

# 2017 ANNUAL ENROLLMENT GUIDE

## FOR PENSIONERS



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.

Online	Fax	Mail	In Person
Go to <b>nashville.gov</b> 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) <b>or</b> 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 <sup>th</sup> 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 <sup>th</sup> 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 and pensioner premiums are based almost entirely on actual and expected future claims.

The premium increase for 2017 will be approximately 1.7% for Humana members, 4% for BCBS PPO members and 10% for Cigna members. Premiums are listed on page 13.

## NEW ID CARDS FOR HUMANA ENROLLEES

Humana will mail new ID cards to all members, including new enrollees, in late December. You should begin using your new Humana card January 1, 2017.

## HUMANA INFORMATIONAL MEETINGS

**Attention Cigna and BCBS enrollees!** Are you interested in a lower-cost medical plan that may pay higher benefits? You may want to consider the Humana Medicare Advantage plan. Two informational meetings will be held for pensioners who want to learn more and talk to Humana representatives.

### **Wednesday, September 14, 10 a.m.**

Metro Police Department  
Madison Precinct - Community Room  
400 Myatt Drive, Madison 37115

### **Thursday, September 15, 10 a.m.**

Lake Providence Missionary Baptist Church  
5891 Nolensville Road, Nashville 37211  
(park and enter at back of building)

Please call (800) 308-9964 to let Humana know which meeting you plan to attend.

# 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 5 for more information.

Metro offers you three medical options: Humana Medicare Advantage Plan, BlueCross BlueShield (BCBS) PPO or Cigna Choice Fund. For a list of network providers and other plan details, visit the Humana, BCBS and Cigna websites or call the toll-free numbers listed on the back page of this guide.

## HOW THE MEDICAL PLANS WORK

### Humana Medicare Advantage

The Humana plan is a Medicare Advantage Preferred Provider Organization; it is NOT a Medicare Supplement plan. The Humana plan is only available to pensioners and their covered dependents who have Medicare Parts A & B. If you elect this plan, DO NOT enroll in another Medicare Advantage plan, or you will be disenrolled from Metro's plan.

The Humana plan offers these features:

- Lower premiums than Metro's other medical options
- 100% coverage for many preventive care services
- \$10 office visits
- No deductible
- \$1,000/single out-of-pocket maximum
- Out-of-network coverage (same coverage as in-network as long as provider accepts Medicare and agrees to bill Humana)
- Many extras and special discounts (see below)

### HUMANA VALUE ADDED BENEFITS

Humana members have access to these programs and discounts:

- SilverSneakers® Fitness Program – includes free membership at a participating fitness center
- Go365 HealthyFood – save 10% on Great For You™ healthier foods purchased at Walmart
- NutriSystem and Jenny Craig discounts
- Well Dine food program – delivers 10 pre-cooked frozen meals to eligible members following a hospital stay
- TruHearings and HearUSA – get discounts on hearing aids

### 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 pages 6-7
- If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year

### BCBS Coordination with Medicare Part D

If you and your covered dependents, if any, are covered by Medicare Parts A & B, your BCBS PPO prescription benefits coordinate with Medicare Part D. You do not need to do anything — you will automatically be enrolled in this coordinated plan if everyone on your plan has Medicare A & B with an effective date of January 1, 2017 or earlier. This will NOT affect your medical benefits. You will receive a new pharmacy ID card from Express Scripts and a new BCBS medical ID card to begin using January 1. **DO NOT enroll in any other Medicare Part D plan.**

## Cigna Choice Fund

The Cigna Choice Fund combines traditional medical coverage with a Metro-funded Health Reimbursement Account (HRA) Fund. **(Important: Pensioners with Medicare Parts A and B do not receive the 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 Cigna 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. Pensioners with Medicare Parts A and B do not receive the HRA Fund.

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 have no HRA Fund, you are immediately responsible for the deductible.



### 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 pages 6-7.



### 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.

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.

