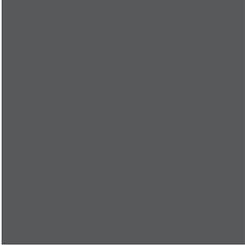


For certificated retirees and their covered dependents with Medicare

# 2022 Retiree Benefits Guide



METRO  
NASHVILLE  
PUBLIC  
SCHOOLS





This guide is for certificated retirees and their covered dependents who are eligible for Medicare Parts A & B.

If this describes you or a family member\*:

- » You have two options\*\* for medical coverage:
  - The Cigna Medicare Advantage PPO
  - The Cigna Medicare Surround Plan
- » The dental and vision coverage you had as an active employee will continue
- » Your hearing coverage will depend on which medical plan you choose

Your plans/options are described in this guide.



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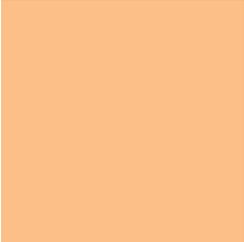
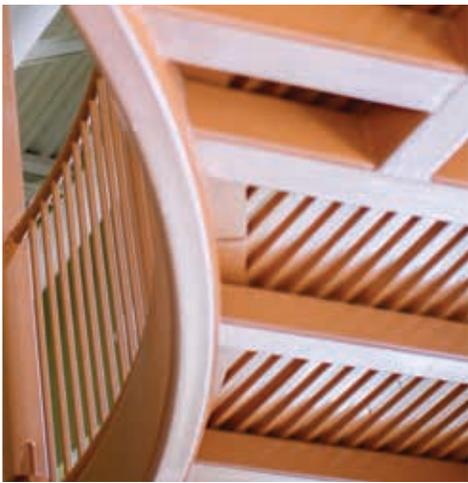
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\* If you or a covered family member are not eligible for Medicare, refer to the *Retiree Benefits Guide for certificated retirees and their covered dependents WITHOUT Medicare*.



\*\* Our current Cigna Medicare Advantage HMO plan is now closed. If you're currently enrolled in it, you may remain enrolled throughout 2022, or you may switch to one of the other plan options. But it's no longer included in this Benefits Guide; see the Cigna Medicare Advantage HMO 4-page flier.



# 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, and the steps you need to take.



## At Annual Transfer

- If you receive this guide during Annual Transfer, read the enclosed materials to learn about any benefit changes for 2022.
- If you're happy with your current medical plan, you don't have to do anything; your coverage will continue in 2022.
- If you wish to switch to a different plan for 2022, make your election in one of the following ways by November 30, 2021. If you decide not to use online or phone enrollment, your 2022 Enrollment Form is enclosed.

**ONLINE:** Go to [MNPSBenefits.org/retiree](https://mnpsbenefits.org/retiree) > Benefit Express (follow the instructions to log on)

**EMAIL:** Print and scan or take a picture of your completed Enrollment Form, and email it to [benefits@mnps.org](mailto:benefits@mnps.org)

**FAX:** 615-214-8665

**MAIL OR DELIVER:** Employee Benefit Services, MNPS, 2601 Bransford Ave. Nashville, TN 37204

**PHONE:** Call Benefit Express at **1-844-593-0331** and they will help you make your changes

## Your cost for coverage

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

<b>Retiree and/or spouse with Medicare A &amp; B:</b> Cigna Medicare Advantage PPO (new for 2022!): Cigna Medicare Surround Plan: Cigna Medicare Advantage HMO (closed to new enrollees):	\$50.00 per person \$136.01 per person \$51.00 per person
<b>Dependent(s) without Medicare*:</b>	\$92.10 per dependent

Retiree and spouse do not have to choose the same medical option. If you or a covered family member are not eligible for Medicare, refer to the Retiree Benefits Guide for certificated retirees and their covered dependents WITHOUT Medicare.

