

# 2023 BENEFITS GUIDE

FOR COBRA PARTICIPANTS





This guide provides an overview of your benefits. If you need more detail than this guide provides, contact Metro Human Resources at (615) 862-6700 or visit [nashville.gov/hr](https://nashville.gov/hr).

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# Medical

Metro offers you two medical options:

- » A PPO (preferred provider organization), administered by BlueCross BlueShield (BCBS)
- » The HRA Plan, administered by Cigna

Under either option, you can go to any provider you choose, but benefits are highest when you see an in-network provider. Both 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.

## How the PPO works

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

- » Limited preventive care is covered at 100% (up to \$750 per year) for enrollees ages 7 and older; for enrollees under age 7, the coverage is 80%. See below for what is covered and not covered as preventive care)
- » 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 10](#).
- » If you reach the out-of-pocket maximum, you continue to pay copays but no coinsurance for the rest of the year.

## Find Network Providers

For a list of network providers and other plan details, contact the carriers at the websites or phone numbers listed on the [Important Contacts](#) page. To view a complete copy of the plan documents and provisions, go to [nashville.gov/hr](http://nashville.gov/hr).



# Medical

## How the PPO works continued

### Preventive Care

Under the PPO, the following services are covered preventive care services:

- » Annual preventive health exam
- » Childhood immunizations
- » Blood pressure screening
- » Flu & pneumonia shots
- » Tetanus-diphtheria (Td) booster
- » Other recommended adult immunizations and immunizations not completed in childhood
- » X-rays and lab associated with preventive care
- » Vision and hearing screenings performed by the physician during the preventive health exam

The following services are **NOT covered** as preventive care services but instead covered at the normal benefit level of 80% in-network or 60% out-of-network:

- » Prostate screening
- » Routine Pap smears
- » Well-woman exams
- » Routine mammograms
- » Colorectal cancer screening

### Prescription Drugs

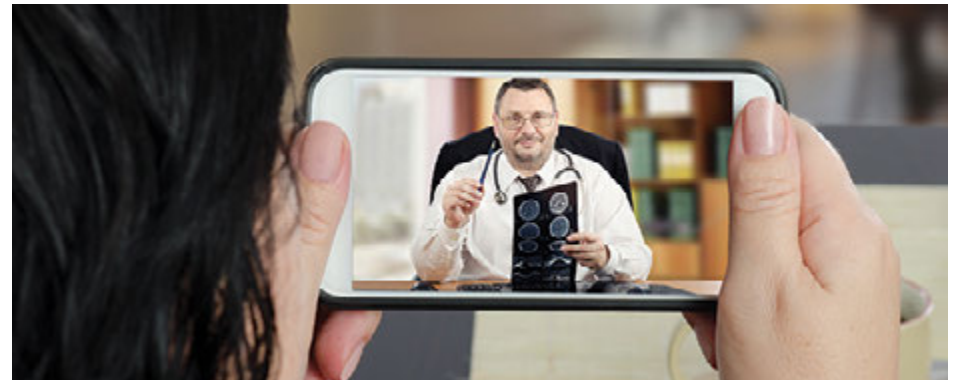
Under the PPO, you may purchase a one-month supply at any pharmacy. If you take medication for an ongoing condition, you can save money by asking your provider to write your prescription for a three-month supply. You must use a pharmacy in the BCBS Retail90 Plus Network or BCBS mail order program to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

Visit [bcbst.com/members/metro-gov](http://bcbst.com/members/metro-gov) for a list of pharmacies in the BCBS Retail90 Plus network, or for details on mail order.

Turn to **page 5** to learn about the HRA Plan and **page 10** to compare the two medical options.

### Telehealth

If your provider is in BCBS's network and offers telehealth through their office, BCBS will cover these visits at the same cost as an in-person in-network visit. If you seek telehealth from an out-of-network provider, your visit will be covered at the out-of-network level.



# Medical

## How the HRA Plan Works

The HRA Plan 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.

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.

**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).

**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 10](#).

**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 2023.

If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2024 HRA Fund and reduce your share of your 2024 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the HRA Plan.

