



2024 BENEFITS

FOR PENSIONERS WITH MEDICARE





This guide provides an overview of your benefits. Keep it handy in case you have benefits questions during the year. Important contacts are listed on the back cover.

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

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2024 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 the number of years you worked for 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 WITH Medicare A & B:	Medicare Advantage
Pensioner with Medicare A & B	\$35.21
Pensioner and spouse/partner both with Medicare A & B	\$70.42
Pensioner, spouse/partner, child(ren) all with Medicare A & B	\$105.63
Pensioner and one child both with Medicare A & B	\$70.42

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



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.

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.

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.



MEDICAL

Because you and all your covered dependents have Medicare Parts A & B, the medical plan available to you is the Medicare Advantage plan, insured through Humana.

How the Medicare Advantage plan works

The Medicare Advantage plan offers these features:

- » \$10 office visits (for both primary care and specialist care)
- » No annual deductible
- » No referral required to see a specialist
- » 100% coverage for hospital care
- » 100% coverage for most preventive care
- » \$1,000 per member annual out-of-pocket maximum (Once you spend this amount on medical care, plan pays 100% for the rest of the year; you continue to pay prescription drug copays.)
- » Out-of-network coverage (same coverage as in-network as long as provider accepts Medicare and agrees to bill Humana*)

* Even if your medical provider will not agree to bill Humana directly, you can still see that provider and file a claim with Humana yourself for reimbursement, and you will receive in-network benefits.

Preventive Care

Under the Medicare Advantage plan, preventive care is covered at 100% with no benefit limit.

Prescription Drugs

The Medicare Advantage plan includes coverage for prescription drugs, as shown in the chart on pages 6-7. Visit <https://our.humana.com/metro-gov> for a list of participating retail, home delivery and mail order pharmacies. Or call Humana at (888) 899-0102. Certain drugs may require preauthorization or step therapy, and quantities of some drugs may be limited.

Hearing Benefits

Medicare Advantage members receive a hearing benefit through their plan, as well as discounts through several providers. Call the number on your ID card for details.

Telehealth

For minor illnesses and concerns, telehealth may be a convenient option for seeking care. A telehealth visit is done over your smartphone, tablet or computer. You and your provider will be able to see each other and talk via webcam on each person's device.

If your provider is in Humana's network and offers telehealth through their office, Humana will cover these visits at a \$0 copay for primary care visits and \$10 copay for specialist visits.

Finding a Humana Provider

For a list of network providers and other plan details, visit <https://our.humana.com/metro-gov>. Or call Humana at (888) 899-0102.

IMPORTANT:

Do not enroll in any other Medicare plan

If you do, your Metro pensioner medical coverage will be terminated. This includes Part D prescription drug plans. Your Metro pensioner medical coverage includes Medicare Part D prescription drug coverage. If you enroll in an independent Medicare Part D plan, your Metro coverage will be terminated.

Medicare Advantage Extras

Medicare Advantage members have access to these programs and discounts. For more details about these benefits, including important rules, visit <https://our.humana.com/metro-gov>. Or call Humana at (888) 899-0102.

SilverSneakers® Fitness Program

- » Includes free membership at a participating fitness center

Post-Discharge Benefit

The following benefits are available after an inpatient stay in a hospital or nursing facility:

- » Well Dine® food program – delivers 28 pre-cooked frozen meals to your home
- » Transportation – covers 12 one-way trips
- » In-home personal care – provides 4 hours a day, up to 8 hours per discharge

Personal Health Coaching

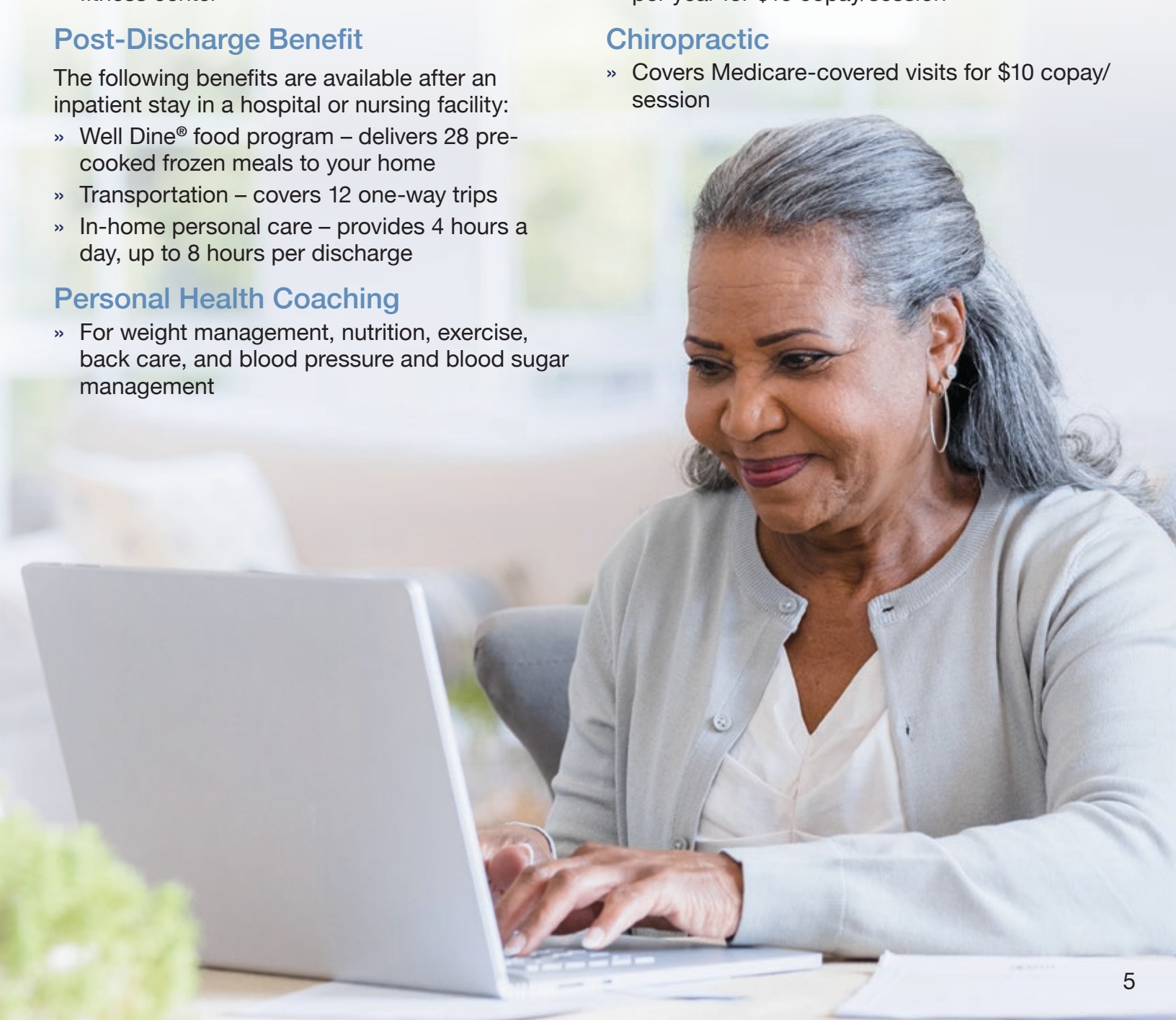
- » For weight management, nutrition, exercise, back care, and blood pressure and blood sugar management

