

For certificated retirees and their
covered dependents without Medicare

2022 Retiree Benefits Guide



METRO
NASHVILLE
PUBLIC
SCHOOLS





This guide is for certificated retirees and their covered dependents who are not yet age 65 and not eligible for Medicare.

If this describes you or a family member*, the medical, dental, vision and hearing coverage you had as an active employee will continue. Those plans are described in this guide.

* If you or a covered family member are eligible for Medicare, refer to the Retiree Benefits Guide for certificated retirees and their covered dependents WITH Medicare.

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Steps to take

When you retire

See your Retirement Planning Guide. It contains important details about what happens to your and your covered dependents' benefits when you retire.

At Annual Transfer

If you receive this guide during Annual Transfer, there is nothing you need to do other than learn about any plan/coverage changes for the upcoming year. Those changes are described in materials included with this guide.

When you become Medicare-eligible

Once you (or a covered dependent) become Medicare-eligible, **you must enroll for Medicare Parts A & B and send a copy of your Medicare card to Employee Benefit Services.***

Your retiree medical coverage will then be provided through a plan that coordinates with Medicare. You will be provided with more details about your coverage as a Medicare beneficiary at that time.

* Provided you're not covered under any other active employee medical plan such as a spouse's employer plan.



Your cost for coverage

Per month, effective July 1, 2021 - June 30, 2022

Retiree and/or spouse without Medicare:	\$216.43 per person
Dependent(s) without Medicare:	\$92.10 per dependent

If you or a covered family member are eligible for Medicare A & B, refer to the Retiree Benefits Guide for certificated retirees and their covered dependents WITH Medicare.

Medical

The medical plan for retirees under age 65 without Medicare is the same medical plan you had as an active employee. It's administered by Cigna and covers a wide range of services, including preventive care, office visits, surgery, hospitalization and prescription drugs.

How the plan works

The medical plan centers around Cigna's Open Access Plus (OAP) network of health care providers. When you use OAP network providers and facilities, you receive in-network benefits and generally pay less out of your own pocket.

You also have the flexibility to use providers outside the OAP network and still receive benefits; however, you will receive lower out-of-network benefits and likely pay more out of your pocket. Out-of-network benefits are also subject to Cigna's maximum reimbursable charge; if your out-of-network provider's charges exceed this limit, you will be responsible for paying the difference.

Choosing a provider

You don't need to select a primary care physician, and you don't need a referral to see a specialist. However, your out-of-pocket costs will be lower if you use in-network providers.

To find network providers, call **1-800-244-6224** or:

- » If currently enrolled in an MNPS Cigna plan, visit **myCigna.com**.
- » If not yet enrolled, visit **cigna.com** and search for a provider under Open Access Plus.

How much you pay

The amount you pay depends on the service or product you receive, as shown on the chart on page 4. Office visits and prescription drugs are covered with a copay. A copay is a set dollar amount you pay for a service or product provided. If a copay is charged, the deductible does not apply; the plan pays benefits even if your deductible is not satisfied. Copays do not count toward your deductible.

Other services require you to meet a deductible first, then pay a percentage of the cost (coinsurance). Only the cost of covered services apply toward the deductible. The family deductible is three times the amount of the individual on your the health plan.

Once you reach the out-of-pocket maximum in a calendar year, the plan will pay 100% for covered expenses for the remainder of that calendar year. Amounts paid toward the deductible, coinsurance and medical copays do apply toward your medical out-of-pocket maximum.

ID card

You will continue to use your current Cigna medical ID card in 2022; no new cards will be issued.

Prescription drugs

The medical plan covers prescription drugs for a flat dollar amount called a copay. The amount you pay depends on the drug's tier, as shown in the chart on page 5. Certain preventive drugs have a \$0 copay. Visit **myCigna.com** to see the list of no-cost preventive drugs, as well as a list of covered brand name drugs in the preferred tier. Prescription drug copays do apply to your pharmacy out-of-pocket maximum, which is separate from the medical out-of-pocket maximum.

Brand name vs. generic

If you choose a brand name drug when a generic is available, you will pay the brand name copay, plus the cost difference between the brand name and the generic. There is one exception: If your doctor specifies that the brand name drug is medically necessary and gets required authorization from Cigna, you will pay only the brand name copay.