# Medical

## How the HRA Plan Works continued

### Preventive Care

Under the HRA Plan, all of the following preventive care services are covered at 100%, with no copay or coinsurance:

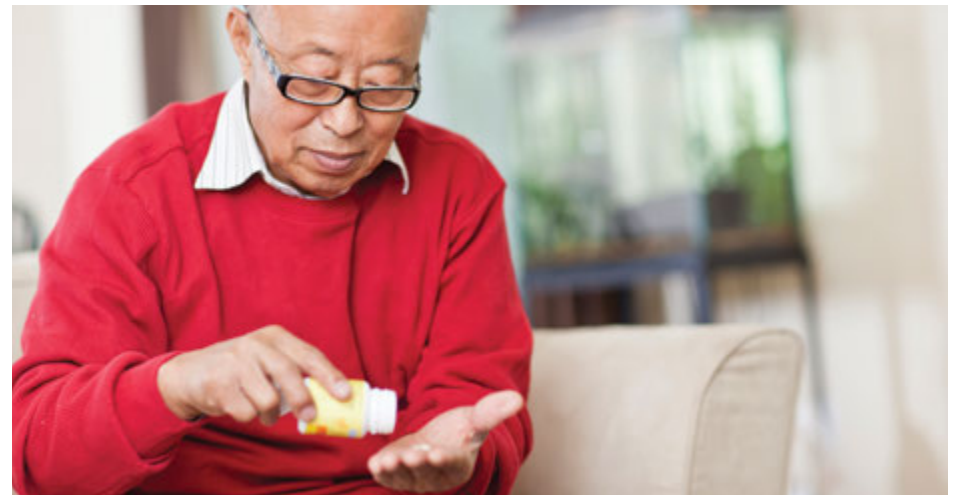
- » Annual preventive health exam
- » Childhood immunizations
- » Blood pressure screening
- » Flu and pneumonia shots
- » Tetanus-diphtheria (Td) booster
- » Other recommended adult immunizations and immunizations not completed in childhood
- » X-rays and lab services associated with preventive care
- » Vision and hearing screenings performed by the physician during the preventive health exam
- » Prostate screening
- » Routine Pap smears
- » Well-woman exams
- » Routine mammograms
- » Colorectal cancer screening

### Prescription Drugs

Under the HRA 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 on **page 10**.

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 prenegotiated) amount, saving you money. However, Cigna's maintenance medication and mail order programs offer greater discounts. Visit [myCigna.com](https://www.mycigna.com) to see a list of participating pharmacies. You are encouraged to shop pharmacies to find the lowest cost on prescriptions.



# Medical

## How the HRA Plan Works continued

### Telehealth

Cigna offers a variety of ways to connect with a doctor through your phone or computer.

### YOUR OWN PROVIDER

If your provider is in Cigna's network and offers telehealth through their office, Cigna will cover these visits at the same cost as an in-person visit.

### CIGNA'S BEHAVIORAL HEALTH NETWORK

As an HRA Plan enrollee, you have access to a giant network of behavioral health providers. Simply visit [myCigna.com](https://myCigna.com) to search for a provider. If you need care immediately, you can search for Fast Access Providers, which guarantee an initial appointment within five business days and a callback within one business day.

For more behavioral health resources, see [page 8](#).

### MDLIVE

Cigna has partnered with MDLIVE to give you access to even more board-certified doctors for the following needs:

- » Primary care – routine and preventive care, receive orders for blood work and screenings at local facilities
- » Urgent care – a convenient alternative to urgent care centers and the emergency room
- » Behavioral health – talk therapy for issues such as anxiety, stress, depression and grief (see [page 8](#) for more details)
- » Dermatology – care for common skin, hair and nail concerns

Log onto [myCigna.com](https://myCigna.com) and click “Talk to a doctor.” Select the type of care you need, and your cost will be displayed.

Or call MDLIVE at (888) 726-3171.

## Need More Help?

Cigna One Guide® gives you access to a real, live person who can help you understand your health plan, find the best provider for your needs, find ways to lower your costs, resolve problems and more. Download the One Guide app at [myCigna.com](https://myCigna.com) or call (888) 806-5042.