## 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.



## 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. Pensioners 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\***

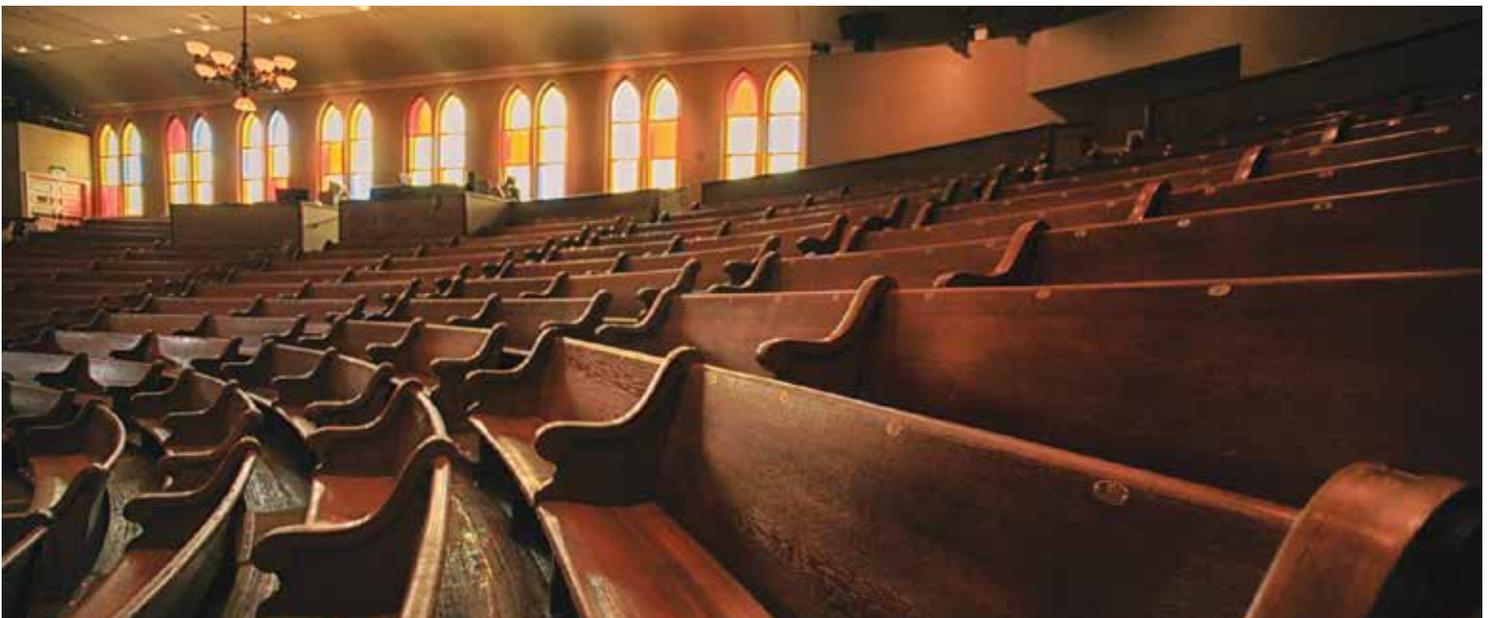
This program pays you to quit. To earn the incentive, you must engage in at least two telephone sessions with a Cigna coach in a 12-month period.

### **Participate in Healthy Pregnancies, Healthy Babies<sup>SM</sup> 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).

**Pensioners with Medicare Parts A and B are not eligible to receive the HRA Fund, but Cigna incentive dollars will reduce your share of the deductible.**

\* Up to \$200/family per program



## PRESCRIPTION DRUGS

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

### Humana Medicare Advantage

You may purchase up to a 30-day supply with one copay, up to a 90-day supply with two copays from Humana's mail order pharmacy, or up to a 90-day supply with three copays from other participating retail pharmacies, as shown in the chart on pages 6-7. Visit [humana.com](https://www.humana.com) for a list of participating retail, home delivery and mail order pharmacies.

