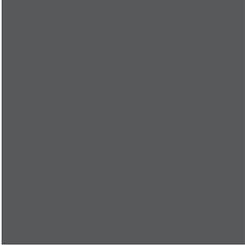


For certificated retirees and
their covered dependents

2022 Retiree Benefits Guide



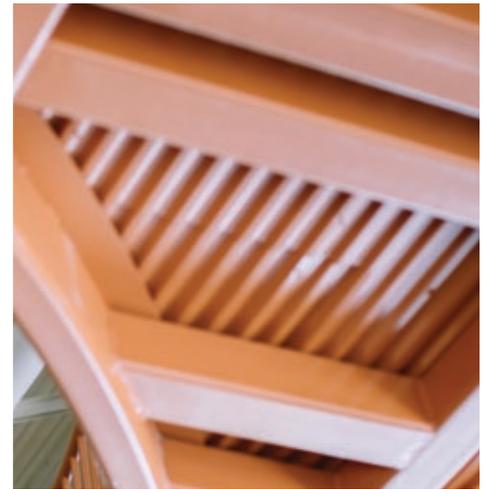
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Table of contents

Medical plan for enrollees under age 65 without Medicare	2
Cigna medical plan	2
Medical benefits ... at a glance	4
Prescription drug benefits ... at a glance.....	5
Medical options for enrollees age 65 and older with Medicare A & B*	6
Cigna Medicare Advantage PPO.....	6
Cigna Medicare Surround Plan	8
Medical benefits... at a glance	10
Prescription drug benefits ... at a glance.....	11
Dental	12
Vision	14
Hearing	15
Employee Assistance Program.....	15
Your premiums	16
Steps to take.....	17
Important contacts.....	Back cover

* The Cigna Medicare Advantage HMO plan is now closed and no longer included in this Benefits Guide. If you're enrolled in this plan, see the Cigna Medicare Advantage HMO flier, posted on MNPSBenefits.org/retiree.



Start here

Coverage options for enrollees with Medicare differ from coverage options for enrollees without Medicare. Follow the path that describes your situation. **Retirees and their eligible dependents may follow different paths.**

Retirees and dependents **under age 65 without Medicare**

*Follow the green path for your benefits.
You have coverage under:*

Cigna Medical Plan

You will remain covered under the same medical plan you had as an active employee until you become eligible for Medicare.

Learn more on pages 2-5.

**Your benefits include dental, vision,
hearing and EAP coverage**

See pages 12-15.

During Annual Transfer:
**Read your enrollment materials to learn
what's changing for the upcoming year**

Do nothing until you become eligible for Medicare

Then you must enroll for Medicare Parts A & B and send a copy of your Medicare card to Employee Benefit Services.* This allows you to move to one of the medical options for Medicare-eligible enrollees and for your premium to be reduced.

Retirees and dependents **with Medicare A & B**

*Follow the orange path for your benefits.
You have two options for retiree coverage:*

Cigna Medicare Advantage PPO

with Medicare Part D
Prescription Drug Coverage

Cigna Medicare Surround Plan

with Cigna
Rx Medicare (PDP)

See pages 6-11 for details.

**Your benefits include dental, vision,
hearing and EAP coverage**

See pages 12-15.

During Annual Transfer:
**Read your enrollment materials to learn
what's changing for the upcoming year**

Elect a different option

Annual Transfer is your opportunity to switch from your current plan to the other medical option; see page 17.

Do nothing

If you're happy with your current plan, you don't have to do anything; your coverage will continue.

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

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](https://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](https://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](https://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!

Programs and services that come with your medical coverage

Certificated retirees and their covered dependents under age 65 without Medicare continue to have access to these special programs and services at no additional cost to you. Note: Eligibility for some of these programs ends when you become eligible for Medicare.



CONNECT
with
Karla[®]

Connect with Karla[®]

Feeling stressed or overwhelmed? Synchronous 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

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.



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 10.

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 11 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.

Extras that come with your medical coverage

Cigna Medicare Advantage PPO

Certificated retirees and dependents enrolled in the Cigna MAPD-PPO have access to these special programs and services at no additional cost to you.



Wellness incentives

Earn a \$50 gift card for completing your yearly health check-up. After completing this important exam, you may qualify for additional incentives for other age-appropriate preventive screenings. To learn more, call **1-888-281-7867 (TTY 711)** or log in to myCigna.com.



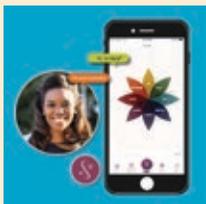
Free transportation

Need a ride to the pharmacy or doctor's office? Your MAPD-PPO covers 50 one-way trips per year to approved locations at no cost to you. Call **1-888-281-7867 (TTY 711)** or log in to myCigna.com.



