

**Minutes from Faculty Benefits & Professional Development Committee Meeting:
Tuesday March 29, 2-3pm HBB 316**

Subjects:

Update on Health Plan
Introduction of Ron Tredway
Discussion of Soft Benefits for Domestic Partnerships

Guests:

Mark Paganillo, Executive Director of Audit and Consulting Services, Office of President
Rob Chance, Payroll, Office of Treasurer
Jamie Wilson, Insurance Specialist, Office of Treasurer
Ron Tredway, Director, Human Resources Eastern Region Service Center
Allison Anders, LGBT representative, Department of Educational Psychology and Counseling
Jess Hay, LGBT representative, Department of Psychology

Members Present:

Anne Smith, Chair
Gene Fitzhugh
Lane Morris
Micky Sims
Adam Taylor
Jeanine Williamson

Not Present (but contacted Chair before meeting or course conflict):

Brent Mallinckrodt
G. Michael Clark
Martin Griffin
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Last Meeting of this Committee for the 10-11 Academic Year:

Tuesday April 19 from 2-3 (HBB 316): Domestic Partnerships and Benefits. Nancy Howell (Department of Large Animal Clinical Sciences and Former Chair of Faculty Benefits Committee) will be in attendance as to discuss the background and previous work on domestic partnerships on UTK campus. Sarah Gardial, Joan Heminway, Ron Tredway, Jess Hay, and Allison Anders were invited to attend; Joan Heminway, Jess Hay, and Allison Anders have all committed to attend. Sarah Gardial and Ron Tredway have conflicts. Committee members, please attend!

Some Key Take-Aways and Action Items from March Meeting:

1. Need for a real-time, online, web-based mechanism to obtain health insurance feedback (praises, complaints). Anne Smith has offered to code complaints and praises received from the web similar to her efforts with February/March comments obtained by Joan Heminway.
2. Alert will be going out to employees and their spouses about the need to complete online questionnaire and screening by June 30th – only about a third of Partnership employees

(and spouses) who signed up for the Partnership plan have completed both. Screenings on Campus (see attachments). If any employee is interested to know if s/he has completed the Partnership promise (online questionnaire and screening), s/he can call 1-888-741-3390 to know.

3. Committee suggested a need to develop an electronic sign-up/drop for TRECS to avoid faculty time walking over to complete forms.
4. First-year coach for Partnership plan is optional; second year it is not. There are discounts available to UTK employees for health club memberships (see attachments). No on-site/campus support for behavioral change is planned for the Partnership at this point.
5. There was a 2006 Resolution passed by Senate Executive Committee (and I believe the Faculty Senate, but this will be clarified during the April meeting) about extending UT-controlled benefits to Domestic Partners. "Soft Benefits": TRECS – employee + 1 program. I found out after the meeting that library benefits have been extended.

Action Item for Committee Members: Please review these minutes and be ready to vote. Please review the 2006 resolution (attachment, next to last page of these minutes).

Meeting Minutes:

1. Review of Health Care Sign-up:
 - a. Jamie Wilson provided a full folder of information on the health plans (see attachment – sorry, some of my notes written on documents). Each item in the folder was discussed with additional information provided by Rob Chance and Mark Paganillo.
 - i. Overall UTK participation in the Partnership plan was 82%. The lowest level of participation was hourly (PS grade 00-32), with one job classification as low as 65%. This was mostly due to the Housing and Facilities Services employees making no choice (despite several info sessions last fall), and the non-Partnership plan was the default option.
 - ii. Reminder that UTK is paying 80% of our health plan costs (see "Monthly Premiums" in attachments).
 - iii. Wellness program –
 1. This year (2011) a coach is optional, but next year (2012) each Partnership employee (and spouse) will be assigned a coach.
 2. Gene Fitzhugh questioned if there were any on-site campus resources to aid in behavioral change (e.g., help with buying shoes to work out). There is nothing like this at this time. Research shows that to facilitate behavioral change, direct face-to-face and home-based support services are critical.
 3. Jamie did provide a list of health clubs that offer a discount to UTK employees and pointed out Weight Watchers at work discounts.
 4. As well, employees are able to obtain a discounted membership to TRECS; discussion about the difficulty of signing up or disenrolling from TRECS (i.e., faculty have to walk over to TRECS during business hours). Need for some electronic faculty sign-up for TRECS.

- iv. Most Partnership health care employees have not fulfilled their promise – online questionnaire and screening. This needs to be completed by June 30, 2011. If any employee is interested to know if s/he has completed the Partnership promise (online questionnaire and screening), s/he can call 1-888-741-3390 to know. Reminders will be sent out in April/May. Employee does NOT have to take the physician screening form if participating in work site screening.
 - 1. One committee member who had a physical through Summit Medical Group stated that the doctor was aware of the UT screening form.
- v. Insurance feedback –
 - 1. Currently, any praises or complaints about insurance are through telephone conversations with Jamie Wilson.
 - 2. Joan Heminway did send a request to faculty for any input; Anne Smith coded this input.
 - 3. The committee suggested the need for a real-time, online, web-based mechanism to obtain health insurance feedback (praises, complaints).
 - 4. Anne Smith has offered to code complaints and praises received from the web similar to her efforts with February/March comments obtained by Joan Heminway.
 - 5. Main complaint from this coding effort was related to pharmacy and prescriptions. There has been an estimated \$33.7 million savings from use of Caremark. Some prescriptions are limited to a 30 day supply from a pharmacy, but many are able to obtain a 90-day supply from CVS (or partner pharmacies) or by mail via Caremark. There are materials related to the pharmacy plan in the attachments.
 - 6. Another complaint was that employees were not told that UT Health Systems would only offer full waiver of hospital charges to Partnership participants. This information was not available at the time of signup and an email in January which explained this is in the attachments to these minutes. This is not a benefit related to insurance; UTK has no control over this.
- vi. When asked about whether other higher educational institutions have used a Partnership approach, Jamie offered that Auburn and Madison Wisconsin had something similar.
- vii. Currently, sign up for Long-Term disability – Open enrollment is March 28-May 2. The sign-up sheet is in the information brochure and should be mailed to Benefits, 115 Conference Center.

- 2. Introduction of Ron Tredway. He explained his role in Human Resources.
 - a. Human Resources support for UTK. Linda Hendricks is in charge of Human Resources for UTK, but Ron is her representative and provides direct support for UTK.
 - b. Support for HR efforts in organizational development, personnel management and strategic planning. Director of Strategic Workforce Planning.

- c. Involved in many committees on UTK campus – Exempt Staff council ((ex-officio), Commission for LGBT -- Equity and Campus Climate Committee, Commission on Blacks (ex-officio), among other UTK campus involvement.
3. Short discussion of soft benefits to domestic partnerships:
- a. Discussion of soft benefits began that we began to discuss during Sarah Gardial's visit to our committee last fall. TRECS was a soft benefit discussed.
 - b. Background: Discussed meeting on this topic (organized by Jess Hay) on March 11th. At this meeting, five possible areas where benefits can be pursued for domestic partnerships:
 - i. Library (found out from Jeannine Williamson after meeting, this is already in place);
 - ii. Benefits in which employee pays 100% of the cost (e.g., dental; long term care).¹
 - iii. UT tuition waiver
 - iv. Bereavement
 - v. Sick pool
 - c. Key question asked – how many people are we talking about? No one knows. However, the campus Best Colleges survey is capturing 'status' on survey.
 - d. Read aloud and discussed the 2006 resolution by Faculty Benefits committee in which extending UT-Controlled benefits.
 - e. Unclear how to proceed and ran out of time.
 - f. Decided to devote next meeting to this topic of benefits for domestic partnerships.

¹ This particular issue was subject to further input. Jamie Wilson responded after reviewing minutes. Joan Hemingway did additional research to find out about these benefits. These emails are included as addendums to the April minutes because they were not voted on with the March minutes.