## How the HRA Plan Works continued

### Behavioral health

Challenges to mental well-being come in many forms, and so do the ways you can get help.

Cigna offers a wide range of support tools and services that range from mindfulness apps to text-based therapy to in-person and virtual counseling. Below is an overview of some of those services; more details and access are available by logging onto [myCigna.com](https://mycigna.com).

#### GINGER

Ginger's 24/7 coaching services are as a first line of defense for overcoming a range of challenges and stressors — from improving sleep or relationships, to managing anxiety and depression.

- » Chat with a trained behavioral health coach within seconds.
- » Get unlimited confidential support 24/7/365 for one monthly rate via your behavioral health benefits.
- » If needed, your coach can add a licensed therapist or psychiatrist to your care team within days.

#### MDLIVE

MDLIVE's therapists and psychiatrists are trained to use virtual technology to treat many behavioral health conditions.

- » Schedule visits at times that work for you, including evenings and weekends.
- » See the same provider each visit or change whenever you'd like.
- » Have prescriptions sent directly to your local pharmacy.

### VIRTUAL COUNSELING THROUGH CIGNA'S NETWORK OF PROVIDERS

Connect with in-network providers including licensed therapists, psychiatrists, nurse practitioners, and behavioral specialists using your Cigna benefits. Visit [myCigna.com](https://mycigna.com), go to "Find Care & Costs" and enter "Behavioral health counselor" under "Reason for Visit." Or call the number on the back of your Cigna ID card.

#### APPS

Cigna has partnered with Happify (soon to be Twill) and iPrevail to offer you free access to these normally paid interactive apps:

- » Twill is self-directed program with science-based games guided meditations, designed to help defeat negative thoughts, reduce stress and anxiety, and boost overall well-being
- » iPrevail provides on-demand coaching. Complete an assessment, receive a program tailored to your needs, and get connected to a peer coach.

### Not sure which behavioral health service you need?

Here are two ways to find out:

1. Visit [CignaBehavioralPrograms.com/ctbh](https://CignaBehavioralPrograms.com/ctbh) to view an interactive digital guide.
2. Take a brief quiz. Your answers will help identify the most appropriate care for your specific needs. Log onto [myCigna.com](https://mycigna.com). Under the Wellness dropdown, choose "Mental Health Support." Follow the prompts.

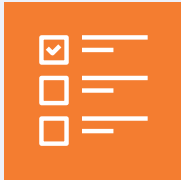
# Medical

## How the HRA Plan Works continued

Attention HRA Plan 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 HRA Plan are eligible to earn incentive dollars. Contact **Cigna** 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<sup>SM</sup> 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).

# Medical

## MEDICAL BENEFITS ... AT A GLANCE

	PPO		HRA PLAN	
	In-Network BLUE NETWORK P	Out-of-Network	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network
<b>Health Reimbursement Account Fund</b> (Metro funded) <sup>1, 2</sup>	N/A	N/A	\$1,100/employee only \$2,200/family	
<b>Your Share of the Deductible<sup>2</sup></b>	\$0	\$200/employee only \$600/family	\$450/employee only \$900/family	
<b>Coinsurance Maximum<sup>2</sup></b>	\$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
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> (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
<b>Medical Services</b>				
<b>After deductible, plan pays...</b> (unless otherwise noted)				
<b>Well Care/Preventive Care</b>				
» Age 7 and older	100% up to \$750, then 80% <sup>3</sup>	60% <sup>3</sup>	100%	70%
» Under age 7	80%	60%	100%	70%
<b>Office Visits</b> (telehealth may be available; check your plan coverage)				
» Primary Care Physician <sup>4</sup>	80% after \$20 copay	60% after \$20 copay	90%	70%
» Specialist	80% after \$30 copay	60% after \$30 copay	90%	70%
<b>In-office Procedures</b> (surgery, consultation, allergy injections)	80% after office visit copay	60% after office visit copay	90%	70%
<b>Maternity</b>				
» Prenatal Care	You pay \$20 copay for initial visit		90%	70%
» Delivery	80%	60%	90%	70%
<b>Hospital</b>	80%	60%	90%	70%
<b>Emergency Room</b>	80% after \$100 copay (copay waived if admitted)	60% after \$100 copay (copay waived if admitted)	90%	90%
<b>Mental Health/Substance Abuse</b>				
» Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
» Inpatient (pre-authorization required)	80%	60%	90%	70%

