

2025 BENEFITS

PENSIONERS AND/OR DEPENDENTS
WITHOUT MEDICARE





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This guide provides an overview of your benefits. If you need more detail than this guide provides, contact Metro Human Resources at (615) 862-6700 or visit nashville.gov/hr.

2025 Benefit Plan Rates PER MONTH

If you were hired on or after January 1, 2013, OR you were a non-vested employee rehired after that date, the amount you pay for your medical premiums may be different than the amount shown below. The premiums you pay will depend on your total credited service with Metro. If you were hired/re-hired after January 1, 2013, contact Metro Human Resources to find out how much you will pay each month for your medical insurance.

MEDICAL

All family members WITHOUT Medicare:	PPO PLAN	HRA PLAN
Single	\$232.00	\$234.00
Pensioner + child(ren) (no spouse coverage)	\$338.00	\$342.00
Family	\$620.00	\$628.00

Family members with AND without Medicare:	PPO PLAN	HRA PLAN
Pensioner <i>with</i> Medicare A + B and Spouse/Partner <i>without</i> Medicare A + B	\$360.00	\$381.00
Pensioner <i>without</i> Medicare A + B and Spouse/Partner <i>with</i> Medicare A + B	\$360.00	\$381.00
Pensioner <i>without</i> Medicare A & B + one child <i>with</i> Medicare A & B	\$360.00	\$381.00
Pensioner <i>with</i> Medicare A & B + child(ren) <i>without</i> Medicare A & B	\$256.00	\$294.00
2 of 3 Pensioners with Medicare A & B	\$488.00	\$528.00

2025 Benefit Plan Rates PER MONTH

DENTAL

	Flexible Plan	Limited Plan
Single	Metro provides single dental coverage at no cost to you	
Family	\$40.83	\$51.98

VISION

	Basic Plan	Enhanced Plan
Single	\$2.95	\$4.66
Family	\$9.02	\$14.88



Benefit Basics

ELIGIBILITY

Dependents

You may enroll your eligible dependents in your medical, dental and vision insurance at the time you go on pension or within 60 days of an eligible change in status. Eligible dependents include your:

- » Legally recognized spouse, while not divorced or legally separated
- » Domestic partner (documentation will be required proving you've shared a primary residence for the last 365 days and you are financially interdependent upon one another)
- » Dependent child(ren) from birth up to age 26 if he/she:
 - Is your or your domestic partner's child by birth, legal adoption, legal guardianship or court order who may or may not reside in your home the majority of the time on an annual basis
 - Is your stepchild
 - Is a foster child living in your residence in accordance with a Foster Care Placement, which means and is defined as the supervised adoption period prior to final adoption, as approved by a court of competent jurisdiction
 - Is a dependent child(ren) over age 26, if coverage under Metro benefits has been continuous and he/she is incapable of self-sustaining employment by reason of intellectual or physical disability; contact Human Resources for details

The following are not eligible for Metro benefits:

- » Foster children (placed in the home for care, but not adoption)
- » Ex-spouses or ex-domestic partners, except as allowed under COBRA
- » Parents of the pensioner or spouse/domestic partner