### BCBS PPO

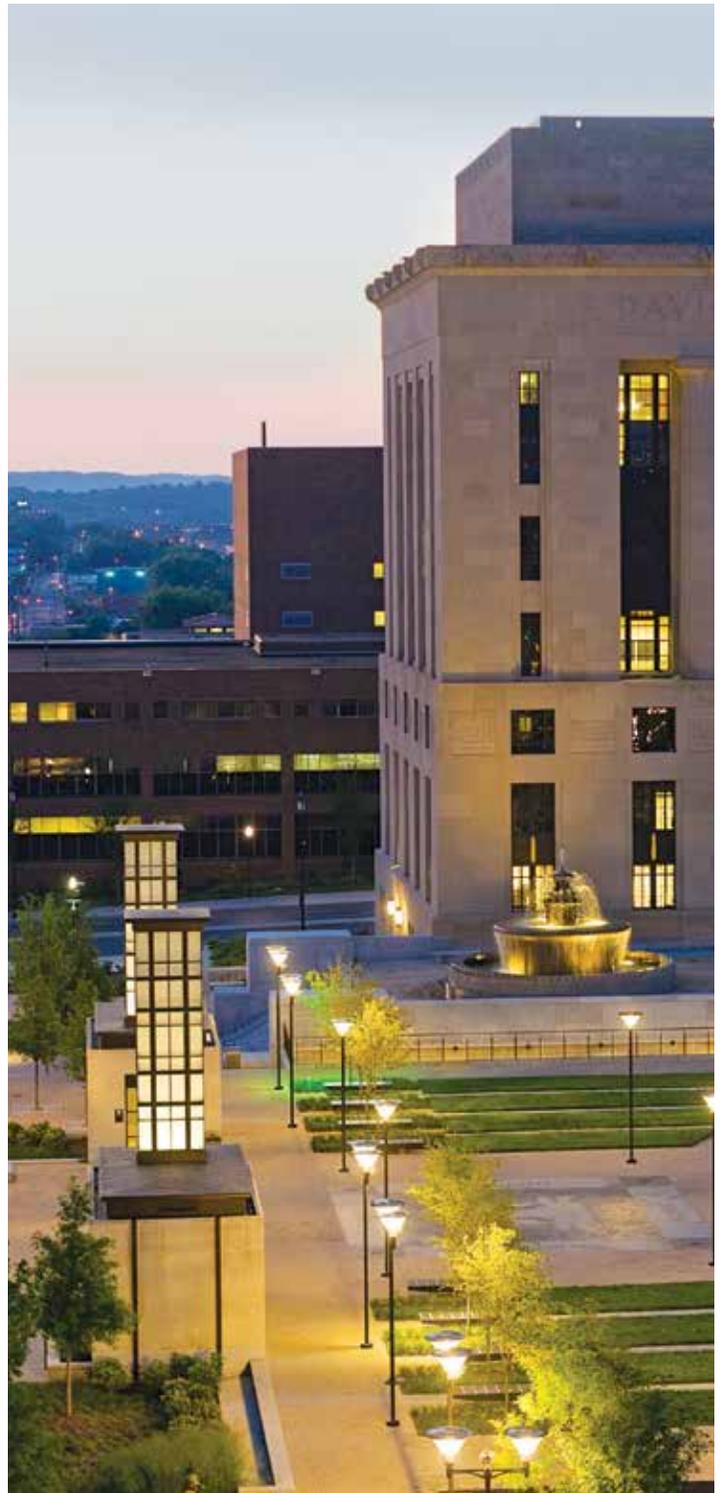
You may fill your prescriptions at any pharmacy and purchase up to a 34-day supply with one copay, as shown in the chart on pages 6-7. If you take medication for an ongoing condition and fill your prescriptions at participating Retail90 Plus Network, home delivery or mail order pharmacies, you will pay two copays instead of three for a 102-day supply. If you use non-participating pharmacies, you will pay three copays. Exception: Under this plan, Medicare-eligible enrollees are limited to a 30-day supply for one copay and a 90-day supply for two copays.

Visit [bcbst.com](https://www.bcbst.com) for a list of Retail90 Plus Network and other participating pharmacies.

### Cigna Choice Fund

Under this plan, 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 pages 6-7.

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 can shop pharmacies to find lower costs on prescriptions.



