



Your 2017 Benefits Guide

Certificated Employee Benefits



METRO
NASHVILLE
PUBLIC
SCHOOLS

“I’m down 71 pounds so far, and I’m so much happier. I love myself for the first time in 20 years, and it feels good.”

Tammie Ashe

Special Education Teacher
Moses McKissack Middle School

On what works for her

“I’ve gone on and off diets most of my life and done just about every exercise program out there. But here’s what worked for me: I started caring about myself. I don’t even set weight-loss goals anymore. I’ll just keep going until I’m comfortable with where I am.**”**

On physical activity

“I don’t think of it as exercise. I’m just moving my body doing the things I want to do. My dogs love to walk, so I take them to the lake. I don’t like cutting my grass, but I do it anyway. I take my class outside and challenge my kids to see who can get to the top of the hill first.**”**

On eating right

“I know I have to eat to lose weight. I don’t count calories; instead, I control my portions. And if I eat too much of the wrong thing, I don’t beat myself up. I know I’m going to get back on it.**”**



START HERE

This guide gives you an overview of your certificated employee benefits. It explains the choices you have to make and how to enroll for your 2017 coverage. If you need more detail than this guide provides, visit **MNPSBenefits.org**. If you still have questions, contact Employee Benefit Services at **615-259-8463** or via email at **benefits@mnps.org**.

1. REVIEW THIS GUIDE to learn about your benefit options for 2017.

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2. DON'T MISS YOUR DEADLINES.

During annual enrollment, you must do the following by November 30, 2016:

- Complete the Cigna health assessment if you want to pay the lowest premiums in 2017 (see page 3 for details)
- Make any desired benefit changes and/or enroll in the flexible spending accounts (FSAs) online at My Benefit Express (**MNPSBenefits.org**)

If enrolling for the first time, you must:

- Enroll during your first 30 days of employment if you want benefits in 2017
- Take the Cigna health assessment within your first 30 days of coverage if you want to pay the lowest premiums in 2017 (see page 3)

SEE PAGE 17 FOR STEPS TO TAKE.

Be smart.

Once you enroll, your benefit choices remain in effect for the entire plan year. You can only change your benefits during the year if you experience a qualifying life event, such as marriage, birth, losing other coverage, etc. You have 60 days after a qualifying life event to change your coverage. If you miss this deadline, you'll have to wait until the next annual enrollment to make changes.

MEDICAL/PRESCRIPTION DRUGS

The medical plan, administered by Cigna, covers a wide range of services, including preventive care, office visits, surgery, hospitalization and prescription drugs. See the chart on page 4 for details.

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.

The amount you pay depends on the service or product you receive. Office visits and prescription drugs are covered with a copay, no deductible required. Other services require you to meet a deductible first, then pay a percentage of the cost (coinsurance).

Amounts paid toward the deductible and medical copays **do** apply toward your medical out-of-pocket maximum.

Choosing a provider

You don't have 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.

Prescription drugs

The medical plan covers prescription drugs for a flat copay. The amount you pay depends on the drug's tier. See the chart on page 5 for copay amounts. Prescription drug copays **do** apply to your pharmacy out-of-pocket maximum, which is separate from the medical out-of-pocket maximum.

New for
2017

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.

ID card

Soon after enrollment, you will receive a new Cigna ID card in the mail.

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 **1-800-987-8816**.

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!

Be smart.

Want to save hundreds of dollars on health care? Spend 15 minutes and take the confidential health assessment at **myCigna.com**. You'll qualify for the lowest coverage premiums in 2017. See the next page for details.

Health assessment incentive

A health assessment can provide valuable information to help you improve or maintain your health. **If you (the employee) take this confidential, online questionnaire by November 30, 2016, you will qualify for the lowest coverage premiums** (as shown on page 16).

If you choose not to take the Cigna health assessment by the deadline, you will pay an \$800/year surcharge, prorated equally by the number of paychecks (20 or 26) you receive in 2017. Spouse participation in the health assessment is not required at this time.

See below for steps to taking the health assessment.

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 at **MNPSBenefits.org**. Or request a free, printed copy by contacting Employee Benefit Services at **615-259-8463** or benefits@mnps.org.

Health assessment Q&A

What is it?

The Cigna health assessment is a brief, confidential questionnaire that asks about your life, job, stress level and overall health. Your answers generate a report with an explanation of any health risk factors you may have, which you can print and share with your doctor.

Who sees my answers?

Results of your health assessment are kept confidential. In accordance with the Health Insurance Portability and Accountability Act, your personal health information is protected by law. MNPS will receive an aggregate report from Cigna that does NOT include any personally identifiable information, but provides information such as the number of employees with certain conditions (diabetes, asthma, heart disease, etc.) so we can create wellness programs that help employees improve in those areas.

How do I take the health assessment?

- Go to **myCigna.com** and log in with your User ID and Password (or register for one if you're a first-time user).
- Click on the "my health" tab, then "take my health assessment."
- Answer all questions.

