

2017 ANNUAL ENROLLMENT GUIDE

FOR ACTIVE EMPLOYEES



Metro Nashville

YOU SERVE METRO. WE SERVE YOU





START HERE TO ENROLL FOR 2017

REVIEW

Learn what's new for 2017 on the next page. Then review the rest of the guide to see an overview of your benefit options. Your costs for coverage can be found on page 13.

ENROLL

Enroll for 2017 in one of the following ways (your Benefit Election Form is enclosed for paper enrollment). If you do not submit benefit changes by October 5, your current benefits will continue in 2017, except flexible spending accounts (FSAs). You must re-elect the FSAs every year to keep participating.

Online	Fax	Mail	In Person
Go to nashville.gov and click Annual Enrollment (see enclosed flier)	(615) 880-3401	Metro Human Resources P.O. Box 196349 Nashville, TN 37219-6349	Ask & Enroll Days (see below) or Metro Human Resources 404 James Robertson Pkwy., Suite 1000 Nashville, TN 37219

REFER

Refer to this guide whenever you have benefits questions during the year. Important contacts are listed on the back cover. For more information about your benefits, visit **nashville.gov/human-resources**.

ASK & ENROLL DAYS: September 19-29

Attend an Ask & Enroll session to get your benefits questions answered and talk one-on-one with insurance representatives. Be sure to bring your enclosed Benefit Election Form with you; Metro Human Resources representatives will be on hand to collect your completed form.

Date	Time	Location
Monday, September 19	8 - 11 a.m. 1 - 4 p.m.	Metro Police Department Midtown Hills Precinct - Community Room 1443 12 th Avenue South, Nashville 37203 (entrance on Wade Avenue)
Tuesday, September 20	8 a.m. - 12 p.m. 2 - 7 p.m.	Metro Police Department Madison Precinct - Community Room 400 Myatt Drive, Madison 37115
Wednesday, September 21	6:30 - 11 a.m. 1 - 5 p.m.	East Park - Community Room 700 Woodland Street, Nashville 37206
Tuesday, September 27	8 a.m. - 12 p.m. 2 - 7 p.m.	Metro Police Department West Precinct - Community Room 5500 Charlotte Avenue, Nashville 37209
Wednesday, September 28	8 - 11 a.m. 1 - 4 p.m.	Metro Police Department North Precinct - Community Room 2231 26 th Avenue North, Nashville 37208
Thursday, September 29	8 - 11 a.m. 1 - 4 p.m.	Metro Police Department Hermitage Precinct - Community Room 3701 James Kay Lane, Hermitage 37076

WHAT'S NEW FOR 2017?

MEDICAL PREMIUMS INCREASING

You may recall that 2016 was our first premium increase in four years. While this increase helped cover claims costs, our most recent plan evaluation has shown that another increase is needed. As you know, Metro pays all claims and administration costs for our medical plans, and employee premiums are based almost entirely on actual and expected future claims.

The increase to paycheck deductions in 2017 will be approximately 4% for BCBS PPO members and 10% for Cigna members. Premiums are listed on page 13.

SAVE MONEY IN 2017!

ON DOCTOR VISITS

You can save money — and help Metro keep its health care costs down — by using an urgent care center rather than the emergency room for non-life-threatening conditions. An urgent care center is a good alternative when your regular doctor is not available.