# MEDICAL

## MEDICAL BENEFITS ... AT A GLANCE

HUMANA MEDICARE ADVANTAGE	
In-Network <sup>1</sup> (must have Medicare A & B)	
Health Reimbursement Account (Metro funded) <sup>2</sup>	N/A
Your Share of the Deductible	\$0
Coinsurance Maximum	N/A
Annual Out-of-Pocket Maximum (deductible & coinsurance)	\$1,000/individual
<b>Medical Services</b>	
<b>After deductible, plan pays... (unless otherwise noted)</b>	
Well Care/Preventive Care	
- Age 7 and older	100% (including pap smears, mammograms, pelvic exams, prostate exam, bone mass measurement)
- Under age 7	N/A
Office Visits	
- Primary Care Physician <sup>3</sup>	100% after \$10 copay
- Specialist	100% after \$10 copay
In-office Procedures (surgery, consultation, allergy injections)	100% after \$10 copay
Maternity	
- Prenatal Care	Covered as any other inpatient service
- Delivery	100%
Hospital	100% (unlimited days)
Emergency Room	100% after \$50 copay; worldwide coverage (copay waived if admitted within 72 hours)
Mental Health/Substance Abuse	
- Outpatient	100% after \$10 copay
- Inpatient (pre-authorization required)	100% (190-day lifetime maximum in psychiatric hospital)
Routine Hearing Exam	100% after \$10 copay
Hearing Aid Benefit	\$200 allowance every 2 years
Routine Vision Exam	100% after \$10 copay
Eyewear	\$100 allowance per year
Dental care	\$100 allowance per year
<b>Prescription Drugs</b>	
<b>You pay...</b>	
Up to 30-day supply (Humana) or 34-day supply (BCBS and Cigna)	
- Generic	\$10 copay
- Brand	\$20 copay
Up to 90-day supply (Humana) or 102-day supply (BCBS and Cigna)	2x above copays at Humana mail order pharmacy or 3x above copays at other participating retail pharmacies; see page 5

<sup>1</sup> Out-of-network care is covered at the same level as in-network care as long as provider accepts Medicare and agrees to bill Humana.

<sup>2</sup> Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account (HRA) Fund and are immediately responsible for your share of the deductible.

<sup>3</sup> 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.

BCBS PPO		CIGNA CHOICE FUND	
In-Network (Blue Network P)	Out-of-Network <sup>4</sup>	In-Network (Open Access Plus)	Out-of-Network <sup>4</sup>
N/A	N/A	\$1,100/single; \$2,200/family <sup>2</sup>	
\$0	\$200/single; \$600/family	\$450/single; \$900/family	
\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$700/single \$1,400/family	\$4,550/single \$9,100/family
\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$1,150/single \$2,300/family	\$5,000/single \$10,000/family
100% up to \$750, then 80% <sup>5</sup>	60% <sup>5</sup>	100%	70%
80%	60%	100%	70%
80% after \$20 copay	60% after \$20 copay	90%	70%
80% after \$30 copay	60% after \$30 copay	90%	70%
80% after office visit copay	60% after office visit copay	90%	70%
You pay \$20 copay for initial visit	You pay \$20 copay for initial visit	90%	70%
80%	60%	90%	70%
80%	60%	90%	70%
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)
80% after \$20 copay	60% after \$20 copay	90%	70%
80%	60%	90%	70%
Covered if performed during preventive care physical exam			
Not covered			
Covered if performed during preventive care physical exam			
80% after cataract surgery	60% after cataract surgery	90% after cataract surgery	70% after cataract surgery
Not covered			
		After deductible:	
\$10 copay		10% of discounted cost	
\$30 copay		30% of discounted cost	
2 times above copays through certain retail, home delivery and mail order pharmacies; see page 5		Same as above through certain retail, home delivery and mail order pharmacies; see page 5	

<sup>4</sup> 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.

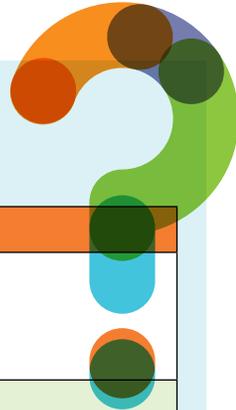
<sup>5</sup> Screening colonoscopies, mammograms, and prostate and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

## HELP ME CHOOSE

Need help choosing your medical plan? Here's how the plans compare.