Meal delivery after a hospital stay

This benefit provides 14 nutritious meals delivered to your home after an eligible hospital or skilled nursing facility stay, up to three times a year. After you're discharged, Cigna's meal provider will contact you to schedule delivery. To learn more, call **1-888-281-7867 (TTY 711)**.



Connect with Karla®

Feeling stressed or overwhelmed? Synchronous 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.



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**.



Silver&Fit® Healthy Aging and Exercise program

Get healthier with Cigna's fitness benefit provided by Silver&Fit. Enjoy one, some or all of the following at no cost to you:

- » Membership at one of 16,000+ fitness centers (change fitness centers at any time)
- » Digital workout resources including daily online video classes plus a library of 1,500+ on-demand workout videos
- » Home-based fitness kit options including wearable fitness tracker, yoga and strength kits
- » One-on-one healthy aging coaching and resources

Call **1-888-886-1992 (TTY 711)** or visit SilverandFit.com to learn more or enroll.



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 10.

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.

See the chart on page 11 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.

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. 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!

Extras that come with your medical coverage

Cigna Medicare Surround Plan

Certificated retirees and dependents enrolled in the Cigna Surround plan have access to these special programs and services at no additional cost to you.



Fitness center membership discount

Cigna's Active&Fit Direct™ program offers fitness center memberships at 8,000+ fitness centers nationwide for \$25/month (plus a \$25 enrollment fee).

Visit ActiveandFitDirect.com/fitness/Cigna.



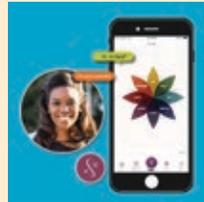
Foodsmart

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

foodsmart

to your plan. Schedule follow-up visits with your dietitian as needed. 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.

Email telenutrition@foodsmart.com or call **1-888-837-5325** with questions.



CONNECT
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Karla®

Connect with Karla®

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



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**.

Medical

Medical benefits ... at a glance

MEDICAL	Cigna Medicare Advantage PPO	Cigna Medicare Surround	
Lifetime maximum benefit	None	None	
Annual deductible (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	
	You pay	After Part B deductible, Medicare pays¹	After Part B deductible
Wellness			
Preventive care/immunizations	\$0	100% (no deductible)	You pay \$0
Office/routine care			
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%
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%
Office/routine care			
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 ²	10%	80%	Cigna pays 10%; you pay 10%
Hospital care			
Inpatient - facility services	\$0	Day 1-60: 100% after \$1,484/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 - 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
Mental health and substance abuse			
Inpatient	\$0	\$0	\$0
Outpatient visits	\$0	\$0	\$0

¹ 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).

² 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 ¹ (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	
Certain preventive drugs				
Generic and brand	\$0		\$0	
Network retail (30-day supply)				
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 ²	\$75	\$80	\$75	\$80
Out-of-network	N/A	See note below ³	N/A	See note below ³
Network retail (60-day or 90-day supply)				
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 ²	N/A	N/A	N/A	N/A
Out-of-network	N/A	N/A	N/A	N/A
Mail order (30-day supply)				
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 ²	N/A	\$80	N/A	\$80
Out-of-network	N/A	See note below ³	N/A	See note below ³
Mail order (60-day or 90-day supply)				
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 ²	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	
PRESCRIPTION DRUGS (retail and mail order)	Catastrophic Coverage (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 or \$3.95 for generic; greater than 5% of cost or \$9.85 for brand			

¹ 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.

² Specialty drugs are limited to a 30-day supply per fill.

³ 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 Cigna, provides 100% coverage for preventive care when you use Cigna network 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 Cigna Total DPPO Network.

Finding network providers and more

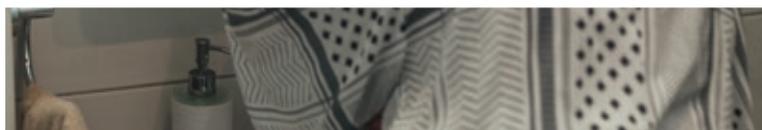
For a list of providers or for more information about the plan, call **1-800-Cigna24 (800-244-6224)**, or visit **myCigna.com**. MyCigna is a tool that stores all your dental information in one secure place. Your login connects you to:

- » Dental provider directories
- » Provider comparison tools
- » Quotes on common dental care services
- » Forms
- » Information on health conditions
- » Discounts to other services and more

If you choose to go to a non-Cigna provider and charges exceed the contracted amount (called the Maximum Allowable Charge, or MAC), you must pay your coinsurance plus the amount exceeding the MAC.

