



Metro Nashville

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2010 Benefits Annual Enrollment Guide

PENSIONERS

A Message From the Director

Annual Enrollment is September 23, 2009 thru October 7, 2009. This is your once-a-year opportunity to make changes in your insurance plans or to enroll in new benefits, unless you have an eligible change in status during the year. It is the goal of the Human Resources Department to assist you in every way possible in making these important decisions for yourself and your family. For details about your 2010 benefits, review this Guide carefully, or visit the Human Resources homepage at www.nashville.gov for an updated copy of the *Inside Metro Human Resources Guide*.

In addition, the Human Resources Department is hosting several Ask & Enroll Days beginning on September 21, 2009 to allow you to discuss your benefits one-on-one with the insurance carriers and Human Resources representatives. This year's Ask & Enroll Days will also include information tables about health and wellness, the General Hospital Incentive Plan, and veterans' services, just to name a few. We hope that you will take advantage of this unique opportunity.

Please be sure to review your *Personal Benefit Statement*, which is attached to your 2010 Benefit Election Form, and refer to it when choosing your benefits. You must complete an Election Form between September 23, 2009 and October 7, 2009 if you want to change your health insurance plan. **If you want your 2010 benefits to remain the same as they currently are, you do NOT need to do anything.** To submit your 2010 Benefit Election Form, you may:

- Enroll online at www.nashville.gov (click "Annual Enrollment")
- Fax your form to (615) 880-3401 (fax only Election Form side)
- Sign up in person at any Ask & Enroll Day
- Mail your form to Metro Human Resources, P.O. Box 198349, Nashville, TN 37219-8349
- Enroll in person (by 4:30 p.m.) at Metro Human Resources, 222 Third Avenue North, Nashville

A confirmation statement of your 2010 benefit elections will be mailed to your home at the end of Annual Enrollment.



Americans with Disabilities Act Statement: To request an alternative copy of this guide, call Metro Human Resources at (615) 862-6700.

2010 Benefit Highlights & Important News

Enhanced Long-Term Care Coverage

Metro is offering voluntary Long-Term Care coverage through Prudential Insurance Company at competitive group rates to pensioners and their dependents with proof of good health.

Long-Term Care coverage provides help or supervision needed for someone with severe cognitive impairment or the inability to perform two of the normal activities of daily living such as bathing, dressing, eating, toileting, transferring and continence. Services may be provided at home or in a facility – and care may be provided by a professional caregiver, friend or family member.

Long-Term Care coverage may be purchased for yourself, your spouse, children over the age of 18 and their spouses, and even for your parents, grandparents and in-laws. If you choose to enroll, Prudential will bill you for the premiums rather than premiums being withheld from your paycheck. For more information, please review the enclosed brochure provided by Prudential or contact Prudential directly at 1-800-732-0416.

BlueCross BlueShield PPO Copays Change January 1, 2010

Copay changes include a **\$20** copay for visits to primary care physicians such as pediatricians, family and general practitioners, internists, gynecologists and obstetricians. A copay of **\$30** will apply for specialist visits. A specialist includes physicians highly trained in a specific area such as cardiology, dermatology, neurology, psychiatry, podiatry, oncology, and specialized obstetricians and gynecologists. You can confirm the status of your physicians as either primary care or specialists by visiting the BCBS website or calling member services.

The emergency room copay will increase from \$50 to **\$100**. The copay for brand-name drugs is also increasing from \$20 to **\$25**, but the generic copay will remain at **\$10**.

Please remember that after you have paid the copay, you are still responsible for the co-insurance amount.

BlueAdvantage Plus

As a member of BlueAdvantage Plus, you must NOT enroll in any other Medicare advantage plan. If you do enroll in another Medicare advantage plan, your participation in the BlueAdvantage Plus plan will be cancelled, and you may lose your Metro insurance coverage.

If you are enrolling in BlueAdvantage Plus for the first time in 2010, each covered person must also complete a Medicare assignment form with BlueCross BlueShield. If you do not sign this form at an Ask & Enroll meeting, BCBS will mail the form to your home later this Fall.