Cigna Home Delivery

Through Cigna Home Delivery, you can save money on 90-day supplies of medication you take regularly. Standard delivery is available at no additional cost. Call **1-800-285-4812** to get started.

Questions?

If you have questions about the medical plan, call Cigna Customer Service at **1-800-Cigna24 (1-800-244-6224)** 24 hours a day, 7 days a week. TTY/TDD users should call **711**.

After you enroll, visit **myCigna.com**. Once you register for a user ID and password, you can access a secure members-only website and:

- » View details about your plan, including claims information
- » Search for providers
- » Find wellness discounts
- » And more!

Medical

Programs and services that come with your medical coverage

As an enrollee in the Certificated Retiree Health Plan, you have access to these programs and services at no additional cost to you.



CONNECT
with
Karla®

Connect with Karla®

Feeling stressed or overwhelmed? Synchronus Health's Connect with Karla® is a unique way of supporting your mental and emotional health through your smartphone or device. You get one-on-one video sessions with a licensed counselor, plus

between-session support and tools from the Karla app. Visit sync.health/mnps or call **615-258-6654** to get started.



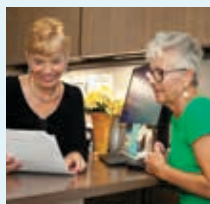
foodsmart

Foodsmart

Meet one-on-one via video visits with a registered dietitian, who will provide a nutrition assessment, a personalized nutrition plan and real-time support. Between appointments, Foodsmart's

healthy eating tools will help you stick to your plan. Schedule follow-up visits with your dietitian as needed. Note: A parent must enroll with participants ages 13-18.

To get started, download the Foodsmart app and select "Foodsmart for Cigna" to sign up. You'll need to enter your Cigna insurance ID to create an account. Call **1-888-837-5325** or email telenutrition@foodsmart.com with questions.



Health coaching

Onsite health coaches at the MNPS Health Care Centers offer confidential guidance when you want to lose weight, improve your diet, manage a chronic condition (like diabetes, heart

disease, respiratory disease or obesity) and/or make overall health improvements. To make an appointment, call **615-259-8755**.



MyHealth Bundles

MyHealth Bundles by Vanderbilt Health are an innovative approach that bundles all the services required to manage and treat certain costly health conditions, with no out-of-pocket costs for you. A

patient navigator will guide you through the process from start to finish.

Available bundles include:

- » Maternity prenatal, delivery and postnatal care
- » Cochlear implants for advance hearing loss
- » Select spine surgeries
- » Hip and knee surgery
- » Osteoarthritis of hip and knee **NEW FOR 2022!**
- » Shoulder pain **NEW FOR 2022!**
- » Surgical weight loss
- » Medical weight loss **NEW FOR 2022!**

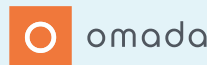
Learn more at MNPSBenefits.org/my-health-bundles.



Omada® lifestyle program

Omada® is a personalized program designed to help you reach your health goals — whether that's losing weight, lowering your blood pressure or staying on top of diabetes. It combines real human support with the latest technology so you can

make lasting changes, one step at a time. Participants receive free wi-fi-connected devices to track progress, along with sessions with a professional health coach. Visit omadahealth.com/mnps to enroll or learn more.



