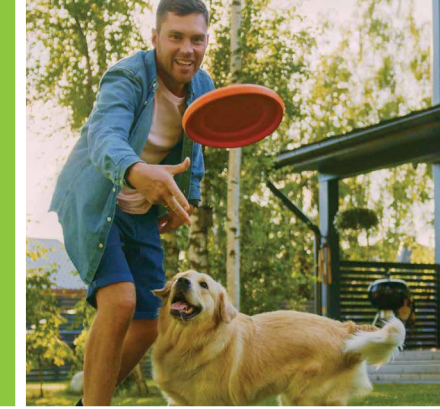
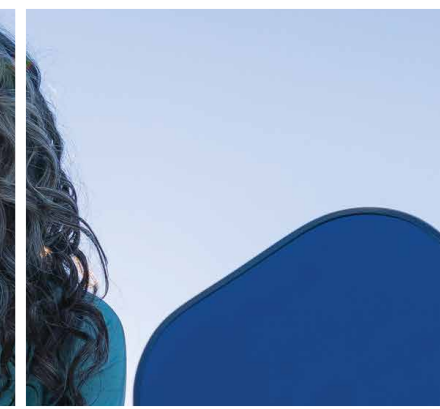




SAVE
MONEY



STAY
HEALTHY



LIVE
WELL



2026 BENEFITS

FOR COUNCIL MEMBERS



Table of Contents

2026 Benefit Plan Rates	3
Benefit Basics	4
Medical	7
PPO Plan	8
HRA Plan	10
Medical Benefits ... at at Glance	13
Telehealth	16
Behavioral Health	17
Other Cigna Programs	18
Dental	20
Vision	22
Important Contacts	24
What Happens to Your Benefits If...	25
Notices	26

This guide provides an overview of your benefits. If you need more detail than this guide provides, contact Metro Human Resources at **(615) 862-6700** or visit nashville.gov/hr.

2026 Benefit Plan Rates

Per Pay Period		GENERAL GOVERNMENT			MNPS EMPLOYEES	
	Coverage Level	12-month Bi-Weekly	12-month Semi-Monthly	9-month Semi-Monthly	12-month Bi-Weekly	10-month Bi-Weekly
MEDICAL						
PPO Plan	Employee only	\$110.77	\$120.00	\$160.00	\$110.77	\$144.00
	Employee + child(ren)	\$158.31	\$171.50	\$228.67	\$158.31	\$205.80
	Employee + family	\$289.85	\$314.00	\$418.67	\$289.85	\$376.80
HRA Plan	Employee only	\$108.46	\$117.50	\$156.67	\$108.46	\$141.00
	Employee + child(ren)	\$155.08	\$168.00	\$224.00	\$155.08	\$201.60
	Employee + family	\$284.31	\$308.00	\$410.67	\$284.31	\$369.60
DENTAL						
Flexible Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$18.84	\$20.42	\$27.22	\$18.84	\$24.50
Limited Plan	Employee only	Metro provides employee only dental coverage at no cost to you				
	Employee + family	\$23.99	\$25.99	\$34.65	\$23.99	\$31.19
VISION						
Basic Plan	Employee only	\$1.28	\$1.39	\$1.85	\$1.28	\$1.67
	Employee + family	\$3.93	\$4.26	\$5.68	\$3.93	\$5.11
Enhanced Plan	Employee only	\$2.03	\$2.20	\$2.93	\$2.03	\$2.64
	Employee + family	\$6.48	\$7.02	\$9.36	\$6.48	\$8.42

Benefit Basics

Eligibility

Employee

Metro employees who are regularly and consistently working 20 or more hours per week are eligible to enroll in benefits.

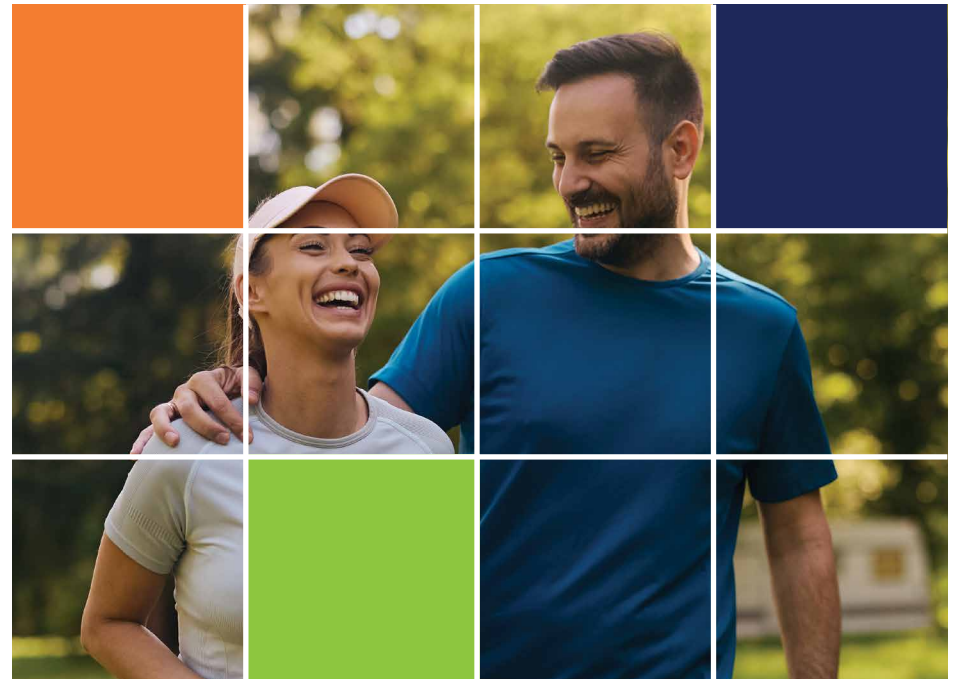
Dependents

You may enroll your eligible dependents in medical, dental, vision and dependent life. Eligible dependents include your:

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

The following are not eligible for Metro benefits:

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



Benefit Basics

Opting Out of Benefits

If you are a Council member past age 65

When you turn age 65, you are eligible for Medicare Parts A & B, regardless of your employment status. If you are a Council member after you've reached age 65, you may now opt out of Metro's medical insurance if you prefer to have Original Medicare Parts A & B, a Medicare Supplement or a Medicare Advantage plan rather than Metro's medical insurance.

