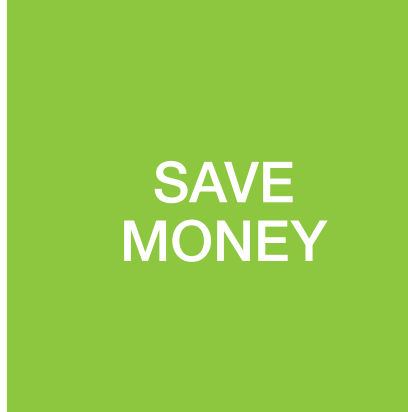




SAVE
MONEY



LIVE
WELL



STAY
HEALTHY



2027 BENEFITS
FOR PENSIONERS WITH MEDICARE



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/hr**.

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2027 BENEFIT PLAN RATES PER MONTH

If you were hired on or after January 1, 2013, OR you were a non-vested employee rehired after that date, the amount you pay for your medical premiums may be different than the amount shown below. The premiums you pay will depend on the number of years you worked for Metro. If you were hired/ re-hired after January 1, 2013, contact Metro Human Resources to find out how much you will pay each month for your medical insurance.

MEDICAL

All family members WITH Medicare A & B:	Humana Medicare Advantage Plan	UnitedHealthcare (UHC) Medicare Advantage Plan
Pensioner with Medicare A & B	\$77.02	\$67.75
Pensioner and spouse/partner, both with Medicare A & B	\$154.04	\$135.50
Pensioner, spouse/partner and one child, all with Medicare A & B	\$231.06	\$203.25
Pensioner and one child, both with Medicare A & B	\$154.04	\$135.50

DENTAL

	Flexible Plan	Limited Plan
Single	Metro provides single dental coverage at no cost to you	Metro provides single dental coverage at no cost to you
Family	\$40.83	\$51.98

VISION

	Basic Plan	Enhanced Plan
Single	\$2.78	\$4.40
Family	\$8.52	\$14.04



BENEFIT BASICS

Eligibility

Dependents

You may enroll your eligible dependents in your medical, dental and vision insurance during Annual Enrollment or within 60 days of an eligible change in status. Dependents may only be removed if/when there is an eligible change in status or at the next Annual Enrollment.

Eligible dependents include your:

- » Legally recognized spouse, while not divorced or legally separated
- » Domestic partner (documentation will be required proving you've shared a primary residence for the last 365 days and you are financially interdependent upon one another)
- » Dependent child(ren) from birth up to age 26 if he/she:
 - Is your or your domestic partner's child by birth, legal adoption, legal guardianship or court order who may or may not reside in your home the majority of the time on an annual basis
 - Is your stepchild
 - Is a foster child living in your residence in accordance with a Foster Care Placement, which means and is defined as the supervised adoption period prior to final adoption, as approved by a court of competent jurisdiction
 - Is a dependent child over age 26, if coverage under Metro benefits has been continuous and he/she is incapable of self-sustaining employment by reason of intellectual or physical disability; contact Human Resources for details

The following are not eligible for Metro benefits:

- » Foster children (placed in the home for care but not adoption)
- » Ex-spouses or ex-domestic partners, except as allowed under COBRA
- » Parents of the pensioner or spouse/ domestic partner



Opting Out of Benefits

Disability and Service pensioners and Survivors who can enroll in other medical and/or dental coverage may opt out of Metro's insurance coverage.

Pensioners who wish to preserve their future right to re-enroll in Metro's plans must provide proof of other non-Medicare coverage — either an insurance card in the pensioner's name or a letter from the other insurance company. If you lose your other coverage or have an eligible change in status, you have 60 calendar days to re-enroll in Metro's medical or dental plan.

When Coverage Begins and Ends

Coverage is effective the day your pension benefit becomes effective. Your coverage will end when your pension ends or when you die. Your spouse/ domestic partner and dependent children may be eligible to continue their coverage if they receive a Survivor pension benefit.

Changing Your Benefits

The benefits you choose at the time of your pension or during Annual Enrollment remain in effect for the entire plan year, unless you have an eligible change in status such as:

- » Marriage or divorce
- » Birth or adoption of a child
- » Change in job status for you or your dependent
- » Loss of coverage for you or your dependent
- » Death of a covered eligible dependent

You must notify Metro Human Resources and provide documentation within 60 calendar days of an eligible change in status to make a change in your benefit elections. Not notifying Metro Human Resources timely may prevent you from adding a dependent.