Medical

Medical benefits ... at a glance

MEDICAL	In-network	Out-of-network
Lifetime maximum medical benefits	Unlimited	Unlimited
You pay...		
Annual deductible ¹	\$300/person \$900/family	\$800/person \$2,050/family
Annual medical out-of-pocket maximum ¹	\$2,500/person \$7,500/family	\$5,000 person
Wellness		
Preventive care/immunizations	\$0	40% after deductible
Office/routine care		
MNPS Employee & Family Health Care Center visits ²	\$0	N/A
Primary care/convenient care clinics	\$30	40% after deductible
Mental health/substance abuse office visit	\$0	40% after deductible
Specialist visits	\$40	40% after deductible
Lab/x-ray in physician's office	\$0	40% after deductible
Urgent care facility	\$30	\$30
Chiropractic (up to 24 visits/year)	\$40	Not covered
Physical, occupational and speech therapy	10% after deductible	40% after deductible
Durable medical equipment	10% after deductible	40% after deductible
Maternity		
Prenatal care	You pay \$30 copay for initial visit	40% after deductible
Delivery	10% after deductible	40% after deductible
Hospital care/outpatient facility		
Inpatient hospitalization	10% after deductible	40% after deductible
Outpatient surgery	10% after deductible	40% after deductible
Outpatient/diagnostic facility	10% after deductible	40% after deductible
Emergency (copay waived if admitted)	\$150, then 10% after deductible	
Ambulance	10% after deductible	
Skilled nursing facility	10% after deductible	40% after deductible
Home health care	10% after deductible	40% after deductible
Mental health and substance abuse treatment		
Inpatient treatment	\$0	40% after deductible
Outpatient visit (individual and group)	\$0	40% after deductible

¹ Copays do not count toward the deductible, but copays and deductible do count toward your out-of-pocket maximum. Office visits are covered with a copay and not subject to the deductible.

² Includes care provided at the Employee Wellness Center at Berry Hill

Medical

Prescription drug benefits ... at a glance

PRESCRIPTION DRUGS ³	In-network	Out-of-network
Annual pharmacy out-of-pocket maximum	\$1,500/person • \$3,000/family	
Certain preventive drugs		
Generic and brand	\$0	\$0
Network retail (30-day supply)		
Generic	\$5	\$5
Preferred brand	\$25	\$25
Non-preferred brand	\$80	\$80
Network retail (90-day supply)		
Generic	\$10	Not covered
Preferred brand	\$50	Not covered
Non-preferred brand	\$160	Not covered
Mail order (90-day supply)	Cigna home delivery	Other pharmacies
Generic	\$10	Not covered
Preferred brand	\$50	Not covered
Non-preferred brand	\$160	Not covered

³ If you choose a brand name drug when a generic is available, you will pay the brand name copay, plus the cost difference between the brand name and the generic. There is one exception: If your doctor specifies that the brand name drug is medically necessary and gets required authorization from Cigna, you will pay only the brand name copay.

Summary of Benefits and Coverage

In accordance with the Patient Protection and Affordable Care Act, MNPS and Cigna have created a Summary of Benefits and Coverage (SBC), which provides additional information about your MNPS medical plan. You can find the SBC online by logging onto Benefit Express (MNPSBenefits.org). Or request a free, printed copy by contacting Employee Benefit Services at **615-259-8464** or benefits@mnps.org.



Dental

The dental plan, offered through Delta Dental of Tennessee, provides 100% coverage for preventive care when you use Delta Dental providers. It covers restorative services after you meet an annual deductible, as well as orthodontia for both children and adults.

How the plan works

You can see any dentist you choose, but dental benefits are highest when you choose a provider in the Delta Dental Premier or PPO networks. For a list of providers or for more information about the plan, call **1-800-223-3104** or visit **deltadentaltn.com/mnps**. On the website, you'll find a consumer toolkit where you can order ID cards, view claims and find dental health information.

If you choose to go to a non-Delta provider and charges exceed the contracted amount (called the Maximum Plan Allowance, or MPA), you must pay your coinsurance plus the amount exceeding the MPA.

Only new enrollees will receive a dental ID card. You may present your card when seeking care/services or simply identify yourself as a member.

Dental benefits ... at a glance

Below is a summary of your dental plan benefits. Additional benefit and frequency limits may apply; see your certificate of coverage at **deltadentaltn.com/mnps** for more details.