This option is now available at the request of many older Metro employees who would rather have Medicare coverage than Metro's medical insurance since, in most cases, the monthly premium for Medicare is less expensive than Metro's premium.

Things to note:

- » If you choose to opt out of Metro's medical insurance, your dependents will no longer have medical insurance coverage with Metro.
- » You may only opt out of Metro's medical insurance within 60 days of enrolling in a Medicare plan, during Metro's Annual Enrollment while you are a benefits-eligible Council member or within 60 days of an eligible change in status.
- » You can re-enroll in Metro's medical insurance within 60 days of an eligible change in status.



Benefit Basics

When Coverage Begins and Ends

Insurance and benefit coverage is effective the first of the month after you have worked 30 days. Your coverage will end when your employment ends or when you change to a part-time status working less than 20 hours per week.

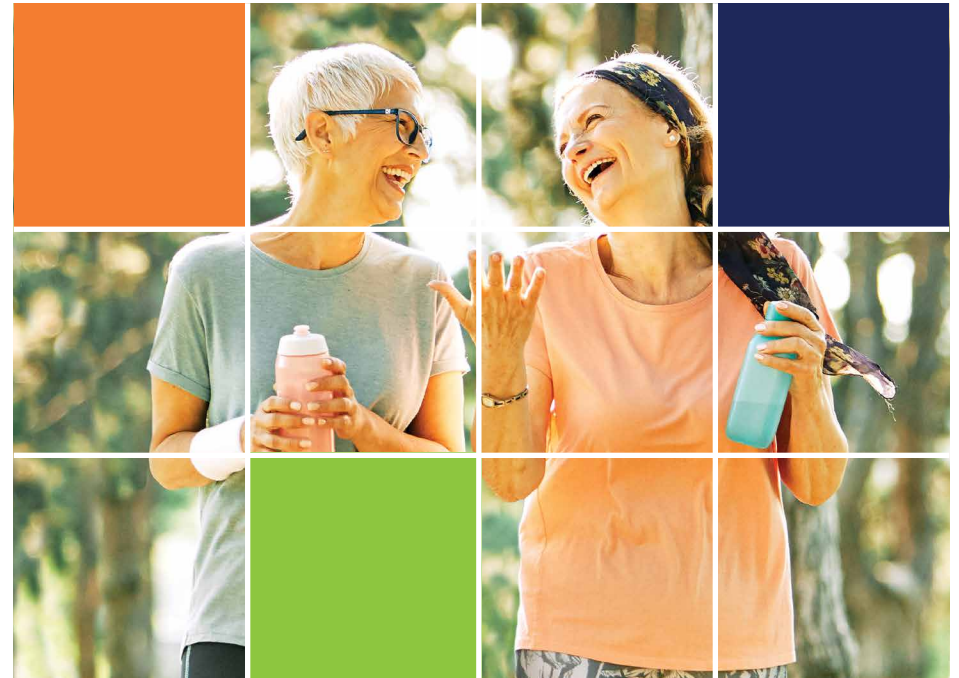
Changing Your Benefits

The benefits you choose when you first become eligible or during Annual Enrollment remain in effect for the entire plan year, unless you have an eligible change in status, such as:

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

You must notify Metro Human Resources and provide documentation within 60 calendar days of an eligible change in status to make a change in your benefit elections. Not notifying Metro Human Resources timely may prevent you from adding a dependent until the next Annual Enrollment or may require you to pay family premiums for the remainder of the plan year when a dependent is no longer eligible.

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



Medical

Metro offers you two medical options, both administered by Cigna:

- » PPO Plan
- » HRA Plan

How the PPO and HRA plans are ALIKE

Both plans:

- » Have the same network of providers and facilities
- » Use the same drug formulary, meaning they cover the same medications
- » Offer the same behavioral health services (see [page 17](#))
- » Offer these programs (see [page 18](#)):
 - Diabetes and hypertension prevention and management (Omada)
 - Bone and joint health benefit
 - Hearing aids
 - Virtual women's health clinic (Visana)
 - Virtual physical therapy (Airrosti)
- » Have similar premiums (paycheck deductions)

How the PPO and HRA plans DIFFER

- » How medical services and prescription drugs are covered
- » Benefit levels
- » The HRA Plan has a Metro-funded Health Reimbursement Account (HRA) Fund to help you pay eligible medical and prescription drug expenses; the PPO Plan does not.
- » The HRA Plan lets you earn additional HRA dollars when you participate in certain wellness programs; PPO Plan enrollees can participate in these programs but do not earn incentives.



Learn More

- » About the PPO Plan on [pages 8-9](#)
- » About the HRA Plan on [pages 10-12](#)

Medical

How the PPO Plan Works

The PPO Plan is an 80/20 coinsurance plan. This means that for many medical services, the plan pays 80% and you pay 20% of the cost of care when you use network providers.

Below are some terms that can help you better understand how the PPO Plan works.

Deductible

A deductible is the amount you must pay out of pocket for covered health care services before your insurance plan starts to pay benefits. Under the PPO Plan, there is no deductible if you use network providers. However, if you use a provider or facility that is not in the network, the deductible applies, and you will pay more out of pocket.

Copay

A copayment (or copay for short) is a dollar amount you pay for a given service (like an office visit) or prescription drug at the time you receive it.

Coinsurance

Coinsurance is your share of the cost for a covered service. It's calculated as a percentage of the cost, rather than a fixed amount, and generally applies after you've met the deductible if applicable.

Out-of-Pocket Maximum

An out-of-pocket (OOP) maximum helps to limit how much you pay out of pocket for covered services each year.

Under the PPO Plan, if the amount of coinsurance you pay during the year reaches the OOP maximum, you will pay no more coinsurance for the rest of that year. However, copays for medical services and prescription drugs DO NOT count toward the plan's OOP maximum, AND copays DO NOT stop when you do meet your OOP maximum.

In other words, the following counts toward the OOP maximum:

- » Amounts paid toward the out-of-network deductible
- » Coinsurance

These do NOT count toward the OOP maximum:

- » Contributions (per-paycheck deductions)
- » Copays
- » Services not covered by the plan

Find Network Providers

For a list of network providers and other plan details, contact Cigna at the websites or phone number listed on the Important Contacts page. To view a complete copy of the plan documents and provisions, go to [nashville.gov/hr](https://www.nashville.gov/hr).