For a complete list of eligible changes in status and instructions on changing your benefit elections, contact Metro Human Resources.



MEDICAL

You have a choice of two Medicare Advantage (MA) plans, one insured through Humana and one insured through UnitedHealthcare (UHC).

How the Medicare Advantage Plans Work

The Humana and UHC Medicare Advantage plans both offer these same features:

- » \$10 office visits (for both primary care and specialist care)
- » No annual deductible
- » No referral required to see a specialist
- » 100% coverage for hospital care
- » 100% coverage for most preventive care
- » \$1,000 per member annual out-of-pocket maximum (Once you spend this amount on medical care, the plan pays 100% for the rest of the year; you continue to pay prescription drug copays.)

Both plans cover out-of-network care at the same benefit level as in-network care as long as the provider accepts Medicare and agrees to bill Humana or UHC. Even if your medical provider will not agree to bill the insurer directly, as long as they accept Medicare, you can still see that provider and file a claim with the insurer yourself for reimbursement, and you will receive in-network benefits.

Preventive Care

Under the Medicare Advantage plans, preventive care is covered at 100% with no benefit limit.

Prescription Drugs

The Medicare Advantage plans include coverage for prescription drugs, as shown in the chart on **page 6**. Certain drugs may require preauthorization or step therapy, and quantities of some drugs may be limited.

Telehealth

For minor illnesses and concerns, telehealth may be a convenient option for seeking care. A telehealth visit is done over your smartphone, tablet or computer. You and your provider will be able to see each other and talk via webcam on each person's device.



For More Information

Contact Humana or UHC at the phone number or website listed on the back cover for:

- » A list of network providers, facilities or pharmacies
- » The plan's formulary (list of covered drugs)
- » Other plan details

Medicare Advantage Extras

Medicare Advantage members have access to these additional programs and discounts. For more details, including important rules, contact Humana or UHC at the phone number or website listed on the back cover of this guide.

Humana Extras	UHC Extras
SilverSneakers® Fitness Program » Includes free membership at a participating fitness center Post-Discharge Benefit The following benefits are covered after an inpatient hospital or nursing facility stay: » 28 meals delivered to your home » 12 one-way trips to approved locations » 8 hours of in-home personal care, up to 4 hours/day Personal Health Coaching » For weight management, nutrition, exercise, back care, and blood pressure and blood sugar management Acupuncture » Covers up to 20 Medicare-covered sessions per year for \$10 copay/session Chiropractic » Covers Medicare-covered visits for \$10 copay/session Podiatry » Covers Medicare-covered visits for \$10 copay/session	Renew Active® Fitness Program » Includes free membership at a participating fitness center (includes YMCA, Club Pilates, Pure Barre and more) Post-Discharge Benefit The following benefits are covered after an inpatient hospital or nursing facility stay: » 28 meals delivered to your home » 12 one-way trips to approved locations » 6 hours of in-home non-medical care, such as preparing meals and bathing HouseCalls » Covers a yearly in-home, one-hour visit from a licensed provider » May include health screenings tailored to you, a medication review and more Acupuncture » Covers up to 20 Medicare-covered sessions per year for \$10 copay/session Chiropractic » Covers Medicare-covered visits for \$10 copay/session Podiatry » Covers Medicare-covered visits for \$10 copay/session

IMPORTANT:

Do Not Enroll in Any Other Medicare Plan

If you do, your Metro medical coverage will be terminated. This includes Medicare Part D prescription drug coverage. If you enroll in an independent Medicare Part D plan, your Metro coverage will be terminated.

MEDICAL

Medicare Advantage Benefits ... at a Glance

The chart summarizes what the plans cover. To view complete details, see the plan documents on Nashville.gov/hr.