DENTAL	In-network (Delta Premier/PPO dentists)	Out-of-network ¹ (Non-Delta dentists)
Annual deductible (does not apply to preventive/diagnostic services)	\$50/person \$150/family	\$50/person \$150/family
Plan pays...		
Preventive/diagnostic ² (exams/cleanings up to 2 per year, x-rays, fluoride treatments)	100%; no deductible	100%; no deductible
Basic restorative (fillings, extractions, oral surgery, root canals, periodontics)	80% after deductible	80% after deductible
Major restorative (crowns, bridges, dentures, implants)	50% after deductible	50% after deductible
Orthodontia (for children under age 19)	50%; no deductible	50%; no deductible
Annual benefit maximum (not including preventive/diagnostic care or orthodontia)	\$1,000/person	\$1,000/person
Lifetime orthodontia maximum	\$1,000/person	\$1,000/person

¹ Delta Premier and PPO dentists have agreed to a lower contracted fee for services; if you use a non-Delta provider, you'll be responsible for charges exceeding the Maximum Plan Allowance (MPA).

² Preventive/diagnostic benefits do not count toward your annual benefit maximum.

Pre-treatment estimate

If your dentist recommends a course of treatment that is expected to cost \$300 or more, you should ask your dentist to file for a pre-treatment estimate of benefits. This helps you avoid surprises by letting you know how much is payable for the proposed treatment before it begins. A pre-treatment estimate is not a guarantee of payment. Actual benefit payments will be based on procedures completed and subject to plan limits and maximums.

Vision

Vision coverage, offered through EyeMed, covers eye exams, frames, lenses and contacts, and provides discounts on many other products and services.

How the plan works

You can see any eye care professional you choose, but you receive the highest benefits when you use EyeMed network providers. For a list of providers, visit eyemed.com (select Find an eye doctor, then select the Insight network from the dropdown menu).

If you choose to receive services from an out-of-network (non-EyeMed) provider, your benefits will be based on

the out-of-network allowances shown in the chart below. You must pay the provider in full at the time of service and submit a claim for reimbursement.

If you have questions prior to enrolling, call EyeMed customer service at **1-866-800-5457**. Once enrolled, call the number listed on your ID card. Or visit eyemed.com anytime.

Vision benefits ... at a glance

VISION	In-network (EyeMed provider)	Out-of-network (Non-EyeMed provider)
Annual deductible	\$0	\$0
Eye exams (every 12 months)	You pay \$10 copay	Plan pays up to \$45
Frames (every 24 months)	You pay \$0 copay (up to \$120 retail, then 20% off)	Plan pays up to \$50
Lenses (every 12 months) - Single vision - Bifocals - Trifocals - Standard progressive	You pay \$10 copay You pay \$10 copay You pay \$10 copay You pay \$65 copay	Plan pays up to \$40 Plan pays up to \$55 Plan pays up to \$70 Plan pays up to \$55
Contact lenses (materials only) - Conventional - Disposable - Medically necessary	Plan pays up to \$120 (15% off balance over \$120) Plan pays up to \$120 Plan pays 100%	Plan pays up to \$120 Plan pays up to \$120 Plan pays up to \$210
Additional pairs	Once above benefits used, receive 40% off eyeglasses and 15% off conventional contacts	N/A

* If your eye exam shows new lenses, frames or both are necessary, such materials and the following services will be covered: prescribing and ordering lenses, assisting with frame selection, verifying accuracy of finished lenses, and fitting and adjustments.



Call Employee Benefit Services at **615-259-8464** for an out-of-network claim form.

Additional discounts

In addition to great coverage, EyeMed also gives you 40% off additional pairs of glasses, 20% off non-prescription sunglasses and 15% off Lasik. And you can order contact lenses from ContactsDirect.com, our online network provider. Shipping is free once your prescription is verified. Visit eyemed.com or download the EyeMed Members app.



Hearing

This plan, offered through Amplifon and administered by Cigna, offers a benefit toward the purchase of hearing aids.

How the plan works

The plan pays a hearing aid benefit of up to \$1,400 per person every five years. This means there are no deductibles, copays or coinsurance, up to plan limits, when you use Amplifon network providers. There are no out-of-network benefits.