Medical

How the PPO Plan Works ... continued

Preventive Care

Under the PPO Plan, in-network preventive care is covered as follows:

Service	Covered at:
Annual preventive health exam	Ages 7+: 100% up to \$750/year, then 80%
X-rays and labs associated with preventive care	
Childhood immunizations	
Flu and pneumonia shots	
Tetanus-diphtheria (Td) booster	
Other recommended adult immunizations and immunizations not completed in childhood	
Vision and hearing screenings performed by the physician during the preventive health exam	
Blood pressure screening	
Mammograms (preventive and diagnostic)	
Prostate screening	
Routine Pap smear	
Well-woman exam	
Colorectal cancer screening	

* These services are not covered as preventive care services but instead at the normal benefit level of 80% in-network.

Prescription Drugs

Under the PPO Plan, you may purchase a one-month supply at any network pharmacy (Kroger is not a network pharmacy).

If you take medication for an ongoing condition, you can save money by asking your provider to write your prescription for a three-month (90-day) supply. To fill 90-day prescriptions, you must use either an approved retail pharmacy (Kroger and CVS are not approved) or Cigna's mail order program. The good news is you will only pay two copays (instead of three).

Cigna's maintenance medication program includes most retail chain, big box and grocery store pharmacies, but does NOT include Kroger or CVS. View a list of Cigna network pharmacies at nashville.gov/hr (click 2026 Annual Enrollment).

Telehealth

Cigna offers a variety of ways to connect with a doctor through your phone or computer. See [page 16](#) for details.

Behavioral Health

Challenges to mental well-being come in many forms, and so do the ways you can get help. See [page 17](#) for details.

Medical

How the HRA Plan Works

The HRA Plan combines traditional medical coverage with a Metro-funded Health Reimbursement Account (HRA) Fund. Under the plan, most preventive care is covered at 100% with no benefit limit, regardless of age, when you use network providers.

HRA Fund: Each year you are enrolled in the plan, Metro puts money in a Health Reimbursement Account (HRA) Fund to help you pay eligible medical and prescription drug expenses: \$1,100/employee only, \$2,200/employee + child(ren) or \$2,200/employee + family. You use your HRA Fund first during the year to pay for medical and prescription drugs costs. There are no copays; you pay the full discounted cost of the product or service using your HRA Fund.



Deductible: If you use all your HRA Fund during the year, you are responsible for paying the full discounted costs of your medical and prescription drug claims until you have met your share of the deductible (\$450/employee only, \$900/employee + child(ren) or \$900/employee + family).



Coinsurance: Once you have met your share of the deductible, the plan begins to pay a percentage of the cost, as shown in the chart on [page 13](#).



Out-of-Pocket Maximum: If you reach the annual out-of-pocket maximum, which includes amounts paid toward the deductible and coinsurance, the plan pays 100% — and you pay nothing — for covered services for the rest of 2026.



If you don't use all your HRA Fund during the year, remaining funds will roll over to your 2027 HRA Fund and reduce your share of your 2027 deductible. This money is yours to spend on future eligible expenses as long as you remain enrolled in the HRA Plan.

Medical

How the HRA Plan Works ... continued

Preventive Care

Under the HRA Plan, the following preventive care services are covered in-network at 100%, with no copay, coinsurance or benefit limit:

- » Annual preventive health exam
- » X-rays and labs associated with preventive care
- » Childhood immunizations
- » Flu and pneumonia shots
- » Tetanus-diphtheria (Td) booster
- » Other recommended adult immunizations and immunizations not completed in childhood
- » Vision and hearing screenings performed by the physician during the preventive health exam
- » Blood pressure screening
- » Mammograms (preventive and diagnostic)
- » Prostate screening
- » Routine Pap smear
- » Well-woman exam
- » Colorectal cancer screening

Prescription Drugs

Under the HRA Plan, there are no copays. You will use your HRA Fund to pay the full discounted cost of your prescriptions. If you use all your HRA Fund, you are responsible for paying the full cost of your prescriptions until you meet the plan's deductible, as shown on **page 13**.

You may fill prescriptions for a one-month supply at any network pharmacy (Kroger is not a network pharmacy). You can only purchase a three-month supply at pharmacies in Cigna's maintenance medication program, which includes most retail chain, big box and grocery store pharmacies, but does NOT include Kroger or CVS.

Your cost is always based on a discounted (or prenegotiated) amount, saving you money. However, Cigna's maintenance medication and mail order programs offer greater discounts. Visit **myCigna.com** to see a list of participating pharmacies. You are encouraged to shop pharmacies to find the lowest cost on prescriptions.

Telehealth

Cigna offers a variety of ways to connect with a doctor through your phone or computer. See **page 16** for details.

Behavioral Health

Challenges to mental well-being come in many forms, and so do the ways you can get help. See **page 17** for details.

Medical

Attention HRA Plan Members:

Earn Additional HRA Dollars!

Want to reduce your share of the deductible and total out-of-pocket expenses? Participate in any of these programs each year and earn dollars to be added to your HRA Fund.* Only employees, pensioners and their spouses/domestic partners who are covered under the HRA Plan are eligible to earn incentive dollars. Contact **Cigna** for details.

PPO Plan enrollees can participate in all of these programs, but incentives don't apply.



Take a Health Risk Assessment

earn \$100/person

This online questionnaire is short, confidential and provides you with a personalized health profile to help you take steps toward better health. Your individual answers will not be shared with anyone at Metro.



Complete One of Omada's 16-week Programs

earn \$100/person

If you live with prediabetes, type 1 or type 2 diabetes, or hypertension, Omada's digital lifestyle change program can help you develop long-term healthy habits. See **page 18**.



Participate in a Chronic Health Condition Support Program

earn \$100/person

If you live with a chronic condition, such as heart disease, diabetes, COPD, asthma, depression, low back pain, osteoarthritis or weight complications, Cigna health coaches help you better manage your condition.



Participate in a Lifestyle Management Program

earn \$50/program up to \$100/person

Cigna health coaches provide personalized support for lifestyle behaviors such as tobacco cessation, stress management and weight loss.



Participate in the Healthy Pregnancies, Healthy BabiesSM Program

earn up to \$150

This program helps you and your baby stay healthy during your pregnancy. Earn \$150 if you enroll by the end of your first trimester (\$75 by the end of your second trimester).

