2021

Metro Nashville

BENEFITS GUIDE

FOR MUSIC CITY CONVENTION EMPLOYEES

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.

2021 BENEFIT PLAN RATES

Per pay-period		GENERAL GOVERNMENT			MNPS EMPLOYEES	
	Coverage Level	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	$89.08	$96.50	$128.67	$89.08	$115.80
	Employee + child(ren)	$124.62	$135.00	$180.00	$124.62	$162.00
	Employee + family	$228.46	$247.50	$330.00	$228.46	$297.00
Cigna Choice Fund	Employee only	$97.85	$106.00	$141.33	$97.85	$127.20
	Employee + child(ren)	$139.85	$151.50	$202.00	$139.85	$181.80
	Employee + family	$256.15	$277.50	$370.00	$256.15	$333.00

Dental						
Flexible Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	$17.76	$19.24	$25.65	$17.76	$23.08
Limited Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	$22.62	$24.50	$32.67	$22.62	$29.40

Vision						
Basic Plan	Employee only	$1.36	$1.48	$1.97	$1.36	$1.77
	Employee + family	$4.16	$4.51	$6.01	$4.16	$5.41
Enhanced Plan	Employee only	$2.15	$2.33	$3.11	$2.15	$2.80
	Employee + family	$6.87	$7.44	$9.92	$6.87	$8.93

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 Rate[1]**
	$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 2022 HRA Fund and reduce your share of your 2022 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 2021.

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 Babies℠ 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 (telehealth may be available; check your plan coverage)				
- 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
Telehealth office visit covered?	If offered by your provider, cost same as in-person visit	If offered by your provider, cost same as in-person visit; also offered through MDLIVE and AmWell, visit **myCigna.com**
Prescription drug copays?	**Yes** You pay flat copay per prescription	**No** HRA Fund pays first; then you pay full discounted cost until deductible is met, then you pay 10% (generic) or 30% (brand)
Coinsurance (in-network)?	Plan pays 80%; you pay 20%	Plan pays 90%; you pay 10%
Coinsurance (out-of-network)?	Plan pays 60%; you pay 40%	Plan pays 70%; you pay 30%
Pre-negotiated discounted rates?	**Yes**	**Yes**
Annual out-of-pocket maximum?	Plan pays 100% after you spend $1,000/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: **metro2021** and Password: **Cigna2021**.

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 service[2]**
Preventive/Diagnostic (2 exams/cleanings every 12 months, x-rays, sealants, fluoride)	100%; no deductible	100% for most services
Basic Restorative (fillings, extractions, oral surgery, root canals, periodontics)	80%; no deductible	100% for some services; you pay flat fee for other services
Major Restorative (crowns, bridges, dentures, implants)	50% after deductible	You pay flat fee for most services; implants not covered
Orthodontia (child and adult)	50% after annual deductible 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%	Up to $5	100%	Up to $5
- Standard Progressives	Not covered	Not covered	100%	Up to $35
- Polycarbonate	Not covered	Not covered	100%	Up to $10
Frames	Plan pays up to $130[1]	Plan pays up to $50	Plan pays up to $150[1]	Plan pays up to $50
Contacts (in lieu of frames/lenses)				
- Elective	Plan pays up to $125 after $10 copay[1]	Plan pays up to $125	Plan pays up to $140[1]	Plan pays up to $140
- Medically Necessary	Plan pays 100%	Plan pays up to $210	Plan pays 100%	Plan pays up to $210
Fit/Follow-up	You pay:	Plan pays:	You pay:	Plan pays:
Standard Daily Wear	$20 copay	Up to $20	$20 copay	Up to $20
Extended Daily Wear	$30 copay	Up to $30	$30 copay	Up to $30
Covers…	Exams, contact fit every **12** months; lenses, frames and contacts every **24** months		Exams, contact fit, lenses, frames and contacts every **12** months	

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

HELP ME CHOOSE

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

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

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.

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.

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 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.

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: metro2021; password: Cigna2021)	(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
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
General	Metro Human Resources	**nashville.gov/human-resources**	(615) 862-6700