



Metro Nashville Employee and Retiree Benefit Plan Overview



Benefit Highlights

Core Benefits – Metro and employees share the cost				
Medical	Metro pays 75%; employees pay 25% of the premium			
Dental	Metro pays full cost of Employee Only coverage; employees pay full cost for Family coverage			
Pension Plan	Metro contributes 100%; employee makes no contributions			
Basic Life and AD&D	Metro pays 100% of cost for \$50,000 benefit (\$32,500 after age 65)			

Optional Benefits – Employees pay 100% of the premiums at group rates

Vision

Short-Term & Long-Term Disability

Supplemental & Dependent Life Insurance

Flexible Spending Accounts

457 Deferred Compensation Plan



Metro's Medical Plans

Metro has three medical plans:

- Two plans are self-funded and are available to employees and all retirees
 - PPO administered by BCBS of Tennessee
 - CDHP with HRA administered by Cigna
- One plan is fully-insured and only available to retirees enrolled in Medicare Parts A and B
 - Group Medicare Advantage plan insured by Humana



Medical Plan Enrollment

Coverage Level	Employees	Early Retirees (Pre-65)	Retirees (65+)
Single	4,917	1,168	4,112
Employee + Child(ren)	1,367	n/a	n/a
Family	4,420	982	1,990
TOTAL	10,704	2,150	6,102



Medical Plan Enrollment

Totals Excluding Covered Dependents

Plan	PPO	CDHP with HRA	Group Medicare Advantage
Employees	4,769	5,935	n/a
Early Retirees (Pre-65)	1,060	1,014	76
Retirees (65+)	2,869	1,173	2,060
TOTAL	8,698	8,122	2,136

Totals Including Covered Dependents

Plan	PPO	CDHP with HRA	Group Medicare Advantage
Employees	10,177	13,886	n/a
Early Retirees (Pre-65)	1,874	1,853	79
Retirees (65+)	3,934	1,643	2,641
TOTAL	15,985	17,382	2,720



Medical Plan Design

Covered Benefit	BCBS PPO		CIGNA Choice Fund		Humana Medicare Advantage - Must have Medicare A & B
	In-Network (Network P)	Out-of-Network	In-Network (Open Access Plus)	Out-of-Network	In-Network
Health Reimbursement Account (funded by Metro)	ı	n/a	\$1,100 Single \$2,200 Family		n/a
Deductible	n/a	\$200 Single \$600 Family	\$1,550 Single \$3,100 Family		n/a
Coinsurance	80%	60%	90%	70%	Plan pays 80% of Medicare allowed amount
Annual Out-of-Pocket Maximum (deductible + coinsurance)	\$1,000 Single \$2,000 Family	\$5,000 Single \$10,000 Family	\$2,250 Single \$6,100 Single \$4,500 Family \$12,200 Family		\$1,000 per individual
Hospital	80%	60%	90% 70%		100% coverage, unlimited days
Farance Decem	\$100 copay; copay waived if admitted		- 000/	000/	050
Emergency Room	80%	60%	90%	90%	\$50 copay, waived if admitted
Office Visits Surgery Consultations Allergy Injections	Copay: \$20 for primary care physicians \$30 for specialists		90%	70%	100% after \$10 copay
	80% after copay	60% after copay			
Motornity	\$20 copay for initial visit		- 000/	70%	Covered as any other medical
Maternity	80%	60%	- 90%	70%	condition
Well Care / Preventive Care (Age 7 and Older)	100% up to \$750; then 80%	60%	100% 70% HRA Fund reduced		100%
Well Care / Preventive Care (Age six and Younger)	80%	60%	100% TRA Fund reduced		n/a
Prescription Drugs (shown as amount you pay)	Generic: \$10 copay Brand Name: \$30 copay Mail Order Program available		Brand Name	Generic: 10% of discounted cost Brand Name: 30% of discounted cost Mail Order Program available	



Medical Plan Design

Covered Benefit	BCBS PPO		CIGNA Choice Fund		Humana Medicare Advantage Must have Medicare A & B	
Covered Benefit	In-Network (Network P)	Out-of-Network	In-Network (Open Access Plus)	Out-of-Network	In-Network	
Mental Health Out-Patient Substance Abuse Out-Patient	No pre-authorizatio \$20 office visit		No pre-authorization required		100% after \$10 copay	
Group Therapy -	80%	80%	90%	70%		
Mental Health In-Patient Substance Abuse In-Patient	Pre-authorization required		Pre-authorization required		100% with 190-day lifetime maximum in psychiatric hospital	
	80%	80%	90%	70%		
Routine Hearing Exam	Covered if p	erformed during Preven	tive Care physical exam scr	eening	100% after \$10 copay	
Hearing Aid Repair	Not Covered		\$200 allowance every 2 years			
Routine Vision Exam	Covered if performed during Preventive Care physical exam screening			100% after \$10 copay		
	Limitation	Limitations Apply		\$100 allowance per year		
Eyewear	80% after cataract surgery	60% after cataract surgery	90% after cataract surgery	70% after cataract surgery		
Dental		Not Co	vered		\$100 allowance per year	



Retirement Pension

- Metro pays 100% of pension plan benefits employees do not contribute
- 10-year vesting for employees hired as of 2013 (5-year vesting from 2001-2012)
- General Government pension:
 - Normal unreduced pension at age 60 with 25 years (Rule of 85)
 - Early reduced pension at age 50 with 10 years
- Police & Fire pension:
 - Normal unreduced pension at age 53 with 22 years (Rule of 75)
 - Early reduced pension at age 45 with 10 years
- Retiree medical premiums will be indexed based upon credited service for employees hired 2013 and later



Retiree Medical Premiums

Indexing of medical premiums for retiree medical insurance applies to employees hired and non-vested employees rehired on/after January 1, 2013.

Pension Type	Credited Service	Metro Contribution	Pensioner Contribution
	Less than 10 years of service	Not eligible to participate	
• Service	10 years, but less than 15 years ^{1,2}	25%	75%
Pensioner	Between 15 – 16 years	50%	50%
• Survivor of a	Between 16 – 17 years	55%	45%
Service	Between 17 – 18 years	60%	40%
Pensioner or Active	Between 18 – 19 years	65%	35%
Employee	Between 19 – 20 years	70%	30%
	20 years or more	75%	25%
Disability Pension	ners & Survivors of Disability	75%	25%

¹ Includes those eligible for a normal service pension at age 65 with 5 years service (GG) and age 60 with 1 year service (PF).

² If you are vested but leave Metro before becoming eligible for an Early Service pension, you will not be eligible for medical insurance at retirement.