full-time employees and up to three (3) hours per semester for part-time employees. ***Faculty may only audit or take non-credit job-related courses.***

For both programs, classes must be outside normal working hours unless department head approves altered work schedule for only one (1) course per semester.

- **Spouse/Dependent Tuition Discount** – Regular full-time employees' dependents and/or spouse receive a 50% discount on **undergraduate** maintenance fees at any TBR or UT institution. Dependents and spouses of part-time employees with at least one (1) year of service receive a prorated 50% discount on undergraduate maintenance fees at any TBR or UT institution. Dependent children are eligible through age 26.

To obtain enrollment forms, employees must access the MyMemphis portal's **Employee** page and look for the **Educational Benefits Program** portlet. Complete and submit the online form. The form is routed for approvals (if necessary) and processing. For additional information, please contact the University Benefits Administration office at (901) 678-3573.

Human Resources Benefits Administration:  
(901) 678-3573  
Application Process: <https://www.memphis.edu/hr/educ.php>

# Emotional Wellbeing Solutions

The Emotional Wellbeing Solutions program is available to all full-time employees and their eligible dependents. You do not have to be enrolled in a health insurance plan to take advantage of this program. It is provided through the State of Tennessee Emotional Wellbeing Solutions Program and administered by Optum.

This program can assist with many work-related and personal issues, from advice about financial questions to dealing with a stressful work situation, to overcoming a serious emotional problem. All services are kept confidential in strict accordance with federal and state laws. For mental health/substance abuse situations, you will receive up to five (5) free visits with a Magellan approved counselor.

This program can help employees and family members by providing confidential support and guidance to help with concerns such as:

- Stress
- Depression and anxiety
- Family or parenting issues
- Alcohol and drug dependencies
- Marital or relationship issues
- Financial Issues
- Adjusting to change
- Child and elder care
- Workplace concerns
- Grief and loss
- Self-improvement
- Work/life balance

**Any time you plan to use a provider for mental health and/or substance abuse, you must first contact Optum at 1-855-HERE.4.TN (1-855-437-3486) to obtain the benefit paid at the highest level.** The Optum specialist will help you in identifying the best resources to assist with your personal situation.

If you would like information on mental health or substance abuse issues but aren't ready to speak with a counselor, you can use the Optum Self-Assessment System. Access [www.Here4TN.com](http://www.Here4TN.com) to take a confidential screening on alcohol abuse or depression.

Additional information:  
(855) 437-3486  
[www.Here4TN.com](http://www.Here4TN.com)

# Employee Discounts

The State of Tennessee Employee Discount Program exists to offer state employees discounts on products and services from various vendors in order to express appreciation for the valued service state employees provide Tennessee citizens.



## Tennessee State Parks

Between April 1 and October 31, employees may receive a discount on inn rooms and cabins. Between November 1 and March 31, the discount is 50%. The discount does not apply to business travel and is valid only if reservations are made no more than 30 days in advance for inn rooms and 7 days in advance for cabins. Current state ID or verification of retirement will be required at check-in. Check availability and make payments using the online reservation system.

## Disclaimer

The discounts may vary and are subject to change or cancellation without notice. For a list of vendors, please visit the websites listed below.

Additional Information:  
Tennessee State Parks: [www.tnstateparks.com/](http://www.tnstateparks.com/)  
Tiger Perks: <https://www.memphis.edu/hr/discounts.php>

# Notice to TennCare Enrollees

## Are you or your dependents insured by TennCare?

If yes, 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 the University Benefits Administration Office at (901) 678-3573.

## Tennessee Code Annotated 71-5-118

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

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

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

Additional Information:  
TennCare – (800) 342-3145  
<https://www.tn.gov/tenncare.html>

# COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) is a federal law that allows eligible employees and/or dependents (spouse and children) who are losing their health, dental or vision benefits to continue coverage in certain circumstances where coverage might otherwise end. Qualified beneficiaries may be eligible to continue coverage for a specific length of time following certain qualifying events provided application is made within 60 days of the loss of eligibility. Through COBRA, individuals pay the entire monthly premium plus a two percent administrative fee, and may be able to remain insured with their health plan for up to 18, 29, or 36 months.

If you enroll in family or split contract coverage, it is important that you convey the following information to your dependents:

1. Employees may continue single or family coverage through the State for a maximum of 18 months if:
  - a. Employment is terminated (including lay-offs) for any reason other than the employee's gross misconduct; or
  - b. The employee's work hours are reduced or work status is changed such that the employee is no longer eligible for coverage under the State Plan's eligibility rules.
2. Dependents may continue their coverage through the State for a maximum of 36 months if coverage is terminated:
  - a. Due to the death of the employee; or
  - b. Due to divorce or legal separation of the dependent from the employee; or
  - c. With respect to a dependent child, the child is no longer eligible as a dependent under the State Plan

The COBRA notification will be mailed to the employee's home address approximately 7-10 days following the termination of coverage. The person losing coverage will have 60 days from the loss of coverage to apply for COBRA.

All COBRA benefit questions should be directed to the Division of Insurance Administration at (615) 741-3590 or (800) 253-9981. Current premiums are available from the Division of Insurance Administration.