Benefit Basics

WHEN COVERAGE BEGINS AND ENDS

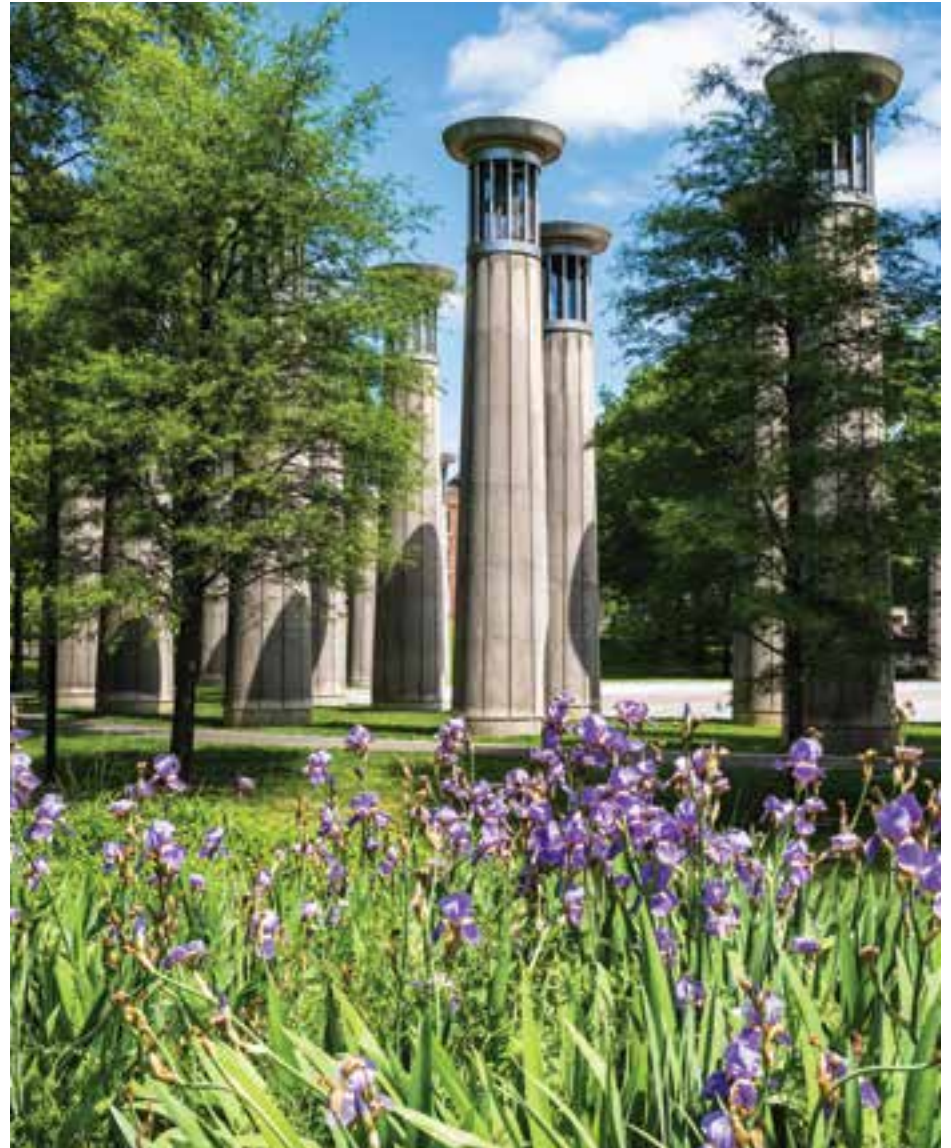
Coverage is effective the day your pension benefit becomes effective. Your coverage will end when your pension ends or when you die. Your spouse/domestic partner and dependent children may be eligible to continue their coverage if they receive a Survivor pension benefit.

Opting Out of Benefits

Disability and Service pensioners and Survivors who can enroll in other medical and/or dental coverage may opt out of Metro's insurance coverage.

Pensioners who wish to preserve their future right to re-enroll in Metro's plans must provide proof of other coverage — either an insurance card in the pensioner's name or a letter from the other insurance company. If you opt out and later lose your non-Metro medical or dental coverage or have an eligible change in status, you have 60 calendar days to re-enroll in Metro's medical or dental plan.

Additionally, Service pensioners and Survivors may opt out of Metro's coverage at any time without proof of other coverage, but by doing so, you will never be allowed to re-enroll in Metro's plans.



Benefit Basics

CHANGING YOUR BENEFITS

The benefits you choose at the time of your pension or during Annual Enrollment remain in effect for the entire plan year, unless you have an eligible change in status such as:

- » Marriage or divorce
- » Birth or adoption of a child
- » Change in job status for you or your dependent
- » Loss of coverage for you or your dependent
- » Death of a covered eligible dependent

You must notify Metro Human Resources and provide documentation within 60 calendar days of an eligible change in status to make a change in your benefit elections. Not notifying Metro Human Resources timely may prevent you from adding a dependent or may require you to pay family premiums for the remainder of the plan year when a dependent is no longer eligible.