Acupuncture

- » Covers up to 20 Medicare-covered sessions per year for \$10 copay/session

Chiropractic

- » Covers Medicare-covered visits for \$10 copay/session



MEDICARE ADVANTAGE BENEFITS ... AT A GLANCE

	In-Network
Annual Deductible	\$0
Annual Out-of-Pocket Maximum	\$1,000/individual

Medical Services

Well Care/Preventive Care	You pay \$0 (includes Pap smears, mammograms, pelvic exams, prostate exams, bone mass exams)
Office Visits	
» Primary Care Physician	\$10 copay
» Specialist	\$10 copay
» In-office Procedures (surgery, consultation, allergy injections)	\$10 copay
Hospital (inpatient)	You pay \$0 (unlimited days)
Hospital (outpatient)	You pay \$0 or \$10 copay, depending on service
Ambulatory Surgery Center	You pay \$0
Outpatient Diagnostic	You pay \$0 or \$10 copay, depending on service
Ambulance	\$100 copay (rules apply)
Emergency Room	\$50 copay (copay waived if admitted within 72 hours)
Mental Health/Substance Abuse	
» Outpatient	\$10 copay
» Inpatient (preauthorization required)	You pay \$0 (190-day lifetime maximum in psychiatric hospital)
Rehabilitation (physical, occupational, speech)	\$10 copay
Skilled Nursing Facility	You pay \$0 (rules apply)
Home Health Care	You pay \$0
Routine Hearing Exam	\$10 copay
Hearing Aid Benefit	\$200 allowance every 2 years
Routine Vision Exam	\$10 copay
Diabetic Vision Exam	You pay \$0
Eyewear	\$100 allowance per year
Dental Care	\$100 allowance per year

MEDICARE ADVANTAGE BENEFITS ... AT A GLANCE

In-Network

Prescription Drugs

1-month Supply <ul style="list-style-type: none">» Generic» Brand name	\$10 copay \$20 copay
3-month supply (maintenance drugs) <ul style="list-style-type: none">» At Humana's mail order pharmacy» At in-network retail pharmacies	You pay 2 times the above copays You pay 3 times the above copays



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 network, called DentalBlue, but the Limited Plan has higher monthly premiums. Below are several ways the plans differ:

- » The Flexible Plan covers implants and TMJ treatment; the Limited Plan does not.
- » The Flexible Plan has a \$1,000 annual benefit maximum; the Limited Plan does not have a maximum annual benefit.
- » The Limited Plan offers greater benefits for orthodontia.
- » The Limited Plan does NOT cover out-of-network treatment, but the Flexible Plan does. So if your dentist is not in the DentalBlue network and you don't want to change to an in-network dentist, 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 and 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 and \$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 employee 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 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	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
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 pre-retirement 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.





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 provisions. 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.

IMPORTANT CONTACTS

Plan	Carrier	Website	Phone
Medicare Advantage	Humana	our.humana.com/metro-gov	(888) 899-0102
Dental	BlueCross BlueShield (BCBS)	bcbst.com/members/metro-gov	(800) 367-7790
Vision	NVA	e-nva.com (user name: metro; password: vision1)	(800) 672-7723
Life Insurance	Prudential	prudential.com/mybenefits	(877) 232-3619
General	Metro Human Resources	nashville.gov/hr	(615) 862-6700

HIPAA Notice of Privacy Practices

This notice governs Metro's privacy practices for Metro's medical plans and can be found at nashville.gov/hr. For copies of the other carriers' privacy notices, contact the carrier directly.

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.