* Incentive dollars are limited to \$300/per person per calendar year.

Medical

Medical Benefits ... at a Glance

	PPO PLAN		HRA PLAN	
	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network	In-Network OPEN ACCESS PLUS NETWORK	Out-of-Network
Health Reimbursement Account Fund (Metro funded) ^{1, 2}	N/A	N/A	\$1,100/employee only \$2,200/family	
Your Share of the Deductible²	\$0	\$200/employee only \$600/family	\$450/employee only \$900/family	
Coinsurance Maximum²	\$1,000/employee only \$2,000/family	\$5,000/employee only \$10,000/family	\$700/employee only \$1,400/family	\$4,550/employee only \$9,100/family
Annual Out-of-Pocket Maximum²	\$1,000/employee only \$2,000/family (includes deduct. & coins. but not copays)	\$5,000/employee only \$10,000/family (includes deduct. & coins. but not copays)	\$1,150/employee only \$2,300/family	\$5,000/employee only \$10,000/family
MEDICAL SERVICES				
Once you meet the deductible, you pay...				
Well Care/Preventive Care				
» Age 7 and older	\$0 until charges reach \$750, then 20% ³	40% ³	\$0	30%
» Under age 7	20%	40%	\$0	30%
Office Visits				
» Primary Care Physician ⁴	\$20 copay plus 20%	\$20 copay plus 40%	10%	30%
» Specialist	\$30 copay plus 20%	\$30 copay plus 40%	10%	30%
In-office Procedures (surgery, consultation, allergy injections)	20% after office visit copay	40% after office visit copay	10%	30%
Maternity				
» Prenatal Care	You pay \$20 copay for initial visit		10%	30%
» Delivery	20%	40%	10%	30%
Hospital	20%	40%	10%	30%
Emergency Room	\$100 copay plus 20% (copay waived if admitted)	\$100 copay plus 40% (copay waived if admitted)	10%	10%
Mental Health/Substance Abuse				
» Outpatient	\$20 copay plus 20%	\$20 copay plus 40%	10%	30%
» Inpatient (pre-authorization required)	20%	40%	10%	30%

Medical

Medical Benefits ... at a Glance ... continued

	PPO PLAN	HRA PLAN
Prescription Drugs		
You pay...		
1-month supply		After deductible:
» Generic	\$10 copay	10% of discounted cost
» Brand	\$30 copay	30% of discounted cost
3-month supply (maintenance drugs)	2 times above copays through certain retail pharmacies and mail order; see page 9	Same as above through certain retail pharmacies and mail order; see page 11

¹ Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

² If you enroll in the employee + child(ren) coverage tier, Metro's HRA Fund contribution (HRA Plan), your share of the deductible, coinsurance maximum and annual out-of-pocket maximum are the same as the family coverage tier.

³ Screening colonoscopies, PSA tests, well-woman exams and Pap exams are covered with an office visit copay plus 20% (in-network) and an office visit copay plus 40% (out-of-network), but are not included in the \$750 well-care benefit limit.

⁴ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.

Note: To view a complete copy of the plan documents and provisions, go to nashville.gov/hr.

Do you use insulin?

The PPO and HRA plans cover up to two temperature-controlled storage devices per calendar year to keep your insulin at the optimal temperature when you leave home. Simply purchase the device(s) and then submit a **claim form to Cigna**.

Need care while outside the U.S.?

If you're traveling outside the U.S. and need emergency or urgent care, Cigna provides emergency worldwide coverage. You must contact Cigna at **(866) 763-8442** within 24 hours of receiving care, pay for your care up front and submit a claim for reimbursement once you return home.

Medical

HELP ME CHOOSE

Need help choosing your medical plan? Here's how the PPO Plan and HRA Plan compare.

	PPO PLAN	HRA PLAN
Free preventive care (age 7+)?*	Yes, but limited In-network, you pay \$0 until charges reach \$750/year; then you pay 20%	Yes In-network, you pay \$0
Free preventive care (under age 7)?*	No You pay 20% in-network	Yes In-network, you pay \$0
Health Reimbursement Account (HRA) Fund?	No	Yes Each year, Metro puts \$1,100/employee only, \$2,200/employee + child(ren) or \$2,200/employee + family in an HRA Fund for you to spend on eligible medical and pharmacy expenses and help you meet your deductible**
Deductible?	Out-of-network only: \$200/employee only, \$600/employee + child(ren) or \$600/employee + family	Your share after HRA Fund pays: \$450/employee only, \$900/employee + child(ren) or \$900/employee + family
Office visit copays?	Yes You pay copay + coinsurance	No HRA Fund pays first; then you pay full discounted cost until deductible is met, then you pay 10% in-network
Prescription drug copays?	Yes You pay flat copay per prescription	No HRA Fund pays first; then you pay full discounted cost until deductible is met, then you pay 10% (generic) or 30% (brand)
Coinsurance (in-network)?	You pay 20%; plan pays 80%	You pay 10%; plan pays 90%
Coinsurance (out-of-network)?	You pay 40%; plan pays 60%	You pay 30%; plan pays 70%
Pre-negotiated discounted rates?	Yes	Yes
Annual out-of-pocket maximum?	Once your coinsurance reaches \$1,000/employee only or \$2,000/employee + dependents, you pay \$0 coinsurance for the remainder of the year, but you continue to pay copays	Once you spend \$1,150/employee only, \$2,300/employee + child(ren) or \$2,300/employee + family (deductible + coinsurance), you pay \$0 for the remainder of the year
Incentives for healthy behaviors?	No	Yes See page 12

* See pages **9** (PPO) and **11** (HRA) for a list of covered preventive services; coverage differs by plan.

** If you don't spend all your HRA Fund during the year, remaining funds roll over to the next year and are yours to use toward eligible expenses, as long as you remain enrolled in the HRA Plan.

Medical

Telehealth

Both the PPO Plan and HRA Plan offer a variety of ways to connect with a doctor through your phone or computer.

Your Own Provider

If your provider is in Cigna's network and offers telehealth through their office, Cigna will cover these visits at the same cost as an in-person visit.