The University of Tennessee, Knoxville
2011 Insurance Statistics by Employee Subgroup

Employee Subgroup	Insurance Option	Employee Participation	Participation Percentage
Faculty - 12 month	Partnership PPO	164	0.87
Faculty - 12 month	Standard PPO	25	0.13
		189	1.00
Faculty - 9 month	Partnership PPO	907	0.83
Faculty - 9 month	Standard PPO	184	0.17
		1,091	1.00
Staff:Exec/Admin	Partnership PPO	300	0.90
Staff:Exec/Admin	Standard PPO	34	0.10
		334	1.00
Staff:Hourly Input (BIW)	Partnership PPO	1,092	0.77
Staff:Hourly Input (BIW)	Standard PPO	323	0.23
		1,415	1.00
Staff:Hourly NoInput (MTH)	Partnership PPO	318	0.83
Staff:Hourly NoInput (MTH)	Standard PPO	65	0.17
		383	1.00
Staff:Professional	Partnership PPO	871	0.84
Staff:Professional	Standard PPO	163	0.16
		1,034	1.00
Total Campus	Partnership PPO	3,652	0.82
Total Campus	Standard PPO	794	0.18
		4,446	1.00

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Benefits

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UTK only

*These statistics are available at
Benefits → State of TN → Dept of Finance*

The University of Tennessee, Knoxville
 2011 Insurance Statistics by Pay Grade

PS grade	Insurance Option	Employee Participation	Participation Percentage
00	Partnership PPO	106	0.75
00	Standard PPO	35	0.25
		141	1.00
30	Partnership PPO	69	0.65
30	Standard PPO	37	0.35
		106	1.00
31	Partnership PPO	79	0.65
31	Standard PPO	42	0.35
		121	1.00
32	Partnership PPO	51	0.65
32	Standard PPO	28	0.35
		79	1.00
33	Partnership PPO	130	0.81
33	Standard PPO	30	0.19
		160	1.00
34	Partnership PPO	260	0.85
34	Standard PPO	46	0.15
		306	1.00
35	Partnership PPO	275	0.78
35	Standard PPO	77	0.22
		352	1.00
36	Partnership PPO	231	0.80
36	Standard PPO	58	0.20
		289	1.00
37	Partnership PPO	157	0.83
37	Standard PPO	33	0.17
		190	1.00
38	Partnership PPO	161	0.83
38	Standard PPO	33	0.17
		194	1.00
39	Partnership PPO	174	0.85
39	Standard PPO	31	0.15
		205	1.00
40	Partnership PPO	153	0.89
40	Standard PPO	19	0.11
		172	1.00

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The University of Tennessee, Knoxville
2011 Insurance Statistics by Pay Grade

PS grade	Insurance Option	Employee Participation	Participation Percentage
41	Partnership PPO	123	0.82
41	Standard PPO	27	0.18
		<hr/> 150	1.00
42	Partnership PPO	157	0.87
42	Standard PPO	23	0.13
		<hr/> 180	1.00
43	Partnership PPO	112	0.88
43	Standard PPO	16	0.13
		<hr/> 128	1.00
44	Partnership PPO	111	0.86
44	Standard PPO	18	0.14
		<hr/> 129	1.00
45	Partnership PPO	69	0.90
45	Standard PPO	8	0.10
		<hr/> 77	1.00
46	Partnership PPO	56	0.86
46	Standard PPO	9	0.14
		<hr/> 65	1.00
47	Partnership PPO	41	0.89
47	Standard PPO	5	0.11
		<hr/> 46	1.00
48	Partnership PPO	24	0.86
48	Standard PPO	4	0.14
		<hr/> 28	1.00
49	Partnership PPO	5	0.83
49	Standard PPO	1	0.17
		<hr/> 6	1.00
50	Partnership PPO	2	0.67
50	Standard PPO	1	0.33
		<hr/> 3	1.00
51	Partnership PPO	2	1.00
52	Partnership PPO	10	0.77
52	Standard PPO	3	0.23
		<hr/> 13	1.00

The University of Tennessee, Knoxville
 2011 Insurance Statistics by Pay Grade

PS grade	Insurance Option	Employee Participation	Participation Percentage
53	Partnership PPO	1	1.00
60	Partnership PPO	199	0.82
60	Standard PPO	44	0.18
		<u>243</u>	<u>1.00</u>
62	Partnership PPO	251	0.83
62	Standard PPO	50	0.17
		<u>301</u>	<u>1.00</u>
63	Partnership PPO	276	0.86
63	Standard PPO	46	0.14
		<u>322</u>	<u>1.00</u>
64	Partnership PPO	307	0.83
64	Standard PPO	61	0.17
		<u>368</u>	<u>1.00</u>
65	Partnership PPO	40	0.83
65	Standard PPO	8	0.17
		<u>48</u>	<u>1.00</u>
75	Partnership PPO	20	0.95
75	Standard PPO	1	0.05
		<u>21</u>	<u>1.00</u>
Total Campus	Partnership PPO	3,652	0.82
Total Campus	Standard PPO	794	0.18
		<u>4,446</u>	<u>1.00</u>

Faculty

STATE AND HIGHER EDUCATION

Monthly Premiums for Active Employees

EAST AND MIDDLE TENNESSEE				
	BCBST		CIGNA	
	EMPLOYEE SHARE	EMPLOYER SHARE	EMPLOYEE SHARE	EMPLOYER SHARE
PARTNERSHIP PPO				
Employee Only	\$102.30	\$466.03	\$112.30	\$466.03
Employee + Child(ren)	\$153.45	\$699.05	\$173.45	\$699.05
Employee + Spouse	\$214.83	\$978.66	\$234.83	\$978.66
Employee + Spouse + Child(ren)	\$265.98	\$1,211.68	\$285.98	\$1,211.68
STANDARD PPO				
Employee Only	\$127.30	\$466.03	\$137.30	\$466.03
Employee + Child(ren)	\$178.45	\$699.05	\$198.45	\$699.05
Employee + Spouse	\$264.83	\$978.66	\$284.83	\$978.66
Employee + Spouse + Child(ren)	\$315.98	\$1,211.68	\$335.98	\$1,211.68

WEST TENNESSEE				
	BCBST		CIGNA	
	EMPLOYEE SHARE	EMPLOYER SHARE	EMPLOYEE SHARE	EMPLOYER SHARE
PARTNERSHIP PPO				
Employee Only	\$112.30	\$466.03	\$102.30	\$466.03
Employee + Child(ren)	\$173.45	\$699.05	\$153.45	\$699.05
Employee + Spouse	\$234.83	\$978.66	\$214.83	\$978.66
Employee + Spouse + Child(ren)	\$285.98	\$1,211.68	\$265.98	\$1,211.68
STANDARD PPO				
Employee Only	\$137.30	\$466.03	\$127.30	\$466.03
Employee + Child(ren)	\$198.45	\$699.05	\$178.45	\$699.05
Employee + Spouse	\$284.83	\$978.66	\$264.83	\$978.66
Employee + Spouse + Child(ren)	\$335.98	\$1,211.68	\$315.98	\$1,211.68

WELCOME
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WELLNESS PROGRAM



1-888-741-3390



www.partnersforhealthtn.gov

ParTNers for Health Wellness Program

Congratulations for accepting the Partnership Promise and taking steps to better health! The **ParTNers for Health Wellness Program** is **FREE** to all State Group Insurance Program members and eligible spouses and dependents. APS Healthcare administers the wellness program to all members. **ParTNers for Health** gives you the tools, information and support you need to take charge of your health and feel your best. Everybody — including you — can take steps to improve their health. Even small steps can add up to make a big difference!

To keep your **Partnership Promise** and remain in the **Partnership PPO**, there are only two things you and your eligible spouse must do in 2011:

1. Complete a **health questionnaire**
2. Complete a **FREE health screening** either:
 - a. at or near your worksite; or
 - b. annual physical with your doctor.

You must complete these requirements by June 30, 2011.

If you don't, you will be enrolled into the Standard PPO effective January 1, 2012. You cannot lose health insurance coverage because of your participation or your results.

Once you complete your health questionnaire and screening, you may be assigned a health coach who can help you address health risks or issues. Working with this coach is not required in 2011, but will be a part of the **Partnership Promise** in 2012.

 **1-888-741-3390**
 **www.partnersforhealthtn.gov**



2011 Partnership Promise Requirement:

1. Complete a health questionnaire.
2. Complete a **FREE** health screening. You have two options:
 - a. Attend a worksite screening (to schedule an appointment call **1-888-741-3390** or go online **www.partnersforhealthtn.gov**)**OR**
 - b. Schedule a screening with your doctor. He/she must complete the physician screening form (available online **www.partnersforhealthtn.gov**)

Screening deadline is June 30, 2011

Working with a Health Coach

All **ParTNers for Health Wellness Program** health coaches live and work in Tennessee. They can help you reach your personal health goals, and will schedule calls when it's convenient for you. All calls are confidential. Your health coach will never leave any messages that contain specific information about your health.

Your coach can help you:

- Understand your medications
- Understand any lab tests or your doctor's directions
- Set goals for healthier living
- Plan healthy meals and exercise habits
- Find a doctor, if you need one
- Quit Smoking

Your level of participation is up to you. Your coach will only ask that you try, and will be there for you along the way.

Health Coaches can help you with:

- Diabetes
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease
- Congestive Heart Failure
- Low Back Pain
- Weight Loss
- Tobacco Cessation

Lifestyle Management Programs

A healthier life means making healthy choices. Your health coach can work with you to take steps to reach your personal health goals to:

Quit Smoking
Reduce Stress
Lose Weight
Eat Healthier

...and more!

24/7 Nurse Advice Line — Help When You Need It

Questions about your health can come up at any time. The **ParTNers for Health Nurse Advice Line** gives you information and support, 24 hours a day, 7 days a week, at no cost to you.

Whether you have questions about a new diagnosis or you aren't sure about an urgent situation, the Nurse Advice Line is there when you need it.

