For certificated retirees and
their covered dependents

2026 Retiree Benefits Guide

METRO
NASHVILLE
PUBLIC
SCHOOLS

Take advantage of free counseling services with the MNPS Employee Assistance Program. Learn more on page 2.

Table of contents

Medical plan for enrollees under age 65 without Medicare 4
- Cigna medical plan 4
- Medical benefits ... at a glance 6
- Prescription drug benefits ... at a glance 7
- Extras that come with your medical coverage 8

Medical plan for enrollees age 65 and older with Medicare A & B* 10
- HealthSpring True Choice Medicare Advantage (PPO) 10
- HealthSpring Preferred Medicare Advantage (HMO) 11
- Medical benefits ... at a glance 12
- Prescription drug benefits ... at a glance 13
- Extras that come with your medical coverage 14

Dental 16

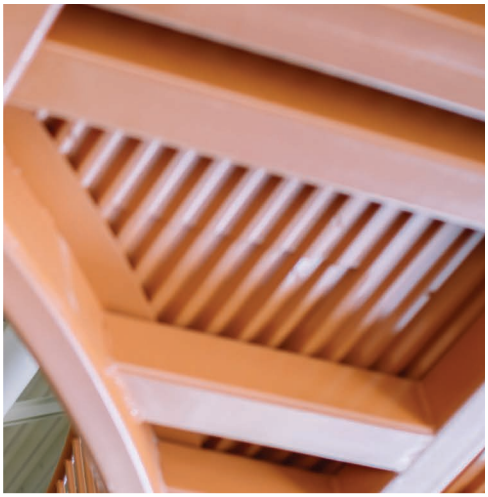
Vision 18

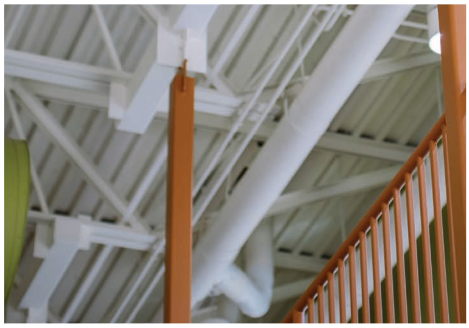
Hearing 19

Your cost 20

Steps to take 21

Important contacts ..... Back cover





* The Cigna Medicare Surround Plan (a closed plan) is not included in this Benefits Guide. For a summary of this plan, see the individual plan flier posted on **MNPSBenefits.org/retiree-benefits-guide**.

Employee Assistance Program

Most employers don't offer an Employee Assistance Program (EAP) to retirees. Not so at MNPS! MNPS provides an 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 details.

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

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 4-9.

Your benefits include dental, vision, hearing and EAP coverage

See pages 2 and 16-19.

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.

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

Retirees and dependents with Medicare A & B

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

HealthSpring True Choice Medicare Advantage (PPO)

HealthSpring Preferred Medicare Advantage (HMO)*

with Medicare Part D prescription drug coverage

See pages 10-15 for details.

Both plans include dental, vision, hearing and EAP coverage

See pages 2 and 16-19.

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

Do nothing

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

Elect a different option

If you want to switch to a different plan, complete the enrollment form provided to you. Each enrollee must make an individual election on the form.

* The HMO is available only to Tennessee residents.

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 6**. Some services, such as office visits, are covered with a copay. Other services require you to meet an annual deductible first, then pay a percentage of the cost (coinsurance). Only the cost of covered services applies toward the deductible.

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

Cigna no longer mails ID cards unless you request it. Simply register for and log on to **myCigna.com** or the myCigna app to view or print your card, save it to your phone, or share it with a provider.