Medical services	Humana and UHC
Annual deductible	\$0
Annual out-of-pocket maximum	\$1,000/individual
Well care/preventive care	You pay \$0; includes Pap smears, mammograms, pelvic exams, prostate exams, bone mass exams
Office visits – primary care physician	You pay \$10 copay
Office visits – specialist	You pay \$10 copay
In-office procedures such as surgery, consultation, allergy injections	You pay \$10 copay
Hospital care – inpatient	You pay \$0; unlimited days
Hospital care – outpatient	You pay \$0 or \$10 copay, depending on service
Ambulatory surgery center	You pay \$0
Outpatient diagnostic	You pay \$0 or \$10 copay, depending on service
Ambulance	You pay \$100 copay; rules apply
Emergency room	You pay \$50 copay; copay waived if admitted within 72 hours
Mental health/substance use – inpatient; preauthorization required	You pay \$0; 190-day lifetime maximum in psychiatric hospital
Mental health/substance use – outpatient	You pay \$10 copay
Rehabilitation – physical, occupational, speech	You pay \$10 copay
Skilled nursing facility	You pay \$0; rules apply
Home health care	You pay \$0

Prescription drugs	Humana and UHC
1-month supply – generic	You pay \$10 copay
1-month supply – brand name	You pay \$20 copay
3-month supply – at Humana’s or UHC’s mail order pharmacy	You pay 2 times the applicable 1-month supply copay
3-month supply – at in-network retail pharmacies	You pay 3 times the applicable 1-month supply copay

Medical services	Humana	UHC
Virtual visits – primary care	You pay \$0	You pay \$0
Virtual visits – specialist	You pay \$10 copay	You pay \$0
Routine hearing exam	You pay \$10 copay	You pay \$0
Hearing aid benefit	\$2,000 allowance every 36 months	\$2,000 allowance every 36 months
Routine vision exam	You pay \$10 copay	You pay \$0
Diabetic vision exam	You pay \$0	You pay \$0
Eyewear benefit	\$100 allowance per year	\$100 allowance per year
Dental benefit – this benefit does not replace any dental coverage you have through Metro	\$100 allowance per year; can be used for exams, x-rays, cleanings and more	\$100 allowance per year; can be used for exams, x-rays, cleanings and more

Note regarding virtual visits: Under Humana, the provider must be in Humana’s network and offer virtual visits in their office. Under UHC, the provider can be in- or out-of-network but must offer virtual visits in their office.

Need Care While Outside the U.S.?

If you’re traveling outside the U.S. and need emergency or urgent care, Humana and UHC provide the following worldwide coverage.

- » Humana covers emergency Medicare-covered care at 80% after a \$100 annual deductible. Coverage is limited to a \$25,000 annual benefit maximum or 60 consecutive days, whichever is reached first.
- » UHC covers emergency, urgently needed services and emergency ambulance transportation from the scene of an emergency to the nearest medical treatment facility.

With either plan, you must pay for your care up front and submit a claim for reimbursement. Call the number on the back of your ID card for more information.

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 provider network, DentalBlue. Here's how the plans differ:

	Flexible Plan	Limited Plan
Family premiums: (Metro pays for single coverage)	Lower than Limited Plan	Higher than Flexible Plan
Limit on benefits paid in a year (not including orthodontia, TMJ care):	Pays up to \$1,000/year	Unlimited
Coverage for implants:	Yes	No
Coverage for TMJ treatment:	Yes	No
Coverage out-of-network:	Yes	No

Dental Benefits ... at a Glance

The chart summarizes what the plans cover when you use in-network providers. 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.

Dental services	Flexible Plan	Limited Plan
	In-network	In-network only; no out-of-network benefits
Annual deductible	You pay \$75 per person or \$225 per family	None
Preventive and diagnostic services including 2 exams and cleanings every 12 months, x-rays, sealants, fluoride	You pay \$0	You pay \$0 for most services
Basic restorative services including fillings, extractions, oral surgery, root canals, periodontics	You pay 20% with no deductible required	You pay \$0 for some services, a flat fee for others
Major restorative services including crowns, bridges, dentures, implants	You pay annual deductible + 50%	You pay flat fee for most services; implants not covered
Orthodontia for children and adults	You pay annual deductible + one-time \$100 orthodontia deductible + 50%	You pay flat fee for most services
TMJ (temporomandibular joint) treatment	You pay annual deductible + one-time \$100 TMJ deductible + 50%	Not covered
Lifetime TMJ benefit maximum	Plan pays up to \$750 per person	Not applicable
Annual dental benefit maximum	Plan pays up to \$1,000 per person, excluding orthodontia and TMJ care	Not applicable
Lifetime orthodontia benefit maximum	Plan pays up to \$1,000 per person	See schedule of benefits
Out-of-network benefits	Out-of-network coverage is available	No benefits for out-of-network care

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 Costco, 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 on the next page.

