

2018 BENEFITS GUIDE

FOR PENSIONERS



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/human-resources.

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OPTING OUT OF METRO'S BENEFITS

You may opt out of Metro's medical and/or dental coverage. However, to preserve your right to re-enroll in Metro's plans in the future, you must provide Metro Human Resources with proof of other **non-Medicare** 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 and/or dental plan.

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. For more information, contact Metro Human Resources.

2018 BENEFIT PLAN RATES

| MEDICAL | MONTHLY RATE | | |
|---|---------------------------|----------|--------------------|
| | Humana Medicare Advantage | BCBS PPO | Cigna Choice Fund* |
| Coverage Level | | | |
| Single (without Medicare A & B) | N/A | \$187.00 | \$197.00 |
| Family (none with Medicare A & B) | N/A | \$471.00 | \$501.00 |
| Pensioner Only (with Medicare A & B) | \$86.07 | \$103.00 | \$124.00 |
| Pensioner + Spouse (both with Medicare A & B) | \$172.14 | \$206.00 | \$248.00 |
| Pensioner (with Medicare A & B) + Spouse (without Medicare A & B) | N/A | \$290.00 | \$321.00 |
| Pensioner (without Medicare A & B) + Spouse (with Medicare A & B) | N/A | \$290.00 | \$321.00 |
| Pensioner (with Medicare A & B) + Child(ren) (with or without Medicare A & B) | N/A | \$206.00 | \$248.00 |
| Pensioner, Spouse and Child(ren) (all with Medicare A & B) | N/A | \$309.00 | \$372.00 |
| Three Family Members Covered (two of them with Medicare A & B) | N/A | \$393.00 | \$445.00 |

| DENTAL | Flexible Plan | Limited Plan |
|--------|---|--------------|
| Single | Metro provides single dental coverage at no cost to you | |
| Family | \$37.72 | \$48.04 |

| VISION | Basic Plan | Enhanced Plan |
|--------|------------|---------------|
| Single | \$3.04 | \$4.80 |
| Family | \$9.30 | \$15.34 |

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



MEDICAL

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

HOW THE MEDICAL PLANS WORK

Humana Medicare Advantage

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

The Humana plan offers these features:

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

HUMANA VALUE-ADDED BENEFITS

Humana members have access to these programs and discounts:

- SilverSneakers® Fitness Program – includes free membership at a participating fitness center
- NutriSystem® and Jenny Craig® discounts
- Well Dine® food program – delivers 10 pre-cooked frozen meals to eligible members following a hospital stay
- TruHearing and HearUSA – get discounts on hearing aids

BCBS PPO

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

- Most preventive care is covered at 100%, up to \$750 per year, for enrollees ages 7 and older; under age 7, coverage is 80%
- Office visits are covered at 80% after a \$20 (PCP) or \$30 (specialist) copay
- There is no deductible if you use network providers
- Out-of-network care is covered at a lower benefit amount, as shown in the chart on pages 6-7
- If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year

BCBS Coordination with Medicare Part D

If you and your covered dependents, if any, are covered by Medicare Parts A & B, your BCBS PPO prescription benefits coordinate with Medicare Part D. You do not need to do anything — you will automatically be enrolled in this coordinated plan if everyone on your plan has Medicare A & B with an effective date of January 1, 2018 or earlier. This will NOT affect your medical benefits. You will receive a new pharmacy ID card from Express Scripts and a new BCBS medical ID card to begin using January 1. **DO NOT enroll in any other Medicare Part D plan.**

Cigna Choice Fund

The Cigna Choice Fund combines traditional medical coverage with a Metro-funded Health Reimbursement Account (HRA) Fund. **(Important: Pensioners with Medicare Parts A and B do not receive the HRA Fund.)** Under the plan, most preventive care is covered at 100% with no benefit limit, regardless of age, when you use network providers.

Here is how the Cigna Choice Fund works:

HRA Fund

Each year you are enrolled in the plan, Metro puts money in a Health Reimbursement Account (HRA) Fund to help you pay eligible medical and prescription drug expenses: \$1,100/single coverage or \$2,200/family coverage. Pensioners with Medicare Parts A and B do not receive the HRA Fund.