	HUMANA MEDICARE ADVANTAGE	BCBS PPO
Free preventive care (age 7+)?	<b>Yes</b> See pages 6-7	<b>Yes</b> In-network, plan pays 100% up to \$750/year; then 80%
Free preventive care (under age 7)?	<b>N/A</b>	<b>No</b> Plan pays 80% in-network
Health Reimbursement Account (HRA) Fund?	<b>No</b>	<b>No</b>
Deductible?	<b>No</b>	<b>Yes</b> ; out-of-network only: \$200/single; \$600/family
Office visit copays?	<b>Yes</b> Plan pays 100% after copay	<b>Yes</b> You pay copay + coinsurance
Prescription drug copays?	<b>Yes</b> You pay flat copay per prescription (Check the Humana drug list to make sure your medications are covered.)	<b>Yes</b> You pay flat copay per prescription
Coinsurance (in-network)?	See pages 6-7	Plan pays 80%; you pay 20%
Inpatient hospital coverage?	Plan pays 100%; you pay \$0	Plan pays 80%; you pay 20% (For example, on a \$10,000 hospital bill, BCBS pays \$8,000; you pay \$2,000)
Pre-negotiated discounted rates?	<b>N/A</b>	<b>Yes</b>
Annual out-of-pocket maximum?	Plan pays 100% after you spend \$1,000/individual on medical; you continue to pay prescription drug copays	Plan pays 100% after you spend \$1,000/single or \$2,000/family; you continue to pay copays
Incentives for healthy behaviors?	<b>Yes</b> See page 2	<b>No</b>
Premiums for coverage?	Lowest premiums of the three options	Premiums similar to Cigna Choice Fund; 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 Cigna Choice Fund. Reminder: Pensioners with Medicare A & B are not eligible to receive the HRA Fund.



<b>CIGNA CHOICE FUND</b>	
<b>Yes</b>	In-network, plan pays 100%
<b>Yes</b>	In-network, plan pays 100%
<b>Only for pensioners without Medicare A &amp; B:</b>	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*
<b>Yes;</b>	your share after HRA Fund pays: \$450/single; \$900/family
<b>No</b>	HRA Fund pays first. Then you pay full discounted cost until deductible is met, then you pay 10% in-network.
<b>No</b>	HRA Fund pays first. Then you pay full discounted cost until deductible is met, then you pay 10% (generic) or 30% (brand).
	Plan pays 90%; you pay 10%
	Plan pays 90%; you pay 10% (For example, on a \$10,000 hospital bill, Cigna pays \$9,000; you pay \$1,000)
<b>Yes</b>	
	Plan pays 100% after you spend \$1,150/single or \$2,300/family (deductible + coinsurance)
<b>Yes</b>	See page 4
	Premiums similar to BCBS PPO; see page 13

## NEED MORE HELP?

If you do not have Medicare Parts A & B and need help choosing between the BCBS PPO and Cigna Choice Fund, you can 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.

Visit [mycignaplans.com](http://mycignaplans.com) and enter Enrollment ID: **metro2017** and Password: **cigna**.

## IMPORTANT NOTICES

### 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](http://nashville.gov/human-resources/benefits/employee-benefits/forms-and-documents). For copies of the other carriers' privacy notices, contact the carrier directly.

### 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 in your Annual Enrollment packet or on Human Resources' website at [nashville.gov/human-resources/benefits/employee-benefits/medical-benefits](http://nashville.gov/human-resources/benefits/employee-benefits/medical-benefits).

### 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.

# 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

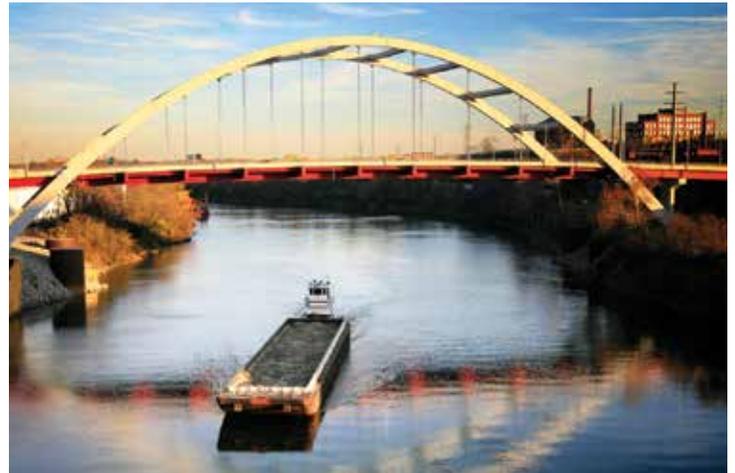
Under the **Flexible Plan**, you can see any dentist you choose, but benefits are highest when you use providers in the BCBS DentalBlue network. Network providers have agreed not to exceed reasonable and customary (R&C) limits, which are based on the usual fees charged by providers in your geographic 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](http://bcbst.com/members/metro-gov/dental), or call (800) 367-7790.

