



# The Tennessee Plan

## Supplemental medical insurance for retirees with Medicare

### What is The Tennessee Plan?

The Tennessee Plan is a supplemental medical insurance program that covers certain expenses not fully paid by your Medicare Part A and B coverage. As a retiree, you may be eligible for The Tennessee Plan. This plan is for eligible retired state and higher education employees, and local education and local government employees and their eligible spouses and children enrolled in Medicare.

If you have Medicare coverage, you might need The Tennessee Plan to help cover some expenses that Medicare does not. The Tennessee Plan will not coordinate or pay any benefits if you are enrolled in a Medicare Advantage Plan.

### The Tennessee Plan coverage

Medicare gaps for 2026 What you owe after Medicare pays	What is covered with The Tennessee Plan
<b>Basic Benefits</b> <ul style="list-style-type: none"> <li>\$434/day for days 61–90 in hospital</li> <li>\$868/day for 60 lifetime reserve hospital days</li> <li>20% patient’s share of approved medical expense</li> <li>First three pints of blood</li> </ul>	<b>Covered</b>
<b>Skilled Nursing Coinsurance</b> \$217/day for days 21–100	<b>Covered</b>
<b>Part A Deductible</b> \$1,736/hospital admission	<b>Covered</b>
<b>Part B Deductible</b> \$283/calendar year for medical expenses	<b>Not Covered</b>
<b>Part B Excess</b> Medical expense over approved amount	<b>Not Covered</b>
<b>Foreign Travel Emergency</b> Emergency care beginning during first 60 days of trip outside USA (after \$250 deductible, benefits limited to \$50,000/lifetime)	<b>Covered at 80%</b>
<b>Hospice</b> You must meet Medicare’s requirements, including a doctor’s certification of a terminal illness	<b>Covered</b>
<b>Prescription Drugs</b> Outpatient prescription drugs covered through Medicare Part D	<b>Not Covered</b>

The State Group Insurance Program sponsors the plan, and UMR administers claims. UMR answers all customer service questions and processes all claims and payments. UMR answers all customer service questions and processes all claims/payments. Contact **UMR** at **888-477-9307**, Monday through Friday, 7 a.m. to 4:30 p.m. Central time.

### Premium costs

Monthly Premium Amounts	
Plan Year 2026	
Central state government, state higher education, local education teachers	
30+ years of service	\$134.64
20-29 years	\$147.14
15-19 years	\$159.64
Less than 15 years	\$184.64
Dependent (spouse and/or children)	\$184.64
Local education support staff	\$184.64
Local government	\$184.64



Scan this code for quick access to The Tennessee Plan handbook.

## How can I apply?

First, read this document carefully and study the charts explaining The Tennessee Plan's benefits. Then, complete the enclosed application form and submit it as instructed. Be sure to review your application before mailing it to ensure all information has been entered correctly.

## Can I choose my doctors and hospitals?

The Tennessee Plan gives you complete freedom in choosing doctors and hospitals and does not make you choose from a specific list of providers to receive benefits. You should always choose a provider accepting Medicare assignments for maximum financial protection.

## Who is eligible to enroll in The Tennessee Plan?

Retirees hired before July 1, 2015, who are covered by Medicare and meet the following requirements:

- Retired state employee, including state higher education, drawing retirement benefits through the Tennessee Consolidated Retirement System
- Retired state higher education employee participating in a state higher education optional retirement plan
- Retired local education employee drawing a monthly retirement allowance from TCRS
- Retired county judge, county official or employee of an employer participating in TCRS, drawing a monthly retirement allowance from TCRS

Dependents who meet the following requirements:

- A covered retiree's legally married spouse who is eligible for Medicare Part A
- A covered retiree's child who is eligible for Medicare Part A from birth to the limiting age of 26 years who meets at least one of the following five criteria:
  1. Natural/adopted child, regardless of where they live
  2. Stepchild the retiree or spouse has legal custody, joint custody or shared parenting of
  3. Child the retiree is legal guardian of
  4. Child the plan has received a qualified medical child support order for, requiring enrollment in a health insurance plan and eligibility for Medicare Part A
  5. Child required to be covered by applicable state or federal law

Complete eligibility requirements for The Tennessee Plan can be found in the plan document at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth).



For additional information about The Tennessee Plan visit [umr.com/thetennesseeplaninfo](http://umr.com/thetennesseeplaninfo).

(Continued)

## SPECIAL NOTICE: Civil Rights

### Anti-Discrimination and Civil Rights Compliance

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, contact the Finance and Administration Civil Rights Coordinator at [FA.CivilRights@tn.gov](mailto:FA.CivilRights@tn.gov) or 615-532-9617.

Have you been denied services or treated differently for the above stated reasons? Find the Department of Finance and Administration's Nondiscrimination Policy and Complaint Procedures and Form under F&A Department Policies at [tn.gov/finance/looking-for/policies.html](https://tn.gov/finance/looking-for/policies.html) (Policy 36); contact the F&A Civil Rights Coordinator; or mail a complaint to F&A Civil Rights Coordinator/Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service such as Braille or large print? If you speak a language other than English, help in your language is available for free. Contact the F&A Civil Rights Coordinator at 615-532-9617.

If you have questions about civil rights compliance or concerns, you may also contact:

- U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909 or 800-368-1019 or TTY/TDD at 800-537-7697.
- U.S. Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531.
- Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

## SPECIAL NOTICE: Language Assistance

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you.

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

**Arabic** إنا نطنت تشرعت انط اللخرة سفان خدمات الامساعدة اللخرة تتهافن لظ بالاموان. اتسحا برفق 1-866-576-0029 (رقم هاتف الامساع والابطاق: 1-800-848-0298).

**Chinese** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY: 1-800-848-0298)。

**Lao** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັດຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-576-0029 (TTY: 1-800-848-0298).

**Nepali** ध्यान दनुहोस्: तपार्इंले नेपाली बोलनुहुन्छ भने तपार्इंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-866-576-0029 (टटिवाइ: 1-800-848-0298)।

**Russian** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

**Korean** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

**Vietnamese** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY: 1-800-848-0298).

**French** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS: 1-800-848-0298).

**Tagalog** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

**Hindi** ध्यान दें: यदि आप हर्दल बोलते हैं तो आपके लरल मुफूत में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।

**German** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

**Farsi** تسامش سرتسد رد ناگیار نابز هب کمک تامدخ، دینک یم تبحص یسراف هب رگا: هجوت 1-866-576-0029 (TTY: 1-800-848-0298) دیریگب سامت

Visit [umr.com/thetennesseplaninfo](http://umr.com/thetennesseplaninfo) for additional information.

© 2026 United HealthCare Services, Inc. UMC0046 1125 UA

No part of this document may be reproduced without permission.

**PARTNERS  
FOR HEALTH**

**UMR**  
A UnitedHealthcare Company