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 7**. 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. The prescription drug deductible and copays apply to your medical annual 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

Medical benefits ... at a glance

MEDICAL	In-network	Out-of-network
Lifetime maximum medical benefits	Unlimited	Unlimited
You pay...		
Annual deductible[1]	$500/person $1,500/family	$800/person $2,050/family
Annual out-of-pocket maximum[1]	$3,600/person $7,200/family	$7,200 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	$35	40% after deductible
Mental health/substance abuse office visit	$0	40% after deductible
Specialist visits	$50	40% after deductible
Lab/x-ray in physician's office	$0	40% after deductible
Urgent care facility	$35	$35
Chiropractic (up to 24 visits/year)	$50	Not covered
Physical, occupational and speech therapy	15% after deductible	40% after deductible
Durable medical equipment	15% after deductible	40% after deductible
Maternity		
Prenatal care	You pay $35 copay for initial visit	40% after deductible
Delivery	15% after deductible	40% after deductible
Hospital care/outpatient facility		
Inpatient hospitalization	15% after deductible	40% after deductible
Outpatient surgery	15% after deductible	40% after deductible
Outpatient/diagnostic facility	15% after deductible	40% after deductible
Emergency (copay waived if admitted)	$150, then 15% after deductible	
Ambulance	15% after deductible	
Skilled nursing facility	15% after deductible	40% after deductible
Home health care	15% 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 prescription out-of-pocket maximum	Included in medical out-of-pocket maximum	
Certain preventive drugs		
Generic and brand	$0	$0
Network retail (30-day supply)		
Generic	$5	$5
Preferred brand	$35	$35
Non-preferred brand	$100	$100
Network retail (90-day supply)		
Generic	$10	Not covered
Preferred brand	$70	Not covered
Non-preferred brand	$200	Not covered
Mail order (90-day supply)	**Cigna home delivery**	**Other pharmacies**
Generic	$10	Not covered
Preferred brand	$70	Not covered
Non-preferred brand	$200	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.

Extras that come with your retiree medical coverage

These program are available to retirees and their covered dependents under age 65 without Medicare. Eligibility for some of these programs ends when you become eligible for Medicare; see pages 14-15 for programs available to Medicare-eligible retirees and dependents.

Health coaching

Need some one-on-one help with a health concern or improvement effort? Our health coaches are here for you — at no cost to you! They provide confidential, personalized health coaching when you want to lose weight, improve your eating habits, quit tobacco, manage a chronic health condition (like diabetes, heart or respiratory disease or obesity), set goals or make other health improvements.

To make a telehealth appointment with Bobbi Nickel, RN, MSN, call **615-259-8755**.

To make an in-person or telehealth appointment with B.J. Reeves, RN, BSN, call or text **629-264-8052** or email **Barbara.reeves@evernorth.com**.

Foodsmart

foodsmart

Meet one-on-one with your personal dietitian on your schedule via video or phone. Your nutrition expert will work to understand your needs and challenges and develop a personalized nutrition plan to help you reach your goals. Between appointments, Foodsmart's healthy eating tools will help you stick to your plan and save money on eating well.

Visit **foodsmart.com/members/mnps** to get started or learn more. Or call **1-888-837-5325** or email **telenutrition@foodsmart.com**.

Care navigation

A Vanderbilt Health nurse navigator (dedicated solely to MNPS) is your "front door" to all the physical, mental/emotional and spiritual care that Vanderbilt offers. Your nurse navigator:

- Helps you find the right care option for your needs
- Can book appointments for you (your nurse navigator will let you know in advance if there is a cost for your care)
- Can connect you with a licensed clinical social worker or a spiritual health professional

Visit **select.vanderbilthealth.com/mnpsnavigator** to learn more.

Cylinder digestive health program*

Cylinder

Cylinder is a program to help improve health — starting with digestion. You will be guided on a path to better digestive health with a step-by-step program to reduce digestive symptoms and meet your goals. It includes an app, access to a registered dietitian and a health coach, and tools like the GutCheck microbiome test ($150 value). It's all done from home — privately and at no cost to you.

Get started at **Go.CylinderHealth.com/MNPS**.