Cigna Choice Fund

If you are enrolled in the Cigna Choice Fund for 2009 and have not yet taken the health risk assessment, you have until December 31, 2009 to complete the assessment and earn additional dollars to reduce the amount of your share of the deductible (deductible gap). You will have the opportunity to earn \$100, and up to a maximum of \$200, if a covered dependent 18 years or older also takes the health risk assessment at www.mycigna.com.

If you plan to participate in the Cigna plan in 2010 and you have money remaining in your HRA Fund at the end of 2009, you can expect the funds to be transferred into your 2010 Fund by the end of March. This rollover process is delayed so that any late filed claims for 2009 can be processed prior to the transfer of any remaining funds.

Please note that the HRA Fund is not funded for pensioners who are Medicare Parts A and B eligible. For pensioners who became eligible for Medicare Parts A and B during 2009, the HRA Fund will not be funded in 2010 (with the exception of any 2009 rollover funds you may be due).

Mental Health & Substance Abuse Benefits

To comply with a new Federal law, the dollar limitations previously placed on mental health and substance abuse coverage has been eliminated for 2010. For additional information, please review the Medical Plan Highlights or contact your insurance carrier.

Medicare

If you or your dependent has Medicare Parts A and B, please verify on your Personal Benefit Statement that you are paying the correct premium rate. If you have Medicare Parts A and B, but are not paying a reduced premium, contact Metro Human Resources at (615) 862-6700.

DO NOT ENROLL in any Medicare Part D Prescription Drug program. You should disregard any Medicare Part D literature you receive in the mail. Enrolling in a Part D plan will increase your costs but will not increase your benefits.

Federal law requires Metro to provide you with a Medicare Part D Creditable Coverage notice (see page 13).

HIPAA Notice of Privacy Practice

If you are a participant in the BlueCross BlueShield PPO or Cigna Choice Fund medical plan, you are entitled to receive a copy of the HIPAA Notice of Privacy Practice. This notice is posted on the Metro Human Resources home page at www.nashville.gov. You may also obtain a copy of the notice by calling Metro Human Resources at (615) 862-6700. For copies of other carriers' privacy notices, please contact the carrier directly.

Are Your Dependents Eligible to be Covered on your Metro Insurance?

New Federal guidelines require Metro to obtain the Social Security numbers of each covered dependent. If you have not previously provided your dependents' Social Security numbers, you may be contacted to provide this information. You may also be required to supply documents supporting the eligibility of your spouse and/or dependent children. Pensioners may only add dependents within 60 days of a change in family status, but may delete dependents during Annual Enrollment or at any time throughout the year.

Eligible dependents include your spouse, as legally defined by Tennessee state law while not divorced or legally separated, and dependent children who are your:

- natural children by birth or adoption who may or may not reside in your home the majority of the time;
- step-children that reside in the home the majority of the time on an annual basis
- children or your spouse's children for whom a Qualified Medical Child Support Order has been issued;
- children who are in your legal custody per a court order;
- foster children living in your home in accordance with a Foster Care Placement which means the supervised adoption period prior to final adoption as approved by a court

Dependent children, as defined above, will be covered from birth until the last day of the month of their twenty-fourth (24th) birthday, as long as the Dependent is:

- Not married nor has ever been married;
- Has no other employer-based medical coverage; or,
- Not employed on a Regular and Full-Time Basis. Regular and Full-Time Basis for purposes of this paragraph is defined as working a minimum of thirty-two (32) hours per week over a consecutive period of time

If the dependent child is nearing age 24 and is incapable of self-sustaining employment by reason of mental retardation or physical handicap, you may be able to continue covering the child as your dependent. You must contact your insurance carrier to verify eligibility and complete the appropriate paperwork.

Beneficiary Forms

If you need to update your life insurance beneficiary, please use the beneficiary form found on page 15 and return it to Metro Human Resources at the address shown on top right corner.

Ask & Enroll Days

Have questions about your 2010 benefits and enrollment? Want to talk one-on-one with plan representatives about your benefits and have the option to enroll on the spot? Then come to any one of the convenient Ask & Enroll Day meetings starting September 21 (see calendar below).