You can use your NVA benefits with UVP, an in-network vision provider, to buy premium eyewear online. UVP offers enhanced coverage you don't get with other providers; log onto e-nva.com for details.

HELP ME CHOOSE

The Enhanced Plan has higher 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

The chart summarizes what the plans cover when you use in-network providers. Under both plans, eye exams and contact lens fittings are covered every 12 months. Lenses and frames are covered every 24 months. And contacts are covered every 24 months in lieu of frames and lenses.

Out-of-network services are reimbursed up to certain retail allowances. Visit e-nva.com for details.

Vision services	Basic Plan	Enhanced Plan
	In-network	In-network
Annual deductible	None	None
Eye exams	You pay \$10 copay	You pay \$10 copay
Single vision lenses	You pay \$10 copay	You pay \$25 copay
Bifocal lenses	You pay \$10 copay	You pay \$25 copay
Trifocal lenses	You pay \$10 copay	You pay \$25 copay
Lenticular lenses	You pay \$10 copay	You pay \$25 copay
Standard progressive lenses	Not covered	You pay \$0
Polycarbonate lenses	Not covered	You pay \$0
Scratch-resistant coating	You pay \$0	You pay \$0
Frames	You pay \$0 up to \$130 retail allowance	You pay \$0 up to \$150 retail allowance
Elective contact lenses	You pay \$10 copay up to \$125 retail allowance	You pay \$0 up to \$140 retail allowance
Medically necessary contact lenses	You pay \$0	You pay \$0
Fit and follow-up for standard daily wear	You pay \$20 copay	You pay \$20 copay
Fit and follow-up for extended daily wear	You pay \$30 copay	You pay \$30 copay
Out-of-network benefits	Reimbursed up to certain retail allowances	Reimbursed up to certain retail allowances

LIFE INSURANCE

Basic Life

As a retired Metro employee, Metro provides you with \$10,000 of basic term life insurance at no cost to you. See the life insurance policy located on Metro Human Resources' website for more information concerning your life insurance benefits.

Supplemental Life

Pensioners are not eligible to enroll in supplemental term life insurance. However, if you were previously enrolled as an active employee, you may elect to continue your supplemental term life coverage as a pensioner under an individual policy at the lesser of \$20,000 or the amount that is in force prior to retirement (at least \$10,000). The decision to continue your supplemental life coverage must be made at the time you sign your pension application paperwork.

Waiver of Premium

If you are under the age of 60 and you become totally disabled according to the life insurance carrier's standards (not Metro's), you may apply for the waiver of premium for basic life, supplemental life and dependent life benefits and have your premiums waived as long as you continue to be disabled. You must apply within 12 months of the date you became disabled. If approved, your pre-retirement level of benefits may remain in effect until you are age 70 as long as you continue to meet the life insurance carrier's criteria.

If you qualify for the waiver of premium, this is a free benefit to you. If you are denied the waiver of premium benefit, you have 30 days from the date of the denial to appeal the insurance company's decision. If your appeal is denied, or you elect not to appeal the denial, you may convert to an individual policy; however, you must make written application and payment of premium within 31 days from the time the insurance company denies your waiver of premium application. To appeal or convert, you must contact the life insurance company directly.

Beneficiary

You may change your beneficiary at any time by completing a new form with Metro Human Resources. When you experience an eligible change in status (such as with a marriage, divorce or death) you should consider updating your beneficiary at that time. You may also name different beneficiaries to receive your basic life and supplemental life benefits.



IMPORTANT CONTACTS

Plan	Carrier	Website	Phone
Medical	Humana Medicare Advantage	your.humana.com/metro-gov	(888) 899-0102
Medical	UnitedHealthcare (UHC) Medicare Advantage	retiree.uhc.com/metro-gov	(844) 675-1776
Dental	BlueCross BlueShield (BCBS)	bcbst.com/members/metro-gov	(800) 367-7790
Vision	NVA	e-nva.com (user name: metro; password: vision1)	(800) 672-7723
General	Metro Human Resources	nashville.gov/hr	(615) 862-6700

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. For copies of the other carriers' privacy notices, contact the carrier directly.

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.