Cigna's Behavioral Health Network

You have access to a giant network of behavioral health providers. Simply visit [myCigna.com](https://mycigna.com) to search for a provider. If you need care immediately, Cigna's network includes some providers who guarantee an initial appointment within five business days and a callback within one business day. Search results will say "Available within 5 days" if the provider offers that. For more behavioral health resources, see [page 17](#).

MDLIVE

Cigna has partnered with MDLIVE to give you access to even more board-certified doctors for the following needs:

- » Primary care – routine and preventive care, receive orders for blood work and screenings at local facilities
- » Urgent care – a convenient alternative to urgent care centers and the emergency room (**This is the only MDLIVE service with \$0 cost.**)
- » Behavioral health – talk therapy for issues such as anxiety, stress, depression and grief (see [page 17](#) for more details)
- » Dermatology – care for common skin, hair and nail concerns



Log onto [myCigna.com](https://mycigna.com) and click "Talk to a Doctor." Select the type of care you need, and your cost will be displayed.

Or call MDLIVE at **(888) 726-3171**.

Medical

Behavioral Health

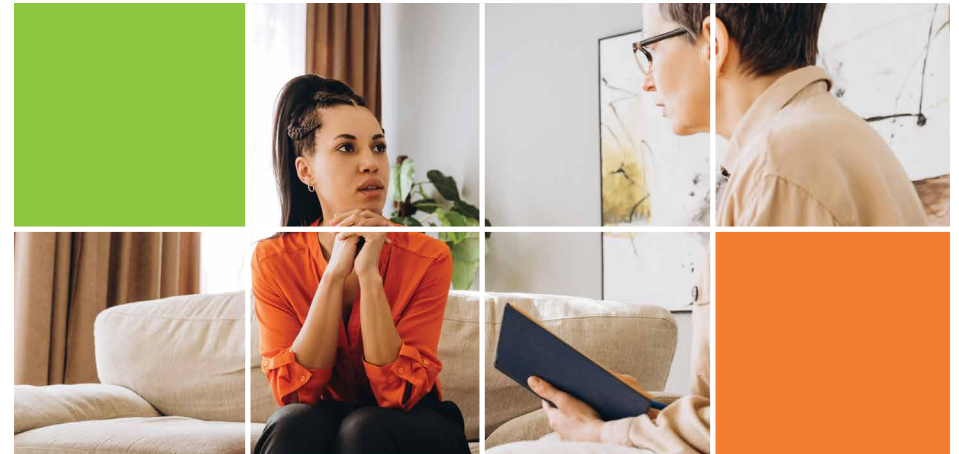
The PPO Plan and HRA Plan offer the same support tools and services that range from mindfulness apps to text-based therapy to in-person and virtual counseling. Below is an overview of some of those services; more details and access are available by logging onto myCigna.com.

Counseling for all ages (adults and children)

Cigna offers in-person and virtual mental health support for you and your covered dependents featuring:

- » A broad network of board-certified licensed counselors and psychiatrists
- » A partnership with MDLIVE to give you access to even more providers (telehealth only)
- » 24/7/365 access to confidential care, even on weekends and holidays
- » Help for stress, anxiety, depression, grief, relationship conflict and more
- » Help with sleep, tantrums, ADHD, anxiety and other concerns faced by children and adolescents
- » Fast access (no long waitlists; some providers can guarantee an initial appointment within 5 business days)
- » Providers who can prescribe medication when appropriate
- » Video visits with therapists and coaches

To get started, log onto myCigna.com and click “Talk to a Doctor.” Select the type of care you need, and your cost will be displayed. Or call MDLIVE at **(888) 726-3171** or download the MDLIVE app.



Not sure which behavioral health service you need?

Here are two ways to find out:

1. Visit CignaBehavioralPrograms.com/ctbh to view an interactive digital guide.
2. Log onto myCigna.com. Under the Wellness dropdown, choose “Mental Health Support” and follow the prompts to take a brief quiz. Your answers will help identify the most appropriate care for your specific needs.

Medical

Other Cigna Programs

Enrollees in both the PPO Plan and HRA Plan have access to these program and services:

- » Diabetes and hypertension preventive and management (Omada)
- » Bone and joint health benefit
- » Hearing aids
- » Virtual women's health clinic (Visana)
- » Virtual physical therapy (Airrosti)

Omada (diabetes and hypertension prevention and management)

If you live with diabetes and/or hypertension, or if you're at risk for developing diabetes, this personalized program combines real human support with the latest technology so you can make lasting changes, one step at a time. Participants in the interactive Omada programs receive no-cost wifi-connected devices to track progress, along with sessions with a professional health coach.

You can join Omada if you:

- » Are at risk for diabetes or heart disease and want to avoid developing it
- » Live with type 1 or type 2 diabetes and want a new way to get and stay healthy
- » Have high blood pressure and want help managing it

It only takes a few minutes to get started. Join at omadahealth.com/metronash.

Bone and Joint Health Benefit

If you suffer from back, knee, hip or shoulder pain, Cigna's Bone and Joint Health benefit can help you find relief. The program gives you:

- » Personalized support to help you find the best solution for your pain
- » 100% coverage for surgery, if required
- » High quality care through a select network of providers

The benefit covers low back disk surgery, hip replacement, knee replacement, laminectomy, spinal fusion and shoulder replacement.

To learn more, call **(855) 678-0042** or visit nashville.gov/hr and click Employee Benefit Plans > Medical Plan Benefits.

Hearing Aids

Both the PPO and HRA plans offer an allowance of up to \$2,000 toward the purchase of hearing aids every 36 months. The benefit also includes one hearing exam per year. This means there is no cost to you, up to plan limits, when you use Cigna network providers. There are no out-of-network benefits. Visit myCigna.com or call the number on the back of your ID card for more details.

Medical

Other Cigna Programs ... continued

Visana (virtual women's clinic)

Visana provides whole-person support for:

- » **Menopause and perimenopause** - Understand your symptoms, explore hormonal and non-hormonal treatment options
- » **Gynecological, sexual/reproductive health** - Heavy bleeding, painful periods, vaginal infections, fibroids, endometriosis
- » **Hormone and metabolic health** - Irregular periods, sudden weight gain or loss, polycystic ovary syndrome (PCOS), thyroid issues
- » **Preventive care** - Well-woman visits, fertility assessments, mental health assessments, preventive screenings, health coaching

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 your symptoms.