At Ask & Enroll Days, representatives from the insurance carriers and Metro Human Resources will be on hand to answer questions and collect Election Forms. **Be sure to bring your Enrollment Packet and 2010 Election Form with you.** Or, if you already know what changes you want to make for 2010, just drop off your completed 2010 Election Form. It's that easy.

Ask & Enroll Days are voluntary; you don't have to attend to enroll. But, if you have questions about your benefits, you will find it very helpful to go to an Ask & Enroll Day and talk directly with the insurance and HR representatives.

Ask & Enroll Days Calendar

Date	Time	Location
Monday, Sept. 21	8 am – 11:30 am and 1 pm – 4:30 pm	Metro Police Department – Hermitage Precinct, Community Room 3701 James Kay Lane, Hermitage 37076
Tuesday, Sept. 22	4 pm – 8:30 pm	Antioch High School – Cafeteria 1900 Hobson Pike, Antioch 37013
Wednesday, Sept. 23	6:30 am – 11:30 am and 1 pm – 4:30 pm	East Park – Community Room 700 Woodland Street, Nashville 37206
Tuesday, Sept. 29	4 pm – 8:30 pm	Hillwood High School – Auditorium 400 Davidson Road, Nashville 37205
Wednesday, Sept. 30	8 am – 11:30 am and 1 pm – 4:30 pm	Metro Police Department – North Precinct, Community Room 2231 26 th Ave. North, Nashville 37208
Thursday, Oct. 1	4 pm – 8:30 pm	Hunters Lane High School – Library 1150 Hunters Lane, Nashville 37207

2010 Enrollment Resources Directory

Benefit	Contact	Website	Phone
Medical Plan	BCBS PPO	www.bcbst.com/members/metro-gov/	(800) 367-7790
Medical Plan – Medicare Advantage Plan	BlueAdvantage Plus	Link through www.nashville.gov	(800) 841-7434
Medical Plan	CIGNA Choice Fund	<p>If not already enrolled in this Plan: Visit CIGNA’s pre-enrollment website at www.mycignaplans.com. The ID is metro2010 and the password is cigna.</p> <p>After Enrolling in this Plan: www.mycigna.com</p>	<p>Before Enrolling in this Plan: (800) 401-4041</p> <p>After Enrolling in this Plan: (800) 244-6224</p>
Dental Plan	Delta Dental of Tennessee	www.deltadentaltn.com/metro	(800) 223-3104
Vision Plan	UnitedHealthcare Vision	www.myuhcvision.com	(800) 638-3120
Basic Life	Metro Human Resources	www.nashville.gov	(615) 862-6700
Long-Term Care Insurance	Prudential Insurance Company	www.prudential.com/gltcweb Group name = metroltc Access code = nashville	(800) 732-0416

2010 Medical and Dental Plan Insurance Rates

Effective January 1, 2010

To qualify for the Medicare coverage levels, you must have both Medicare Parts A and B. To participate in the BlueAdvantage Plus plan, you and your covered dependents must **ALL** have Medicare Parts A and B to enroll.

Monthly Medical Plan Rates	Coverage Level	BCBS PPO	BlueAdvantage Plus	CIGNA Choice Fund
	Single without Medicare Parts A and B	\$135.00	Not Available	\$128.00
Family (none with Medicare Parts A and B)	\$339.00	Not Available	\$324.00	
Pensioner with Medicare Parts A and B	\$74	\$67.50	\$80.00	
Pensioner and Spouse both with Medicare Parts A and B	\$148.00	\$135.00	\$160.00	
Pensioner with Medicare Parts A and B, Spouse without Medicare Parts A and B	\$209.00	Not Available	\$208.00	
Pensioner without Medicare Parts A and B, Spouse with Medicare Parts A and B	\$209.00	Not Available	\$208.00	
Pensioner with Medicare Parts A and B and Child(ren) with or without Medicare Parts A and B	\$148.00	Not Available	\$160.00	
Pensioner, Spouse and Child(ren) all with Medicare Parts A and B	\$222.00	\$67.50 per person	\$240.00	

Dental Plan Monthly Rates	Single	Family
	\$0.00 (Metro pays 100%)	\$33.56

Vision Plan Monthly Rates	If you are:	Basic Option	Enhanced Option
	Single	\$3.10	\$4.24
	Family	\$9.48	\$13.58

Long-Term Care Insurance Rates ¹	Contact Prudential at 1-800-732-0416 or online at www.prudential.com/gltcweb (group name: metroltc access code: nashville)
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¹ Long-term care insurance is an optional benefit. You pay the full cost of this coverage at group rates. Group rates are generally lower than individual rates.