# Cigna Medicare Advantage PPO\*

## with Medicare Part D Prescription Drug Coverage



The Cigna Medicare Advantage\*\* PPO (MAPD-PPO) covers everything Original Medicare (Parts A and B) covers, plus many extras, including Part D prescription drugs and other value-added benefits.

### How the plan works

With the Cigna MAPD-PPO, you can visit any provider who accepts Medicare and this plan. Accepting the plan means the doctor is willing to treat you and bill Cigna, even if they are not contracted with Cigna as an in-network MAPD provider. You pay the same cost share whether you see a network or out-of-network provider. You don't need to select a primary care physician, and you don't need a referral to see a specialist.

Under the plan, there are no deductibles. You simply pay a copay or coinsurance amount for covered services. See the chart on page 4.

### Choosing a provider

To find in-network providers, visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources). If your doctor is not in the Cigna MAPD-PPO network and will not accept the plan, call Cigna Customer Service at **1-888-281-7867 (TTY 711)**. They will reach out on your behalf.

### Prescription drugs

The Cigna MAPD-PPO includes Medicare Part D prescription drug coverage. Therefore, MNPS retirees in this plan do not need to enroll in an independent Medicare Part D plan; doing so would result in the cancellation of your MNPS coverage.

Benefits for covered prescription drugs are based on a drug list, called a formulary. You can view the drug list and see how your current medications are classified by creating and/or logging onto [myCigna.com](https://www.mycigna.com) (see next column). See page 5 for prescription drug copay amounts.

### Finding network pharmacies

To locate network pharmacies, visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources).

### ID cards

The Cigna MAPD-PPO has only one ID card for both medical and prescription coverage. All enrollees will receive an ID card in the mail to use in 2022.

### Questions?

Call Cigna Customer Service at **1-888-281-7867 (TTY 711)**. Hours are 8 a.m.-8 p.m., 7 days a week. Or visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources).

After you enroll in the MAPD-PPO, visit [myCigna.com](https://www.mycigna.com). Once you create a user ID and password, you can access a secure members-only website and:

- » View your Cigna MAPD-PPO benefits
- » View your drug list
- » Find a doctor, including telehealth
- » Find a network pharmacy
- » Review claim history and Explanation of Benefits (EOBs)
- » Manage your prescriptions
- » Access your Healthy Rewards® discount programs
- » View and print your ID card
- » Complete incentive program registration and choose a gift card

\*The official name of this plan is Cigna True Choice Medicare (PPO). This name will appear on your Cigna ID card.

\*\*Medicare Advantage plans are health plans approved by Medicare and provided by private companies like Cigna. Medicare sets the rules for these plans and regulates the private companies that operate them.

### Extra benefits

Cigna MAPD-PPO members also enjoy no-cost extras like:

- » Wellness incentives for yearly health checkups and preventive screenings
- » Transportation services that include 50 one-way trips per year
- » Home meal delivery after an inpatient hospital stay
- » The Silver&Fit® Fitness Program, which includes membership at participating fitness centers like the YMCA

See your Cigna Medicare enrollment packet to learn more.

As an MAPD-PPO enrollee, you also have access to telehealth counseling through the Connect with Karla® program at no cost to you. Visit [www.sync.health/mnps](https://www.sync.health/mnps).

# Cigna Medicare Surround Plan

## with Cigna Rx Medicare (PDP)

The Cigna Medicare Surround Plan, administered by Cigna, helps pay some of the health care costs that Medicare Part A or Part B does not cover.

### How the plan works

The Medicare Surround plan pays half of what Medicare does not pay, and you pay the other half. For example, if Medicare pays 80% for a covered service, leaving 20%, you will pay 10% and the Surround plan will pay 10%. See the chart on page 4.

### Choosing a provider

The Medicare Surround does not require you to use network providers. You can visit any health care provider who accepts Medicare. You don't need to select a primary care physician, and you don't need a referral to see a specialist. To find doctors who accept Medicare, visit [medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY/TDD users call **1-877-486-2048**.