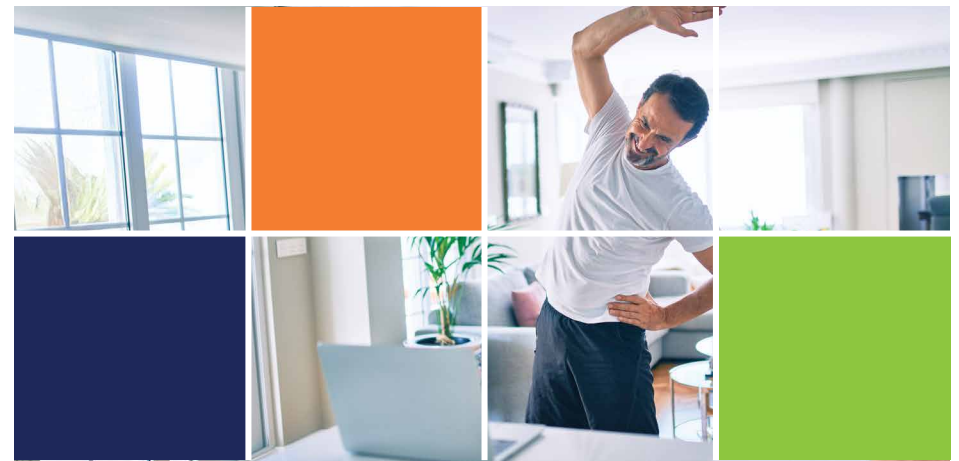
Schedule your first virtual visit at visanahealth.com/cigna and pay your in-network office visit cost-share. Most needs can be handled virtually, but Visana can refer you for in-person care if needed.

Airrosti (virtual recovery clinic for muscle and joint pain)

Airrosti Remove Recovery provides:

- » **Comprehensive muscle and joint care** – For knee, shoulder, foot/ankle, wrist and more
- » **Virtual care** - Orthopedic evaluation, accurate diagnosis, injury education
- » **Custom program** - Personalized recovery plan, app-based exercises, recovery kit
- » **Ongoing clinic support** - For 12 months per injury, including unlimited virtual visits, texting and app access

Visit airrosti.com/remoterecovery or call **(800) 404-6050** to get started. Pay your in-network office visit cost-share. You're only billed for the first four visits per injury.



Dental

Dental coverage, offered through BlueCross BlueShield of Tennessee (BCBS), covers a wide range of preventive and restorative services. You have two choices for coverage: the Flexible Plan or the Limited Plan.

How the Dental Plans Work

Under the Flexible Plan, you can see any dentist you choose, but benefits are highest when you use providers in the BCBS DentalBlue network. Network providers have agreed not to exceed reasonable and customary (R&C) limits, which are based on the usual fees charged by providers in your geographic area. You have the flexibility to see an out-of-network provider, but if the provider's charges exceed R&C limits, you will be responsible for paying the difference.

Under the Limited Plan, benefits are paid according to a schedule of benefits, which shows your cost per service when you see a network provider. If you use an out-of-network provider, no benefits are paid.

For a list of providers and other important plan details, including the Limited Plan schedule of benefits, visit [bcbst.com/members/metro-gov](https://www.bcbst.com/members/metro-gov), or call **(800) 367-7790**.

Pre-determination of Benefits

If your dentist recommends treatment that is expected to cost \$200 or more, your dentist can request a predetermination of benefits. This helps you avoid surprises by letting you know how much will be covered before you receive treatment.



HELP ME CHOOSE

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

	FLEXIBLE PLAN	LIMITED PLAN
Family premiums: (Metro pays for single coverage)	Lower than Limited Plan	Higher than Flexible Plan
Limit on benefits paid in a year:	Pays up to \$1,000/year ¹	Unlimited
Coverage for implants:	Yes	No
Coverage for TMJ treatment:	Yes	No
Coverage out-of-network:	Yes	No

¹ Not including orthodontia, TMJ care

Dental

Dental Benefits ... at a Glance

	FLEXIBLE PLAN	LIMITED PLAN
	In-Network ¹ (out-of-network coverage available)	In-Network Only ¹ (no out-of-network coverage)
Annual Deductible	\$75/person, \$225/family	\$0
Plan pays...		See schedule of benefits for cost by service ²
Preventive/Diagnostic (2 exams/cleanings every 12 months, x-rays, sealants, fluoride)	100%; no deductible	100% for most services
Basic Restorative (fillings, extractions, oral surgery, root canals, periodontics)	80%; no deductible	100% for some services; you pay flat fee for other services
Major Restorative (crowns, bridges, dentures, implants)	50% after deductible	You pay flat fee for most services; implants not covered
Orthodontia (child and adult)	50% after annual deductible <u>and</u> one-time \$100 orthodontia deductible	You pay flat fee for most services
Lifetime Orthodontia Maximum	\$1,000/person	See schedule of benefits ²
TMJ (temporomandibular joint) Treatment	50% after annual deductible <u>and</u> \$100 annual TMJ deductible	Not covered
Lifetime TMJ Maximum	\$750/person	N/A
Annual Benefit Maximum	\$1,000/person (excludes orthodontia, TMJ)	N/A

¹ If there is no network provider within a 30-mile radius of your home, you may use an out-of-network provider and receive in-network benefits. Contact BCBS for instructions.

² View the Limited Plan schedule of benefits at bcbst.com/members/metro-gov.

Vision

Vision coverage, offered through National Vision Administrators (NVA), covers eye exams, frames, lenses and contacts. You have two choices for vision coverage: the Basic Plan or the Enhanced Plan.