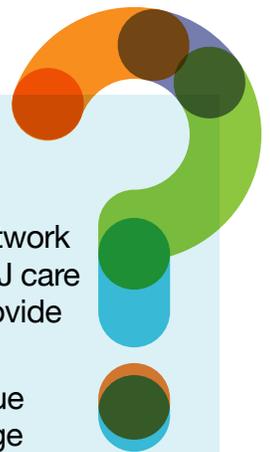
## Pre-determination of Benefits

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 <sup>1</sup> (out-of-network coverage available)	In-Network Only <sup>1</sup> (no out-of-network coverage)
<b>Annual Deductible</b>	\$75/person \$225/family	\$0
<b>Plan pays...</b>		<b>See schedule of benefits for cost by service<sup>2</sup></b>
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 <sup>2</sup>
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

<sup>1</sup> 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.

<sup>2</sup> View the Limited Plan schedule of benefits at [bcbst.com/members/metro-gov/dental](http://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](http://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:	Plans 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 <sup>1</sup>	Plan pays up to \$50	Plan pays up to \$150 <sup>1</sup>	Plan pays up to \$50
Contacts (in lieu of frames/lenses)				
- Elective	Plan pays up to \$125 after \$10 copay <sup>1</sup>	Plan pays up to \$125	Plan pays up to \$140 <sup>1</sup>	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 <b>12</b> months; lenses, frames and contacts every <b>24</b> months		Exams, lenses, frames and contacts every <b>12</b> months	

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

## HELP ME CHOOSE

The Enhanced Plan has higher 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.

# 2017 BENEFIT PLAN RATES

MEDICAL	MONTHLY RATE		
Coverage Level	Humana Medicare Advantage	BCBS PPO	Cigna Choice Fund*
Single (without Medicare A & B)	N/A	\$180.00	\$188.00
Family (none with Medicare A & B)	N/A	\$453.00	\$477.00
Pensioner Only (with Medicare A & B)	\$76.59	\$99.00	\$118.00
Pensioner + Spouse (both with Medicare A & B)	\$153.18	\$198.00	\$236.00
Pensioner (with Medicare A & B) + Spouse (without Medicare A & B)	N/A	\$279.00	\$306.00
Pensioner (without Medicare A & B) + Spouse (with Medicare A & B)	N/A	\$279.00	\$306.00
Pensioner (with Medicare A & B) + Child(ren) (with or without Medicare A & B)	N/A	\$198.00	\$236.00
Pensioner, Spouse and Child(ren) (all with Medicare A & B)	N/A	\$297.00	\$354.00
Three Family Members Covered (two of them with Medicare A & B)	N/A	\$378.00	\$424.00
DENTAL	Flexible Plan	Limited Plan	
Single	Metro provides single dental coverage at no cost to you		
Family	\$37.72	\$37.72	
VISION	Basic Plan	Enhanced Plan	
Single	\$3.04	\$4.80	
Family	\$9.30	\$15.34	

\* Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account (HRA) Fund.



# IMPORTANT CONTACTS

PLAN	CARRIER	WEBSITE	PHONE
Medical	Humana Medicare Advantage	<a href="http://our.humana.com/metro-gov">our.humana.com/metro-gov</a>	(866) 396-8810
	BlueCross BlueShield (BCBS) PPO	<a href="http://bcbst.com/members/metro-gov">bcbst.com/members/metro-gov</a>	(800) 367-7790
	Cigna Choice Fund	If enrolled: <a href="http://mycigna.com">mycigna.com</a> If not yet enrolled: <a href="http://mycignaplans.com">mycignaplans.com</a> (ID: metro2017; password: cigna)	(800) 244-6224 (800) 401-4041
Dental	BlueCross BlueShield of TN	<a href="http://bcbst.com/members/metro-gov/dental">bcbst.com/members/metro-gov/dental</a>	(800) 367-7790
Vision	NVA	<a href="http://e-nva.com">e-nva.com</a> (user name: metro; password: vision1)	(800) 672-7723
Life Insurance	Prudential	<a href="http://prudential.com/gi">prudential.com/gi</a>	(877) 232-3619
General	Metro Human Resources	<a href="http://nashville.gov/human-resources">nashville.gov/human-resources</a>	(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.*

