Employee Self Service Instructions

- Log into Edison at https://www.edison.tn.gov/
Enter your password
 ➤ Click “Self Service”
Click “Employee WorkCenter”
➢ Click “Benefits Enrollment”
To begin your enrollment selections Click "Select"
After reviewing your current Enrollment Summary, click “Edit” next to the plan (Medical, Dental, Vision, or Optional AD&D) that you want to add, change, or remove.
Under the *Select an Option* section, click your medical plan choice. If you desire to waive coverage, scroll to the bottom of the page and click the radio button beside "Waive."

Use the Radio Button on the left to select choice
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Blue Cross Blue Shield of Tennessee
Network S
Website: [http://www.bcbs.com/FindADoctor/](http://www.bcbs.com/FindADoctor/)

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**Standard PPO Cigna East**

CIGNA
Local Plus Network
Website: [http://cigna.benefitlink.net/cigna/docdir.aspx](http://cigna.benefitlink.net/cigna/docdir.aspx)

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**Employee plus Spouse**

Employee plus Spouse

Employee + Children
This is where you can waive prior coverage if you want to cancel it.

Click here to add dependents.

Select “Update Elections” to continue if you do not need to add dependents.
Click “Add a Dependent” on the Add/Review Dependents page.
➢ Add the dependent’s personal information and click “Save,” then click “OK” on the next screen. Then click the “Return to Dependent Summary” link.
Fill in All Required Fields
- First Name, Last Name, Date of Birth, Gender, Social Security Number, Relationship, Marital Status

Click Save

Return to Dependent Summary
Click “ok”
Review the Dependent’s personal Information, Click “Edit” if changes need to be made. Click “Return to Dependent Summary”
To add additional dependents, click “Add a Dependent” on the Add/Review Dependents page. When done, click “Return to Event Selection.”

Add another dependent
If finished, Return to event selection
Check the “Enroll” box under Enroll Your Dependents section. Then click “Update Elections.”

Make sure the Enroll box is checked

Update Elections when you are finished
If you selected to enroll in Partnership you will have to click "Accept" to accept the 2016 Partnership Promise.

2016 PARTNERSHIP PROMISE

Please read carefully. By clicking the 'OK' button below, you are agreeing to fulfill the requirements of the 2016 Partnership Promise.

Members and covered spouses must:

- Complete the online Healthways Well-Being Assessment™ (health questionnaire) between January 1 and March 15, 2016.
- Complete a biometric health screening by July 15, 2016.
- If you are contacted, participate in coaching and/or case management.
- Keep your contact information current (if it changes). Covered spouses must keep contact information current with Healthways if it changes.

New plan members (as of 1/1/16) are required to complete the online Well-Being Assessment and biometric screening within 120 days of their insurance coverage effective date. For more information about the 2016 Partnership Promise, visit our website at www.partnersforhealthtn.gov

A person who knowingly provides false information to maintain Partnership PPO or Wellness Health Savings CDHP benefits may be moved to the Standard PPO or Health Savings CDHP plan. The State Insurance Plans have the right to recover the cost of benefits from any member who received these benefits through false information.

Enrollment in Partnership PPO or Wellness Health Savings CDHP:

By choosing the Partnership PPO or Wellness Health Savings CDHP you and your dependent spouse (if applicable), agree to complete the Partnership Promise requirements each year that you are enrolled. During the Annual Enrollment Period each year, you may select another health insurance option. If you do not do so, you will continue to be enrolled in the Partnership PPO or Wellness Health Savings CDHP, if eligible.

Requirements of a Partnership Promise Health Plan:

You will be informed of the requirements of the Partnership Promise on or before Annual Enrollment each year. The benefits of the Partnership Promise are open to all plan members. If you think you might be unable to fulfill the Partnership Promise, call our Partners for Health Wellness Program at 888.741.3390. They will work with you and/or your physician, if you wish, to find an alternate way for you to meet the Promise. Enrolled employees and covered spouses (if applicable) are required to complete the requirements. Children enrolled on your health plan are not required to complete Partnership Promise requirements.