How the Vision Plans Work

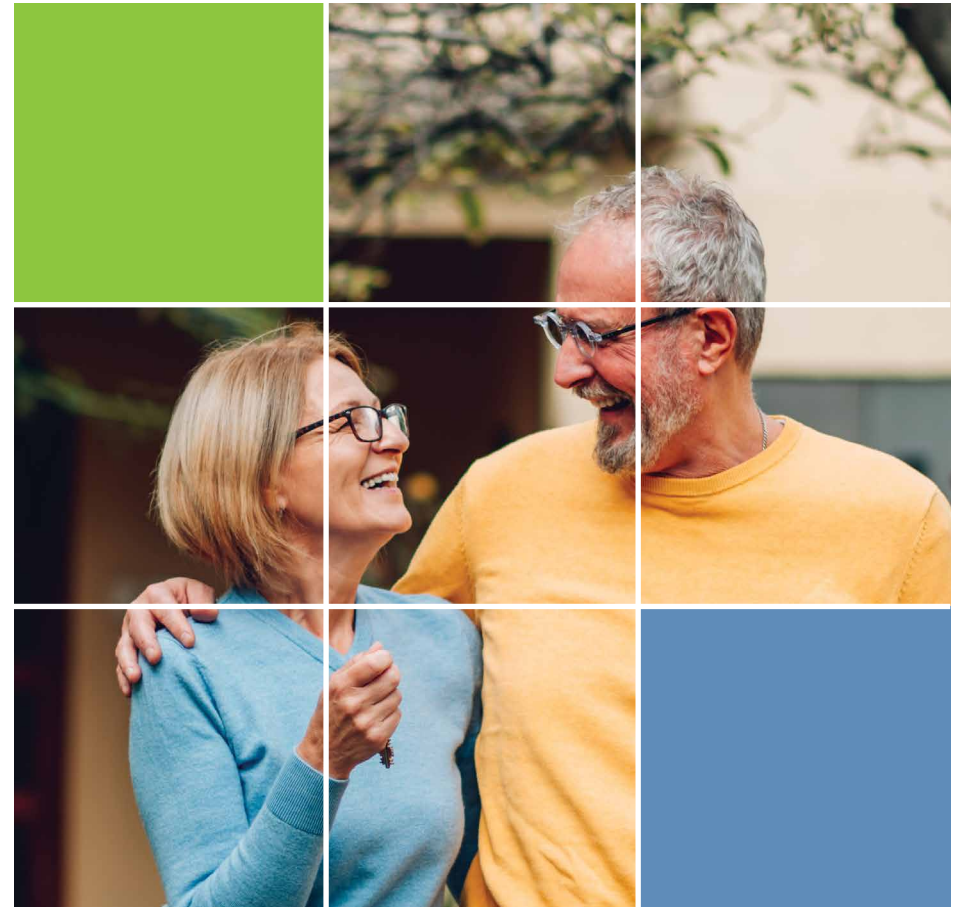
You receive the highest benefits when you use NVA's network of providers. The network includes many independent optometrists, ophthalmologists and opticians, as well as national retail optical providers, such as Costco, Walmart and Visionworks. For a list of network providers, visit [e-nva.com](https://www.e-nva.com) (user name: metro; password: vision1). You are responsible for any costs over the reimbursed or allowed amount shown in the chart on the [next page](#).

New for 2026! You can now use your NVA benefits with UVP, an in-network vision provider, and purchase premium eyewear from the comfort of home. UVP offers enhanced coverage you don't get with other providers; log onto [e-nva.com](https://www.e-nva.com) for details.

HELP ME CHOOSE

The Enhanced Plan has higher employee premiums but offers higher benefits for:

- » Standard progressive and polycarbonate lenses – covered at 100% (Basic Plan does not cover)
- » Contact lenses – pays up to \$140 with no copay (Basic Plan pays up to \$125 after a \$10 copay)



Vision

Vision Benefits ... at a Glance

	BASIC PLAN		ENHANCED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$0		\$0	
Exams	You pay \$10 copay	Plan pays up to \$45	You pay \$10 copay	Plan pays up to \$45
Lenses	You pay:	Plan pays:	You pay:	Plan pays:
» Single Vision	\$10 copay	Up to \$40	\$25 copay	Up to \$40
» Bifocals	\$10 copay	Up to \$60	\$25 copay	Up to \$60
» Trifocal	\$10 copay	Up to \$80	\$25 copay	Up to \$80
» Lenticular	\$10 copay	Up to \$80	\$25 copay	Up to \$80
Lens Options	Plan pays:		Plan pays:	
» Scratch-resistant Coating	100%	Up to \$5	100%	Up to \$5
» Standard Progressives	Not covered	Not covered	100%	Up to \$35
» Polycarbonate	Not covered	Not covered	100%	Up to \$10
Frames	Up to \$130 ¹	Up to \$50	Up to \$150 ¹	Up to \$50
Contacts (in lieu of frames/lenses)	Plan pays:		Plan pays:	
» Elective	Up to \$125 after \$10 copay ¹	Up to \$125	Up to \$140 ¹	Up to \$140
» Medically Necessary	100%	Up to \$210	100%	Up to \$210
Fit/Follow-up	You pay:	Plan pays:	You pay:	Plan pays:
» Standard Daily Wear	\$20 copay	Up to \$20	\$20 copay	Up to \$20
» Extended Daily Wear	\$30 copay	Up to \$30	\$30 copay	Up to \$30
Covers...	Exams, contact fit every 12 months; lenses, frames and contacts every 24 months		Exams, contact fit, lenses, frames and contacts every 12 months	

¹ In many cases, NVA offers a discount on amounts exceeding the retail allowance; ask your network provider.

Important Contacts

PLAN	CARRIER	WEBSITE	PHONE
PPO Plan	Cigna	If currently enrolled, log onto myCigna.com If not yet enrolled, visit Cigna.com	Customer service: (800) 244-6224 Cigna One Guide: (888) 806-5042
HRA Plan			
Dental	BlueCross BlueShield of TN	bcbst.com/members/metro-gov	(800) 367-7790
Vision	NVA	e-nva.com (user name: metro; password: vision1)	(800) 672-7723
General	Metro Human Resources	nashville.gov/hr	(615) 862-6700

Need More Help?

Cigna One Guide® gives you access to a real, live person who can help you understand your health plan, find the best provider for your needs, find ways to lower your costs, resolve problems and more.

Download the One Guide app at **myCigna.com** or call **(888) 806-5042**.

What Happens to Your Benefits If...