MyHealth Bundles

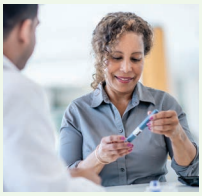
MyHealth Bundles by Vanderbilt Health are an innovative approach that bundles all the services required to manage and treat certain costly health conditions, with no out-of-pocket costs for you. A patient navigator will guide you through the process from start to finish. Available bundles include: maternity, cochlear implants, musculoskeletal pain solutions, surgical weight loss, kidney stone treatment, substance use disorder treatment, cancer care and cardiac arrhythmia care.

Visit **MNPS.MyVanderbiltHealthBenefits.com** to learn more.

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. Participants receive free wi-fi-connected devices to track progress, along with sessions with a professional health coach.

Enroll or learn more at **omadahealth.com/mnps**.



Virta for diabetes and weight management*

Better manage your diabetes or reverse it! Virta provides everything you need to track and understand your numbers, including a meter, testing supplies and access to a library of online resources — all at no cost to you. You also get ongoing support from a team of clinicians and health coaches who work with you to customize a nutrition plan that will help you lose weight and reverse type 2 diabetes and prediabetes.

Learn more at **virtahealth.com/join/mnps**.

Visana virtual women's health clinic

Visana provides whole-person support for women at every stage of life. Visana connects you with doctors, nurses and coaches, all highly trained in women's health. They'll listen to you, explain what's going on in your body, and help you find relief from all of your symptoms, including prescribing medication and ordering labs or imaging. Get support for things like menopause and perimenopause, weight management, fibroids, hormone health, routine care, and rapid care for issues like UTIs and STIs. Visana also offers:

- Evening and weekend appointments
- Follow-up appointments with the same trusted provider each time
- Seamless coordination with your local OB/GYN or primary care provider

Learn more at **visanahealth.com/cigna**.

* For these programs, dependent participation is limited to those age 18+.

HealthSpring True Choice (PPO)

with Medicare Part D Prescription Drug Coverage

The HealthSpring True Choice (PPO) is a Medicare Advantage plan. It 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 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 HealthSpring, even if they are not contracted with HealthSpring as an in-network 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 is a $150 annual deductible. Once you meet the deductible, you simply pay a copay for most covered services. See the chart on **page 12**.

Choosing a provider

To find in-network providers, visit **HealthSpring.com/GroupMA**. If your doctor is not in the HealthSpring PPO network and will not accept the plan, call HealthSpring Customer Service at **1-888-281-7867 (TTY 711)**. They will reach out on your behalf.

Prescription drugs

The 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 logging onto **myHealthSpring.com** (see next column).

You must meet a separate prescription drug annual deductible before the plan begins to cover prescription drugs. Once the deductible is met, you pay a flat dollar amount called a copay. The copay amount you pay depends on the drug's tier, as shown in the chart on **page 13**.

Finding network pharmacies

The PPO uses the Performance Pharmacy Network. To locate network pharmacies, visit **HealthSpring.com/GroupMA**.

ID card

The PPO has only one ID card for both medical and prescription coverage. All enrollees will receive a new ID card in the mail from HealthSpring to use in 2026.

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

Questions?

Call HealthSpring Customer Service at **1-888-281-7867 (TTY 711)**. Hours are 8 a.m.- 8 p.m., 7 days a week. Or visit **HealthSpring.com/GroupMA**.

You can also visit **myHealthSpring.com**. Once you create a user ID and password, you can access a secure members-only website and:

- View your PPO plan benefits
- View your drug list
- Find a doctor, including telehealth providers
- Find a network pharmacy
- Review claim history and Explanation of Benefits (EOBs)
- Manage your prescriptions
- View and print your ID card
- Enroll in the HealthSpring incentive program and earn up to $200/year in incentives

HealthSpring Preferred (HMO)

with Medicare Part D Prescription Drug Coverage

The HealthSpring Preferred (HMO) is a Medicare Advantage plan available only to Tennessee residents. It 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

There are no plan deductibles. You simply pay an affordable copay or coinsurance amount for covered services. This enhanced level of coverage helps keep your out-of-pocket costs low and is possible because all your care is provided through HealthSpring's Medicare Advantage network. There are no benefits for out-of-network care, except in an emergency. In these cases, you should seek care at the nearest emergency facility and your care will be covered at the in-network level, as shown in the chart on **page 12**.