### Prescription drugs

Under the Medicare Surround plan, coverage for prescription drugs is provided through the Cigna Rx Medicare (PDP). This plan is an approved Medicare Part D plan. The plan has been deemed creditable and is equal to or better than the Medicare Part D plan. Therefore, MNPS retirees in the Cigna Medicare Surround do not need to enroll in an independent Medicare Part D plan; doing so would result in the cancellation of your MNPS coverage.

Benefits for covered prescription drugs are based on a drug list, called a formulary. You can view the drug list and see how your current medications are classified by visiting [myCigna.com](https://myCigna.com).

See the chart on page 5 for prescription drug copay amounts. If you use an out-of-network pharmacy, you will pay more out of pocket.

### Finding network pharmacies

To locate network pharmacies, call the number listed to the right or visit [CignaMedicare.com/group/PDPresources](https://CignaMedicare.com/group/PDPresources).

### ID cards

There are two ID cards: one for medical/hospital expenses from Cigna with the word INDEMNITY printed on the front; the other for prescription expenses from Cigna Rx Medicare (PDP). Current enrollees will continue to use their current ID cards in 2022; only new enrollees will receive new ID cards.

### Questions?

Call Cigna Customer Service at **1-800-Cigna24 (1-800-244-6224)**, 24 hours a day, 7 days a week. For prescription drug questions, call **1-800-558-9562 (TTY 711)**.

After you enroll in the Medicare Surround, visit [myCigna.com](https://myCigna.com). Once you create a user ID and password, you can access a secure members-only website and:

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

### Extra benefits

As a Surround plan enrollee, you have access to:

- » All the services offered at the MNPS Health Care Centers at no cost to you. Visit [MNPSHealth.org](https://MNPSHealth.org).
- » Cigna's Active&Fit Direct™ program, which offers fitness center memberships at 8,000+ fitness centers nationwide for \$25/month (plus a \$25 enrollment fee). Visit [ActiveandFitDirect.com/fitness/Cigna](https://ActiveandFitDirect.com/fitness/Cigna).
- » Telehealth counseling through the Connect with Karla® program. Visit [sync.health/mnps](https://sync.health/mnps).
- » Chronic condition management through the MNPS Health Care Centers, including free medications through the Cigna Rx Medicare (PDP). Visit [MNPSHealth.org/healthcoaching](https://MNPSHealth.org/healthcoaching).