Day or Night, talk to a nurse about:

- I forgot to take my pill, should I take two?
- Should my child stay home from school?
- Vomiting, cramps or other pains
- Flu, fever and colds
- Scrapes, cuts and burns
- Understanding what a doctor told you
- The closest hospital or after-hours clinic

Or you need help to decide when to:

- Care for yourself at home
- Call a doctor
- Call 9-1-1 or go to the emergency room

 **1-888-741-3390**
 **www.partnersforhealthtn.gov**



What is a Health Questionnaire?

The health questionnaire will ask questions like the ones your doctor's office might ask on a medical history form. It includes questions about smoking, how much you exercise, what you eat, any current health condition, allergies and stress. When you complete the questionnaire, you will receive your own personal wellness report which will tell you what you're doing well, and where you can make improvements. Don't worry, nobody's perfect. Everyone can take steps to improve their health.

You will find a link to the health questionnaire on the **ParTNers for Health** website. Visit **www.partnersforhealthtn.gov** and click on the link that says "Questionnaire" to get started. If you don't have access to a computer, call us at **1-888-741-3390** and ask for assistance.

What happens at a Health Screening?

A health screening is like a brief physical with your doctor. Your blood pressure, height and weight are recorded, and a blood test will measure your cholesterol, triglycerides and blood sugar.

Health screenings will be held in locations all around the state. Visit the **ParTNers for Health** website at **www.partnersforhealthtn.gov** to schedule your screening at one of the many convenient locations.

If you prefer to visit your doctor, that's an option, too. You can have your doctor send your information to APS Healthcare by

downloading the form on the website for your doctor to fill out and send in.

If you don't have access to a computer, call us at **1-888-741-3390** and ask for assistance.

It's Completely Confidential

We take your privacy seriously. All programs and services are private and confidential. Your health information cannot be shared with the State or your employer without your permission. Also, your personal health information will not be shared with your spouse, without your authorization.



Online Wellness Tools — Available Any Time, Any Day

ParTNers for Health Website

The **ParTNers for Health** website links you to powerful online tools and health information at your fingertips. Choose from a variety of online health improvement programs and keep track of your progress to reach your personal goals. Registration is easy. When you complete your health questionnaire, you will learn steps to take to live a healthier life.

Go to www.partnersforhealthtn.gov to get started:

- **Schedule your health screening.** Visit the website to see the online schedule and find a time and location that works for you.
- **Complete your health questionnaire.** Taking this step provides you with health tips, at no cost, based on your individual health needs.
- **Download checklists to take to your doctor.** Make the most of your appointment with your doctor.

...and much more!

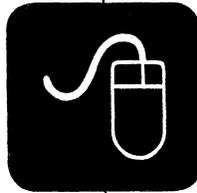
Weekly Health Tips by E-mail

Don't forget to sign up to receive **FREE** weekly health tips by e-mail. Go to www.partnersforhealthtn.gov and click the Weekly Health Tips link to sign up. A simple online registration process is all you need to get on the list. You will receive a short e-mail with each week's healthy living tip.

Remember, small steps can add up to make a big difference!

 **1-888-741-3390**

 www.partnersforhealthtn.gov



**PARTNERS
FOR HEALTH™**

**Wellness Program
and Nurse Advice Line**

 **1-888-741-3390**

 www.partnersforhealthtn.gov

Keep Your Partnership Promise

Remember, you and your eligible spouse only need to complete two easy steps to keep your **Partnership Promise** for 2011:

1. Complete your health questionnaire.

Visit www.partnersforhealthtn.gov to complete your questionnaire. If you do not have access to a computer, please call **1-888-741-3390** for assistance.

2. Complete a health screening. Visit the ParTNers for Health website at www.partnersforhealthtn.gov or call **1-888-741-3390** to schedule an appointment for your **FREE** health screening.

You can also schedule a screening with your doctor.

ParTNers for Health Wellness Program is here for you! Contact your health coach with any questions, or visit the website at www.partnersforhealthtn.gov.



Please remember that the ParTNers for Health Wellness Program does not provide medical treatment, but can help you understand your condition and help you reach your goals. You should always talk to your doctor with questions or concerns that you have about your health or any treatment.



**PARTNERS
FOR HEALTH.**

APS Healthcare
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Nashville, Tennessee 37229

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**WHAT'S
INSIDE:**

- Program Overview
- Personal Health Coaching
- Free 24/7 Nurse Advice Line
- Health Questionnaire
- Health Screenings
- Online Resources



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*****AUTO**5-DIGIT 37849
Jamie Wilson
7738 KESWICK RD
POWELL TN 37849-4228

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IMPORTANT INFORMATION ABOUT YOUR BENEFITS

Wellness Program Frequently Asked Questions

Health Screenings

1. How long do I have to fulfill my Partnership Promise?

You will have until June 30, 2011 to fulfill your Partnership Promise, including completing your health screening. Members who join after March 1, 2011, who choose the Partnership PPO do not have to complete the Promise this year. They will however have to complete the Promise in 2012 in order to remain in the Partnership PPO.

2. What does the health screening involve, and when do I have to complete it?

Your health screening will include checks for your height, weight, blood sugar, blood pressure and cholesterol levels. This information can also be provided based on any tests or screenings that were conducted by your physician between July 1, 2010 and June 30, 2011. Your physician will need to complete the physician screening form, which you can find at www.partnersforhealthtn.gov under the Resources tab, and send it back to APS directly. Please make sure that you schedule your appointment in time for your doctor to return the Physician Screening Form by June 30, 2011.

3. Where can I find a list of health screenings in my area?

A list of health screenings is available at www.partnersforhealthtn.gov. To view more detailed screening information you must log in to your online wellness account. If you already have an online wellness account, select Member Login to sign in. Once you've logged in, click on Screenings in the list of options at the top of the page to view screening locations in your area and schedule an appointment. If you don't already have an online wellness account, follow the instructions on the login page to create your account.

4. Are walk ins accepted at the health screenings?

Sometimes. But in order to avoid a long wait you should make an appointment to attend the health screening. To schedule an appointment, call Partners for Health at 1-888-741-3390 or sign up through your online wellness account. To schedule an appointment online, sign in to your account and click on Screenings in the list of options at the top of the page. Follow the steps to select a location, date and time for your screening.

5. How should I prepare for my health screening?

For accurate screening results, don't eat anything for nine hours prior to your screening. However, you should continue to take any medications, and you may drink water or black coffee.

6. Do I need to bring anything with me to the health screening?

When attending the health screening, you will need the member ID number from your Caremark prescription card. (For state employees, this is actually your Edison ID.) Please have your prescription card with you or write down the number and bring it with you.

7. How long will the screening take?

Screenings can usually be completed in 10 to 15 minutes.

8. Will physician screening forms be available at the worksite health screenings, or will members be responsible for bringing their own?

Physician screening forms are only needed for annual wellness check-ups completed at the member's doctor's office, they are not necessary at the worksite health screenings. Members who choose to have their screening checks/tests done as a part of their annual physical with

their physician are responsible for taking the form with them to the doctor's office. The doctor is responsible for faxing or mailing it to APS, our wellness vendor.

9. Who is responsible for submitting the physician screening form?

Physician screening forms should be submitted by the member's doctor. Members should talk to their doctors at the time of their visit about submitting the form to APS. Instructions for submission are included on the form.

10. Where can I find the screening form to take to my doctor?

The physician screening form is available on the Partners for Health website at www.partnersforhealthtn.gov under the Resources tab.

11. Will my spouse be required to pay for the worksite health screening?

No. Worksite health screenings do not have a cost for the employee or covered spouse.

Health Questionnaire and Online Accounts

1. How does the spouse of an employee create an online account?

The employee and his or her spouse will each need to create an online account to complete the health questionnaire. The spouse will simply enter his or her personal information (i.e., name and date of birth) and use the member ID listed on his or her Caremark prescription card to login the first time. The spouse can then create a unique login and password.

2. How can members without internet access complete the health questionnaire?

Members without internet access can complete the health questionnaire and schedule a worksite health screening by calling APS Healthcare at 1-888-741-3390.

3. Who should I contact for assistance if I experience trouble creating or logging in to my online account?

To create an online account, please refer to the detailed directions available at <http://www.partnersforhealthtn.org/Files/Forms/Instructions.pdf>. Please note that the Organization or Group ID is "Partners for Health" for all members and will automatically appear in the Group ID field. If the Group ID is empty when you register, please be sure to type in "Partners for Health," using a space between each word. Your member ID can be found on your Caremark prescription card.

If you should require additional assistance creating an account or accessing an existing account, please contact APS Healthcare at 1-888-741-3390.

4. Is the Partners for Health website secure?

Absolutely. The website was reviewed by the State of Tennessee's Chief Security Officer and found to be safe and secure. APS initially hid the true URL for additional security. They have since exposed the https without threatening the security of the site to reassure and alleviate member concern. Rest assured that every measure to protect members and their information is being taken, especially where the website is concerned.