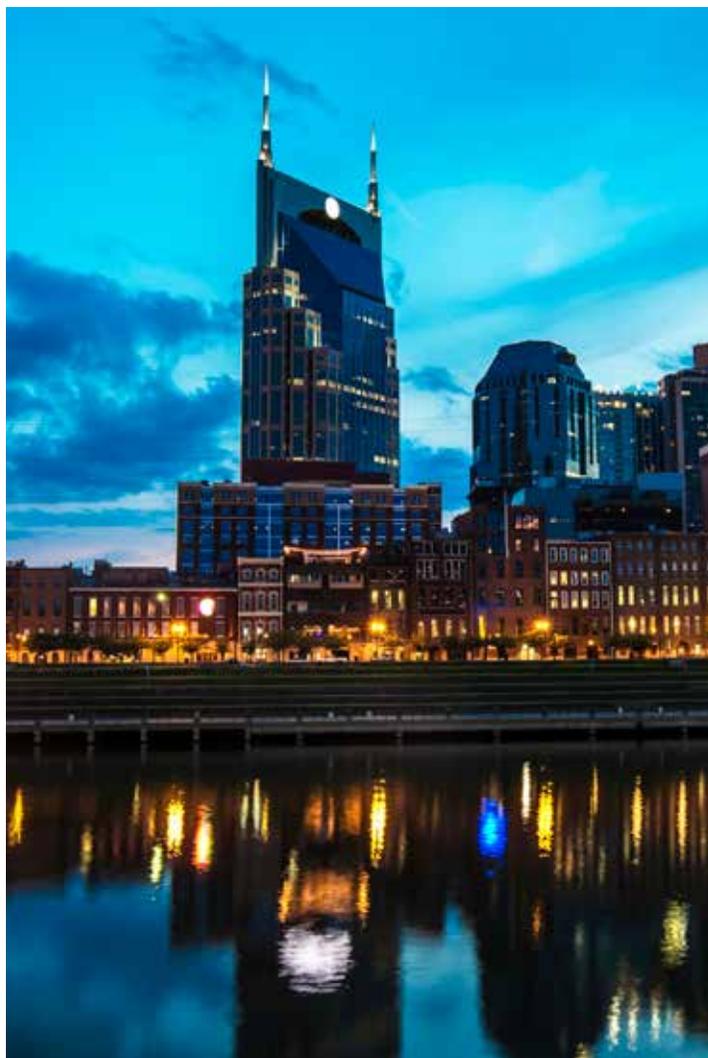
ON PRESCRIPTION DRUGS

You can save money by choosing generic drugs whenever possible. Generic drugs are the same as brand name drugs in dosage, safety, strength and quality. And they often cost significantly less.

Reminder to BCBS PPO enrollees: You can get a three-month supply of maintenance medication for two copays (instead of three) when you fill your prescriptions at participating BCBS Retail90 Plus Network, home delivery or mail order pharmacies. See page 3 for more information.

ON HEALTH CARE AND DEPENDENT CARE

You can save money on many health and dependent care expenses by paying for them tax-free through the flexible spending accounts (FSAs.) But you must re-enroll every year; your current FSA contributions do not automatically continue in 2017. See pages 10-11 for details.



MEDICAL

Metro offers you two medical options: BlueCross BlueShield (BCBS) PPO or Cigna Choice Fund. For a list of network providers and other plan details, visit the BCBS and Cigna websites listed on the back page of this guide.

HOW THE MEDICAL PLANS WORK

BCBS PPO

The BCBS PPO is an 80/20 coinsurance plan, which means most non-preventive services are covered at 80% when you use network providers. Additionally:

- Most preventive care is covered at 100%, up to \$750 per year, for enrollees ages 7 and older; under age 7, coverage is 80%
- Office visits are covered at 80% after a \$20 (PCP) or \$30 (specialist) copay
- There is no deductible if you use network providers
- Out-of-network care is covered at a lower benefit amount, as shown in the chart on page 4
- If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year

DISCOUNTED RATES SAVE YOU MONEY

Cigna and BCBS negotiate with their network providers to get you discounted rates for medical services, supplies and prescription drugs. This helps lower your out-of-pocket expenses when you use network providers.

Cigna Choice Fund

The Cigna Choice Fund combines traditional medical coverage with a Metro-funded Health Reimbursement Account (HRA) Fund. Under the plan, most preventive care is covered at 100% with no benefit limit, regardless of age, when you use network providers.

Here is how the Choice Fund works:

HRA Fund

Each year you are enrolled in the plan, Metro puts money in a Health Reimbursement Account (HRA) Fund to help you pay eligible medical and prescription drug expenses: \$1,100/single coverage or \$2,200/family coverage.

You use your HRA Fund first during the year to pay for medical and prescription drugs costs. There are no copays; you pay the full discounted cost of the product or service using your HRA Fund.



Deductible

If you use all your HRA Fund during the year, you are responsible for paying the full discounted costs of your medical and prescription drug claims until you have met your share of the deductible (\$450/single or \$900/family).



If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2018 HRA Fund and reduce your share of your 2018 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the Cigna Choice Fund plan.



Coinsurance

Once you have met your share of the deductible, the plan begins to pay a percentage of the cost, as shown in the chart on page 4.



Out-of-pocket maximum

If you reach the annual out-of-pocket maximum, which includes amounts paid toward the deductible and coinsurance, the plan pays 100% — and you pay nothing — for covered services for the rest of 2017.

ATTENTION CIGNA MEMBERS: EARN ADDITIONAL HRA DOLLARS!

Want to reduce your share of the deductible and total out-of-pocket expenses? Participate in any of these programs **each year** and earn dollars to be added to your HRA Fund. Contact Cigna (listed on the back page of this guide) for details.