# Medical

## Medical benefits ... at a glance



MEDICAL	Cigna Medicare Advantage PPO	Cigna Medicare Surround	
<b>Lifetime maximum benefit</b>	None	None	
Annual deductible (applies to Part B services only)	\$0	Cigna pays 50% of your Part B deductible; you pay 50%	
Annual out-of-pocket maximum (Part B only)	\$2,000	\$2,000	
	<b>You pay...</b>	<b>After Part B deductible, Medicare pays<sup>1</sup>...</b>	<b>After Part B deductible...</b>
<b>Wellness</b>			
Preventive care/immunizations	\$0	100% (no deductible)	You pay \$0
<b>Office/routine care</b>			
MNPS Employee & Family Health Care Center visits	Primary: \$0 Specialist: 10%	N/A	You pay \$0
Primary care visits	\$0	80%	Cigna pays 10%; you pay 10%
Mental health/substance abuse office visit	\$0	80%	Cigna pays 20%; you pay \$0
Specialist visits	10%	80%	Cigna pays 10%; you pay 10%
In-office lab, radiology, surgery, injections, second opinions	Included in office visit copay	80%	Cigna pays 10%; you pay 10%
Urgent care	10%	80%	Cigna pays 10%; you pay 10%
<b>Office/routine care</b>			
Lab services (diagnostic)	\$0	100% (no deductible)	You pay \$0
Lab/x-ray, dialysis, chemo, radiation therapy	Up to 10%	80%	Cigna pays 10%; you pay 10%
Short-term rehabilitation visits	\$0	80%	Cigna pays 10%; you pay 10%
Durable medical equipment	10%	80%	Cigna pays 10%; you pay 10%
Part B drugs <sup>2</sup>	10%	80%	Cigna pays 10%; you pay 10%
<b>Hospital care</b>			
Inpatient - facility services	\$0	Day 1-60: 100% after \$1,484/ confinement deductible; Day 61+: see benefit summary	Day 1-60: Cigna pays half of deductible; you pay other half Day 61+: see benefit summary
Inpatient - professional services	\$0	80%	Cigna pays 10%; you pay 10%
Emergency (waived if admitted)	10%	80%	Cigna pays 10%; you pay 10%
Ambulance	\$0	Up to 80%	Cigna pays rest; you pay \$0
Outpatient surgery - facility services	10%	80%	Cigna pays 10%; you pay 10%
Outpatient non-surgical - facility services	10%	80%	Cigna pays 10%; you pay 10%
Advanced imaging/radiation therapy	10%	80%	Cigna pays 10%; you pay 10%
Skilled nursing facility (see benefit summary for days 101+)	Day 1-20: \$0 Day 21-100: \$92/day	Day 1-20: 100% Day 21-100: Cigna pays all but \$185.50/day	Day 1-20: You pay \$0 Day 21-100: Cigna pays half of day rate; you pay other half
Home health care	\$0	100% (no deductible)	You pay \$0
<b>Mental health and substance abuse</b>			
Inpatient	\$0	\$0	\$0
Outpatient visits	\$0	\$0	\$0

<sup>1</sup> The amount Medicare pays for covered services is subject to change annually. Medicare payment amounts for 2022 had not been announced at the time this guide was printed. For the most current information, see [medicare.gov](https://www.medicare.gov).

<sup>2</sup> Includes but is not limited to inhaled nebulizer medications, injectable drugs/IV drugs, antigens, osteoporosis drugs, erythropoiesis, blood clotting factors, immunosuppressive drugs, oral cancer drugs, oral anti-nausea drugs; follows Medicare standard guidelines

# Medical

## Prescription drug benefits ... at a glance

PRESCRIPTION DRUGS	Cigna Medicare Advantage PPO with Part D Prescription Drug Coverage		Cigna Medicare Surround with Cigna Rx Medicare (PDP)	
	During Initial Coverage and Coverage Gap <sup>1</sup> (until you have spent \$4,430-\$7,050 in true out-of-pocket Rx costs)			
You pay... (unless otherwise noted)	Kroger	Other pharmacies	Kroger	Other pharmacies
Annual prescription out-of-pocket maximum	N/A		\$1,500	
<b>Certain preventive drugs</b>				
Generic and brand	\$0		\$0	
<b>Network retail (30-day supply)</b>				
Tier 1: generic	\$2	\$5	\$2	\$5
Tier 2: preferred brand	\$20	\$25	\$20	\$25
Tier 3: non-preferred brand	\$75	\$80	\$75	\$80
Tier 4: high-cost specialty <sup>2</sup>	\$75	\$80	\$75	\$80
Out-of-network	N/A	See note below <sup>3</sup>	N/A	See note below <sup>3</sup>
<b>Network retail (60-day or 90-day supply)</b>				
Tier 1: generic	\$4	\$10	\$4	\$10
Tier 2: preferred brand	\$40	\$50	\$40	\$50
Tier 3: non-preferred brand	\$150	\$160	\$150	\$160
Tier 4: high-cost specialty <sup>2</sup>	N/A	N/A	N/A	N/A
Out-of-network	N/A	N/A	N/A	N/A
<b>Mail order (30-day supply)</b>				
Tier 1: generic	N/A	\$5	N/A	\$5
Tier 2: preferred brand	N/A	\$25	N/A	\$25
Tier 3: non-preferred brand	N/A	\$80	N/A	\$80
Tier 4: high-cost specialty <sup>2</sup>	N/A	\$80	N/A	\$80
Out-of-network	N/A	See note below <sup>3</sup>	N/A	See note below <sup>3</sup>
<b>Mail order (60-day or 90-day supply)</b>				
Tier 1: generic	N/A	\$10	N/A	\$10
Tier 2: preferred brand	N/A	\$50	N/A	\$50
Tier 3: non-preferred brand	N/A	\$160	N/A	\$160
Tier 4: high-cost specialty <sup>2</sup>	N/A	N/A	N/A	N/A
Out-of-network	Same as in-network for 30-day supply		Same as in-network for 30-day supply	
<b>PRESCRIPTION DRUGS (retail and mail order)</b>	<b>Catastrophic Coverage</b> (once you have paid \$7,050 in true out-of-pocket Rx costs)			
	Lesser of Standard Part D or Gap Coverage. Standard Part D = Greater than 5% of cost or \$3.95 for generic; greater than 5% of cost or \$9.85 for brand			