Health Coaching and Support

1. What security information will APS ask for to identify members on the phone?

To ensure privacy and security, APS will ask the member to verify his or her name, mailing address, date of birth and member ID number located on the Caremark prescription card. APS will not ask for the member's Social Security Number. However, if the member is unable to

verify his or her personal information, APS will not be able to release any information to the member at that time. In such a case, the member would need to call back when they can verify all personal information. APS Healthcare strives to protect the personal health information of all members while providing the best customer service possible.

2. Do I have to work with a health coach? Will the health coach contact me by phone or e-mail?

In 2011, working with a health coach is optional. Health coaches will contact members via telephone or e-mail depending on the member's preference.

3. When I take part in the health questionnaire and health screening, who will see my answers and results?

The State has contracted with a health and wellness manager, APS Healthcare, to help members with the health questionnaire and schedule health screening events. APS Healthcare will collect your data—under a current law known as HIPAA, they will not release any identifiable, individual information about you to either the State or your employer without your permission.

4. Will I get confirmation that I have fulfilled the Partnership Promise and am eligible to stay in the Partnership PPO next year?

You have between July 1, 2010 and June 30, 2011 to complete your health screening/annual physical. If you choose to complete your health screening at your doctor's office, please make sure that you schedule your appointment in time for your doctor to return the Physician Screening Form to APS by June 30, 2011. The health questionnaire is available now, and you have until June 30, 2011 to complete it.

APS will be in touch with Partnership PPO participants to alert you of your fulfillment progress, provided you share current contact information when creating your online account or calling APS. Those who have not fulfilled their Promise by the deadline will not be able to enroll in the Partnership PPO for 2012.

5. I've heard the State offers discounts for employees to join weight loss groups such as Weight Watchers. Where can I find out how to apply for these discounts?

Currently, the State partners with Weight Watchers to offer Weight Watchers at Work and other weight management programs. Weight Watchers offers all state employees a discounted rate for these programs. We are working to put similar programs in place for all other plan members. We will continue to offer group discounts on Weight Watchers and other support groups. To find out more, visit www.tn.gov/finance/ins/weight_watch.html.

6. Will the State offer wellness incentives or discounts for fitness centers?

Fitness center discounts are available to all State Group Insurance Program Members. Participating fitness centers have agreed to offer a discount on their regular member price and/or initiation fees. A list of participating fitness centers and information on accessing the discounts are available at www.tn.gov/finance/ins/sewp_fitlist.html.

7. Are worksite health screenings and online wellness tools available to members in the Standard PPO? What about the Limited PPO?

Members who aren't in the Partnership PPO can also create an online account, complete the questionnaire and schedule a screening, though such participation is not required.



Out
Middle
April
1st May

**PARTNERS
FOR HEALTH**SM

P.O. Box 291684
Nashville, TN 37229

1-888-741-3390
www.partnersforhealthtn.gov



Don't forget to keep your Partnership Promise!

If you got this card but have done your Health Questionnaire, don't worry. You don't need to do it again. Questionnaires sent in within the past 30 days may not be entered in our records yet.

When you enrolled in the Partnership PPO you signed the Partnership Promise. That means you promised to take an active part in your health by completing two simple steps. You must have a **Health Screening** and complete a **Health Questionnaire** before **June 30, 2011**.

Our records show that you have completed your Health Screening. You're halfway to fulfilling your Partnership Promise!

To fulfill the other half of your Partnership Promise, you must complete the Health Questionnaire before June 30, 2011.

If you do not fulfill your Partnership Promise, you will not be eligible to enroll in the Partnership PPO for the next plan year. This means you will be enrolled in the Standard PPO next year and pay more for: monthly premiums, annual deductible, pharmacy co-pays, medical care co-insurance, and out-of-pocket maximum.

Incomplete Health Questionnaires do not satisfy your Partnership Promise! If you started it online and did not finish, be sure to log back onto **www.partnersforhealthtn.gov** and complete it.

For help with completing your Health Questionnaire, call a **ParTNers for Health Coach**. Our hours are 8:00 a.m. – 8:00 p.m., Monday through Friday, Central Time.

For help with completing your Health Questionnaire, call a **ParTNers for Health Coach**.

The **ParTNers for Health Program** is here to help you keep your **Partnership Promise!**
1-888-741-3390

Hearing and/or speech impaired dial 711 for Relay Tennessee
www.partnersforhealthtn.gov

APS worksite screenings will be held on the following dates:

Tuesday, January 11	University Center (Room 226)	7:00 am - 1:00 pm
Wednesday, January 12	University Center (Room 226)	7:00 am - 1:00 pm
Thursday, January 13	University Center (Room 226)	7:00 am - 1:00 pm
Friday, January 14	University Center (Room 226)	7:00 am - 1:00 pm
Saturday, March 5	Hollingsworth Auditorium on the Ag Campus	7:00 am - 1:00 pm
Tuesday, March 29	Thompson Boling Arena (Room A)	7:00 am - 1:00 pm
Wednesday, March 30	Thompson Boling Arena (Room A)	7:00 am - 1:00 pm
Thursday, March 31	Thompson Boling Arena (Room A)	7:00 am - 1:00 pm
Friday, April 1	Thompson Boling Arena (Room A)	7:00 am - 1:00 pm
Wednesday, April 6	UT Medical Center Lab Annex	7:00 am - 1:00 pm
Thursday, April 14	UT Medical Center Lab Annex	7:00 am - 1:00 pm

Before attending the health screening, please note that your Edison ID is needed and can be found on your Caremark prescription card, so please bring your prescription card with you to your health screening. For accurate results, fasting

not reg'd fr @ work site

Physician Screening Form

Member Information

Name: _____

Date of Birth: _____ Member ID : _____
(Edison ID, found on your Caremark prescription card, Edison time sheet or paycheck)

Appointment Date: _____ Appointment Time: _____

Take this form to your scheduled appointment to ensure the appropriate biometric screenings are part of your routine physical. Have your physician record your test results on this form and complete the "Provider Information" section then submit the completed form to the address or fax number listed below under "Submitting Results."

Provider Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____ Fax: _____

Signature: _____

Your patient is participating in the ParTNers for Health program as part of his/her insurance coverage through the State of Tennessee Group Insurance Program. In order to receive lower premiums and member cost sharing in the Partnership PPO, members must take part in a health screening to check for certain biometric values. Please provide the appropriate testing to check for the values listed below so your patient can satisfy his/her requirements for the Partnership PPO.

Biometric Screenings

Blood Pressure: _____

Total Cholesterol: _____

HDL Cholesterol: _____

LDL Cholesterol: _____

Triglycerides: _____

Blood Glucose: _____

Fasting: Yes No

Height: _____

Weight: _____

BMI (Body Mass Index): _____

SUBMITTING RESULTS

Submit the completed form to the address or fax number listed below.

Mailing Address:
ParTNers for Health
PO Box 682326
Franklin, TN 37068

Fax Number:
877-797-6915

Disclosure

Under state and federal law, the health management vendor will not share your personal, identifiable health information with the State of Tennessee Group Insurance Program or your employer unless the vendor has your express, written permission.

Release of Health Information

The Tennessee ParTNers for Health Wellness Program is a free health and wellness program available to all eligible State of Tennessee employees. It is completely confidential. The program offers personalized health coaching and a 24-hour Nurse Advice Line.

The ParTNers for Health program encourages you to have regular preventive health screenings. Your healthcare provider's office may conduct your health screening. This form allows your healthcare provider to share the results of your health screening with the ParTNers for Health program.

Your screening results and health information will only be used by the Tennessee ParTNers for Health Wellness Program. All health information will be kept private and safe. The program will not release your information unless authorized or required by law.

If you agree with the statements below, please sign and date this form. Be sure to give this form to your healthcare provider's office when you have your preventive health screening.

I authorize the release of my health information to the Tennessee ParTNers for Health Wellness Program.

I authorize the release of my preventive health screening results to the Tennessee ParTNers for Health Wellness Program.

I understand my Tennessee state health insurance plan benefits will not change if I do not agree to release my health information and preventive health screening results to the Tennessee ParTNers for Health Wellness Program.

My permission is voluntary. I can change my mind and cancel this consent at any time by calling my healthcare provider's office.

I understand that canceling my consent will not be effective where the Tennessee ParTNers for Health Wellness Program has already acted on my consent in good faith.

This permission will expire three years from the date of signature.