Take a Health Assessment – earn \$100/person*

This online questionnaire is short, confidential and provides you with a personalized health profile to help you take steps toward better health. Your individual answers will not be shared with anyone at Metro. Employees and dependents age 18 and older can earn the incentive once each year.

Participate in a Disease Management Program – earn \$100/person*

If you live with a heart condition, diabetes or COPD, you can learn how to better manage your condition. To earn the incentive, you must engage in at least three telephone sessions with a Cigna nurse in a 12-month period.

Participate in a Tobacco Cessation Program – earn \$50/person*

This program pays you to quit. To earn the incentive, you must engage in at least two telephone sessions with a Cigna coach in a 12-month period.

Participate in Healthy Pregnancies, Healthy BabiesSM Program – earn up to \$150

This program helps you and your baby stay healthy during your pregnancy. Earn \$150 if you enroll by the end of your first trimester (\$75 by the end of your second trimester).

* Up to \$200/family per program

PRESCRIPTION DRUGS

Both medical options include coverage for prescription drugs. Certain drugs may require preauthorization or step therapy, and quantities of some drugs may be limited.

BCBS PPO

Under the BCBS PPO, you may fill your prescriptions at any pharmacy and purchase up to a 34-day supply with one copay, as shown in the chart on page 4. If you take medication for an ongoing condition and fill your prescriptions at participating Retail90 Plus Network, home delivery or mail order pharmacies, you will pay two copays instead of three for a 102-day supply. If you use non-participating pharmacies, you will pay three copays. Visit bcbst.com for a list of Retail90 Plus Network and other participating pharmacies.

Cigna Choice Fund

Under the Cigna Choice Fund, there are no copays. You will use your HRA Fund to pay the full discounted cost of your prescriptions. If you use all your HRA Fund, you are responsible for paying the full cost of your prescriptions out of your pocket until you meet the plan's deductible, as shown in the chart on page 4.

You may fill your prescriptions at any pharmacy. Your cost is always based on a discounted (or prenegotiated) amount, saving you money. However, pharmacies that participate in Cigna's retail, home delivery and mail order networks offer greater discounts. Visit the Cigna website shown on the back page of this guide to see a list of participating pharmacies. You may shop pharmacies to find lower costs on prescriptions.



MEDICAL

MEDICAL BENEFITS ... AT A GLANCE

	BCBS PPO		CIGNA CHOICE FUND	
	In-Network (Blue Network P)	Out-of-Network ¹	In-Network (Open Access Plus Network)	Out-of-Network ¹
Health Reimbursement Account Fund (Metro funded) ²	N/A	N/A	\$1,100/single \$2,200/family	
Your Share of the Deductible	\$0	\$200/single \$600/family	\$450/single \$900/family	
Coinsurance Maximum	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$700/single \$1,400/family	\$4,550/single \$9,100/family
Annual Out-of-Pocket Maximum (includes deduct. & coins. but not copays)	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$1,150/single \$2,300/family	\$5,000/single \$10,000/family
Medical Services				
After deductible, plan pays... (unless otherwise noted)				
Well Care/Preventive Care				
- Age 7 and older	100% up to \$750, then 80% ³	60%	100%	70%
- Under age 7	80%	60%	100%	70%
Office Visits				
- Primary Care Physician ⁴	80% after \$20 copay	60% after \$20 copay	90%	70%
- Specialist	80% after \$30 copay	60% after \$30 copay	90%	70%
In-office Procedures (surgery, consultation, allergy injections)	80% after office visit copay	60% after office visit copay	90%	70%
Maternity				
- Prenatal Care	You pay \$20 copay for initial visit	You pay \$20 copay for initial visit	90%	70%
- Delivery	80%	60%	90%	70%
Hospital	80%	60%	90%	70%
Emergency Room	80% after \$100 copay (copay waived if admitted)	60% after \$100 copay (copay waived if admitted)	90%	90% (reduced to 70% if not true emergency)
Mental Health/Substance Abuse				
- Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
- Inpatient (pre-authorization required)	80%	60%	90%	70%
Prescription Drugs				
You pay...				
Up to 34-day supply			After deductible:	
- Generic	\$10 copay		10% of discounted cost	
- Brand	\$30 copay		30% of discounted cost	
Up to 102-day supply (maintenance drugs)	2 times above copays through certain retail, home delivery and mail order pharmacies; see page 3		Same as above through certain retail, home delivery and mail order pharmacies; see page 3	

¹ If you use an out-of-network provider and charges exceed the Maximum Allowable Charge (MAC), you will be responsible for the difference. In-network providers have agreed not to exceed MAC.