Choosing a provider

HMO enrollees must choose a primary care physician (PCP) from HealthSpring's network of contracted doctors. Referrals are not required for specialist office visits. For the most current list of network providers, or to choose a PCP, visit **HealthSpring.com/GroupMA** or call Customer Service at **1-888-281-7867 (TTY 711)**.

Prescription drugs

The HMO 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 covered by creating and/or logging onto **myHealthSpring.com**. See **page 13** for prescription drug copay amounts.

Finding network pharmacies

The HMO uses the Broad Pharmacy Network. To locate network pharmacies, visit **HealthSpring.com/GroupMA**.

ID card

The HMO has only one ID card for both medical and prescription coverage. Enrollees will receive a new ID card in the mail from HealthSpring to use in 2026.

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

Questions?

Call HealthSpring Customer Service at **1-888-281-7867 (TTY 711)**. Hours are 8 a.m.- 8 p.m., 7 days a week. Or visit **HealthSpring.com/GroupMA**.

You can also visit **myHealthSpring.com**. Once you create a user ID and password, you can access a secure members-only website and:

- View your HMO plan benefits
- View your drug list
- Find a doctor, including telehealth providers
- Find a network pharmacy
- Review claim history and Explanation of Benefits (EOBs)
- Manage your prescriptions
- View and print your ID card
- Enroll in the HealthSpring incentive program and earn up to $200/year in incentives

Medical

Medical coverage	HealthSpring True Choice (PPO) In-network	HealthSpring Preferred (HMO) In-network
Lifetime maximum benefit	Unlimited	Unlimited
Annual medical deductible	$150 (applies to Part B services)	$0
Annual out-of-pocket maximum	$2,000	$1,500
Preventive/office/routine care	**You pay...**	**You pay...**
Preventive care/immunizations	$0	$0
MNPS Employee & Family Health Care Center visits	Primary: $0 Specialist: $30	Primary: $5 Specialist: $10
Primary care visits	Office visit: $0 • In-office lab: $0	$5
Mental health/substance use visits	$0	$0
Specialist visits	Office visit: $30 • In-office lab: $0	$10
Urgent care	$30	$10
Telehealth services via MDLIVE	$0	$0
Lab services (diagnostic)	$0	$0
X-ray services	Primary: $0 • Specialist and other: $30	$0
Dialysis, chemo, radiation therapy	$30	Up to 10%
Durable medical equipment	$20	10%
Hospital care		
Inpatient - facility services	$100/admission	$0 (unlimited days)
Emergency (waived if admitted)	$100	$120
Ambulance	$0	$0
Outpatient surgery	$100	$0
Outpatient non-surgical services	$30	$10
Outpatient observation	$30	$0
Advanced imaging	$30	10%
Skilled nursing facility	$0 (day 1-20); $92/day (day 21-100)	$0 (day 1-100)
Home health care	$0	$0
Mental health/substance use disorder		
Inpatient	$100/admission	$0
Outpatient visits	$0	$0

Coverage features		
Primary care provider (PCP) required	No	Yes
Out-of-network coverage	Yes	No, except in an emergency
Emergency worldwide coverage	$100 copay, up to $50,000 annual benefit maximum	$120 copay, up to $50,000 annual benefit maximum
Included wellness programs	No-cost health coaching at MNPS Health Care Centers	
	HealthSpring wellness incentives (up to $200/year)	
	Silver&Fit $0 copay fitness membership	
	No-cost meal delivery after hospital stay	
	Transportation benefit: up to 50 one-way trips per year	
	Caregiver support	