# Medical

## MEDICAL BENEFITS ... AT A GLANCE ...continued

	PPO	HRA PLAN
<b>Prescription Drugs</b>		
<b>You pay...</b>		
<b>1-month supply</b>		After deductible:
» Generic	\$10 copay	10% of discounted cost
» Brand	\$30 copay	30% of discounted cost
<b>3-month supply (maintenance drugs)</b>	2 times above copays through certain retail pharmacies and mail order; see <a href="#">page 4</a>	Same as above through certain retail pharmacies and mail order; see <a href="#">page 6</a>

<sup>1</sup> Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

<sup>2</sup> If you enroll in the employee + child(ren) coverage tier, Metro's HRA Fund contribution (HRA Plan), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum is the same as the employee + family coverage tier.

<sup>3</sup> 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.

<sup>4</sup> 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.

Note: To view a complete copy of the plan documents and provisions, go to [nashville.gov/hr](http://nashville.gov/hr).



# Medical

## Help Me Choose

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

	PPO	HRA PLAN
Free preventive care (age 7+)?	<b>Yes</b> In-network, plan pays 100% up to \$750/year; then 80%	<b>Yes</b> In-network, plan pays 100%
Free preventive care (under age 7)?	<b>No</b> Plan pays 80% in-network	<b>Yes</b> In-network, plan pays 100%
Health Reimbursement Account (HRA) Fund?	<b>No</b>	<b>Yes</b> 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?	<b>Out-of-network only:</b> \$200/employee only, \$600/employee + child(ren) or \$600/employee + family	<b>Your share after HRA Fund pays:</b> \$450/employee only, \$900/employee + child(ren) or \$900/employee + family
Office visit copays?	<b>Yes</b> You pay copay + coinsurance	<b>No</b> 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, visit <a href="https://www.mycigna.com">myCigna.com</a>
Prescription drug copays?	<b>Yes</b> You pay flat copay per prescription	<b>No</b> 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?	<b>Yes</b>	<b>Yes</b>
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?	<b>No</b>	<b>Yes</b> See <a href="#">page 9</a>

\* 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 HRA Plan.

# 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](https://www.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

## DENTAL BENEFITS ... AT A GLANCE

	FLEXIBLE PLAN	LIMITED PLAN
	In-Network <sup>1</sup> (out-of-network coverage available)	In-Network Only <sup>1</sup> (no out-of-network coverage)
<b>Annual Deductible</b>	\$75/person, \$225/family	\$0
<b>Plan pays...</b>		See schedule of benefits for cost by service <sup>2</sup>
<b>Preventive/Diagnostic</b> (2 exams/cleanings every 12 months, x-rays, sealants, fluoride)	100%; no deductible	100% for most services
<b>Basic Restorative</b> (fillings, extractions, oral surgery, root canals, periodontics)	80%; no deductible	100% for some services; you pay flat fee for other services
<b>Major Restorative</b> (crowns, bridges, dentures, implants)	50% after deductible	You pay flat fee for most services; implants not covered
<b>Orthodontia</b> (child and adult)	50% after annual deductible <u>and</u> one-time \$100 orthodontia deductible	You pay flat fee for most services
<b>Lifetime Orthodontia Maximum</b>	\$1,000/person	See schedule of benefits <sup>2</sup>
<b>TMJ</b> (temporomandibular joint) <b>Treatment</b>	50% after annual deductible <u>and</u> \$100 annual TMJ deductible	Not covered
<b>Lifetime TMJ Maximum</b>	\$750/person	N/A
<b>Annual Benefit Maximum</b>	\$1,000/person (excludes orthodontia, TMJ)	N/A

<sup>1</sup> 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.

<sup>2</sup> View the Limited Plan schedule of benefits at [bcbst.com/members/metro-gov](http://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](http://e-nva.com) (user name: metro; password: vision1). You are responsible for any costs over the reimbursed or allowed amount shown in the chart on the next page.