<sup>1</sup> Although some Medicare prescription drug plans do not provide coverage during the coverage gap, also known as the donut hole, the Medicare Surround and Cigna Rx Medicare (PDP) and Cigna MAPD plans do, so there is no gap in coverage.

<sup>2</sup> Specialty drugs are limited to a 30-day supply per fill.

<sup>3</sup> Prescriptions purchased out-of-network are paid at the in-network level, but you're responsible for any difference between the out-of-network pharmacy billed charge and the actual in-network allowable amount. Limited to 30-day supply.

# 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](http://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](http://deltadentaltn.com/mnps) for more details.

DENTAL	In-network (Delta Premier/PPO dentists)	Out-of-network <sup>1</sup> (Non-Delta dentists)
<b>Annual deductible</b> (does not apply to preventive/diagnostic services)	\$50/person \$150/family	\$50/person \$150/family
<b>Plan pays...</b>		
Preventive/diagnostic <sup>2</sup> (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
<b>Annual benefit maximum</b> (not including preventive/diagnostic care or orthodontia)	\$1,000/person	\$1,000/person
<b>Lifetime orthodontia maximum</b>	\$1,000/person	\$1,000/person

<sup>1</sup> 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).

<sup>2</sup> 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](http://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](http://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](http://ContactsDirect.com), our online network provider. Shipping is free once your prescription is verified. Visit [eyemed.com](http://eyemed.com) or download the EyeMed Members app.



# Hearing

A hearing benefit is bundled with your medical/dental/vision coverage to help offset the cost of hearing aids.

## ***For Medicare Advantage PPO and HMO enrollees***

The hearing benefit is provided with your medical plan through Hearing Care Solutions. It covers one routine hearing exam per year for \$0 copay and a hearing aid benefit of up to \$700/ear every three years (\$0 copay for fitting). Visit [HearingCareSolutions.com/Cigna-HealthSpring-Health-Plan](https://HearingCareSolutions.com/Cigna-HealthSpring-Health-Plan) or call **1-866-872-1001** for more information.