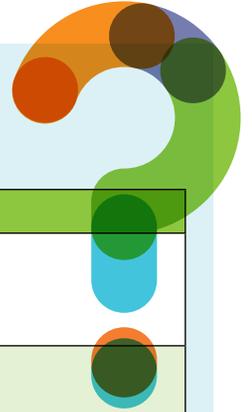
² Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

³ Screening colonoscopies, mammograms, and prostate and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

⁴ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.

HELP ME CHOOSE

Need help choosing your medical plan? Here's how the PPO and Choice Fund compare.



	BCBS PPO	CIGNA CHOICE FUND
Free preventive care (age 7+)?	Yes In-network, plan pays 100% up to \$750/year; then 80%	Yes In-network, plan pays 100%
Free preventive care (under age 7)?	No Plan pays 80% in-network	Yes In-network, plan pays 100%
Health Reimbursement Account (HRA) Fund?	No	Yes Each year, Metro puts \$1,100/single or \$2,200/family in an HRA Fund for you to spend on eligible medical and pharmacy expenses and help you meet your deductible*
Deductible?	Out-of-network only: \$200/single; \$600/family	Your share after HRA Fund pays: \$450/single; \$900/family
Office visit copays?	Yes You pay copay + coinsurance	No HRA Fund pays first; then you pay full discounted cost until deductible is met, then you pay 10% in-network
Prescription drug copays?	Yes You pay flat copay per prescription	No HRA Fund pays first; then you pay full discounted cost until deductible is met, then you pay 10% (generic) or 30% (brand)
Coinsurance (in-network)?	Plan pays 80%; you pay 20%	Plan pays 90%; you pay 10%
Coinsurance (out-of-network)?	Plan pays 60%; you pay 40%	Plan pays 70%; you pay 30%
Pre-negotiated discounted rates?	Yes	Yes
Annual out-of-pocket maximum?	Plan pays 100% after you spend \$1,000/single or \$2,000/family; you continue to pay copays	Plan pays 100% after you spend \$1,150/single or \$2,300/family (deductible + coinsurance)
Incentives for healthy behaviors?	No	Yes See page 3
Premiums for coverage?	Premiums for both options are nearly the same; see page 13	

* If you don't spend all your HRA Fund during the year, remaining funds roll over to the next year and are yours to use toward eligible expenses, as long as you remain enrolled in the Choice Fund.

NEED MORE HELP?

Use Cigna's Plan Comparison Tool. By entering a few pieces of information, such as estimated number of doctor visits and amount of prescription drugs, you can see which plan is a better fit for you — regardless of the plan you're currently enrolled in. Visit mycignaplans.com and enter Enrollment ID: **metro2017** and Password: **cigna**.

DENTAL

Dental coverage, offered through BlueCross BlueShield of Tennessee (BCBS), covers a wide range of preventive and restorative services. You have two choices for coverage: the Flexible Plan or the Limited Plan.

HOW THE DENTAL PLANS WORK

Under the **Flexible Plan**, you can see any dentist you choose, but benefits are highest when you use providers in the BCBS DentalBlue network. Network providers have agreed not to exceed reasonable and customary (R&C) limits, which are based on the usual fees charged by providers in your geographic area. You have the flexibility to see an out-of-network provider, but if the provider's charges exceed R&C limits, you will be responsible for paying the difference.

Under the **Limited Plan**, benefits are paid according to a schedule of benefits, which shows your cost per service when you see a network provider. If you use an out-of-network provider, no benefits are paid.

For a list of providers and other important plan details, including the Limited Plan schedule of benefits, visit bcbst.com/members/metro-gov/dental, or call (800) 367-7790.

Pre-determination of Benefits

If your dentist recommends treatment that is expected to cost \$200 or more, your dentist can request a predetermination of benefits. This helps you avoid surprises by letting you know how much will be covered before you receive treatment.



HELP ME CHOOSE

- The premiums for both dental options are the same.
- Both dental options use the DentalBlue network.
- The Limited Plan does not cover out-of-network treatment. It also does not cover implants or TMJ treatment.
- The Limited Plan offers greater benefits for orthodontia.
- If your dentist is in the DentalBlue network and you don't anticipate needing TMJ care or implants, the Limited Plan may provide better benefits.
- If your dentist is NOT in the DentalBlue network and you don't want to change dentists, choose the Flexible Plan.