Additional Information:

COBRA – (615) 741-3590 or (800) 253-9981

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

# HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), also called the Standards for Privacy of Individually Identifiable Health Information, provides the first nationally-recognizable regulations for the use/disclosure of an individual's health information. Essentially, the Privacy Rule defines how covered entities use individually-identifiable health information or the PHI (Personal Health Information).

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality healthcare and to protect the public's health and wellbeing. This is a summary of key elements of the Privacy Rule and not a complete or comprehensive guide to compliance.

## Your Rights

When it comes to your health information, you have certain rights and responsibilities, such as:

- Getting a copy of health and claims records
- Asking us to correct health and claims records
- Requesting confidential communications
- Asking us to limit what we use or share
- Getting a list of those with whom we've shared information
- Getting a copy of this privacy notice
- Choosing someone to act for you
- Filing a complaint if you feel your rights are violated
- Having both the right and choice to share information with your family, close friends or others.

The State Group Insurance Program must follow the privacy practices. If you would like more information concerning the state group insurance programs' privacy practices or have questions or concerns, please contact the privacy office at 866.252.1523 or email [benefits.privacy@tn.gov](mailto:benefits.privacy@tn.gov)

Additional Information:

HIPAA

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

# Holiday Schedule

The following dates will be observed as University holidays:

## 2026 Calendar Year

- January 1, 2026: New Year's Day
- January 19, 2026: Martin Luther King, Jr. Day
- May 25, 2026: Memorial Day
- June 19, 2026: Juneteenth
- July 3, 2026: Independence Day (observed)
- Sept. 7, 2026: Labor Day
- November 26-27, 2026: Thanksgiving Day & One Administrative Closing Day
- December 24-31, 2026: Christmas Day & Five Administrative Closing Days

# Quick References

## Division of Insurance Administration

Benefits Administration  
Phone: 1-800-253-9981  
Fax: 1-615-741-8196  
Email: [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov)  
Website: [www.tn.gov/partnersforhealth.html](http://www.tn.gov/partnersforhealth.html)

## ParTNers for Health

Email: [partners.wellness@tn.gov](mailto:partners.wellness@tn.gov)  
Website: [www.tn.gov/partnersforhealth.html](http://www.tn.gov/partnersforhealth.html)

## Health Insurance

BlueCross BlueShield of Tennessee  
Phone: 1-800-558-6213  
Website: [www.bcbst.com/members/tn\\_state](http://www.bcbst.com/members/tn_state)

Cigna HealthCare  
Phone: 1-800-244-6224  
Website: [www.cigna.com/stateoftn](http://www.cigna.com/stateoftn)

## Dental Insurance

Cigna Dental DHMO  
Prepaid Dental Plan  
Phone: 1-800-997-1617  
Website: [www.cigna.com/stateoftn](http://www.cigna.com/stateoftn)

MetLife Dental  
Dental Preferred Provider Organization (DPPO)  
Phone: 855.700.8001 Option 1  
Website: [metlife.com/StateOfTN](http://metlife.com/StateOfTN)

## Vision Insurance

EyeMed  
Phone: 1-855-779-5046  
Website: [eyemed.com/stateoftn](http://eyemed.com/stateoftn)  
Basic Client Code: 8155  
Expanded Client Code: 8156

## Pharmacy

Caremark Prescription  
Phone: 1-877-522-8679  
Website: <https://info.caremark.com/stateoftn>

## Flexible Benefits

TASC  
Phone: 800.575.6277  
Website: <http://www.stateoftntasc.com/>

## Emotional Wellbeing Solutions

Optum  
Phone: 1-855-437-3486 Website:  
[www.HERE4TN.com](http://www.HERE4TN.com)

## Life Insurance

Securian (Minnesota Life – Term & Accidental)  
Phone: 1-866-881-0631  
Website: [www.lifebenefits.com/statetn](http://www.lifebenefits.com/statetn)

## Short Term Disability

MetLife  
Phone: 1-855-700-8001  
Website: [www.metlife.com/StateofTN](http://www.metlife.com/StateofTN)

## Long Term Disability

MetLife  
Phone: 1-855-700-8001 [metlife.com/StateofTN](http://metlife.com/StateofTN)

## Retirement Plans

TCRS  
Tennessee Consolidated Retirement System  
Phone: 1-800-922-7772  
Email: [tcrs.counseling@state.tn.edu](mailto:tcrs.counseling@state.tn.edu)  
Website: [www.treasury.tn.gov/tcrs/](http://www.treasury.tn.gov/tcrs/)

## ORP

Optional Retirement Services  
Website: [www.treasury.tn.gov/orp/](http://www.treasury.tn.gov/orp/)

## TIAA

Representative: Roseline Banks  
Phone: 1-901-498-6165  
Email: [rosaline.banks@tiaa.org](mailto:rosaline.banks@tiaa.org)  
National Contact Center – General Inquires  
Phone: 1-800-842-2252  
Website: [www.tiaa.org/](http://www.tiaa.org/)

## VOYA Financial (formerly ING)

Representative: Calvin Reid  
Phone: 1-901-496-2741  
Email: [calvin.reid@voyafa.com](mailto:calvin.reid@voyafa.com)  
Website: [www.voya.com](http://www.voya.com)

## 401k Plan – Empower Retirement

Phone: 1-615-564-7702  
Website: [www.retirereadyTN.com](http://www.retirereadyTN.com)