Member's Name

Date

Signature of member, parent, or legal representative

Member ID (Edison ID)

*(Edison ID, found on your Caremark prescription card,
Edison time sheet or paycheck)*

Fitness Center Discount Program Participants (last updated January 2010)

CITY	FACILITY	ADDRESS	INDIVIDUAL DISCOUNT	COUPLE DISCOUNT	FAMILY DISCOUNT	INDIVIDUAL INITIATION DISCOUNT	COUPLE INITIATION DISCOUNT	FAMILY INITIATION DISCOUNT
Adamsville	Maximum Health & Fitness	345 U.S. Hwy 64	20%	20%	20%			
Alamo	Crockett County Fitness Ctr	65 S Johnson St	20%	20%	20%			
Antioch	Snap Fitness	1309 Bell Rd, Ste 219 & 220	15%	15%	15%	15%	15%	15%
	Urban Active Fitness	2401 Edge O' Lake Dr				30%	30%	30%
Arlington	Aerobics Anytime	5959 Airline Rd	25%	25%	25%	25%	25%	25%
Athens	YMCA Athens-McMinn	205 Knoxville Ave	25%	25%	25%			
Brentwood	Curves	214 Ward Circle, Ste 600				75%		
	YMCA of Nashville & Middle TN - Brentwood*	8207 Concord Rd	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Maryland Farms*	5101 Maryland Way	10%	10%	10%	10%	10%	10%
Bristol	Curves	1135 Volunteer Pkwy, Ste 7-8				50%		
	YWCA Bristol	106 State St				100%		
Brownsville	YMCA - Haywood County Branch	127 North Grand Ave	20%	20%	20%			
Camden	Basic Fitness	170 Briarwood St	25%	25%	25%			
	Curves	159 Hwy 641 North				100%		
Carthage	Curves - Carthage	316 Main Street North	23%			50%		
Chattanooga	Curves/CurvesSmart Training Facility for Women	315 N Market St, Ste 105	10%			50%		
	Jack Silberman's Fitness Center	6224 Airpark Dr	20%	20%		50%	50%	
	YMCA of Metro Chattanooga	4138 Hixon Pk				67%		80%
	YMCA of Metro Chattanooga	7430 Shallowford Rd				67%		80%
	YMCA of Metro Chattanooga - Downtown Branch	301 W Sixth St				67%		80%
	YMCA of Metro Chattanooga - J.A. Henry Branch	5600 Brainerd Rd, Ste A-24				67%		80%
Clarksville	Curves at Sango Village	3377 41-A South				75%		
	YMCA of Nashville & Middle TN - Clarksville*	260 Hillcrest Dr	10%	10%	10%	10%	10%	10%

Cleveland	YMCA of Metro Chattanooga	220 Urbane Rd				67%		80%
Clinton	Clinton Curves	433 S Charles G Seivers Blvd				70%		
Columbia	Harvey's Gym	1412 Trotwood Ave, Ste 35	40%		10%			
	Harvey's Gym	915 S Garden St	40%		10%			
	YMCA of Nashville & Middle TN - Maury County*	1446 Oak Springs Dr	10%	10%	10%	10%	10%	10%
Cookeville	YMCA of Putnam County Family	235 Cavalier Dr	10%	10%	10%	10%	10%	10%
Cordova	Anytime Fitness	1144 N Houston Levee Rd	10%	10%		50%	50%	
	Cordova Athletic Club	7950 Club Center Cove	20%	20%	20%	100%	100%	100%
Covington	Curves of Covington	1186 Hwy 51	22.8%			66.66%		
Dayton	Rhea Family YMCA	232 Fourth Ave	\$25		\$25			
	YMCA of Metro Chattanooga	232 Fouth Ave #6				67%		80%
Dover	Curves	543 Hwy 79				50%		
Dyersburg	Ultimate Fitness	1130 Hwy 51 Bypass, Ste 21	45%	30%	42%			
	YMCA of Dyer County	120 E. McGaughey St				100%	100%	100%
Fayetteville	Curves of Franklin	1237 Huntsville Hwy, Ste C	20%			50%		
	Patrick Rehab-Wellness Center	1001 Huntsville Hwy						
Franklin	Curves - Cool Springs	330 Mayfield Dr, Ste A-8				66%		
	Harvey's Gym	835 S Main St	40%		10%			
	Prairie Life Fitness Center	300 Shingle Way						
	YMCA of Nashville & Middle TN - Cool Springs*	121 Seaboard Ln	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Franklin Family*	501 South Royal Oaks Blvd	10%	10%	10%	10%	10%	10%
Gallatin	Fitness Center at Sumner Station	225 Big Station Camp Blvd				50%	36%	
Goodlettsville	Curves for Women	3000 Business Park Cl, Ste 600				75%		
Henderson	Curves for Women	124-C N Church Ave, Ste C				100%		
Hendersonville	Curves	393 E Main St				66%		

	YMCA of Nashville & Middle TN - Sumner County*	102 Bluegrass Commons Blvd	10%	10%	10%	10%	10%	10%
Hermitage	Hermitage Fitness Ctr	3924 Lebanon Rd	15%	15%	15%	75%	75%	75%
	Urban Active Fitness	3051 Lebanon Pk				30%	30%	30%
Humboldt	Humboldt Fitness	2130 North Central Ave						
Jackson	Curves for Women	80 Innsdale Cv, Ste F				75%		
	Gold's Gym	106 Carriage House Dr	15%	15%	15%	50%	50%	50%
	YMCA of Jackson	1515 Campbell St	10%	10%	10%	75%	75%	75%
Johnson City	Ladies Workout Express	1805 North Roan St	15%	20%	15%	15%	15%	20%
	The Muscle Factory Your Family Fitness Ctr	2318 Buffalo Rd	20%	20%	20%	100%	20%	20%
Jonesborough	Curves for Women	900 E Jackson Blvd				50%		
Kingsport	Gold Star Fitness & Racquet Club	2008 American Way	10%	10%	10%	10%	10%	10%
	Gold Star Fitness, Inc. Allendale	4214 West Stone Dr	10%	10%	10%	10%	10%	10%
	Gold Star Fitness, Inc. Colonial Heights	4844 Fort Henry Drive	10%	10%	10%	10%	10%	10%
	Gold Star Women's Fitness Center	1944 Brookside Dr	10%	10%	10%	10%	10%	10%
	The Great Body Company	3246 Memorial Blvd	15%	15%	15%	15%	15%	15%
Knoxville	Court South	5621 Merchants Center Blvd	22%	13%	varies	90%	90%	90%
	Curves	9220 Kingston Pk				75%		
	Curves on Northshore	9307 S Northshore Dr				75%		75%
	Exclusive Fitness	7575 S Northshore Dr	10%	10%	10%	100%	100%	100%
	Snap Fitness Chapman Hwy	7343 Chapman Hwy	15%	15%	15%			
	Snap Fitness Hardin Valley	10673 Hardin Valley Rd	15%	15%	15%			
	Snap Fitness Middlebrook	8651 Middlebrook Pk	15%	15%	15%			
	YMCA Cansler	616 Jessamine St	6%	7%	12%			
	YMCA Farragut	10709 Kingston Pk	6%	7%	12%			
	YMCA Lindsay Young Downtown	605 West Clinch Ave	6%	7%	12%			

	YMCA North Side	7609 Maynardville Pk	6%	7%	12%			
	YMCA West Side	400 North Winston Rd	6%	7%	12%			
LaFollette	Absolute Fitness	2301 Jacksboro Pk, Ste 5	10%	10%	10%	20%	20%	20%
LaVergne	Snap Fitness	1925 Madison Square Blvd	10%	10%	10%	100%	100%	100%
Lawrenceburg	Curves for Women	2358 Springer Rd				50%		
	Harvey's Gym	2004 North Locust Ave	40%		10%			
	Westside Gym, Inc.	1027 West Gaines St	30%				50%	50%
Lebanon	Anytime Fitness	155 Legends Dr, Ste L	10%	10%		100%	100%	
Lewisburg	Harvey's Gym	1754 Mooresville Hwy	40%		10%			
Lexington	Harvey's Gym	657 West Church St, #B	40%		10%			
Madison	Urban Active Fitness	1615 Gallatin Pk N				30%	30%	30%
Madisonville	Modern Health Club	1008 Tellico St S, Ste B	20%	20%	20%	20%	20%	20%
Martin	The Sideline	104 Oxford St	5%	5%	5%			
Maryville	Curves	525 N Foothills Plaza				75%		
	Ladies Total Fitness and Personal Training	104 Foothill Mall		50%	50%		100%	100%
McMinnville	Curves for Women	200 Hobson St				74%		
Memphis	Fitness Plus	2598 Corporate Ave	25%	25%	25%	50%	50%	50%
	Healthy Habits, Personal Fitness Programs	732 E Brookhaven Cir	10%	10%	10%			
	YMCA of Memphis & the Mid-South	5959 Park Ave				100%		100%
	YMCA of Memphis & the Mid-South	3548 Walker Ave				100%		100%
	YMCA of Memphis & the Mid-South	5885 Quince Rd				100%		100%
	YMCA of Memphis & the Mid-South	4727 Elvis Presley Blvd				100%		100%
	YMCA of Memphis & the Mid-South	245 Madison Ave				100%		100%
Milan	Milan Family YMCA	5207 Industrial Dr	20%	20%	20%			
Millington	Millington Family YMCA	7725 E Navy Cir				50%	50%	50%
Mt. Juliet	Curves for Women	151 Adams Ln				50%		
	Curves Mt. Juliet	12020 G				50%		