DENTAL BENEFITS ... AT A GLANCE

	FLEXIBLE PLAN	LIMITED PLAN
	In-Network ¹ (out-of-network coverage available)	In-Network Only ¹ (no out-of-network coverage)
Annual Deductible	\$75/person \$225/family	\$0
Plan pays...		See schedule of benefits for cost by service²
Preventive/Diagnostic (2 exams/cleanings every 12 months, x-rays, sealants, fluoride)	100%; no deductible	100% for most services
Basic Restorative (fillings, extractions, oral surgery, root canals, periodontics)	80%; no deductible	100% for some services; you pay flat fee for other services
Major Restorative (crowns, bridges, dentures, implants)	50% after deductible	You pay flat fee for most services; implants not covered
Orthodontia (child and adult)	50% after annual deductible <u>and</u> one-time \$100 orthodontia deductible	You pay flat fee for most services
Lifetime Orthodontia Maximum	\$1,000/person	See schedule of benefits ²
TMJ (temporomandibular joint) Treatment	50% after annual deductible <u>and</u> \$100 annual TMJ deductible	Not covered
Lifetime TMJ Maximum	\$750/person	N/A
Annual Benefit Maximum	\$1,000/person (excludes orthodontia, TMJ)	N/A

¹ If there is no network provider within a 30-mile radius of your home, you may use an out-of-network provider and receive in-network benefits. Contact BCBS for instructions.

² View the Limited Plan schedule of benefits at bcbst.com/members/metro-gov/dental.

VISION

Vision coverage, offered through National Vision Administrators (NVA), covers eye exams, frames, lenses and contacts. You have two choices for vision coverage: the Basic Plan or the Enhanced Plan.

HOW THE VISION PLANS WORK

You receive the highest benefits when you use NVA's network of providers. The network includes many independent optometrists, ophthalmologists and opticians, as well as national retail optical providers, such as Walmart and Visionworks. For a list of network providers, visit e-nva.com (user name: **metro**; password: **vision1**). You are responsible for any costs over the reimbursed or allowed amount shown in the chart below.

VISION BENEFITS ... AT A GLANCE

	BASIC PLAN		ENHANCED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0		\$0	
Exams	You pay \$10 copay	Plan pays up to \$45	You pay \$10 copay	Plan pays up to \$45
Lenses	You pay:	Plan pays:	You pay:	Plan pays:
- Single Vision	\$10 copay	Up to \$40	\$25 copay	Up to \$40
- Bifocals	\$10 copay	Up to \$60	\$25 copay	Up to \$60
- Trifocal	\$10 copay	Up to \$80	\$25 copay	Up to \$80
- Lenticular	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Lens Options	Plan pays:		Plan pays:	
- Scratch-resistant Coating	100%	Not covered	100%	Not covered
- Standard Progressives	Not covered	Not covered	100%	Not covered
- Polycarbonate	Not covered	Not covered	100%	Not covered
Frames	Plan pays up to \$130 ¹	Plan pays up to \$50	Plan pays up to \$150 ¹	Plan pays up to \$50
Contacts (in lieu of frames/lenses)				
- Elective	Plan pays up to \$125 after \$10 copay ¹	Plan pays up to \$125	Plan pays up to \$140 ¹	Plan pays up to \$140
- Medically Necessary	Plan pays 100%	Plan pays up to \$210	Plan pays 100%	Plan pays up to \$210
Covers...	One exam every 12 months; lenses, frames and contacts every 24 months		Exams, lenses, frames and contacts every 12 months	

¹ In many cases, NVA offers a discount on amounts exceeding retail allowance; ask your network provider.

HELP ME CHOOSE

The Enhanced Plan has higher employee premiums but offers higher benefits for:

- Standard progressive and polycarbonate lenses – covered at 100% (Basic Plan does not cover these lens options)
- Contact lenses – pays up to \$140 with no copay (Basic Plan pays up to \$125 after a \$10 copay)



LASIK DISCOUNTS!

NVA members get discounts on Lasik procedures through participating NVA providers: 15% off standard prices and 5% off promotional prices. Members get additional benefits at *LasikPlus* locations, including set pricing and free initial consultation and Lasik exams.

DISABILITY INSURANCE

Disability coverage replaces a portion of your paycheck if a serious illness (including mental illness), injury or pregnancy keeps you from working. Short-term (STD) and long-term disability (LTD) coverage is administered by The Standard.

SHORT-TERM DISABILITY

Benefits begin...	After 7 days of disability (waiting period)
Plan pays...	60% of your eligible weekly pay, up to \$1,250/week; limits may apply
Benefits generally continue...	For up to 180 days of disability

Late Enrollment Penalty

If you did not elect STD within 60 days of becoming eligible, you will be subject to the following late enrollment penalty: If you file a claim for anything other than an accidental injury in the first 12 months of coverage, benefits become payable after you have been continuously disabled for 60 consecutive days and remain disabled.