Pre-treatment estimate

If your dentist recommends a course of treatment that is expected to cost \$200 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.



Dental benefits ... at a glance

Below is a summary of your dental plan benefits. Additional benefit and frequency limits may apply; see the official plan document for more details.

DENTAL	In-network (Cigna Total DPPO Network dentists)	Out-of-network ¹ (Non-participating dentists)
Annual deductible (does not apply to preventive/diagnostic services)	\$50/person \$150/family	\$50/person \$150/family
Plan pays...		
Preventive/diagnostic² Exams/cleanings/standard x-rays up to 2x/year, fluoride treatments, sealants, space maintainers (frequency limits apply)	100%; no deductible	100%; no deductible
Basic restorative (fillings, bridge repair, denture repair, extractions, oral surgery, root canals, periodontics)	80% after deductible	80% after deductible
Major restorative (inlays/onlays, crowns/crown repair, bridges, dentures/denture adjustment/reline, implants)	50% after deductible	50% after deductible
Orthodontia (children and adults)	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 Cigna Total DPPO Network dentists have agreed to lower contracted fee for services; if you use an out-of-network provider, you'll be responsible for charges exceeding the Maximum Allowable Charge (MAC).

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

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.



Additional hearing benefit for Medicare Advantage PPO enrollees

In addition to the above benefit, your MAPD-PPO plan offers a hearing benefit 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 or call **1-866-872-1001** for more information.

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 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.



Your cost

The following per-member monthly premium are effective July 1, 2022 – June 30, 2023. All plans include dental coverage through Cigna, vision coverage through EyeMed and hearing coverage through Amplifon.

Medical/dental/vision/hearing

Plan	With or without Medicare	Monthly cost
Cigna Medical Plan	Retiree and/or spouse without Medicare	\$241.21/member
	Dependent child without Medicare	\$101.67/dependent child
Cigna Medicare Surround Plan with Cigna Rx (PDP)	Retiree and/or spouse with Medicare	\$151.04/member
Cigna Medicare Advantage PPO with Part D drug coverage	Retiree and/or spouse with Medicare	\$50/member
Cigna Medicare Advantage HMO with Part D drug coverage (closed plan)	Retiree and/or spouse with Medicare	\$51/member

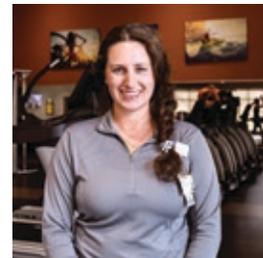
Have questions about your premiums?

Contact Employee Benefit Services at **615-259-8464** or **615-259-8648**.

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.

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.



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 (or a covered dependent) are under age 65 and not yet eligible for Medicare and 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 your Annual Transfer packet.

If you (or a covered dependent) are eligible for Medicare and receive this guide during Annual Transfer, read your packet materials to learn about any benefit changes for the upcoming year.

- » If you're happy with your current medical plan, you don't have to do anything; your coverage will continue.
- » If you wish to switch to a different plan for the upcoming year, make your election in one of the following ways by November 30 of the current year. (If you decide not to use online or phone enrollment, your Enrollment Form is enclosed in your Annual Transfer packet.)

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

FAX: 615-214-8990

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

When you become eligible for Medicare

Once you (or a covered dependent) become Medicare-eligible, you (or they) 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 an MNPS plan that coordinates with Medicare (see pages 6-11). 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

If you have a qualifying event

If you need to change your coverage or add or drop dependents from your coverage due to a qualifying life event, you have 60 days from the date of the event to do so.

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
	Cigna Medicare Advantage Plan (True Choice Medicare PPO) with Medicare Part D Prescription Drug Coverage	CignaMedicare.com/group/MAresources myCigna.com (if enrolled)	1-888-281-7867 TTY: 711
	Cigna Medicare Surround Plan with Cigna Rx Medicare (PDP)	If currently enrolled, log onto myCigna.com If not yet enrolled, visit Cigna.com For prescription drugs: CignaMedicare.com/group/PDPresources	1-800-Cigna24 (1-800-244-6224) For prescription drugs: 1-800-558-9562 TTY: 711
	Closed plan: Cigna Medicare Advantage Plan (Preferred Medicare HMO) with Medicare Part D Prescription Drug Coverage	CignaMedicare.com/group/MAresources myCigna.com (if enrolled)	1-888-281-7867 TTY: 711
Dental	Cigna	myCigna.com	1-800-Cigna24 (1-800-244-6224)
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

Questions?

Employee Benefit Services

VISIT: MNPSBenefits.org

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

FAX: 615-214-8990

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

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