		Lebanon Rd						
Murfreesboro	YMCA Rutherford County Center	205 North Thompson Ln	10%	10%	10%	10%	10%	10%
Nashville	Boost Fit Club	7062 Hwy 70 S	25%	25%	15%	50%	50%	50%
	S.T.E.P.S. Inc (Personal Training)	2424 21st Ave S, #100	10%					
	Snap Fitness	6019 Nolensville Pk	10%	10%	10%	100%	100%	100%
	Urban Active Fitness	5704 Nolensville Pk				30%	30%	30%
	Vanderbilt Dayani Ctr	1500 Medical Center Dr	20.75%	5%	7.5%		17.5%	15.5%
	West Side Athletic Club	11 Vaughn's Gap Rd				100%	100%	100%
	YMCA of Nashville & Middle TN - Bellevue -JL Turner Lifelong Learning Center*	8101 Hwy 100	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Donelson-Hermitage*	3001 Lebanon Rd	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Downtown District*	1000 Church St	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Green Hills*	4041 Hillsboro Circle Dr	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Harding Place*	411 Metroplex Dr	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Margaret Maddox Family*	2624 Gallatin Rd	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Northwest Family Center*	3700 Ashland City Hwy	10%	10%	10%	10%	10%	10%
	YMCA of Nashville & Middle TN - Uptown*	424 Church St, 30th Fl	10%	10%	10%	10%	10%	10%
Powell	Curves	7631 Clinton Hwy	13%			100%		
Pulaski	Harvey's Gym	1616 West College St	40%		10%			
Rogersville	Gold Star Fitness Inc.	136 James Richardson Ln	10%	10%	10%	10%	10%	10%
Sevierville	Curves for Woomen	741 Dolly Parton Pkwy, Ste 1	20%			50%		
Seymour	Curves of Seymour	216 Phoenix Court, Ste E				66%		66%
Signal Mountain	Curves Signal Mountain	2600 Taft Hwy, Ste 400				30-50%		
Smithville	Curves	400 E. Broad St	15%			80%		

Smyrna	YMCA North Rutherford Family	2001 Motlow College Blvd	10%	10%	10%	10%	10%	10%
	YMCA of North Rutherford Ronald Reagan Family Ctr*	2001 Mason Tucker Dr	10%	10%	10%	10%	10%	10%
Springfield	YMCA of Robertson County Family*	3332 Tom Austin Hwy	10%	10%	10%	10%	10%	10%
Tullahoma	Harvey's Gym	449 West Lincoln St	40%		10%			
	Snap Fitness	1406 N Jackson St	15%	15%	15%	50%	50%	50%
	TOP Fitness	120 Flowertown Rd	15%		15%			
White Bluff	Luke's Gym	107 Ellington Way	25%	16%	16%			
Woodbury	Curves for Women	110 W Main St				66%		

* discount only applies to central government employees

Frequently Asked Questions (FAQs) about the Special, Less Costly 90-Day Pharmacy Network

1. What is the 90-day network?

Caremark offers two pharmacy networks. A 30-day network and a 90-day network. The 30-day network has over 1,400 pharmacies in Tennessee. The 90-day network is smaller and is made up of pharmacies that provide a substantial price discount for our health plans. We pass some of these savings on to you through a reduced co-pay (instead of three 30-day co-pays) for each 90-day supply that you get at the pharmacies that have agreed to participate in this special network.

2. Why don't I get the special 90-day price at my pharmacy?

In order to receive this benefit the member's pharmacy must choose to participate in the special 90-day network.

In the past we have allowed members to get the 90-day pharmacy discount at just about any pharmacy. Because our costs are going up more than our premiums, we cannot do this anymore. Not all pharmacies get the same price discounts when they buy drugs. As a result, the health plans may pay more money when members get their 90-day supplies at pharmacies whose discounts are less.

If your pharmacy is in the 30-day network, then you can still get your drugs there. You will simply have to pay three co-pays for each 90-day prescription. You can still get a 90-day supply of your medicines at your favorite pharmacy, even if they don't participate in the 90-day network, but you will have to pay three co-pays because the drugs cost more at this pharmacy. You will only get the special, reduced 90-day co-pay if you use a pharmacy in the less costly 90-day network or get your drugs through mail-order.

3. Can any pharmacy join the special 90-day network?

Yes. Any pharmacy that is willing to accept the special 90-day rates can join the network.

Caremark has contacted all pharmacies about joining the 90-day network. Each pharmacy must make this business decision about whether or not to join this special network. The State cannot make a pharmacy join the network.

4. Are pharmacies required to join both the 30-day and the 90-day network?

No. A pharmacy may choose to participate in only the 30-day network.

5. Why did my pharmacy choose not to join the 90-day network?

This is a business decision for the pharmacy. Not all pharmacies get the same price discounts when they buy drugs. Pharmacies that cannot buy drugs at or below the special 90-day network rates may lose money on certain medications if they were to sign up for the special 90-day network. These pharmacies would probably decide to stay in the 30-day network.

Members can still get their prescriptions in the 30-day network -- and they will pay three co-pays for their 90-day supplies. Members will only get the special 90-day co-pay if they fill the prescription at a pharmacy in the special, less costly 90-day network or through mail-order.

6. How many members must pay more because of this change?

None. All members have choices. Choosing a pharmacy is a personal choice, which requires members to weigh such issues as access, finances, convenience and customer support. Members may choose to stay with their current pharmacy, they may choose to change pharmacies or they may choose to use the mail-order pharmacy. However, if members choose to use a pharmacy that is not in the 90-day network, then the member will not get the special 90-day price because drugs cost more at those pharmacies. You will only get the special 90-day co-pay if you use a pharmacy in the special, less costly 90-day network or get your drugs through mail-order.

7. Why are the health plans doing this?

Our job is to keep costs low so that we can preserve comprehensive, affordable, and dependable benefits for our members. Our contract with Caremark helps do this. Without this contract and smaller 90-day network, the plans would have to pass an additional \$13 million in costs to members. Otherwise, the only option would be to cut benefits and increase member costs, which we believe is unacceptable.

All members will continue to have choice in how they get their 90-day prescriptions. Costs are lower through the 90-day network and the mail order program. However, members can get 90-day prescriptions through a participating 30-day network pharmacy. They will simply pay three 30-day co-pays instead of the discounted 90-day co-pay.

9. How do I use mail order to get a 90-day supply?

You may save time and money on the prescriptions you take each month by using the mail-order program. When you use this program, you pay up to two 30-day supply co-pays for a 90-day supply of your prescription. You also have the convenience of free standard mail delivery to the location you choose.

Ask your doctor to write "90-day supply plus refills" (when clinically appropriate) for maintenance medicines that are purchased through the mail-order program. The pharmacy must fill your prescription for the exact quantity of medicine that your doctor prescribes, up to your plan design limit. If you need to take your long-term medicine right away, ask your doctor for two prescriptions:

- One for up to a 30-day supply, to be filled right away at a participating retail network pharmacy.
- The second one for up to a 90-day supply, with as many as three refills (if appropriate). Send the 90-day supply prescription to the CVS Caremark Mail Service Pharmacy.

Using the mail order program is easy. You can call the 24/7 toll-free Customer Service number at 1-877-522-TNRX (8679) or visit www.caremark.com/stateoftn.

10. What are the day-supply limits for prescriptions?

The day-supply limits for prescriptions will change on July 1, 2010. Today members may get a monthly prescription with up to a 34 day-supply. Members may also get a three month prescription with up to a 102 day-supply. On July 1, 2010 the pharmacy benefit will move from a 34/102 day-supply for prescriptions to the industry standard of 30/90 day-supply.

The 34/102 day-supply was originally put into place for convenience when we had three separate pharmacy managers with three different pharmacy fill limits, not as an added benefit to members. The day-supply limits of 30/90 are standard in the pharmacy industry and what most health plans cover. Making this change will reduce the need for other benefit reductions or cost-shifting to members.

next year

*no still
TN document*

State of Tennessee Group Insurance Program Summary of Plan Changes

January 1, 2011

New Benefit Design

- Contracts for the Point of Service (POS) and Health Maintenance Organization (HMO) options have ended
- Current options sponsored by the State Group Insurance Program include the Partnership PPO, the Standard PPO, and (for the Local Government population) the Limited PPO
- All options have deductibles, copays, coinsurance and out-of-pocket maximums
- Member cost sharing is based on a combination of co-payments and co-insurance
- Preventive Services do not require a member payment and are not subject to a deductible or out-of-pocket maximum

Partnership Promise

- Applicable to The Partnership PPO option
- Upon enrollment, members commit to take an active role in their health
- Members should receive the appropriate preventive and routine healthcare services
- Members who fail to complete a health questionnaire and take a health screening by June 30, 2011 will not be eligible to enroll in the Partnership PPO option for 2012
- Specific results from the Partnership Promise Programs are strictly confidential; the plan's Health and Wellness contractor maintains compliance with the Partnership Promise.