### Help Me Choose

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

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



## VISION BENEFITS ... AT A GLANCE

	BASIC PLAN		ENHANCED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$0		\$0	
<b>Exams</b>	You pay \$10 copay	Plan pays up to \$45	You pay \$10 copay	Plan pays up to \$45
<b>Lenses</b>	<b>You pay:</b>	<b>Plan pays:</b>	<b>You pay:</b>	<b>Plan pays:</b>
» 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
<b>Lens Options</b>	<b>Plan pays:</b>		<b>Plan pays:</b>	
» 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
<b>Frames</b>	Up to \$130 <sup>1</sup>	Up to \$50	Up to \$150 <sup>1</sup>	Up to \$50
<b>Contacts (in lieu of frames/lenses)</b>				
» Elective	Plan pays up to \$125 after \$10 copay <sup>1</sup>	Plan pays up to \$125	Plan pays up to \$140 <sup>1</sup>	Plan pays up to \$140
» Medically Necessary	Plan pays 100%	Plan pays up to \$210	Plan pays 100%	Plan pays up to \$210
<b>Fit/Follow-up</b>	<b>You pay:</b>	<b>Plan pays:</b>	<b>You pay:</b>	<b>Plan pays:</b>
» 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
<b>Covers...</b>	Exams, contact fit every 12 months; lenses, frames and contacts every 24 months		Exams, contact fit, lenses, frames and contacts every 12 months	

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

# Important Contacts



PLAN	CARRIER	WEBSITE	PHONE
PPO	BlueCross BlueShield (BCBS)	<a href="http://bcbst.com/members/metro-gov">bcbst.com/members/metro-gov</a>	(800) 367-7790
HRA Plan	Cigna	<a href="http://myCigna.com">myCigna.com</a> Cigna One Guide	(800) 244-6224 (888) 806-5042
Dental	BlueCross BlueShield of TN	<a href="http://bcbst.com/members/metro-gov">bcbst.com/members/metro-gov</a>	(800) 367-7790
Vision	NVA	<a href="http://e-nva.com">e-nva.com</a> (user name: metro; password: vision1)	(800) 672-7723
COBRA	COBRAGuard, an iTedium solution	<a href="http://mycobra.info">mycobra.info</a>	(866) 442-6272
General	Metro Human Resources	<a href="http://nashville.gov/hr">nashville.gov/hr</a>	(615) 862-6700

# Notices

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.

## 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 PPO and HRA Plan on Human Resources' website at [nashville.gov/hr](http://nashville.gov/hr).

## HIPAA Notice of Privacy Practices

This notice governs Metro's privacy practices for Metro's medical plans and can be found at [nashville.gov/hr](http://nashville.gov/hr). 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.

## Women's Health Provisions

No matter which medical plan option you choose, your hospital coverage for childbirth will be for the same minimum number of days, as required by federal law:

- » If your baby is delivered vaginally, you may stay in the hospital at least 48 hours (two days) after the birth
- » If you have a cesarean section, you may stay in the hospital at least 96 hours (four days) after the birth
- » If the attending physician believes you need a longer stay, you may receive benefits for additional days if your doctor obtains pre-authorization from the insurance company. On the other hand, if you and your doctor agree that, in your case, the minimum number of days is not necessary, you may be released from the hospital earlier.

Under the Women's Health and Cancer Rights Act of 1998, all health plans that provide mastectomy coverage are also required to provide coverage for:

- » Reconstruction of the breast on which the mastectomy has been performed
- » Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance
- » Prostheses (artificial replacements) and physical complications at all stages of the mastectomy, including lymphedemas

## Coordination of Benefits

Regardless of which medical plan you elect, you must be sure to notify your insurance carrier if your dependents receive health coverage outside of Metro's plan (for example, through your spouse/domestic partner's insurance plan at work or by qualifying for Medicare).

If your dependent has coverage elsewhere, a process called coordination of benefits (COB) comes into play. COB simply means that benefits are coordinated between your dependent's coverage under your Metro plan and another plan. This process ensures that benefit payments are not duplicated and helps hold down the rising cost of health insurance.