For a complete list of eligible changes in status and instructions on changing your benefit elections, contact Metro Human Resources. Metro pensioners may NOT add dependents during Annual Enrollment and may only add dependents within 60 days of an eligible change in status.

When You Become Eligible for Medicare

Metro requires all pensioners and dependents to enroll in Medicare Parts A & B when you first become eligible, regardless of your or your spouse's employment status outside of Metro. If you do not enroll in Medicare Parts A & B when first eligible, you are no longer eligible for Metro medical insurance.

Once you and all your covered dependents turn age 65 and become eligible for Medicare, you must move to one of the two Medicare Advantage plans offered to you by Metro, provided you and all your dependents are enrolled in Medicare Parts A & B. For this reason, it's imperative that you apply for Medicare Parts A & B three months before you turn age 65. If you do not have Medicare Parts A & B when you turn age 65, you and your dependents will no longer be eligible for any Metro medical insurance.

Note: Pensioners enrolled in the HRA Plan when they move to one of Metro's Medicare Advantage plans will lose any remaining HRA funds.

Medical

Metro offers you two medical options, both administered by Cigna:

- » PPO Plan
- » HRA Plan

Under either option, you can go to any provider you choose, but benefits are highest when you see an in-network provider. Cigna negotiates with its 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.

Find network providers

For a list of network providers and other plan details, contact the carriers at the websites or phone numbers listed on the **Important Contacts** page. To view a complete copy of the plan documents and provisions, go to nashville.gov/hr.

Need More Help?

Cigna One Guide® gives you access to a real, live person who can help you understand your health plan, find the best provider for your needs, find ways to lower your costs, resolve problems and more. Download the One Guide app at myCigna.com or call (888) 806-5042.

How the PPO Plan works

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

- » Limited preventive care is covered at 100% (up to \$750 per year) for enrollees ages 7 and older; for enrollees under age 7, the coverage is 80%. See **page 9** for what is covered and not covered as preventive care.
- » 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 16**.
- » If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year.



Medical

How the PPO Plan works continued

Preventive Care

Under the PPO Plan, the following are covered preventive care services:

- » Mammograms (preventive and diagnostic)
- » Annual preventive health exam
- » Childhood immunizations
- » Blood pressure screening
- » Flu and pneumonia shots
- » Tetanus-diphtheria (Td) booster
- » Other recommended adult immunizations and immunizations not completed in childhood
- » X-rays and labs associated with preventive care
- » Vision and hearing screenings performed by the physician during the preventive health exam

The following services are **NOT covered** as preventive care services but instead covered at the normal benefit level of 80% in-network or 60% out-of-network:

- » Prostate screening
- » Routine Pap smears
- » Well-woman exams
- » Colorectal cancer screening

Prescription Drugs

Under the PPO Plan, you may purchase a one-month supply at any network pharmacy (Kroger is not a network pharmacy).

If you take medication for an ongoing condition, you can save money by asking your provider to write your prescription for a three-month (90-day) supply. To fill 90-day prescriptions, you must use either an approved retail pharmacy (Kroger is not approved) or Cigna's mail order program; the good news is you will only pay two copays (instead of three).

Cigna's maintenance medication program includes most retail chain, big box and grocery store pharmacies, but does NOT include Kroger or CVS. View a list of Cigna network pharmacies at [nashville.gov/hr](https://www.nashville.gov/hr) (click 2025 Annual Enrollment).

Turn to **page 10** to learn about the HRA Plan and **page 16** to compare the two medical options.

Telehealth

Cigna offers a variety of ways to connect with a doctor through your phone or computer. See **page 13** for details.

Behavioral Health

Challenges to mental well-being come in many forms, and so do the ways you can get help. See **page 14** for details.

Medical

How the HRA Plan Works

The HRA Plan 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.

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 or \$2,200/family.*

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 or \$2,200/family. 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).



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 16**.



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 2025.



If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2026 HRA Fund and reduce your share of your 2026 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the HRA Plan.