2010 Medical Plan Highlights

Note: You may be responsible for your portion of the costs at the time services are scheduled or provided. **This chart is a summary only.** If the information differs from that of the official plan documents, the plan documents will govern. For details, contact the insurance carrier.

Covered Benefit	BCBS PPO	BCBS PPO	BlueAdvantage Plus Plan	CIGNA Choice Fund	CIGNA Choice Fund
	In-Network	Out-of-Network		In-Network	Out-of-Network
Health Reimbursement Account	N/A	N/A	N/A	Pensioners who are not eligible for Medicare: \$1,100 Individual; \$2,200 Family Pensioners eligible for Medicare: N/A	
Deductible Gap (Deductible is applied toward your out-of-pocket maximum)	None	\$200 individual, \$600 family. Note: deductible required for out-of-network care and services.	None	\$400 Individual; \$800 Family	
Coinsurance	Plan pays 80% of maximum allowable charges for most services	Plan pays 60% of maximum allowable charges for most services after deductible. You pay any amount over maximum allowable charge.	Plan pays 80% of Medicare allowed amount	Plan pays 90% after plan deductible	Plan pays 70% of maximum allowable charges after plan deductible
Annual out-of-pocket maximum (Includes your portion of Annual deductible plus Coinsurance)	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family	\$1,000 per Individual	\$1,000 Individual \$2,000 Family	\$5,000 Individual \$10,000 Family
Hospital (semi-private room, supplies, drugs, X-rays, tests)	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage; unlimited days	90% after plan deductible	70% after plan deductible
Emergency Room care	80% after \$100 copay, waived if admitted	60% of maximum allowable charges after \$100 copay	\$50 copay, waived if admitted. Worldwide coverage	90% after plan deductible	70% after plan deductible
Surgery, office visits, anesthesia, consults, treatment, second surgical opinion	80%; office visits 80% after \$20 copay per visit for primary care physicians and \$30 for specialists*	60% of maximum allowable charges after \$20 copay per visit for primary care physicians and \$30 for specialists*	100% coverage after \$10 copay	90% after plan deductible	70% after plan deductible
Maternity	80% of maximum allowable charges after \$20 copay for initial visit	60% of maximum allowable charges after \$20 copay for initial visit	Covered as any other medical condition	90% after plan deductible	70% after plan deductible
Diabetic Supplies	See Prescription Drug Benefit	See Prescription Drug Benefit Chart	Medicare Part B covered at 100%	See Prescription Drug Benefit Chart	See Prescription Drug Benefit Chart
Hospice care	80%; must be approved provider	60% of maximum allowable charges; must be approved provider	100% coverage at a Medicare-approved facility	90% after plan deductible; must be approved by provider	70% after plan deductible; must be approved by provider
Home health visits	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage for Medicare - approved Home Health	90% after plan deductible	70% after plan deductible
Medical equipment (DME, wheel chairs, crutches, etc)	80% of maximum allowable charges	60% of maximum allowable charges	80% of Medicare-covered item	90% after plan deductible	70% after plan deductible
Preventive care (age 7 or older)	100% up to \$750 annual benefit	60% of maximum allowable charges after \$20 copay (covers only an annual physical exam; \$750 maximum annual benefit)	100% coverage (including mammograms, pap smears, pelvic exams, prostate cancer screening exams, bone mass measurement)	100% coverage (and does not reduce HRA fund – includes mammograms, pap smears, pelvic exams, prostate cancer screening exams)	70% after plan deductible