Medical

	HealthSpring True Choice (PPO)		HealthSpring Preferred (HMO)	
Prescription drug coverage				
Annual prescription deductible	$200		None	
Annual prescription out-of-pocket maximum	$1,500		$2,100[1]	
	Kroger	**Other**	**Kroger**	**Other**
Certain preventive drugs				
Generic and brand	$0	$0	See retail copays below	
Network retail (30-day supply)				
Tier 1: generic	$2	$5	$2	$5
Tier 2: preferred brand	$30	$35	$5	$10
Tier 3: non-preferred brand	$80	$85	$20	$25
Tier 4: high-cost specialty[2]	$80	$85	$20	$25
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	$60	$70	$10	$20
Tier 3: non-preferred brand	$160	$170	$40	$50
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	$35	N/A	$10
Tier 3: non-preferred brand	N/A	$85	N/A	$25
Tier 4: high-cost specialty[2]	N/A	$85	N/A	$25
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	$70	N/A	$20
Tier 3: non-preferred brand	N/A	$170	N/A	$50
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

[1] *If you spend $2,100 in CMS-defined True Out-of-Pocket prescription costs, you will have entered the Catastrophic Coverage phase of Medicare coverage, and you'll pay $0 for generic and brand name drugs for the rest of the year.*

[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.*

Extras that come with your retiree

These programs are available to retirees and their covered dependents enrolled in the HealthSpring True Choice (PPO). Most, but not all, of these programs are available to enrollees in the HealthSpring Preferred (HMO).

Health coaching

Need some one-on-one help with a health concern or improvement effort? Our health coach, Bobbi Nickel, is here for you — at no cost to you! She provides confidential, personalized health coaching when you want to lose weight, improve your eating habits, quit tobacco, manage a chronic health condition (like diabetes, heart or respiratory disease or obesity), set goals or make other health improvements.

To make a telehealth appointment with Bobbi Nickel, RN, MSN, call **615-259-8755**.

Care navigation

A Vanderbilt Health nurse navigator (dedicated solely to MNPS) is your "front door" to all the physical, mental/emotional and spiritual care that Vanderbilt offers. Your nurse navigator:

- Helps you find the right care option for your needs
- Can book appointments for you (your nurse navigator will let you know in advance if there is a cost for your care)
- Can connect you with a licensed clinical social worker or a spiritual health professional

Visit **select.vanderbilthealth.com/mnpsnavigator** to learn more.

Wellness incentives

Earn up to $200 annually when you participate in HealthSpring's incentive program. Simply get your yearly health check-up and any doctor-recommended screenings, tests and preventive care as you normally would. You can redeem incentive rewards at any time, but if you get a yearly health check-up by June 30, you'll receive a $20 bonus. You can also earn incentives for completing activities in your community. The funds you earn are loaded on your HealthSpring Flex card, which you can use to buy certain health and wellness products.

Enroll in the program at **myHealthSpring.com** or over the phone by calling Customer Service at the number on your HealthSpring ID card. Your enrollment carries over year-to-year.

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, HealthSpring's meal provider will contact you to schedule delivery.

To learn more, call **1-888-281-7867 (TTY 711)**.

medical coverage *... continued*

Silver&Fit® Healthy Aging and Exercise program

Get healthier with HealthSpring'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)
- Workout resources including 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.

Free transportation*

Need a ride to the pharmacy or doctor's office? Your Medicare Advantage 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 **myHealthSpring.com**.

Caregiver support*

Retirees are at a unique stage where they may be the caregiver or the recipient of care. For this reason, your Medicare Advantage PPO provides caregiver support to retirees as well as their family members to help care for an aging loved one, adult or child living with acute or chronic conditions such as dementia, cancer, kidney disease, stroke, and congestive heart failure — at no cost to you. Services include one-on-one coaching with a caregiving expert, personalized resources through a secure mobile app, and help managing stress, anxiety and loneliness.

Call **1-888-281-7867 (TTY 711)** for details.

* These programs are not available to enrollees in the HealthSpring Preferred (HMO).

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 on 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/diagnostic[2] 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** (choose 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) Play 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

The Certificated Retiree Health Plan includes a benefit toward the purchase of hearing aids.