* If the pensioner becomes eligible for Medicare Parts A & B while enrolled in the HRA Plan, you will no longer receive HRA dollars from Metro. However, you can still earn HRA dollars by participating in certain Cigna programs, as described on page 11. If a covered dependent becomes eligible for Medicare Parts A & B but the pensioner does not, Metro will continue to make HRA contributions as described above.

Medical

Attention HRA Plan 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.* Only employees, pensioners and their spouses/domestic partners who are covered under the HRA Plan are eligible to earn incentive dollars. Contact **Cigna** for details.

PPO Plan enrollees can participate in all of these programs, but incentives don't apply.



Take a Health Risk 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.



Complete One of Omada's 16-week Programs

earn \$100/person

If you live with prediabetes, type 1 or type 2 diabetes, or hypertension, Omada's digital lifestyle change program can help you develop long-term healthy habits. See **page 15**.



Participate in a Chronic Health Condition Support Program

earn \$100/person

If you live with a chronic condition, such as heart disease, diabetes, COPD, asthma, depression, low back pain, osteoarthritis or weight complications, Cigna health coaches help you better manage your condition.



Participate in a Lifestyle Management Program

earn \$50/program up to \$100/person

Cigna health coaches provide personalized support for lifestyle behaviors such as tobacco cessation, stress management and weight loss.



Participate in the 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).

* Incentive dollars are limited to \$300/per person per calendar year.

Medical

How the HRA Plan Works continued

Preventive Care

Under the HRA Plan, all of the following preventive care services are covered at 100%, with no copay or coinsurance:

- » Annual preventive health exam
- » Childhood immunizations
- » Blood pressure screening
- » Flu and pneumonia shots
- » Tetanus-diphtheria (Td) booster
- » Other recommended adult immunizations and immunizations not completed in childhood
- » X-rays and lab services associated with preventive care
- » Vision and hearing screenings performed by the physician during the preventive health exam
- » Prostate screening
- » Routine Pap smears
- » Well-woman exams
- » Mammograms (preventive and diagnostic)
- » Colorectal cancer screening

Prescription Drugs

Under the HRA 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 until you meet the plan's deductible, as shown on **page 16**.

You may fill prescriptions for a one-month supply at any network pharmacy (Kroger is not a network pharmacy). You can only purchase a three-month supply at pharmacies in Cigna's maintenance medication program, which includes most retail chain, big box and grocery store pharmacies, but does NOT include Kroger or CVS.

Your cost is always based on a discounted (or prenegotiated) amount, saving you money. However, Cigna's maintenance medication and mail order programs offer greater discounts. Visit **myCigna.com** to see a list of participating pharmacies. You are encouraged to shop pharmacies to find the lowest cost on prescriptions.

Telehealth

Cigna offers a variety of ways to connect with a doctor through your phone or computer. See **page 13** for details.

Behavioral Health

Challenges to mental well-being come in many forms, and so do the ways you can get help. See **page 14** for details.

Medical

Telehealth

Both the PPO Plan and HRA Plan offer a variety of ways to connect with a doctor through your phone or computer.

Your Own Provider

If your provider is in Cigna's network and offers telehealth through their office, Cigna will cover these visits at the same cost as an in-person visit.

Cigna's Behavioral Health Network

You have access to a giant network of behavioral health providers. Simply visit **myCigna.com** to search for a provider. If you need care immediately, Cigna's network includes some providers who guarantee an initial appointment within five business days and a callback within one business day. Search results will say "Available within 5 days" if the provider offers that. For more behavioral health resources, see **page 14**.

MDLIVE

New for 2025! MDLIVE urgent care visits are covered at 100% — you pay \$0.

Cigna has partnered with MDLIVE to give you access to even more board-certified doctors for the following needs:

- » Primary care – routine and preventive care, receive orders for blood work and screenings at local facilities
- » Urgent care – a convenient alternative to urgent care centers and the emergency room (This is the only MDLIVE service with \$0 cost.)
- » Behavioral health – talk therapy for issues such as anxiety, stress, depression and grief (see **page 14** for more details)
- » Dermatology – care for common skin, hair and nail concerns



Log onto **myCigna.com** and click "Talk to a Doctor." Select the type of care you need, and your cost will be displayed.