2010 Medical Plan Highlights (continued)

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	BlueAdvantage Plus Plan	CIGNA Choice Fund In- Network	CIGNA Choice Fund Out- of-Network
Allergy injections	80% of maximum allowable charges after \$20 copay if physician consultation or \$30 copay for specialists	60% of maximum allowable charge after \$20 copay if physician consultation or \$30 copay for specialists	100% coverage after \$10 copay	90% after plan deductible if physician consultation	70% after plan deductible if physician consultation
Well-baby care	Routine care until age 2; annual checkups through age 6 paid at 80%	Routine care until age 2; annual checkups through age 6 paid at 60%	N/A	100% (and does not reduce HRA fund)	70% after plan deductible
Immunizations	Covered if required by public school guidelines through age 6; paid at 80%	Covered if required by public school guidelines through age 6; paid at 60%	100% coverage (Flu, Hepatitis B, Pneumonia)	100% (and does not reduce HRA fund)	70% after plan deductible
Skilled Nursing Facility	80%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	80%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	100% coverage, 100 days per benefit period	90%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)	70%; 100-day maximum per person per year (must immediately follow 3-day hospital stay)
Radial keratotomy	80% (Lasik surgery not covered)	60% of maximum allowable charge; Lasik surgery not covered	Not covered	90% after plan deductible; Lasik surgery not covered	70% after plan deductible; Lasik surgery not covered
Custom-built shoes	80%, up to \$1,500 lifetime maximum (includes repair and maintenance)	60%, up to a \$1,500 lifetime maximum (includes repair and maintenance)	80% coverage of Medicare-covered item	90% after plan deductible, up to \$1,500 lifetime maximum (includes repair and maintenance)	70% after plan deductible, up to a \$1,500 lifetime maximum (includes repair and maintenance)
Temporomandibular joint syndrome (TMJ)	Surgical benefit: 80% of maximum allowable charges; Non-surgical benefit: 50% of maximum allowable charges with \$2,000 annual maximum and \$4,000 lifetime maximum	Surgical benefit: 60% of maximum allowable charges; Non-surgical benefit: 50% of maximum allowable charges with \$2,000 annual maximum and \$4,000 lifetime maximum	Covered as any other medical condition	Surgical benefit: 90% after plan deductible; Non-surgical benefit: 70% after plan deductible with \$2,000 annual maximum and \$4,000 lifetime maximum	Surgical benefit: 70% after plan deductible; Non-surgical benefit: 50% after plan deductible with \$2,000 annual maximum and \$4,000 lifetime maximum
Chiropractic services	50% of maximum allowable charge, up to \$2,000 maximum per person per year	50% of maximum allowable charges, up to \$2,000 maximum per person per year	100% coverage after \$10 copay for Medicare covered services	70% after plan deductible, up to \$2,000 maximum per person per year	50% after plan deductible, up to \$2,000 maximum per person per year
Acupuncture	50% of maximum allowable charges; \$1,000 maximum per person per year	50% of maximum allowable charges; \$1,000 maximum per person per year	Not covered	70% after plan deductible ; \$1,000 maximum per person per year	50% after plan deductible; \$1,000 maximum per person per year
Organ transplants	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage	100% (See Inpatient Hospitalization)	Special provisions apply to transplant coverage	Special provisions apply to transplant coverage