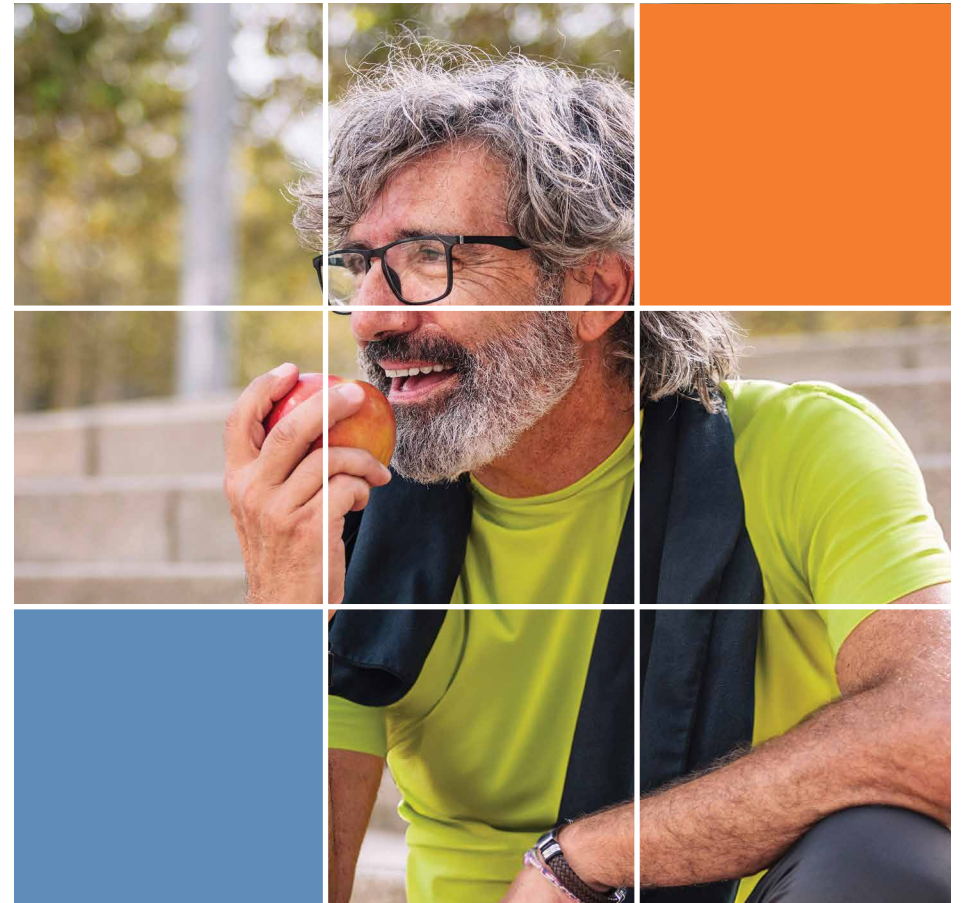
...You Turn Age 65 During the Year?

When you turn age 65, you are eligible for Medicare Parts A & B, regardless of your employment status. If you start working or are still working for Metro as a benefits-eligible Council member and you are age 65 or older, you may now opt out of Metro's medical insurance if you prefer to have Original Medicare Parts A & B, a Medicare Supplement or a Medicare Advantage plan rather than Metro's medical insurance.

This option is now available at the request of many older Metro employees who would rather have Medicare coverage than Metro's medical insurance since, in most cases, the monthly premium for Medicare is less expensive than Metro's premium.

Things to note:

- » If you choose to opt out of Metro's medical insurance, your dependents will no longer have medical insurance coverage with Metro.
- » You may only opt out of Metro's medical insurance within 60 days of enrolling in a Medicare plan, during Metro's Annual Enrollment while you are a benefits-eligible Council member or within 60 days of an eligible change in status.
- » You can re-enroll in Metro's medical insurance within 60 days of an eligible change in status.



Notices

If the information in the guide differs from the official plan documents, the plan documents will govern. This guide does not constitute an offer of employment or a promise to provide any particular benefit. Metro Nashville reserves the right to change its employee benefits program at any time. For more information, call Metro Human Resources at (615) 862-6700.

Summary of Benefits and Coverage

In accordance with the Affordable Care Act, you can find the Summaries of Benefits and Coverage (SBC) for both the PPO and HRA Plan on Human Resources' website at nashville.gov/hr.

HIPAA Notice of Privacy Practices

This notice governs Metro's privacy practices for Metro's medical plans and can be found at nashville.gov/hr. For copies of the other carriers' privacy notices, contact the carrier directly.

Grandfathered Plan Status

Metro's medical plans are considered "grandfathered health plans" under the Affordable Care Act. A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted, and your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans.

COBRA Continuation Coverage

If you or your dependents lose your eligibility for health care coverage for certain reasons, you will be allowed to continue coverage for a certain period of time under COBRA. Your dependents have the right to continue coverage even if you do not elect to continue your own coverage. Metro does not pay for coverage under COBRA; you or your dependent will pay 100% of the cost plus a 2% administration fee.



You or your dependents are eligible for COBRA continuation if coverage ends because:

- » Your employment ends for reasons other than gross misconduct
- » Your work hours are reduced so that you no longer qualify for coverage
- » You die
- » You get divorced or legally separated
- » Your dependent child becomes ineligible for coverage

If you or your dependents qualify for COBRA, you will be mailed a packet with rate information and payment instructions from Metro's COBRA administrator.

Notices

Women's Health Provisions

No matter which medical plan option you choose, your hospital coverage for childbirth will be for the same minimum number of days, as required by federal law:

- » If your baby is delivered vaginally, you may stay in the hospital at least 48 hours (two days) after the birth
- » If you have a cesarean section, you may stay in the hospital at least 96 hours (four days) after the birth
- » If the attending physician believes you need a longer stay, you may receive benefits for additional days if your doctor obtains pre-authorization from the insurance company. On the other hand, if you and your doctor agree that, in your case, the minimum number of days is not necessary, you may be released from the hospital earlier.

Under the Women's Health and Cancer Rights Act of 1998, all health plans that provide mastectomy coverage are also required to provide coverage for:

- » Reconstruction of the breast on which the mastectomy has been performed
- » Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance
- » Prostheses (artificial replacements) and physical complications at all stages of the mastectomy, including lymphedemas

Coordination of Benefits

Regardless of which medical plan you elect, you must be sure to notify Cigna if your dependents receive health coverage outside of Metro's plan (for example, through your spouse/domestic partner's insurance plan at work or by qualifying for Medicare).

If your dependent has coverage elsewhere, a process called coordination of benefits (COB) comes into play. COB simply means that benefits are coordinated between your dependent's coverage under your Metro plan and another plan. This process ensures that benefit payments are not duplicated and helps hold down the rising cost of health insurance.

