



State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration • 19th Floor Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243

September 26, 2019

Dear Retiree:

The purpose of this letter is to provide the 2020 monthly premium for The Tennessee Plan (supplemental medical insurance for retirees with Medicare) coverage you have as a retired state employee, retired public school teacher, retired local education support staff or retired local government employee. The total base premium for this coverage will increase 1.5 percent for 2020. Please note that \$140.55 is the base premium before any applicable state support is applied to your portion of the premium that is due. **Refer to the premium table below to see how much you pay after the state support is applied.** The premiums listed are per covered individual amounts.

The state's service-based contribution for retired teachers and state employees will remain at the same levels: \$50 for 30 or more years of service; \$37.50 for 20-29 years of service; and \$25 for 15-19 years of service. Local education support staff and local government retirees are entitled to employer-supported rates only if the chief governing body has passed a resolution which authorized such support.

If your premium is paid from your TCRS retirement benefit, it is deducted one month in advance. For example, the January 2020 premium will be deducted from your December 31, 2019, TCRS retirement benefit.

If you are billed directly, you will continue to receive a bill one month in advance. For example, the December bill will be for January coverage.

If you are paying by automatic bank draft (ACH), premiums will continue to be deducted from your account on the 15th of the current month of coverage.

UMR/POMCO will continue to administer this coverage during 2020. To contact the customer service office for UMR/POMCO for information regarding benefits or the status of claims payments, you may call toll-free at 888.477.9307. Information is also available online at umr.com/thetennesseepolaninfo.

If you have questions about your monthly premium you may call the Benefits Administration service center at 800.253.9981 and select option 2.

PREMIUMS EFFECTIVE JANUARY 2020		
Base monthly premium	\$ 140.55	
	STATE SUPPORT	YOU PAY
30+ years of service	\$ 50.00	\$ 90.55
20-29 years of service	\$ 37.50	\$ 103.05
15-19 years of service	\$ 25.00	\$ 115.55
less than 15 years of service	\$ 0.00	\$ 140.55
dependents (spouse)	\$ 0.00	\$ 140.55
local education support staff	\$ 0.00	\$ 140.55
local government	\$ 0.00	\$ 140.55

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1.866.576.0029.

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).

866-848-0298. 1. مقرر لصتا، ناچم لاب كل رفاوتت ةىوغلل ادعاسم الامدخ نإف، ةغلل ركنا شحتت تنك انإ؛ ةظوح لم -576-0029- مقرر 866-848-0298. 1 مقرر لصتا، ناچم لاب كل رفاوتت ةىوغلل ادعاسم الامدخ نإف، ةغلل ركنا شحتت تنك انإ؛ ةظوح لم -576-0029- مقرر 866-848-0298.

IMPORTANT NOTICE: If you currently have a Medicare Advantage Plan or if you join a Medicare Advantage Plan while you are enrolled in The Tennessee Plan, your The Tennessee Plan policy will not coordinate benefits. You should contact UMR/POMCO and provide them with information about any other coverage you have. They can assist you in determining how it will affect payment by The Tennessee Plan. If you wish to cancel your coverage on this plan, you must submit a written request directly to Benefits Administration. Your written request to cancel must include your name, address, date of birth and Edison ID or the last four digits of your Social Security number. Coverage will be canceled the first of the month following receipt of your written request.