Or call MDLIVE at **(888) 726-3171**.

Medical

Behavioral Health

Both the PPO Plan and HRA Plan offer a wide range of support tools and services that range from mindfulness apps to text-based therapy to in-person and virtual counseling. Below is an overview of some of those services; more details and access are available by logging onto myCigna.com.

Counseling for all ages (adults and children)

Cigna offers in-person and virtual mental health support for you and your covered dependents featuring:

- » A broad network of board-certified licensed counselors and psychiatrists
- » A partnership with MDLIVE to give you access to even more providers (telehealth only)
- » 24/7/365 access to confidential care, even on weekends and holidays
- » Help for stress, anxiety, depression, grief, relationship conflict and more
- » Help with sleep, tantrums, ADHD, anxiety and other concerns faced by children and adolescents
- » Fast access (no long waitlists; some providers can guarantee an initial appointment within 5 business days)
- » Providers who can prescribe medication when appropriate
- » Video visits with therapists and coaches

To get started, log onto myCigna.com and click “Talk to a Doctor.” Select the type of care you need, and your cost will be displayed. Or call MDLIVE at **(888) 726-3171** or download the MDLIVE app.



Not sure which behavioral health service you need?

Here are two ways to find out:

1. Visit CignaBehavioralPrograms.com/ctbh to view an interactive digital guide.
2. Log onto myCigna.com. Under the Wellness dropdown, choose “Mental Health Support” and follow the prompts to take a brief quiz. Your answers will help identify the most appropriate care for your specific needs.

Medical

Other Cigna Programs

Enrollees in both the PPO Plan and HRA Plan have access to these programs at no additional cost:

Omada (diabetes and hypertension prevention and management)

If you live with diabetes and/or hypertension, or if you're at risk for developing diabetes, this personalized program combines real human support with the latest technology so you can make lasting changes, one step at a time. Participants in the interactive Omada programs receive no-cost wifi-connected devices to track progress, along with sessions with a professional health coach.

You can join Omada if you:

- » Are at risk for diabetes or heart disease and want to avoid developing it
- » Live with type 1 or type 2 diabetes and want a new way to get and stay healthy
- » Have high blood pressure and want help managing it

It only takes a few minutes to get started. Join at omadahealth.com/metronash.

Health Coaching Programs

Cigna offers a variety of health coaching programs at no additional cost to you. See **page 11**. (Note: Only HRA Plan enrollees are eligible for health coaching incentives.)

Bone and Joint Health Benefit

If you suffer from back, knee, hip or shoulder pain, Cigna's Bone and Joint Health benefit can help you find relief. The program, offered through a collaboration with Ascension St. Thomas, gives you:

- » Personalized support to help you find the best solution for your pain
- » 100% coverage for surgery, if required
- » High quality care through a select network of providers

The benefit covers low back disk surgery, hip arthroplasty, hip replacement, knee replacement, laminectomy, spinal fusion and shoulder replacement.

To learn more, call **(855) 678-0042** or visit nashville.gov/hr and click Employee Benefit Plans > Medical Plan Benefits.

Hearing Aids

Both the PPO and HRA plans offer an allowance of up to \$2,000 toward the purchase of hearing aids every 36 months. The benefit also includes one hearing exam per year. This means there is no cost to you, up to plan limits, when you use Amplifon network providers. There are no out-of-network benefits. Visit amplifonusa.com/cigna for more details.

Follow these steps to get started:

- » Call Amplifon at **(888) 901-0811** to select a hearing specialist near you.
- » A Patient Care Advocate will explain the Amplifon process and help you make a hearing exam appointment.
- » Amplifon will send information to you and the hearing specialist prior to the appointment; this will ensure your Cigna benefit is activated.