LONG-TERM DISABILITY

Benefits begin...	After 180 days of disability (waiting period)
Plan pays...	50% of your monthly earnings, up to \$7,500/month; limits may apply
Benefits generally continue...	Until your disability ends or you reach age 65 ¹

¹ If you are age 62 or older when your covered disability occurs, maximum benefit duration is based on a sliding scale. Contact The Standard for details; contact information is listed on the back page of this guide.

Proof of Good Health

If you are enrolling in LTD for the first time during Annual Enrollment, proof of good health (also called evidence of insurability, or EOI) is required and must be submitted by November 16, 2016; otherwise you will NOT be considered for 2017 coverage. You may complete and submit the medical history statement online at standard.com/mybenefits/metro/eoi.html (Group Name: Metro Nashville Government; Policy #642640), or download the form from Human Resources' Annual Enrollment webpage and mail it to the address on the form.

Pre-Existing Conditions

If you have a pre-existing condition in the 90 days before you enroll in LTD insurance, you may not be eligible for benefits for that condition for 12 months after the effective date of your coverage. See your plan documents for details.

HELP ME CHOOSE

- Imagine being sidelined from work for several months with no paycheck because of an illness or injury.
- If you do not have 10 years of credited service with Metro, consider enrolling in both disability plans to protect your income and preserve your sick days.
- If you are a Health Department or Hospital Authority employee, check your department's rules on sick leave and STD benefits.
- You are not required to enroll in STD to enroll in LTD — you may enroll in one or the other, or both.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Metro offers two flexible spending accounts (FSAs) — a Health Care FSA and a Dependent Care FSA. The FSAs are administered by WageWorks.

HOW FSAs WORK

With FSAs, you can set aside tax-free money from your paycheck to pay for out-of-pocket expenses like deductibles, copays, coinsurance, childcare and adult daycare. You pay less for these expenses because the money is not taxed when it is deducted from your paycheck or when you use it to pay for eligible expenses. You can contribute to one or both of the FSAs. You do not have to be enrolled in medical coverage to participate.

	HEALTH CARE FSA	DEPENDENT CARE FSA
You can contribute...	As little as \$240 or as much as \$2,500/year ¹ — tax-free	As little as \$240 or as much as \$5,000/year ² — tax-free
To reimburse yourself for...	Eligible health care expenses paid out of your pocket (certain rules apply)	Day care expenses for your eligible dependents (certain rules apply)

¹ Two Metro employees married to one another may each contribute \$2,500, for a total of \$5,000.

² If you're married and file separate tax returns, the maximum you can contribute is \$2,500/year.

HOW TO GET STARTED

- 1. Estimate** your health care and dependent care expenses separately for the upcoming year. WageWorks' Online Savings Calculator at fsaworks4me.com can help.
- 2. Decide** how much to contribute to each account. Your contributions will be deducted from your paycheck before taxes are taken out of your check and deposited into your account(s). Be careful not to overestimate your expenses. Unused money left in your account at year-end (or March 15 of the following year for the Health Care FSA) is forfeited.
- 3. Get reimbursed.** WageWorks offers several convenient ways to get reimbursed for expenses you've already paid, including direct deposit to your bank account or a mailed check, an online "Pay My Provider" feature, and a pharmacy debit card you can use like cash to purchase prescriptions (the debit card cannot be used for expenses other than pharmacy).

ELIGIBLE FSA EXPENSES

Here are some examples of eligible expenses:

Health Care FSA

- Out-of-pocket medical, dental, vision, hearing and prescription drug expenses
- Certain over-the-counter medicines if prescribed by a physician
- Over-the-counter health-related supplies
- Other out-of-pocket health expenses considered tax-deductible by the IRS

Dependent Care FSA

- Day care fees and associated expenses for your children under age 13
- Dependent care fees for a disabled spouse or child or a tax-dependent parent or elderly person

For a detailed list of eligible health care and dependent care expenses, visit wageworks.com.

IMPORTANT IRS RULES

Because FSAs offer such favorable tax breaks, certain rules apply.

Use It or Lose It

It is important to estimate your expenses carefully. You must use all the money in your Dependent Care FSA by year-end. The IRS requires that any funds remaining after this date be forfeited.

Your Health Care FSA offers a grace period to help you avoid the IRS “use it or lose it” rule. You can continue to

incur eligible health care expenses until March 15, 2018, and submit claims until June 15, 2018. So if you overestimate the amount you put in your Health Care FSA, you can use the funds in 2018, before they are forfeited.