PartNers for Health Wellness Program

- Free to all eligible plan members and their covered dependents
- Benefits include 24/7 Nurse Advice Line, Health coaching, Health Screenings, Online Resources, Wellness Report, and Weekly Health Tips

Eligibility And Enrollment

Eligibility Date and Effective Date of Coverage Will Be Modified –

- For new hires only effective July 1, 2011
- Eligibility date is the hire date or (for local government employees) the last day of the agency probationary period
- Effective date of coverage is the first day of the month following the employee's eligibility date

Expansion of Dependent Child Definition –

- Coverage of eligible child dependents up to age 26
- Eligibility based on relationship between child and covered participants
- Determination of eligibility based on other factors such as student status, whether or not the child is married, child's employment, whether or not the child is receiving financial support from, or is dependent on, the parents, whether or not the child is considered a dependent under IRS rules, whether or not the child is residing with the parents, and eligibility for other coverage, no longer allowed

Pre-existing Condition Clause Amended –

- Waiting period increased from 6 months to 12 months
- Applies to all adults who are enrolling or re-enrolling
- Does not apply to dependent children under the age of 26
- Waiver continues for adults who can demonstrate prior creditable coverage

Voluntary Cancellation Policy Amended –

- Not permitted outside of the Enrollment/Transfer period
- Exceptions made for Covered Persons experiencing a special qualifying event, family status change, or other qualifying event as approved by Benefits Administration

Late Applicant Process and Related Fees –

- Option to enroll through Medical Underwriting ended 9/15/2010
- Open enrollment conducted during 2010 Annual Enrollment Transfer Period
- Open to active employees
- Closed to retirees
- Active employees and eligible spouses could request enrollment as late applicants
- Eligible dependent children under the age of 26 not subject to late applicant fee
- Members joining through Open Enrollment subject to late applicant fee every month they are enrolled through December 31, 2013

Premiums

Additional Premium Tiers –

- Two tiers (single and family) previously
- Four premium tiers now:
 - (1) Employee only
 - (2) Employee plus spouse
 - (3) Employee plus child(ren)
 - (4) Employee, spouse, and child(ren)

Benefits

Medical –

- Previous criteria for bariatric surgery deleted from the Plan Document; updated criteria detailed in 2011 Member Handbooks
- Exclusion for obesity screening, counseling, and treatment deleted
- Pharmacists recognized as eligible providers
- Pharmacist – administered vaccines permitted
- Coverage allowed for prescription vitamins
- Coverage of evidence-based preventive services at no cost to members in compliance with the Affordable Care Act and based on recommendations from the U.S. Preventive Services Task Force
- Coverage for generic and preferred brands of oral diabetic medications, insulin and supplies from in-network pharmacies continues with no member co-pay
- Initial diabetes outpatient self-management training and education services (including medical nutrition counseling) \$500 limit per plan year replaced with a limit of six (6) visits per plan year
- Healthy diet counseling for other medical conditions limited to three (3) visits per plan year
- Six (6) mastectomy bras per plan year – number limit replaced with “as medically necessary
- Treatment by a licensed doctor of chiropractic – visits subject to medical necessity but no visit limit; co-pay increase beyond 20 visits
- Coverage for rehabilitation therapies enhanced – outpatient therapy limit of 45 visits per condition, per plan year replaced with limit of 90 days for speech, physical, and occupational therapies combined; claims administrator retains the authority to exceed limit where medically appropriate

Pharmacy –

- Claims administration resides with a Pharmacy Benefits Manager
- Days supply limit: Up to a 30 day supply (retail pharmacy) or up to a 90-day supply (mail service pharmacy and 90 day at retail); specialty medications have 30-day supply limit

Mental Health and Substance Abuse –

- Implementation of Mental Health Parity
- Separate deductible eliminated
- Limitations on inpatient stays and outpatient therapy visits eliminated

Subrogation

- Covered Persons must answer any and all documentation requests
- Failure to respond to requests for information and to pay any owed subrogation expenses to the plan, result in Covered Person's disenrollment from the plan, extending to Covered Person's dependents

- Employees disenrolled due to failure to comply with the subrogation policy are ineligible to rejoin the plan for three (3) years

Appeals

Administrative Appeals –

- Regarding an administrative process or decision (such as, transferring between health plans, effective dates of coverage, or timely filing issues)
- Members should contact their agency benefits coordinator

Benefit or Service Appeals –

- Internal and External Procedures to help resolve complaints
- Initial levels of appeal (the internal appeal procedure) should be directed to the appropriate claims administrator: medical – BCBS or Cigna, pharmacy – Caremark, mental health and substance abuse - Magellan
- Decision letters will advise members of further appeal rights including the option for review by an Independent Review Organization, where applicable
- Expedited consideration may be requested for denials made prior to services being received if the denial can reasonably be expected to prevent a covered individual from obtaining urgently needed covered services

Resources And Contact Information

www.tn.gov/finance/ins - provides direct links to information about insurance products offered, related programs, publications and forms, premiums, and customer service.

www.tn.gov/finance/ins/publications.html - provides direct links to Member Handbooks, Insurance Comparison Charts, Retirement Brochures, and Plan Documents. Note: The Plan Documents are under revision and may not yet reflect the changes summarized here. An updated document will be posted when all changes have been incorporated.

Benefits Administration

312 Rosa L Parks Avenue North
Suite 2600 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243

Phone: 800.253.9981 or 615.741.3590 | Monday - Friday, 7:00 - 5:00 (central)

Fax: 615.741.8196

E-mail: benefits.administration@tn.gov

Colonoscopy – Summary of 2011 Benefits

- Beginning at age 50 years and continuing until age 75 years
- Both the American Cancer Society and the US Preventive Services Task Force currently recommend an interval of every 10 years for screening colonoscopies
- If medically necessary, and recommended by a member's physician due to certain risk factors, screenings may begin at an earlier age and occur more frequently
- Standards for CT colonography (a virtual colonoscopy) may vary. Members should check coverage with the insurance carrier. Different carriers have different medical necessity criteria for this procedure.
- For covered colonoscopies, member cost depends on place of service and coding:
 - Screening/preventive colonoscopy; no charge to member
 - Diagnostic colonoscopy is normally outpatient and considered outpatient surgery; subject to deductible, co-insurance, and out-of-pocket maximum

Coordination of Benefits (COB) – Request for "other coverage" Information

- Periodically, carriers will send letters to members requesting other coverage information
- Periodic validation is necessary because it's not uncommon for other coverage information to change and because it helps ensure accurate claims payments
- In addition to sending a letter, the carriers may also attempt to gather this information when members call in
- **Members can respond:**
 - by completing and returning the letter, or
 - updating the information on-line, or
 - calling the carrier to provide the information, or
 - answering the carrier's questions during a phone call
- Failure to respond to requests for other coverage information may result in claims being pended or held for payment.
- When claims have been pended, it does not mean that coverage has been terminated or that the claims have been denied. However, claims will eventually be denied if the requested information is not received by the deadline specified in the request.
- Once the carrier receives the requested information, the carriers will update the member information regarding other coverage, and claims that have been pended or denied can be released or adjusted for payment
- **Important Notes:**
 - All members need to respond to the carrier's request – even those who need to report that they have no other coverage
 - If a member receives an EOB showing no payment due to other coverage, or the member is told during a visit with a healthcare provider that services are being denied for other coverage, they can call the carrier to update their other coverage information immediately.

Vision Services – Summary of 2011 Benefits

Covered:

- Annual vision screenings as part of preventive care don't require member copay
- Office visits with Ophthalmologists and Optometrists for medically necessary treatment due to an injury or illness of the eyes:
 - Subject to the applicable in-network or out-of-network specialist copay; not subject to deductible, co-insurance, or out-of-pocket maximum
 - Since optometrists are non-contracted with BCBST, members will only be responsible for the out-of-network specialist co-pay.
- The first contact lenses or glasses (excluding tinting and scratch-resistant coating) purchased after cataract surgery
- Multiple pairs of rigid contact lenses that are determined to be medically necessary by the claims administrator and prescribed only for the treatment of keratoconus.
- Intrastromal Corneal Ring Segments (ICRS) for vision correction are also covered with a diagnosis of keratoconus when certain medical appropriateness criteria are met

Not Covered:

- Refractive examinations to determine the need for glasses and contacts are not considered vision screenings and WILL NOT be covered
- Radial keratotomy, LASIK, or other procedures to correct refractive errors, eyeglasses, sunglasses, and contacts – including examinations and fitting charges – WILL NOT be covered.

Reminder:

Although refractive services and products are not covered by the State Group Insurance Program, the medical carriers offer discount programs for exams, glasses, and contacts. Members should contact the carriers for more information on the available discounts.