Medical

MEDICAL BENEFITS ... AT A GLANCE

	PPO PLAN		HRA PLAN	
	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network
Health Reimbursement Account Fund (Metro funded) ^{1, 2}	N/A	N/A	\$1,100/single \$2,200/family	
Your Share of the Deductible²	\$0	\$200/single \$600/family	\$450/single \$900/family	
Coinsurance Maximum²	\$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 Maximum² (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% ³	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		90%	70%
» Delivery	80%	60%	90%	70%
Hospital	80%	60%	90%	70%
Emergency Room	80% after \$100 copay (copay waived if admitted)	80% after \$100 copay (copay waived if admitted)	90%	90%
Mental Health/Substance Abuse				
» Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
» Inpatient (pre-authorization required)	80%	60%	90%	70%

Medical

MEDICAL BENEFITS ... AT A GLANCE ...continued

	PPO PLAN	HRA PLAN
Prescription Drugs		
You pay...		
1-month supply		After deductible:
» Generic	\$10 copay	10% of discounted cost
» Brand	\$30 copay	30% of discounted cost
3-month supply (maintenance drugs)	2 times above copays through certain retail pharmacies and mail order; see page 9	Same as above through certain retail pharmacies and mail order; see page 12

¹ Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

² If you enroll in the pensioner + child(ren) coverage tier, Metro's HRA Fund contribution (HRA Plan), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum are the same as the family coverage tier.

³ Screening colonoscopies, PSA tests, well-woman exams 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.

Note: To view a complete copy of the plan documents and provisions, go to **nashville.gov/hr**.



Do you use insulin?

The PPO and HRA plans cover up to two temperature-controlled storage devices per calendar year to keep your insulin at the optimal temperature (between 46 and 86 degrees). This device allows you to take your insulin with you when you leave home and ensure it's stored at just the right temperature.

Here's how to take advantage of this new benefit:

1. Choose and purchase a device and pay for it out of your own pocket.
2. Submit a **claim form to Cigna**.
3. Your insurance provider will process your claim as durable medical equipment and reimburse you based on your plan's benefits.

Medical

Help Me Choose

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

	PPO PLAN	HRA PLAN
Network providers	The PPO Plan and HRA Plan share the same network of providers and facilities.	
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 or \$600/family	Your share after HRA Fund pays: \$450/single or \$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
Telehealth office visit covered?	If offered by your provider, cost same as in-person visit; also offered through MDLIVE, visit myCigna.com	
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 11

* 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 HRA Plan.

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, 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

Both plans use the same provider network, DentalBlue. Here's how the plans differ:

	FLEXIBLE PLAN	LIMITED PLAN
Family premiums: (Metro pays for single coverage)	Lower than Limited Plan	Higher than Flexible Plan
Limit on benefits paid in a year:	Pays up to \$1,000/year ¹	Unlimited
Coverage for implants:	Yes	No
Coverage for TMJ treatment:	Yes	No
Coverage out-of-network:	Yes	No

¹ Not including orthodontia, TMJ care

Dental

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 service ²
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.

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 Costco, 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 on the **next page**.

Help Me Choose

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

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



Vision

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%	Up to \$5	100%	Up to \$5
» Standard Progressives	Not covered	Not covered	100%	Up to \$35
» Polycarbonate	Not covered	Not covered	100%	Up to \$10
Frames	Up to \$130 ¹	Up to \$50	Up to \$150 ¹	Up to \$50
Contacts (in lieu of frames/lenses)	Plan pays:		Plan pays:	
» Elective	Up to \$125 after \$10 copay ¹	Up to \$125	Up to \$140 ¹	Up to \$140
» Medically Necessary	100%	Up to \$210	100%	Up to \$210
Fit/Follow-up	You pay:	Plan pays:	You pay:	Plan pays:
» Standard Daily Wear	\$20 copay	Up to \$20	\$20 copay	Up to \$20
» Extended Daily Wear	\$30 copay	Up to \$30	\$30 copay	Up to \$30
Covers...	Exams, contact fit every 12 months; lenses, frames and contacts every 24 months		Exams, contact fit, lenses, frames and contacts every 12 months	

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

Life Insurance

Basic Life

As a retired Metro employee, Metro provides you with \$10,000 of basic term life insurance at no cost to you. See the life insurance policy located on Metro Human Resources' website for more information concerning your life insurance benefits.