PPO and HMO enrollees

If you're enrolled in the HealthSpring Medicare Advantage PPO or HMO, your hearing benefit is provided through TruHearing (formerly Hearing Care Solutions). It covers:

» One routine hearing exam per year for $0 copay
» A hearing aid benefit of up to $1,400 every three years ($0 copay for fitting)

You can choose from nine major manufacturers and multiple levels of technology.

To learn more or get started, visit **truhearing.com/healthspring** or call **1-866-872-1001**.

Surround plan enrollees

If you're enrolled in the Cigna Medicare Surround Plan, your hearing coverage is provided through Start Hearing®. It covers:

» A hearing aid benefit of up to $1,400 every five years; no deductibles, copays or coinsurance, up to plan limits, when you use Start Hearing network providers (there are no out-of-network benefits)
» Associated hearing exams at no cost (and not subject to above limit)

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

Take the first step to better hearing:

» Call Start Hearing at **1-888-304-8539** to locate a Cigna Healthcare® contracted provider.
» A Start Hearing representative will make your hearing appointment for you.
» Start Hearing will send information to you and the hearing specialist before your appointment to ensure your Cigna benefit is activated.

Visit **starthearing.com/cigna** to learn more.

Your cost

Your monthly premiums for medical, dental, vision and hearing coverage are shown below.

Medical/dental/vision/hearing

Effective	Plan	With or without Medicare	Monthly cost
July 1, 2025 – June 30, 2026	Cigna Medical Plan	Retiree and/or spouse without Medicare	$309.22/member
		Dependent child without Medicare	$129.28/child
	Cigna Medicare Surround Plan with HealthSpring Rx (PDP) (closed plan)	Retiree and/or spouse with Medicare	$193.51/member
January 1, 2026 – December 31, 2026	HealthSpring True Choice (PPO) with Part D drug coverage	Retiree and/or spouse with Medicare	$69.56/member
	HealthSpring Preferred (HMO) with Part D drug coverage	Retiree and/or spouse with Medicare	$70.71/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 has 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

Generally, 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 or *For Your Benefit* newsletter. If you are Medicare-eligible and wish to switch to a different medical plan, follow the steps in your Annual Transfer packet.

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.* You will then move to an MNPS medical 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

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
	HealthSpring True Choice (PPO) with Medicare Part D Prescription Drug Coverage	**HealthSpring.com/GroupMA** **myHealthSpring.com** (if enrolled)	1-888-281-7867 TTY: 711
	HealthSpring Preferred (HMO) with Medicare Part D Prescription Drug Coverage	**HealthSpring.com/GroupMA** **myHealthSpring.com** (if enrolled)	1-888-281-7867 TTY: 711
	Closed plan: Cigna Medicare Surround Plan with HealthSpring Rx (PDP)	If currently enrolled, log onto **myCigna.com** If not yet enrolled, visit **Cigna.com** For prescription drugs: **HealthSpring.com/GroupPDP**	1-800-Cigna24 (1-800-244-6224) For prescription drugs: 1-800-558-9562 TTY: 711
Dental	Cigna	**myCigna.com**	1-800-Cigna24 (1-800-244-6224)
Vision	EyeMed	**eyemed.com**	1-866-800-5457
Hearing	TruHearing	**truhearing.com/healthspring**	1-866-872-1001
	Cigna/Start Hearing	**starthearing.com/cigna**	1-888-304-8539
Employee Assistance Program	ComPsych	**guidanceresources.com** Company web ID: MNPS	1-888-297-9028

Questions?

Employee Benefit Services

VISIT: MNPSBenefits.org
CALL: 615-259-8464 or 615-259-8648
FAX: 615-214-8665
WRITE: MNPS Employee Benefit Services
2601 Bransford Ave. Nashville, TN 37204
HOURS: Monday-Friday, 8 a.m.-4:30 p.m.

Be smart
Live well

REVISED NOVEMBER 2025