You use your HRA Fund first during the year to pay for medical and prescription drugs costs. There are no copays; you pay the full discounted cost of the product or service using your HRA Fund.



Deductible

If you use all your HRA Fund during the year, you are responsible for paying the full discounted costs of your medical and prescription drug claims until you have met your share of the deductible (\$450/single or \$900/family). If you have no HRA Fund, you are immediately responsible for the deductible.



Coinsurance

Once you have met your share of the deductible, the plan begins to pay a percentage of the cost, as shown in the chart on pages 6-7.



Out-of-pocket maximum

If you reach the annual out-of-pocket maximum, which includes amounts paid toward the deductible and coinsurance, the plan pays 100% — and you pay nothing — for covered services for the rest of 2018.

If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2019 HRA Fund and reduce your share of your 2019 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the Cigna Choice Fund plan.

DISCOUNTED RATES SAVE YOU MONEY

Cigna and BCBS negotiate with their network providers to get you discounted rates for medical services, supplies and prescription drugs. This helps lower your out-of-pocket expenses when you use network providers.



ATTENTION CIGNA MEMBERS: EARN ADDITIONAL HRA DOLLARS!

Want to reduce your share of the deductible and total out-of-pocket expenses? Participate in any of these programs **each year** and earn dollars to be added to your HRA Fund. Contact Cigna (listed on the back page of this guide) for details.

Take a Health Assessment – earn \$100/person*

This online questionnaire is short, confidential and provides you with a personalized health profile to help you take steps toward better health. Your individual answers will not be shared with anyone at Metro. Pensioners and dependents age 18 and older can earn the incentive once each year.

Participate in a Disease Management Program – earn \$100/person*

If you live with a heart condition, diabetes or COPD, you can learn how to better manage your condition. To earn the incentive, you must engage in at least three telephone sessions with a Cigna nurse in a 12-month period.

Participate in a Tobacco Cessation Program – earn \$50/person*

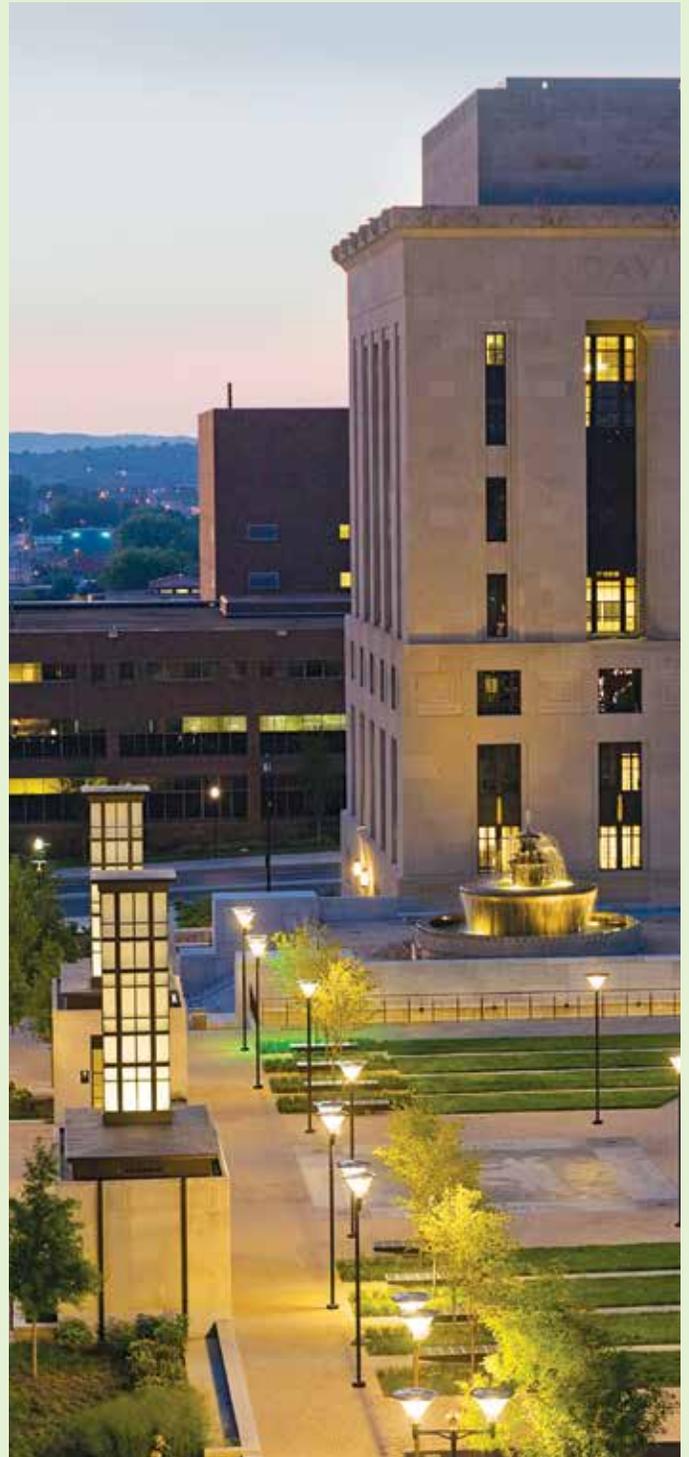
This program pays you to quit. To earn the incentive, you must engage in at least two telephone sessions with a Cigna coach in a 12-month period.

Participate in Healthy Pregnancies, Healthy 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).

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

* Up to \$200/family per program



PRESCRIPTION DRUGS

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

Humana Medicare Advantage

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

BCBS PPO

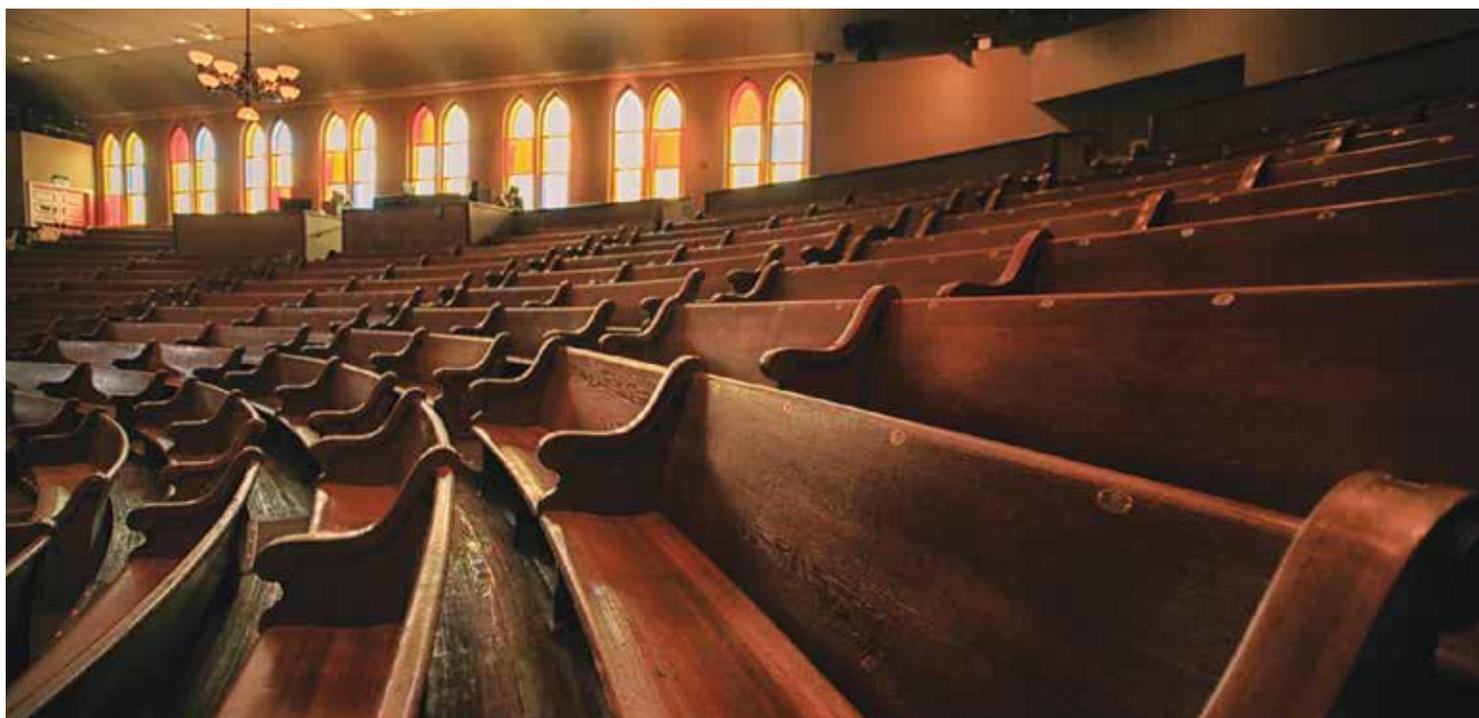
You may purchase a one-month supply at any pharmacy. If you take medication for an ongoing condition, you can save money by asking your provider to write your prescription for a three-month supply. You must use a pharmacy in the BCBS Retail90 Plus Network or BCBS mail order program to fill a three-month supply; the good news is you will only pay two copays (instead of three). Visit bcbst.com/members/metro-gov for a list of pharmacies in the BCBS Retail90 Plus network, or for details on mail order.

Cigna Choice Fund

Under this plan, there are no copays. You will use your HRA Fund to pay the full discounted cost of your prescriptions. If you use all your HRA Fund, you are responsible for paying the full cost of your prescriptions until you meet the plan's deductible, as shown in the chart on pages 6-7.

You may fill prescriptions for a one-month supply at any 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 CVS or Publix.

Your cost is always based on a discounted (or pre-negotiated) amount, saving you money. However, Cigna's maintenance medication and mail order programs offer greater discounts. Visit the Cigna website shown on the back page of this guide to see a list of participating pharmacies. You are encouraged to shop pharmacies to find the lowest cost on prescriptions.



MEDICAL

MEDICAL BENEFITS ... AT A GLANCE

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

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

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

³ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.

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

⁴ If you use an out-of-network provider and charges exceed the Maximum Allowable Charge (MAC), you will be responsible for the difference. In-network providers have agreed not to exceed MAC.

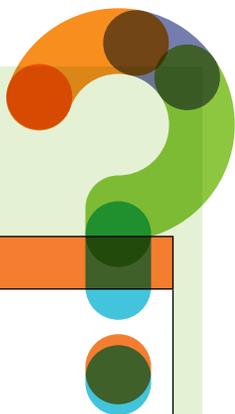
⁵ Screening colonoscopies, mammograms, PSA tests and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

HELP ME CHOOSE

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

| | HUMANA MEDICARE ADVANTAGE | BCBS PPO |
|--|---|---|
| Free preventive care (age 7+)? | Yes See pages 6-7 | Yes In-network, plan pays 100% up to \$750/year; then 80% |
| Free preventive care (under age 7)? | N/A | No Plan pays 80% in-network |
| Health Reimbursement Account (HRA) Fund? | No | No |
| Deductible? | No | Yes ; out-of-network only: \$200/single; \$600/family |
| Office visit copays? | Yes Plan pays 100% after copay | Yes You pay copay + coinsurance |
| Prescription drug copays? | Yes You pay flat copay per prescription (Check the Humana drug list to make sure your medications are covered.) | Yes You pay flat copay per prescription |
| Coinsurance (in-network)? | See pages 6-7 | Plan pays 80%; you pay 20% |
| Inpatient hospital coverage? | Plan pays 100%; you pay \$0 | Plan pays 80%; you pay 20% (For example, on a \$10,000 hospital bill, BCBS pays \$8,000; you pay \$2,000) |
| Pre-negotiated discounted rates? | N/A | Yes |
| Annual out-of-pocket maximum? | Plan pays 100% after you spend \$1,000/individual on medical; you continue to pay prescription drug copays | Plan pays 100% after you spend \$1,000/single or \$2,000/family; you continue to pay copays |
| Incentives for healthy behaviors? | Yes See page 2 | No |
| Premiums for coverage? | Lowest premiums of the three options; see page 1 | Premiums comparable to Cigna Choice Fund; see page 1 |

* If you don't spend all your HRA Fund during the year, remaining funds roll over to the next year and are yours to use toward eligible expenses, as long as you remain enrolled in the Cigna Choice Fund. Reminder: Pensioners with Medicare A & B are not eligible to receive the HRA Fund.



| CIGNA CHOICE FUND | |
|--|---|
| Yes | In-network, plan pays 100% |
| Yes | In-network, plan pays 100% |
| Only for pensioners without Medicare A & B: | Each year, Metro puts \$1,100/single or \$2,200/family in an HRA Fund for you to spend on eligible medical and pharmacy expenses and help you meet your deductible* |
| Yes; | your share after HRA Fund pays: \$450/single; \$900/family |
| No | HRA Fund pays first. Then you pay full discounted cost until deductible is met, then you pay 10% in-network. |
| No | HRA Fund pays first. Then you pay full discounted cost until deductible is met, then you pay 10% (generic) or 30% (brand). |
| | Plan pays 90%; you pay 10% |
| | Plan pays 90%; you pay 10% (For example, on a \$10,000 hospital bill, Cigna pays \$9,000; you pay \$1,000) |
| Yes | |
| | Plan pays 100% after you spend \$1,150/single or \$2,300/family (deductible + coinsurance) |
| Yes | See page 4 |
| | Premiums comparable to BCBS PPO; see page 1 |

NEED MORE HELP?

If you do not have Medicare Parts A & B and need help choosing between the BCBS PPO and Cigna Choice Fund, you can use Cigna's Plan Comparison Tool. By entering a few pieces of information, such as estimated number of doctor visits and amount of prescription drugs, you can see which plan is a better fit for you.

Visit mycignaplans.com and enter Enrollment ID: **metro2018** and Password: **cigna**.

IMPORTANT NOTICES

HIPAA Notice of Privacy Practices

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

Summary of Benefits and Coverage

In accordance with the Affordable Care Act, you can find the Summaries of Benefits and Coverage (SBC) for both the BCBS PPO and Cigna Choice Fund in your Annual Enrollment packet or on Human Resources' website at nashville.gov/human-resources.

Grandfathered Plan Status

Metro's medical plans are considered "grandfathered health plans" under the Affordable Care Act. A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted, and your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans.

DENTAL

Dental coverage, offered through BlueCross BlueShield of Tennessee (BCBS), covers a wide range of preventive and restorative services. You have two choices for coverage: the Flexible Plan or the Limited Plan.

HOW THE DENTAL PLANS WORK

Under the **Flexible Plan**, you can see any dentist you choose, but benefits are highest when you use providers in the BCBS DentalBlue network. Network providers have agreed not to exceed reasonable and customary (R&C) limits, which are based on the usual fees charged by providers in your geographic area. You have the flexibility to see an out-of-network provider, but if the provider's charges exceed R&C limits, you will be responsible for paying the difference.

Under the **Limited Plan**, benefits are paid according to a schedule of benefits, which shows your cost per service when you see a network provider. If you use an out-of-network provider, no benefits are paid.

For a list of providers and other important plan details, including the Limited Plan schedule of benefits, visit bcbst.com/members/metro-gov, 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 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 below.

VISION BENEFITS ... AT A GLANCE

| | BASIC PLAN | | ENHANCED PLAN | |
|-------------------------------------|---|-----------------------|--|-----------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | \$0 | | \$0 | |
| Exams | You pay \$10 copay | Plan pays up to \$45 | You pay \$10 copay | Plan pays up to \$45 |
| Lenses | You pay: | Plan pays: | You pay: | 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% | Not covered | 100% | Not covered |
| - Standard Progressives | Not covered | Not covered | 100% | Not covered |
| - Polycarbonate | Not covered | Not covered | 100% | Not covered |
| Frames | Plan pays up to \$130 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 |
| Covers... | One exam every 12 months; lenses, frames and contacts every 24 months | | Exams, lenses, frames and contacts every 12 months | |

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

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 these lens options)
- Contact lenses – pays up to \$140 with no copay (Basic Plan pays up to \$125 after a \$10 copay)



WAYS TO SAVE MONEY IN 2018

URGENT CARE OR THE ER?

Did you know that 80% of emergency room visits could have been treated at an urgent care facility?

Knowing the difference between urgent and emergency situations and where to seek treatment could save you time and money, and help Metro keep plan costs down. Always call 911 or go to the nearest ER if a situation seems life threatening.

| | URGENT CARE CENTERS (staffed by nurses and doctors; usually have extended hours) | EMERGENCY ROOM |
|--|--|--|
| For: | Conditions that are not life threatening | Immediate treatment of critical injuries or illness |
| Examples include but are not limited to: | <ul style="list-style-type: none"> • Fever and flu symptoms • Minor cuts, sprains, burns and rashes • Stiches • Sore throat • Lower back pain • Joint pain • Minor respiratory symptoms • Urinary tract infections | <ul style="list-style-type: none"> • Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/ major trauma • Blurry or loss of vision • Severe cuts or burns • Overdose |
| Cost of average in-network visit: | \$250 | \$1,500 |

TELEHEALTH/TELEMEDICINE SERVICES AVAILABLE!

Have you ever been sick in the middle of the night? Or had transportation issues getting to a clinic or your PCP's office?

Cigna and Humana members now have an alternative to the ER or an urgent care center for minor conditions such as sore throat, headache, stomachache, fever, colds and flu, allergies, rashes, UTIs, etc. You can connect with a board-certified doctor via secure video chat or phone.

Under the Cigna Choice Fund, the cost is \$42, which is less than a typical office visit and much less than a trip to the ER. Under Humana, the cost is a \$10 copay.

Pre-register so you'll be ready when you need services:

Cigna members:

AmWellforCigna.com or (855) 667-9722

MDLIVEforCigna.com or (888) 726-3171

Cignabehavioral.com (behavioral health)

Humana members:

You will receive instructions from Humana on how to access this benefit.

SAVE ON HEARING AIDS

Save 30-60% on hearing aids through your medical or vision coverage:

- **BCBS PPO** members visit **bcbst.com/blueaccess** and view the Blue365 Discounts page
- **Cigna Choice Fund** members visit **myCigna.com** or call (877) 806-7062
- **NVA** members visit **e-nva.com** (user name: metro; password: vision1) or call (800) 672-7723

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

GET DISCOUNTS ON LASIK

NVA members get 15% off standard Lasik prices and 5% off promotional prices through participating NVA providers. Members receive additional benefits at LasikPlus locations, including set pricing and free initial consultation and Lasik exams.

IMPORTANT CONTACTS

| PLAN | CARRIER | WEBSITE | PHONE |
|----------------|---------------------------------|--|----------------------------------|
| Medical | Humana Medicare Advantage | our.humana.com/metro-gov | (866) 396-8810 |
| | BlueCross BlueShield (BCBS) PPO | bcbst.com/members/metro-gov | (800) 367-7790 |
| | Cigna Choice Fund | If enrolled: myCigna.com If not yet enrolled: mycignaplans.com (ID: metro2018; password: cigna) | (800) 244-6224 (800) 401-4041 |
| 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 | Prudential | prudential.com/gi | (877) 232-3619 |
| General | Metro Human Resources | nashville.gov/human-resources | (615) 862-6700 |

If the information in the guide differs from the official plan documents, the plan documents will govern. This guide does not constitute an offer of employment or a promise to provide any particular benefit. Metro Nashville reserves the right to change its employee benefits program at any time. For more information, call Metro Human Resources at (615) 862-6700.