No Contribution Changes

Once you decide how much to contribute to each account, you can’t change it until the next Annual Enrollment, unless you experience an eligible change in status.

TAX-SAVING EXAMPLE

Jesse earns \$32,400 (\$2,700/month) annually, pays \$3,600 (\$300/month) a year for childcare and anticipates \$1,500 (\$125/month) in qualifying health care expenses in 2017. Look how much he can save in one year! To calculate your own savings, visit fsaworks4me.com.

	WITHOUT AN FSA	WITH AN FSA
Monthly pay	\$2,700	\$2,700
Pre-tax contributions to Dependent Care FSA	- 0	- 300
Pre-tax contributions to Health Care FSA	- 0	- 125
Taxable monthly pay	\$2,700	\$2,275
Federal income tax (15%)	- 405	- 341
Social Security tax (7.65%)	- 207	- 174
Pay after taxes	\$2,088	\$1,760
After-tax monthly expenses	- 425	- 0
Net take-home pay after FSA reimbursement	\$1,663	\$1,760
Savings	\$0	\$97/month or \$1,164/year

¹ Tax rates are estimated; example amounts are rounded to the nearest dollar.

HELP ME CHOOSE

- Do you pay for childcare or adult daycare? Why not do it tax-free with the Dependent Care FSA?
- Do you have predictable health care expenses or ongoing prescriptions? Do you anticipate a large expense, like surgery or orthodontia, next year? Why not pay for it tax-free with the Health Care FSA?
- You can use the Health Care FSA to pay for tax-dependent family members’ expenses — even if they are not covered by Metro’s benefits.
- Attention participants: Your current contributions do not automatically continue. You must re-enroll to participate in the FSAs in 2017.



LIFE INSURANCE

Metro provides basic life/AD&D insurance through Prudential at no cost to you. You may add to this coverage by purchasing supplemental employee and dependent life.

BASIC EMPLOYEE LIFE/AD&D INSURANCE

Metro provides you with basic life and AD&D coverage equal to \$50,000 (\$32,500 if you are age 65 or older), at no cost to you.

What is AD&D?

AD&D insurance pays a benefit above any other insurance benefits in the event of accidental death or dismemberment. If you die as a result of an accident, the full AD&D benefit plus the basic life insurance benefit will be paid. If you suffer a dismemberment accident (such as the loss of an eye or limb), the plan pays a percentage of the full benefit amount.

SUPPLEMENTAL LIFE

You may purchase supplemental life for yourself up to \$500,000, in increments of \$10,000. In certain cases, proof of good health may be required; see below.

DEPENDENT LIFE

If you are enrolled in supplemental life, you may also enroll in dependent life, which provides up to \$50,000 (in increments of \$10,000) in coverage for your spouse/domestic partner and \$5,000 for each dependent child (up to age 24). If you are enrolling for the first time or increasing spouse/domestic partner coverage, proof of good health is required; see below. Proof of good health is not required for child coverage.

PROOF OF GOOD HEALTH

In certain cases, you (and/or your spouse/domestic partner) may be required to submit proof of good health (also called evidence of insurability, or EOI) to Prudential and be approved before coverage becomes effective. Proof of good health is required if:

- You declined supplemental life when first eligible but wish to elect it now

- You wish to increase your current supplemental life coverage by more than \$10,000 or your total coverage exceeds \$200,000
- You wish to elect or increase dependent life for your spouse/domestic partner

If proof of good health is required, you will receive an email from Prudential with instructions for completing the medical history statement online if you have a Metro email account. If not, Prudential will mail you a paper statement to complete. Forms must be completed online or postmarked by November 16, 2016; otherwise your current coverage levels will remain in effect for 2017.

YOUR BENEFICIARY

It's important to designate a beneficiary for your coverage. It's also a good idea to review your beneficiary every year and update as you experience status changes (such as marriage, divorce or death). You may designate or update your beneficiary at any time by completing a form available online at nashville.gov/human-resources/benefits/employee-benefits/forms-and-documents, or from Metro Human Resources.

ADDITIONAL BENEFITS

Additional benefits may be available if a covered individual becomes disabled, suffers a loss in an automobile while wearing a seatbelt or becomes terminally ill. For details, see the plan policy on the Metro Human Resources website.

HELP ME CHOOSE

Not sure how much life insurance you need? Prudential offers an online tool to help you decide. Visit lifeinsurance.prudential.com/view/page/iliconsumer/30431, and click Life Insurance Needs Estimator.