Supplemental Life

Pensioners are not eligible to enroll in supplemental term life insurance. However, if you were previously enrolled as an active employee, you may elect to continue your supplemental term life coverage as a pensioner under an individual policy at the lesser of \$20,000 or the amount that is in force prior to retirement (at least \$10,000). The decision to continue your supplemental life coverage must be made at the time you are signing your pension application paperwork.

Waiver of Premium

If you are under the age of 60 and you become totally disabled according to the life insurance carrier's standards (not Metro's), you may apply for the waiver of premium for basic life, supplemental life and dependent life benefits and have your premiums waived as long as you continue to be disabled. You must apply within 12 months of the date you became disabled. If approved, your preretirement level of benefits may remain in effect until you are age 70 as long as you continue to meet the life insurance carrier's criteria. If you qualify for the waiver of premium, this is a free benefit to you. If you are denied for the waiver of premium benefit, you have 30 days from the date of the denial to appeal the insurance company's decision. If your appeal is denied, or you elect not to appeal the denial, you may convert to an individual policy; however, you must make written application and payment of premium within 31 days from the

time the insurance company denies your waiver of premium application. To appeal or convert, you must contact the life insurance company directly.

Beneficiary

You may change your beneficiary at any time by completing a new form with Metro Human Resources. When you experience an eligible change in status (such as with a marriage, divorce or death) you should consider updating your beneficiary at that time. You may also name different beneficiaries to receive your basic life and supplemental life benefits.



Important Contacts



PLAN	CARRIER	WEBSITE	PHONE
PPO Plan	Cigna	If currently enrolled, log onto myCigna.com If not yet enrolled, visit Cigna.com	Customer service: (800) 244-6224 Cigna One Guide: (888) 806-5042
HRA Plan			
Dental	BlueCross BlueShield of TN	bcbst.com/members/metro-gov	(800) 367-7790
Vision	NVA	e-nva.com (user name: metro; password: vision1)	(800) 672-7723
Life Insurance	The Hartford	thehartford.com	(888) 563-1124
General	Metro Human Resources	nashville.gov/hr	(615) 862-6700

Notices

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 PPO Plan and HRA Plan on Human Resources' website at nashville.gov/hr.

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/hr. 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.

COBRA Continuation Coverage

If you or your dependents lose your eligibility for health care coverage for certain reasons, you will be allowed to continue coverage for a certain period of time under COBRA. Your dependents have the right to continue coverage even if you do not elect to continue your own coverage. Metro does not pay for coverage under COBRA; you or your dependent will pay 100% of the cost plus a 2% administration fee.

You or your dependents are eligible for COBRA continuation if coverage ends because:

- » You die
- » You get divorced or legally separated
- » Your dependent child becomes ineligible for coverage
- » If you or your dependents qualify for COBRA, you will be mailed a packet with rate information and payment instructions from Metro's COBRA administrator.



Continued on next page

Notices

Women's Health Provisions

No matter which medical plan option you choose, your hospital coverage for childbirth will be for the same minimum number of days, as required by federal law:

- » If your baby is delivered vaginally, you may stay in the hospital at least 48 hours (two days) after the birth
- » If you have a cesarean section, you may stay in the hospital at least 96 hours (four days) after the birth
- » If the attending physician believes you need a longer stay, you may receive benefits for additional days if your doctor obtains pre-authorization from the insurance company. On the other hand, if you and your doctor agree that, in your case, the minimum number of days is not necessary, you may be released from the hospital earlier.

Under the Women's Health and Cancer Rights Act of 1998, all health plans that provide mastectomy coverage are also required to provide coverage for:

- » Reconstruction of the breast on which the mastectomy has been performed
- » Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance
- » Prostheses (artificial replacements) and physical complications at all stages of the mastectomy, including lymphedemas

Coordination of Benefits

Regardless of which medical plan you elect, you must be sure to notify your insurance carrier if your dependents receive health coverage outside of Metro's plan (for example, through your spouse/domestic partner's insurance plan at work or by qualifying for Medicare).

If your dependent has coverage elsewhere, a process called coordination of benefits (COB) comes into play. COB simply means that benefits are coordinated between your dependent's coverage under your Metro plan and another plan. This process ensures that benefit payments are not duplicated and helps hold down the rising cost of health insurance.