Disenrollment from Partnership PPO:

If you, or your dependent spouse, do not complete the requirements of the Partnership Promise, you and all of your covered dependents will be unable to enroll in the Partnership PPO or Wellness Health Savings CDHP for one year. Members who do not complete the requirements of the Partnership Promise will be sent written notification and will have the opportunity to appeal the transfer.

Accept
Decline
You will need to click “Update Elections” again after accepting the Partnership Promise when you are making changes to coverage.
You will return to the **Annual Enrollment** page.

Click **Edit** beside Dental to review Dental benefits.
Under **Select an Option**, select the radio button next to the **Dental** plan of your choice. Click **“Update Elections”** at the bottom when you are finished.

Use **Radio Button** to the left to Select Choice

This is where you **waive** prior coverage if you want to cancel

Click the **Enroll** box beside the dependent name if you want them to be added to coverage. You can also add additional dependents.

**Update Elections** when you are finished
➢ Review your choices and click "Update Elections"
➤ You will return to the **Annual Enrollment** page.

Click **Edit** beside Vision to review Vision Benefits.
Under Select an Option, select the radio button next to the Vision plan of your choice. Click “Update Elections” at the bottom when you are finished.

Use Radio Button to the left to Select Choice

This is where you waive prior coverage if you want to cancel

Click the Enroll box beside the dependent name if you want them to be added to coverage. You can also add additional dependents

Update Elections when you are finished
Review your choices and click “Update Elections.”
You will return to the Annual Enrollment page

Click the Edit button to elect EAP. Remember EAP is only available if you elected Medical coverage.
➢ Under Select *an Option*, select the radio button next to the *EAP* plan of your choice. Click “*Update Elections*” at the bottom when you are finished.

Use the **Radio Button** to the left to elect coverage

Elec**t waive** if you did not choose medical coverage

**Update Elections** when you are finished
Review your choices and click "Update Elections"
You will return to the Annual Enrollment page. Click “Continue.”

Click Continue after coverages have been selected
Once you click “Continue”, you will be routed to an *Action Needed* page. Click “Continue” under the Benefits Enrollment section to advance to the next page where you will add dependent verification.

Click **Continue** to add dependent verification
This section will list all dependents added, the type of dependent, and the documents needed for verification.

Click here to Upload Documents

You can upload as many documents as needed. When complete, click Finished Uploading, Continue to Next Step.
You are asked to choose if you want your confirmation by mail or email.
Once you select “Email” a box will appear to “Edit Address”.

How Would You Like To Receive Your Confirmation Statement?
- Mail
- Email

CUSTOM
name@email.com

We will send your confirmation statement to the email address listed above. To edit your email address, click the Edit Address button above. (Note: We automatically use the email address marked as Primary.)

Your Preferred Phone Number
(615)741-3590

We request that you keep your phone number up to date as part of the Partnership Promise. If you click Edit Phone Number and update your information, make sure to click Save before clicking OK.

Authorize Elections
By submitting your benefit choices you are authorizing your employer to take deductions from your paycheck to pay for your benefit costs. You are also authorizing Benefits Administration to send necessary personal information to your selected vendors to initiate and support your coverage.

Submit Click Submit to send your final choices to Benefits Administration.

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.
You will be taken to a General Profile Information screen. Click the “Change or set up email address link” under the Email table.
The Identity Self Service screen should open in a new window. You would update your Primary Email and hit “Apply.”

You will update your **Primary Email** in this section and then hit **Apply**.
Once you are back at General Profile Information, confirm your email is correct and select “OK” to return to benefit confirmation screen.

Your updated email should appear in the Primary Email section with the box checked.

You will select OK to return to the benefits confirmation screen.
➢ Click "Submit" once you are back on the Benefits Confirmation Screen

How Would You Like To Receive Your Confirmation Statement?

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Submit

Click Submit to send your final choices to Benefits Administration.

Click Submit. YOU MUST COMPLETE THIS STEP FOR CHANGES TO BE SUBMITTED
➢ After submitting, you will be taken to a confirmation screen. Click “OK”

➢ Note: Once you have submitted your changes, you can view confirmation of your selections on the *Welcome to Employee Self Service* page by logging back in and selecting “View” in the *View/Print Confirmation Statement* box.