Handwritten notes:

- HMU
- PSD
- none
- did in part
- mm

Wilson, Jamie L

From: Treasurer and Interim CFO Butch Peccolo [utpayroll@tennessee.edu]
Sent: Tuesday, January 04, 2011 3:13 PM
To: Payroll Office
Subject: UT Medical Center Discount

January 4, 2011

To: UT Knoxville-area Faculty and Staff
From: Treasurer and Interim CFO Butch Peccolo
Re: UT Medical Center Discount

Prior to January 1, 2011, University Health Systems (through the UT Medical Center in Knoxville) provided a benefit to UT employees in the form of a full waiver after insurance of residual hospital charges, if the employees, their spouses and eligible dependents were participants in the state of Tennessee medical insurance program. As a result of recent changes in the state of Tennessee medical insurance plans, University Health Systems has notified the University of changes to this benefit.

Effective January 1, 2011, only UT employees and non-Medicare eligible retirees, spouses and their dependents insured under the state of Tennessee health insurance program -- Partnership PPO will continue to receive this full write-off of the residual hospital charges.

All other employees and non-Medicare eligible retirees and their dependents, who chose the standard PPO plan or who do not participate in the state of Tennessee plans will have a limited 25 percent discount waiver of residual hospital charges.

For more information, call the Payroll Office at 865-974-5251.

*- not contractual
- unstated acknowledgment
- may occur*

*Rational
• not insurance
benefit -*

*2010 Univ + UT medical
separated
- continued writeoff*

INSURANCE COMMITTEE MEMBERS

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Prudential

*ee pay
100% enrollment
ex*

[First Name] [Last Name]
[Address 1]
[Address 2]
[City, State ZIP Code]

Don't miss out on this special opportunity:

- New LTD coverage rates are more than 45% lower than our previous carrier.
- Open enrollment period is March 28–May 2, 2011.

Dear [First Name]:

What would happen if you were suddenly out of work due to an illness or injury? How would you pay your mortgage and everyday living expenses? What about loved ones who depend on your income—how would they cope financially? Could you afford to save for retirement? Disability insurance can help you protect your income if you are suddenly unable to work due to an illness or injury.

The University of Tennessee understands the importance of having adequate income protection in case you become disabled. That's why we are offering you Long-Term Disability (LTD) Insurance issued by The Prudential Insurance Company of America (Prudential)—a name you know and trust. This coverage is available at rates that are more than 45% lower than our previous carrier.

During our **open enrollment period from March 28 to May 2**, you can purchase Plan C without answering health questions. If you have been previously denied coverage, or enroll after this enrollment period, proof of good health satisfactory to Prudential will be required. Your new coverage will take effect on May 2, 2011, provided you are actively at work on that date. If you are not actively at work on that date, the coverage will go into effect the date you return to active status.

The following LTD plans are available from Prudential. Benefits begin after an elimination period of 120 days for all plans:

- Plan AA: 70% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan A: 66 2/3% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan B: 63% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan C: 60% of your pre-disability earnings, up to a monthly maximum of \$7,500.

Enroll Today!

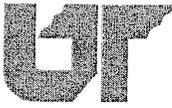
Remember, these rates are more than 45% lower than our previous carrier and you can choose Plan C without answering any health questions. To enroll, please review the enclosed enrollment kit and return the completed enrollment form to your local human resources contact.

If you have any questions about enrolling, or if your status is changing from exempt to non-exempt or vice versa, or FLSC (Family Life Style Changes) has changed, please contact your local human resources office at 888-444-8847.

Sincerely,

Jonathan Gushen
Team Leader Benefits & Retirement
The University of Tennessee

P.S. Prudential enrollment specialists will be on campus to conduct informational sessions. Bring your enrollment kit and your questions to learn more about these benefits. Contact your local human resources office for details.



[First Name] [Last Name]
[Address 1]
[Address 2]
[City, State ZIP Code]

Don't miss out on this special opportunity:

- New LTD coverage rates are more than 45% lower than our previous carrier.
- Open enrollment period is March 28–May 2, 2011.

Dear [First Name]:

As a current enrollee in our long-term disability plan, we know you understand the importance of having adequate income protection in case you become disabled. Your coverage is now available at rates more than 45% lower than our previous carrier, and is issued by The Prudential Insurance Company of America (Prudential)—a name you know and trust. To maximize your protection, we are offering you the opportunity to increase your Long-Term Disability (LTD) Insurance.

During our **open enrollment period from March 28 to May 2**, if you wish to select a higher level of LTD insurance, you can purchase one higher percentage level without answering health questions. You are currently enrolled for Plan **A|B|C**.

The following LTD plans are available from Prudential. Benefits begin after an elimination period of 120 days for all plans:

- Plan AA: 70% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan A: 66 2/3% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan B: 63% of your pre-disability earnings, up to a monthly maximum of \$7,500.
- Plan C: 60% of your pre-disability earnings, up to a monthly maximum of \$7,500.

If you purchase more than one higher percentage level up from your current coverage, or enroll after this special enrollment period, proof of good health satisfactory to Prudential will be required. Your new level of coverage will take effect on May 2, 2011, provided you are actively at work on that date. If you are not actively at work on that date, the coverage will go into effect the date you return to active status. If you take no action, your current level of coverage will remain in effect and you will pay our new lower rates.

Enroll Today!

Remember, these rates are more than 45% lower than our previous carrier and you can choose one higher percentage level of coverage with no health questions to answer. To enroll, please review the enclosed enrollment kit and return the completed form to your local human resources contact.

If you have any questions about enrolling, or if your status is changing from exempt to non-exempt or vice versa, or FLSC (Family Life Style Changes) has changed, please contact your local human resources office at 888-444-8847.

Sincerely,

Jonathan Gushen
Team Leader Benefits & Retirement
The University of Tennessee

P.S. Prudential enrollment specialists will be on campus to conduct informational sessions. Bring your enrollment kit and your questions to learn more about these benefits. Contact your local human resources office for details.

RESOLUTION: Extending UT-Controlled Benefits to Domestic Partners

WHEREAS: The University of Tennessee has adopted as campus policy the following statement: "University of Tennessee, Knoxville, in its efforts to ensure a welcoming environment for all persons, does not discriminate on the basis of sexual orientation in its campus-based programs, services, and activities."

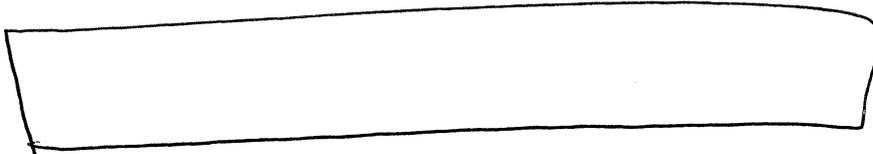
WHEREAS: The University provides certain University-controlled benefits, such as tuition reduction, usage of certain University facilities and other benefits, to spouses of UT employees;

WHEREAS: It is now more common for universities to offer such benefits to unmarried partners;

THEREFORE, BE IT RESOLVED that the Faculty Senate of the University of Tennessee, Knoxville supports the adoption of benefits for domestic partners of UT employees equal to those offered to spouses of UT employees.

BE IT FURTHER RESOLVED that the Faculty Senate of the University of Tennessee, Knoxville, supports the development of reasonable and equitable guidelines in administering such benefits.

Version passed by Senate Executive Committee Apr. 17, 2006



Smith, Anne D

From: Heminway, Joan MacLeod
Sent: Tuesday, March 29, 2011 10:43 AM
To: Smith, Anne D
Subject: FW: [LGBT-COMMISH] Marquette U. to Offer Benefits to Employees¹ Domestic Partners

FYI.

Joan

From: Sasso, Rosie
Sent: Tuesday, March 29, 2011 8:18 AM
To: LGBT-COMMISH@LISTSERV.UTK.EDU
Subject: [LGBT-COMMISH] Marquette U. to Offer Benefits to Employees¹ Domestic Partners

March 25, 2011, 2:53 pm

Nearly a year after Marquette University was divided in controversy over its decision to hire and then reject a lesbian candidate for a deanship, the Roman Catholic institution says it will offer medical, dental, and vision benefits to the domestic partners of its employees starting next year, *The Journal Sentinel*, a Milwaukee newspaper, reports. In a written statement, the university's president, the Rev. Robert A. Wild, said he had been considering extending such benefits to gay and lesbian employees for years. University officials told the newspaper that the move was not related to recent pressure from Marquette's students and faculty members to extend the benefits. *The Journal Sentinel* said it could not find out if the decision on benefits was connected to a settlement last June of the dispute between Marquette and the candidate for dean, Jodi O'Brien, a scholar at Seattle University.

From the Chronicle of Higher Education - http://chronicle.com/blogs/ticker/marquette-u-to-offer-benefits-to-employees-domestic-partners/31622?sid=at&utm_source=at&utm_medium=en