2010 Medical Plan Highlights (continued)

Covered Benefit	BCBS PPO In-Network	BCBS PPO Out-of-Network	BlueAdvantage Plus Plan	CIGNA Choice Fund In- Network	CIGNA Choice Fund Out- of-Network
Physical therapy	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage after \$10 copay	90% after plan deductible	70% after plan deductible
Selection of physicians	In-network benefits apply when you use in-network providers	Out-of-network benefits apply when you use out-of-network providers	Member must seek services from a physician that accepts Medicare and the terms and conditions of the plan	In-network benefits apply when you use in-network providers	Out-of-network benefits apply when you use out-of-network providers
Non-routine lab/X-ray (diagnostic services)	80% of maximum allowable charges	60% of maximum allowable charges	100% coverage	90% after plan deductible	70% after plan deductible
Mental health inpatient	80% of maximum allowable charges; pre-authorization required	60% of maximum allowable charges; pre-authorization required	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% after plan deductible charges; pre-authorization required	70% after plan deductible; pre-authorization required
Mental health outpatient	80% of maximum allowable charges; no pre-authorization required	60% of maximum allowable charges; no pre-authorization required	100% coverage after \$10 copay for group/ individual visit	90% after plan deductible; no pre-authorization required	70% after plan deductible; no pre-authorization required
Substance abuse inpatient	80% of maximum allowable charges; pre-authorization required	60% of maximum allowable charges; pre-authorization required	100% coverage with 190 day lifetime maximum in a psychiatric hospital	90% after plan deductible; pre-authorization required	70% after plan deductible; pre-authorization required
Substance abuse outpatient	80% of maximum allowable charges; no pre-authorization required	60% of maximum allowable charges; no pre-authorization required	100% coverage after \$10 copay for group/ individual visit	90% after plan deductible; no pre-authorization required	70% after plan deductible; no pre-authorization required
Group therapy	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient	Covered as mental health outpatient
Routine Hearing Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Hearing Aid Repair	Not covered	Not covered	\$200 allowance / 2 years	Not covered	Not covered
Routine Vision Exam	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening	100% coverage after \$10 copay	Covered if performed during the Preventive Care physical exam screening	Covered if performed during the Preventive Care physical exam screening
Eyewear	80% of maximum allowable charge after cataract surgery; Limitations apply	60% of maximum allowable charge after cataract surgery; Limitations apply	\$100 allowance/year	90% of maximum allowable charge after cataract surgery; Limitations apply	70% of maximum allowable charge after cataract surgery; .Limitations apply
Dental	Not covered	Not covered	\$100 allowance/year	Not covered	Not covered

* Primary care physicians include pediatricians, family and general practitioners, internists, gynecologists and obstetricians. A specialist includes physicians highly trained in a specific area such as cardiology, dermatology, neurology, psychiatry, podiatry, oncology, and specialized obstetricians and gynecologists.

2010 Prescription Drug Highlights

Note: This chart is a summary only. If the information differs from that of the official plan documents, the plan documents will govern. For details, contact the insurance carrier.

Benefit	BCBS PPO	BlueAdvantage Plus Plan	CIGNA Choice Fund (You pay the amounts below <u>after</u> your HRA Fund has been exhausted <u>and</u> you have met your share of the Annual Deductible)
Generic drugs	\$10 copay for 34-day supply	\$10 copay for 30-day supply	10% of discounted cost for up to 102-day supply
Brand-name drugs	\$25 copay for 34-day supply	\$20 copay for 30-day supply for Preferred Brand, Non-Preferred Brand and Specialty	30% of discounted cost for up to 102-day supply
Mail-order program	35- to 102-day supply for 2 copays	31- to 90-day supply for 2 copays	Generics: 10% of discounted cost for up to 102-day supply Brand names: 30% of discounted cost for up to 102-day supply
Caremark Retail 90¹	35- to 102-day supply for 2 copays	N/A	N/A
Pre-authorization	Certain drugs may require pre-authorization	Certain drugs may require pre-authorization	Certain drugs may require pre-authorization
Other	Quantities of some drugs may be limited	Quantities of some drugs may be limited	Quantities of some drugs may be limited

¹ Caremark Retail 90 is a program offered through BCBS PPO, which allows members to purchase a three-month prescription supply for the cost of only two copays. A list of Caremark Retail 90 participating pharmacies may be obtained by calling BCBS member services or visiting their website. This network includes most major chains, with the exception of Walgreens where members may purchase only a one-month prescription.

2010 Dental Plan Highlights

Note: This chart is a summary only. If the information differs from that of the official plan documents, the plan documents will govern. For details, contact the insurance carrier.