2017 BENEFIT PLAN RATES

Per pay-period	Coverage Level	GENERAL GOVERNMENT		MNPS EMPLOYEES	
		12-month Semi-Monthly ¹	9-month Semi-Monthly	12-month Bi-Weekly	10-month Bi-Weekly
Medical					
BCBS PPO	Single	\$86.00	\$115.00	\$80.00	\$104.00
	Family	\$207.00	\$276.00	\$191.00	\$248.00
Cigna Choice Fund	Single	\$91.00	\$121.00	\$84.00	\$109.00
	Family	\$218.00	\$290.00	\$200.00	\$261.00
Dental					
Flexible Plan	Single	Metro provides single dental coverage at no cost to you			
	Family	\$18.86	\$25.16	\$17.42	\$22.64
Limited Plan	Single	Metro provides single dental coverage at no cost to you			
	Family	\$18.86	\$25.16	\$17.42	\$22.64
Vision					
Basic Plan	Single	\$1.52	\$2.03	\$1.41	\$1.83
	Family	\$4.65	\$6.20	\$4.30	\$5.58
Enhanced Plan	Single	\$2.40	\$3.20	\$2.22	\$2.88
	Family	\$7.67	\$10.22	\$7.08	\$9.20

Disability Insurance	
Short-Term Disability	Monthly premium is .030 times your weekly pay Example: \$400 weekly earnings x .030 = \$12 per month
Long-Term Disability	Monthly premium is .0035 times your monthly pay Example: \$1,600 monthly earnings x .0035 = \$5.60 per month

Life Insurance	Age	Monthly Rate Per \$10,000 in Coverage
Supplemental Life	Less than 25	\$0.50
	25 to 29	\$0.60
	30 to 34	\$0.80
	35 to 39	\$0.90
	40 to 44	\$1.10
	45 to 49	\$1.60
	50 to 54	\$2.40
	55 to 59	\$4.30
	60 to 64	\$6.60
	65 to 69	\$12.70
	70 and over	\$20.60
Dependent Life	\$5,000 per Child Plus Spouse/Domestic Partner Coverage Amount of:	Monthly Rate²
	\$10,000	\$3.76
	\$20,000	\$7.12
	\$30,000	\$10.48
	\$40,000	\$13.84
	\$50,000	\$17.20

¹ General Government employees paid bi-weekly (26 pay periods) will have premiums deducted from 24 pay periods.

² Monthly rates cover all children, regardless of how many; if you are electing dependent life for children only (no spouse/domestic partner coverage), the monthly rate is \$3.76.

IMPORTANT CONTACTS

PLAN	CARRIER	WEBSITE	PHONE
Medical	BlueCross BlueShield (BCBS) PPO	bcbst.com/members/metro-gov	(800) 367-7790
	Cigna Choice Fund	If enrolled: mycigna.com If not yet enrolled: mycignaplans.com (ID: metro2017; password: cigna)	(800) 244-6224 (800) 401-4041
Dental	BlueCross BlueShield of TN	bcbst.com/members/metro-gov/dental	(800) 367-7790
Vision	NVA	e-nva.com (user name: metro; password: vision1)	(800) 672-7723
Disability	The Standard	standard.com	(888) 494-9491
Flexible Spending Accounts (FSAs)	WageWorks	wageworks.com	(855) 428-0446
Life Insurance	Prudential	prudential.com/gi	(877) 232-3619
COBRA	COBRAGuard, an iTedium solution	cobraguard.net	(866) 442-6272
MetroMax 457 Deferred Compensation Program	Voya Financial	nashville.gov/metromax	(615) 627-1500
General	Metro Human Resources	nashville.gov/human-resources	(615) 862-6700

If the information in the guide differs from the official plan documents, the plan documents will govern. This guide does not constitute an offer of employment or a promise to provide any particular benefit. Metro Nashville reserves the right to change its employee benefits program at any time. For more information, call Metro Human Resources at (615) 862-6700.

Summary of Benefits and Coverage

In accordance with the Affordable Care Act, you can find the Summaries of Benefits and Coverage (SBC) for both the BCBS PPO and Cigna Choice Fund on Human Resources' website at nashville.gov/human-resources/benefits/employee-benefits/medical-benefits.

HIPAA Notice of Privacy Practices

This notice governs Metro's privacy practices for Metro's medical plans and the flexible spending accounts and can be found at nashville.gov/human-resources/benefits/employee-benefits/forms-and-documents. For copies of the other carriers' privacy notices, contact the carrier directly.

Grandfathered Plan Status

Metro's medical plans are considered "grandfathered health plans" under the Affordable Care Act. A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted, and your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans.