

BENEFITS

GUIDE FOR ACTIVE EMPLOYEES

2020



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 BENEFITS

You may opt out of Metro's medical and/or dental coverage if you provide proof of other non-Medicare coverage. You must provide Metro Human Resources with either an insurance card in the employee's name or a letter from the other insurance company. If you opt out and later lose your other coverage or have an eligible change in status, you have 60 calendar days to re-enroll in Metro's medical and/or dental plan.

2020 BENEFIT PLAN RATES

| Per pay-period | Coverage Level | GENERAL GOVERNMENT | | | MNPS EMPLOYEES | |
|-------------------|-----------------------|--------------------|-----------------------|----------------------|--------------------|--------------------|
| | | 12-month Bi-Weekly | 12-month Semi-Monthly | 9-month Semi-Monthly | 12-month Bi-Weekly | 10-month Bi-Weekly |
| Medical | | | | | | |
| BCBS PPO | Employee only | \$83.00 | \$90.00 | \$120.00 | \$83.00 | \$108.00 |
| | Employee + child(ren) | \$116.00 | \$126.00 | \$168.00 | \$116.00 | \$151.00 |
| | Employee + family | \$214.00 | \$231.00 | \$309.00 | \$214.00 | \$278.00 |
| Cigna Choice Fund | Employee only | \$88.00 | \$95.00 | \$127.00 | \$88.00 | \$114.00 |
| | Employee + child(ren) | \$126.00 | \$136.00 | \$182.00 | \$126.00 | \$164.00 |
| | Employee + family | \$231.00 | \$250.00 | \$333.00 | \$231.00 | \$300.00 |

| Dental | | | | | | |
|---------------|-------------------|--|---------|---------|---------|---------|
| Flexible Plan | Employee only | Metro provides employee only dental coverage at no cost to you | | | | |
| | Employee + family | \$17.42 | \$18.86 | \$25.16 | \$17.42 | \$22.64 |
| Limited Plan | Employee only | Metro provides employee only dental coverage at no cost to you | | | | |
| | Employee + family | \$22.18 | \$24.02 | \$32.03 | \$22.18 | \$28.83 |

| Vision | | | | | | |
|---------------|-------------------|--------|--------|---------|--------|--------|
| Basic Plan | Employee only | \$1.41 | \$1.52 | \$2.03 | \$1.41 | \$1.83 |
| | Employee + family | \$4.30 | \$4.65 | \$6.20 | \$4.30 | \$5.58 |
| Enhanced Plan | Employee only | \$2.22 | \$2.40 | \$3.20 | \$2.22 | \$2.88 |
| | Employee + family | \$7.08 | \$7.67 | \$10.22 | \$7.08 | \$9.20 |

| Disability Insurance | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| Short-Term Disability | Monthly premium is .028 times your weekly pay Example: \$400 weekly earnings x .028 = \$11.20 per month | | | | | |
| Long-Term Disability | Monthly premium is .0031 times your monthly pay Example: \$1,600 monthly earnings x .0031 = \$4.96 per month | | | | | |

| Life Insurance | Age | Monthly Rate Per \$10,000 in Coverage |
|-----------------------|---|--|
| Supplemental Life | Less than 25 | \$0.50 |
| | 25 to 29 | \$0.60 |
| | 30 to 34 | \$0.80 |
| | 35 to 39 | \$0.90 |
| | 40 to 44 | \$1.10 |
| | 45 to 49 | \$1.60 |
| | 50 to 54 | \$2.40 |
| | 55 to 59 | \$4.30 |
| | 60 to 64 | \$6.60 |
| | 65 to 69 | \$12.70 |
| | 70 and over | \$20.60 |
| Dependent Life | \$5,000 per Child Plus Spouse/Domestic Partner Coverage Amount of: | Monthly Rate¹ |
| | \$10,000 | \$3.76 |
| | \$20,000 | \$7.12 |
| | \$30,000 | \$10.48 |
| | \$40,000 | \$13.84 |
| | \$50,000 | \$17.20 |

¹ Monthly rates cover all children, regardless of how many; if you are electing dependent life for children only (no spouse/domestic partner coverage), the monthly rate is \$3.76.

MEDICAL

Metro offers you two medical options: BlueCross BlueShield (BCBS) PPO or Cigna Choice Fund. For a list of network providers and other plan details, visit the BCBS and Cigna websites listed on the back page of this guide.

HOW THE MEDICAL PLANS WORK

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 page 4
- If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year

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.

Cigna Choice Fund

The Cigna Choice Fund 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.

Here is how the 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/employee only, \$2,200/employee + child(ren) or \$2,200/employee + 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/employee only, \$900/employee + child(ren) or \$900/employee + family).



If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2021 HRA Fund and reduce your share of your 2021 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the Cigna Choice Fund plan.



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 4.



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 2020.

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. Only employees, pensioners and their spouses/domestic partners who are covered under the Cigna Choice Fund are eligible to earn incentive dollars. Contact Cigna (listed on the back page of this guide) for details.

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.

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 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).

PRESCRIPTION DRUGS

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

BCBS PPO

Under the 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 the Cigna Choice Fund, 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 4.

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

| | BCBS PPO | | CIGNA CHOICE FUND | |
|---|---|--|---|--|
| | In-Network BLUE NETWORK P | Out-of-Network ¹ | In-Network OPEN ACCESS PLUS NETWORK | Out-of-Network ¹ |
| Health Reimbursement Account Fund (Metro funded) ^{2, 3} | N/A | N/A | \$1,100/employee only \$2,200/family | |
| Your Share of the Deductible ³ | \$0 | \$200/employee only \$600/family | \$450/employee only \$900/family | |
| Coinsurance Maximum ³ | \$1,000/employee only \$2,000/family | \$5,000/employee only \$10,000/family | \$700/employee only \$1,400/family | \$4,550/employee only \$9,100/family |
| Annual Out-of-Pocket Maximum ³ (includes deduct. & coins. but not copays) | \$1,000/employee only \$2,000/family | \$5,000/employee only \$10,000/family | \$1,150/employee only \$2,300/family | \$5,000/employee only \$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% ⁴ | 60% | 100% | 70% |
| - Under age 7 | 80% | 60% | 100% | 70% |
| Office Visits | | | | |
| - Primary Care Physician ⁵ | 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 | 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) | 60% 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% |

| 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 3 | Same as above through certain retail pharmacies and mail order; see page 3 |

¹ 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.

² Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

³ If you enroll in the employee + child(ren) coverage tier, Metro's HRA Fund contribution (Cigna Choice Fund), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum is the same as the employee + family coverage tier.

⁴ 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.

⁵ 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.

HELP ME CHOOSE

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

| | BCBS PPO | CIGNA CHOICE FUND |
|--|--|---|
| 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/employee only, \$2,200/employee + child(ren) or \$2,200/employee + 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/employee only, \$600/employee + child(ren) or \$600/employee + family | Your share after HRA Fund pays: \$450/employee only, \$900/employee + child(ren) or \$900/employee + 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 |
| 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/employee only, \$2,000/employee + child(ren) or \$2,000/employee + family; you continue to pay copays | Plan pays 100% after you spend \$1,150/employee only, \$2,300/employee + child(ren) or \$2,300/employee + family (deductible + coinsurance) |
| Incentives for healthy behaviors? | No | Yes See page 3 |

* 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 Choice Fund.

NEED MORE HELP?

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 — regardless of the plan you're currently enrolled in. Visit mycignaplans.com and enter Enrollment ID: **metro2020** and Password: **Cigna2020**.

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 employee 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 <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 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 employee 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)



DISABILITY INSURANCE

Disability coverage replaces a portion of your paycheck if a serious illness (including mental illness), injury or pregnancy keeps you from working. Short-term (STD) and long-term disability (LTD) coverage is administered by The Standard.

SHORT-TERM DISABILITY

| | |
|--------------------------------|---|
| Benefits begin... | After 7 days of disability (waiting period) |
| Plan pays... | 60% of your eligible weekly pay, up to \$1,250/week; limits may apply |
| Benefits generally continue... | For up to 180 days of disability |

Late Enrollment Penalty

If you did not elect STD within 60 days of becoming eligible, you will be subject to the following late enrollment penalty: If you file a claim for anything other than an accidental injury in the first 12 months of coverage, benefits become payable after you have been continuously disabled for 60 consecutive days and remain disabled.

LONG-TERM DISABILITY

| | |
|--------------------------------|---|
| Benefits begin... | After 180 days of disability (waiting period) |
| Plan pays... | 50% of your monthly earnings, up to \$7,500/month; limits may apply |
| Benefits generally continue... | Until your disability ends or you reach age 65 ¹ |

¹ If you are age 62 or older when your covered disability occurs, maximum benefit duration is based on a sliding scale. Contact The Standard for details; contact information is listed on the back page of this guide.

Proof of Good Health

If you did not elect LTD benefits within 60 days of becoming eligible, you will be subject to proof of good health (also called evidence of insurability, or EOI) to enroll.

Pre-Existing Conditions

If you have a pre-existing condition in the 90 days before your LTD coverage becomes effective, you may not be eligible for benefits for that condition for 12 months after the effective date of your coverage. View the disability plan documents at nashville.gov/human-resources.

HELP ME CHOOSE

- Imagine being sidelined from work for several months with no paycheck because of an illness or injury.
- If you do not have 10 years of credited service with Metro, consider enrolling in both disability plans to protect your income and preserve your sick days.
- If you are a Health Department or Hospital Authority employee, check your department's rules on sick leave and STD benefits.
- You are not required to enroll in STD to enroll in LTD — you may enroll in one or the other, or both.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Metro offers two flexible spending accounts (FSAs) — a Health Care FSA and a Dependent Care FSA. The FSAs are administered by WageWorks.

HOW FSAs WORK

With FSAs, you can set aside tax-free money from your paycheck to pay for out-of-pocket expenses like deductibles, copays, coinsurance, childcare and adult daycare. You pay less for these expenses because the money is not taxed when it is deducted from your paycheck or when you use it to pay for eligible expenses. You can contribute to one or both of the FSAs. You do not have to be enrolled in medical coverage to participate.

| | HEALTH CARE FSA | DEPENDENT CARE FSA |
|------------------------------|---|---|
| You can contribute... | As little as \$240 or as much as \$2,700/year ¹ — tax-free | As little as \$240 or as much as \$5,000/year ² — tax-free |
| To reimburse yourself for... | Eligible health care expenses paid out of your pocket (certain rules apply) | Day care expenses for your eligible dependents (certain rules apply) |

¹ Two Metro employees married to one another may each contribute \$2,700, for a total of \$5,400.

² If you're married and file separate tax returns, the maximum you can contribute is \$2,500/year.

HOW TO GET STARTED

- 1. Estimate** your health care and dependent care expenses separately for the upcoming year. WageWorks' Online Savings Calculator at fsaworks4me.com can help.
- 2. Decide** how much to contribute to each account. Your contributions will be deducted from your paycheck before taxes are taken out of your check and deposited into your account(s). Be careful not to overestimate your expenses. Unused money left in your account at year-end (or March 15 of the following year for the Health Care FSA) is forfeited.
- 3. Get reimbursed.** WageWorks offers several convenient ways to get reimbursed for expenses you've already paid, including direct deposit to your bank account or a mailed check, an online "Pay My Provider" feature, and a pharmacy debit card you can use like cash to purchase prescriptions (the debit card cannot be used for expenses other than pharmacy).

ELIGIBLE FSA EXPENSES

Here are some examples of eligible expenses:

Health Care FSA

- Out-of-pocket medical, dental, vision, hearing and prescription drug expenses
- Certain over-the-counter medicines if prescribed by a physician
- Over-the-counter health-related supplies
- Other out-of-pocket health expenses considered tax-deductible by the IRS

Dependent Care FSA

- Day care fees and associated expenses for your children under age 13
- Dependent care fees for a disabled spouse or child or a tax-dependent parent or elderly person

For a detailed list of eligible health care and dependent care expenses, visit wageworks.com.

IMPORTANT IRS RULES

Because FSAs offer such favorable tax breaks, certain rules apply.

Use It or Lose It

It is important to estimate your expenses carefully. You must use all the money in your Dependent Care FSA by year-end. The IRS requires that any funds remaining after this date be forfeited.

Your Health Care FSA offers a grace period to help you avoid the IRS “use it or lose it” rule. You can continue to

incur eligible health care expenses until **March 15, 2021**, and submit claims until **June 15, 2021**. So if you overestimate the amount you put in your Health Care FSA, you can use the funds in 2021, before they are forfeited.

No Contribution Changes

Once you decide how much to contribute to each account, you can't change it until the next Annual Enrollment, unless you experience an eligible change in status.

TAX-SAVING EXAMPLE

Jesse earns \$32,400 (\$2,700/month) annually, pays \$3,600 (\$300/month) a year for childcare and anticipates \$1,500 (\$125/month) in qualifying health care expenses in 2020. Look how much he can save in one year! To calculate your own savings, visit fsaworks4me.com.

| | WITHOUT AN FSA | WITH AN FSA |
|--|----------------|-----------------------------------|
| Monthly pay | \$2,700 | \$2,700 |
| Pre-tax contributions to Dependent Care FSA | - 0 | - 300 |
| Pre-tax contributions to Health Care FSA | - 0 | - 125 |
| Taxable monthly pay | \$2,700 | \$2,275 |
| Federal income tax (15%) | - 405 | - 341 |
| Social Security tax (7.65%) | - 207 | - 174 |
| Pay after taxes | \$2,088 | \$1,760 |
| After-tax monthly expenses | - 425 | - 0 |
| Net take-home pay after FSA reimbursement | \$1,663 | \$1,760 |
| Savings | \$0 | \$97/month or \$1,164/year |

¹ Tax rates are estimated; example amounts are rounded to the nearest dollar.

HELP ME CHOOSE

- Do you pay for childcare or adult daycare? Why not do it tax-free with the Dependent Care FSA?
- Do you have predictable health care expenses or ongoing prescriptions? Do you anticipate a large expense, like surgery or orthodontia, next year? Why not pay for it tax-free with the Health Care FSA?
- You can use the Health Care FSA to pay for tax-dependent family members' expenses — even if they are not covered by Metro's benefits.
- Attention participants: Your current contributions do not automatically continue. You must re-enroll to participate in the FSAs in 2020.



LIFE INSURANCE

Metro provides basic life/AD&D insurance through Prudential at no cost to you. You may add to this coverage by purchasing supplemental employee and dependent life.

BASIC EMPLOYEE LIFE/AD&D INSURANCE

Metro provides you with basic life and AD&D coverage equal to \$50,000 (\$32,500 if you are age 65 or older), at no cost to you.

What is AD&D?

AD&D insurance pays a benefit above any other insurance benefits in the event of accidental death or dismemberment. If you die as a result of an accident, the full AD&D benefit plus the basic life insurance benefit will be paid. If you suffer a dismemberment accident (such as the loss of an eye or limb), the plan pays a percentage of the full benefit amount.

SUPPLEMENTAL LIFE

You may purchase supplemental life for yourself up to \$500,000, in increments of \$10,000. In certain cases, proof of good health may be required; see the next column.

DEPENDENT LIFE

If you are enrolled in supplemental life, you may also enroll in dependent life, which provides up to \$50,000 (in increments of \$10,000) in coverage for your spouse/domestic partner and \$5,000 for each dependent child (up to age 24). If you are enrolling for the first time or increasing spouse/domestic partner coverage, proof of good health is required; see the next column. Proof of good health is not required for child coverage.

YOUR BENEFICIARY

It's important to designate a beneficiary for your coverage. It's also a good idea to review your beneficiary every year and update as you experience status changes (such as marriage, divorce or death). You may designate or update your beneficiary at any time by completing a form available online at nashville.gov/human-resources, or from Metro Human Resources.

PROOF OF GOOD HEALTH

In certain cases, you (and/or your spouse/domestic partner) may be required to submit proof of good health (also called evidence of insurability, or EOI) to Prudential and be approved before coverage becomes effective. Proof of good health is required if:

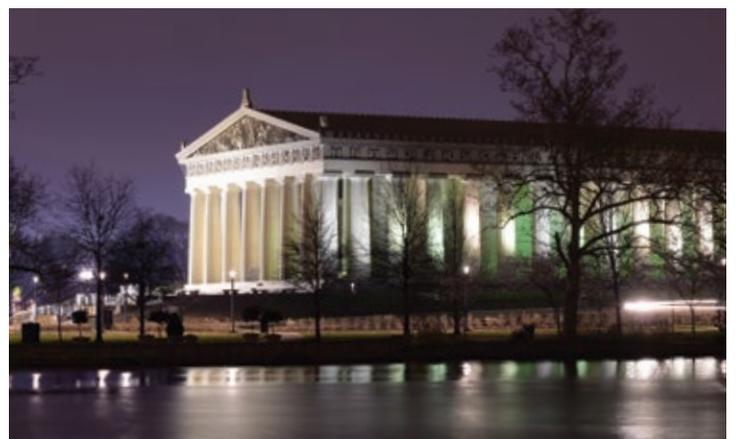
- You declined supplemental life or dependent life for your spouse/domestic partner when first eligible but wish to elect it at a later date
- You wish to increase your current supplemental life coverage by more than \$10,000 or your total coverage exceeds \$200,000
- You wish to increase dependent life for your spouse/domestic partner

ADDITIONAL BENEFITS

Additional benefits may be available if a covered individual becomes disabled, suffers a loss in an automobile while wearing a seatbelt or becomes terminally ill. For details, see the plan policy on the Metro Human Resources website.

HELP ME CHOOSE

Not sure how much life insurance you need? Prudential offers an online tool to help you decide. Visit www.nashville.gov/human-resources/annual-enrollment, and click Life Insurance Needs Estimator.



WAYS TO SAVE MONEY IN 2020

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 |

TRY CIGNA TELEHEALTH SERVICES

Have you ever been faced with a sick child in the middle of the night? Or needed care while traveling or when your regular doctor is not available?

You now have a lower cost and more convenient alternative to convenience care clinics, urgent care centers or the ER for minor conditions such as sore throat, headache, stomachache, fever, colds and flu, allergies, rashes, UTIs, etc. Cigna members can connect with a board-certified doctor via secure video chat or phone. The cost is less than a typical office visit and much less than a trip to the ER.

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

Medical

AmWellforCigna.com or (855) 667-9722

MDLIVEforCigna.com or (888) 726-3171

Behavioral health

Cignabehavioral.com

EARN ADDITIONAL HRA DOLLARS

Cigna Choice Fund members can earn hundreds of additional HRA dollars each year by taking a confidential health assessment and participating in other voluntary Cigna programs. See page 3 for details.

GET HEARING AID DISCOUNTS

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

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 | 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: metro2020; password: Cigna2020) | (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 |
| Disability | The Standard | standard.com | (888) 494-9491 |
| Flexible Spending Accounts (FSAs) | WageWorks | wageworks.com | (855) 428-0446 |
| Life Insurance | Prudential | prudential.com/mybenefits | (877) 232-3619 |
| Financial wellness | Prudential | prudential.com/metronashville | N/A |
| COBRA | COBRAGuard, an iTedium solution | cobraguard.net | (866) 442-6272 |
| MetroMax 457 Deferred Compensation Program | Voya Financial | nashville.gov/metromax | (615) 627-1500 |
| General | Metro Human Resources | nashville.gov/human-resources | (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 BCBS PPO and Cigna Choice Fund on Human Resources' website at nashville.gov/human-resources.

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.

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.

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.