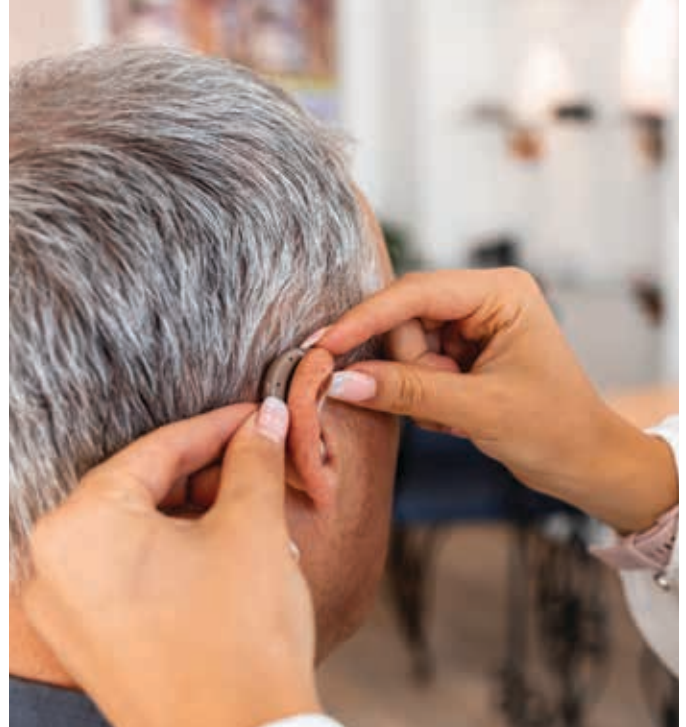
Plan features include:

- » Brand name hearing aids with a low-price guarantee
- » Large network of audiologists and ENTs
- » Extended product warranty
- » Money-back guarantee trial period

Visit amplifonusa.com/cigna for more details.

When you're ready to get started, follow these steps:

1. Call Amplifon at **1-888-901-0811** to select your nearest hearing specialist.
2. A Patient Care Advocate will explain the Amplifon process and assist you in making your hearing appointment.
3. Amplifon will send information to you and the hearing specialist prior to the appointment; this will ensure your Cigna benefit is activated.



Employee assistance program

MNPS provides an employee assistance program (EAP) through ComPsych, called GuidanceResources® EAP. Services are available to employees as well as MNPS retirees and are free and completely confidential.

How the EAP works

The EAP provides access to licensed professional counseling for a variety of concerns, including stress, anxiety, depression, relationship problems, grief and loss, legal and financial concerns, and more. Visit **[MNPSBenefits.org/eap](https://mnpsbenefits.org/eap)** for more details.

Call the EAP 24 hours a day, 7 days a week at **1-888-297-9028**. Or visit **guidanceresources.com**. Enter username: MNPS; password: EAP to visit MNPS's customized EAP page.



Important contacts

Plan	Administrator	Website/Email	Phone
MNPS Employee & Family Health Care Centers	Vanderbilt Health	MNPSHealth.org	615-259-8755
Medical	Cigna Medical Plan for retirees under 65 without Medicare (Open Access Plus)	If currently enrolled, log onto myCigna.com If not yet enrolled, visit cigna.com	1-800-Cigna24 (1-800-244-6224) TTY/TDD: 1-800-987-8816 24-Hour Health Information Line: 1-800-244-6224
Dental	Delta Dental	deltadentaltn.com/mnps	1-800-223-3104
Vision	EyeMed	eyemed.com	1-866-800-5457
Hearing	Cigna/Amplifon	amplifonusa.com/cigna	1-888-901-0811
Employee Assistance Program	ComPsych	guidanceresources.com username: MNPS password: EAP	1-888-297-9028

This brochure provides highlights of Metro Nashville Public Schools' certificated benefits program. It is not intended to include all benefit plan details. Complete details about how the plans work are included in the plan documents, which are available upon request. If there are any differences between the information in this brochure and the plan documents, the plan documents will govern the employee's or retiree's rights to benefits in all cases. This document does not constitute a contract or offer of employment. MNPS reserves the right to change or end any of the plans or programs described in this brochure at any time. If you have any questions about MNPS's benefits program, contact Employee Benefit Services.

Questions?

Employee Benefit Services

VISIT: **MNPSBenefits.org**

CALL: **615-259-8464** or **615-259-8648**

FAX: 615-214-8665

WRITE: MNPS, Attention: Employee Benefit Services
2601 Bransford Ave. Nashville, TN 37204

HOURS: Monday-Friday, 8 a.m.-4:30 p.m.



Be smart
Live well