## ***For Medicare Surround enrollees***

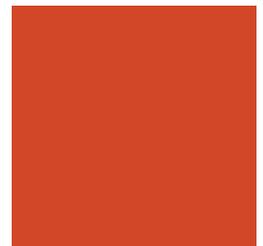
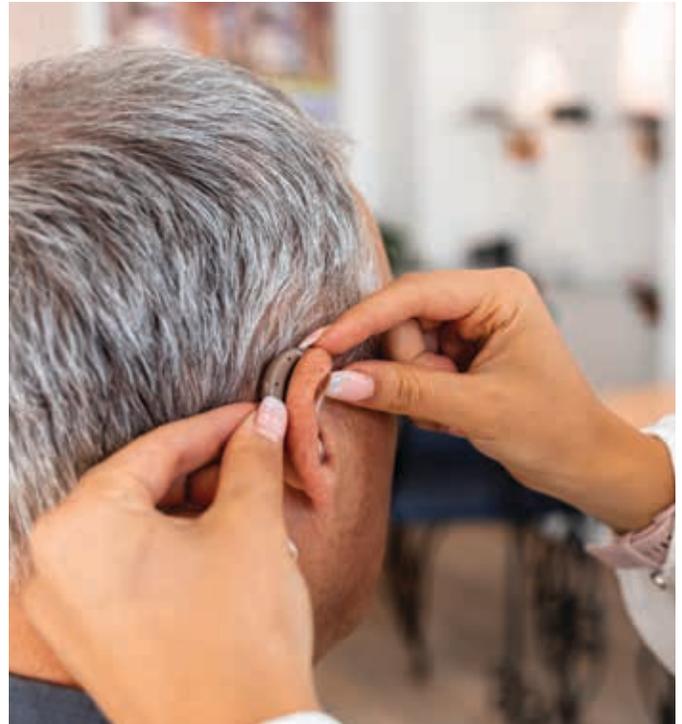
The hearing benefit is provided through Amplifon and administered by Cigna. It pays a hearing aid benefit of up to \$1,400 per person every five years. This means there are no deductibles, copays or coinsurance, up to plan limits, when you use Amplifon network providers. There are no out-of-network benefits. 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](https://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 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](https://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	<a href="http://MNPSHealth.org">MNPSHealth.org</a>	615-259-8755
Medical	Cigna Medicare Advantage Plan (True Choice Medicare PPO) with Medicare Part D Prescription Drug Coverage	<a href="http://CignaMedicare.com/group/MAresources">CignaMedicare.com/group/MAresources</a> <a href="http://myCigna.com">myCigna.com</a> (if enrolled)	1-888-281-7867 TTY: 711
	Cigna Medicare Surround Plan with Cigna Rx Medicare (PDP)	If currently enrolled, log onto <a href="http://myCigna.com">myCigna.com</a>  If not yet enrolled, visit <a href="http://cigna.com">cigna.com</a>  For prescription drugs: <a href="http://CignaMedicare.com/group/PDPresources">CignaMedicare.com/group/PDPresources</a>	1-800-Cigna24 (1-800-244-6224)  For prescription drugs: 1-800-558-9562 TTY: 711
	<b>Closed plan:</b> Cigna Medicare Advantage Plan (Preferred Medicare HMO) with Medicare Part D Prescription Drug Coverage	<a href="http://CignaMedicare.com/group/MAresources">CignaMedicare.com/group/MAresources</a> <a href="http://myCigna.com">myCigna.com</a> (if enrolled)	1-888-281-7867 TTY: 711
Dental	Delta Dental	<a href="http://deltadentaltn.com/mnps">deltadentaltn.com/mnps</a>	1-800-223-3104
Vision	EyeMed	<a href="http://eyemed.com">eyemed.com</a>	1-866-800-5457
Hearing	Surround: Cigna/Amplifon MAPDs: Hearing Care Solutions	<a href="http://amplifonusa.com/cigna">amplifonusa.com/cigna</a> <a href="http://HearingCareSolutions.com/Cigna-HealthSpring-Health-Plan">HearingCareSolutions.com/Cigna-HealthSpring-Health-Plan</a>	1-888-901-0811 1-866-872-1001
Employee Assistance Program	ComPsych	<a href="http://guidanceresources.com">guidanceresources.com</a> username: MNPS password: EAP	1-888-297-9028

## 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](http://MNPSBenefits.org)). Or request a free, printed copy by contacting Employee Benefit Services at **615-259-8464** or [benefits@mnps.org](mailto:benefits@mnps.org).

## Disclaimer

This brochure provides highlights of Metro Nashville Public Schools' certified 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](http://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.