Benefit	Delta Dental Premier In-Network	Delta Dental Premier Out-of-Network	Delta Dental Limited PPO ³
Calendar year maximum	\$1,000 per person	\$1,000 per person	No annual maximum
Calendar year deductible	\$75 per person; \$225 per family	\$75 per person; \$225 per family	No deductible
Class I — preventive and diagnostic care (initial and periodic exams, cleanings, routine X-rays)	100%; <u>no</u> deductible	100% of MPA ¹ ; <u>no</u> deductible	100% for most benefits (except space maintainer)
Class II — basic restorative care (fillings to include posterior composites, extractions, root canal, periodontal treatment)	80%; <u>no</u> deductible	80% of MPA ¹ ; <u>no</u> deductible	100% of some services; flat-dollar amount set for other services
Class III — major restorative care (crowns, dentures, bridges)	50% <u>after</u> deductible	50% of MPA ¹ <u>after</u> deductible	Flat-dollar amount set for most services
Class IV — Orthodontia (braces)	50% <u>after</u> deductible; \$100 lifetime deductible ² ; \$1,000 lifetime maximum	50% of MPA ¹ <u>after</u> deductible; \$100 lifetime deductible ² ; \$1,000 lifetime maximum	Flat-dollar amount set for all services
Class V — Temporomandibular joint syndrome (TMJ)	50% <u>after</u> deductible; \$100 annual deductible ² ; \$750 lifetime maximum	50% of MPA ¹ <u>after</u> deductible; \$100 annual deductible ² ; \$750 lifetime maximum	Not a covered benefit

¹ Maximum plan allowance (MPA). You are not responsible for charges over the MPA if you go to a participating Delta Dental dentist. You are responsible for charges over the MPA if you go to a non-participating dentist.

² These deductibles are in addition to the plan deductible.

³ Under the Delta Dental Limited PPO, you must visit a Dentist in the Delta Dental PPO network or you will not receive benefits; however, you do not need to choose a primary care dentist. There are no out-of-network benefits available with this plan.

Important Notice from Metropolitan Government of Nashville & Davidson County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Metro and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Metro has determined that the prescription drug coverage offered by Metro is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will be able to keep your Metro coverage, but it will be affected. **Metro's medical plans include prescription benefit coverage that is equal to or richer than the Medicare Prescription Drug Plan. Because Metro's prescription drug benefits are richer than Medicare Part D, Metro members should not enroll in a Medicare Part D plan. Enrolling in a Part D plan will increase your out of pocket costs but will not increase your benefits.**

If you do decide to join a Medicare drug plan and drop your current Metro health coverage, be aware that you and your dependents **will never** be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Metro and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Metro Human Resources at (615) 862-6700. NOTE: You'll receive this notice each year before the Medicare drug plan enrollment period and if the coverage through Metro changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare.

You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 1, 2008
Name of Entity/Sender: Metropolitan Government of Nashville and Davidson County
Contact--Position/Office: Metro Human Resources
Address: 222 Third Avenue North, Suite 158, Nashville, TN 37201
Phone Number: (615) 862-6700

CMS Form 10182-CC

Updated June 15, 2008

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Metro Nashville

Life Insurance Beneficiary Designation/Change

Forward to:
Metro Human Resources
Attention: Benefit Services
222 Third Av North, Suite 158
Nashville, TN 37201

Before executing this form refer to the other side. Please keep a copy for your records.

Group Policyholder Name Metropolitan Government of Nashville and Davidson County	Group Policy Number 46767	<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Employee/Retiree Social Security Number Department:
Employee/Retiree Name and Address		Coverage(s) this form applies to: <ul style="list-style-type: none"> • Basic Life Insurance • Supplemental Life 	

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all election of optional methods of settlement previously made by me under said Policy(ies). If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages.

Employee/Retiree Signature	Date
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Beneficiary Name and Address	<input checked="" type="checkbox"/> Primary Beneficiary*	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	<input type="checkbox"/> Basic Life Insurance	<input type="checkbox"/> Supplemental Life Insurance
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Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
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If a Trust has been named as a beneficiary above, please complete the following:

Trustee's Full Name: _____

Trustee's Address: _____

Title of Trust Agreement: _____ Date of Agreement: _____

*If more than one Primary Beneficiary is named, the Primary Beneficiaries shall share equally unless otherwise indicated above.

**Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

Revised 11/1/08



Metro Nashville Human Resources Annual Enrollment Guide for 2010 Benefits

About This Guide

If the information in this 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 benefit program at any time. For more information, call Metro Human Resources at (615) 862-6700.