Does my covered spouse need to take it?

Spouse participation is welcome but not required to qualify for lower health plan premiums.

Are biometrics required?

Although biometrics are not required this year, it's helpful to know your numbers when completing the health assessment. You can use your own physician, or you can have your biometrics measured at no cost to you at the MNPS Health Care Centers. If you had blood work done earlier this year, you can use those results to complete the health assessment.

What happens next?

If your health assessment reveals areas needing improvement, you may be contacted by an MNPS Care Coordinator or a Cigna health advocate who will offer you free help managing your condition(s).

MEDICAL/PRESCRIPTION DRUGS

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	\$0	N/A
Primary care/convenient care clinics	\$30	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 visit/year)	\$40	Not covered
Physical, occupational and speech therapy	10% after deductible	40% after deductible
Durable medical equipment	10% after deductible	40% after deductible
Hospital care/outpatient facility		
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	10% after deductible	40% after deductible
Outpatient visit (individual and group)	\$30	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.

Continued on page 5

PRESCRIPTION DRUGS²	Kroger pharmacies	Other pharmacies	Out-of-network
Annual pharmacy out-of-pocket maximum	\$1,500/person \$3,000/family		
Network retail (30-day supply)			
Generic	\$2	\$5	\$5
Preferred brand	\$20	\$25	\$25
Non-preferred brand	\$75	\$80	\$80
Mail order and 90-day at retail (90-day supply) Note: Mail order not available through Kroger pharmacies			
Generic	\$4	\$10	Not covered
Preferred brand	\$40	\$50	Not covered
Non-preferred brand	\$150	\$160	Not covered
Certain preventive drugs			
Generic and brand	\$0		\$0

² 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.

“I started using the MNPS Employee & Family Health Care Centers when I couldn’t get in to see my own practitioner. From that point on, I’ve continued to take advantage of what they offer. I never have a problem getting an appointment. I have four children, and I can get them in for anything, from sports physicals to well visits to sick visits. And the practitioners there are professional and knowledgeable. I now use them as my PCP. As an employee, I’m glad to have those services available. I like the locations, the hours and the convenience. I haven’t used them on Saturdays yet, but I’m glad that option is there.”

Hope Oliver
Capstone Lead Teacher
Academy of Community Health
Whites Creek High School



MNPS EMPLOYEE & FAMILY

The Vanderbilt Health at MNPS Employee & Family Health Care Centers offer certificated employees, retirees and their covered family members many benefits, including:

Clinic visits for illnesses, annual exams and preventive care at no out-of-pocket cost (for those covered by an MNPS Cigna medical plan).

High-quality care. Our centers are staffed with highly qualified, Board-certified family nurse practitioners affiliated with Vanderbilt School of Nursing. And a physician is available for nurse consultation at all times. We provide care that focuses on the whole person, and we work as a team to care for you when you are sick and when you are well.

Same-day appointments. When you're sick, you don't want to wait. In many cases, same-day appointments are available for acute illnesses and minor injuries.

Convenient parking. No driving around a crowded parking garage searching for a spot. Each location has free, close-to-the-door parking.

Help managing chronic health conditions such as diabetes, heart disease, obesity, asthma and COPD. The Chronic Conditions Program includes many low- or no-cost medications and supplies to manage these conditions. See page 7.

Flexibility. You don't have to give up your regular doctor. If you want one of the Health Care Centers to serve as your primary doctor, we can. If not, you can still use the Health Care Centers.

FOUR CONVENIENT LOCATIONS IN DAVIDSON COUNTY

CENTRAL

Administrative Complex
Bransford Avenue
Nashville
Monday-Friday
7 a.m.-6 p.m.
Saturday, 8 a.m.-noon

NORTHEAST

Two Rivers Middle
Nashville
Monday-Friday
8 a.m.-6 p.m.

NORTH

Taylor Stratton Elementary
Madison
Monday-Friday
8 a.m.-6 p.m.

SOUTHEAST

Mt. View Elementary
Antioch
Monday-Friday
7 a.m.-5 p.m.

For an appointment, call **615-259-8755**



Vanderbilt Health
at Metro Nashville Public Schools
Employee & Family Health Care Centers

HEALTH CARE CENTERS

Chronic Conditions Program

The Chronic Conditions Program, offered through the MNPS Health Care Centers, is designed to help certificated employees, retirees and their covered family members manage chronic conditions, such as asthma, COPD, diabetes, heart disease, high blood pressure, high cholesterol or weight problems, and live a healthier, more enjoyable life. And many medications to help you manage these conditions are available through the Centers at no cost to you.

See the sidebar to the right for more details.

Care Coordinators

Cigna plan enrollees also have access to MNPS Care Coordinators (health coaches), who are dedicated to helping you tackle your biggest health challenges, including:

- Losing, gaining or maintaining your weight
- Improving your eating habits
- Controlling chronic conditions like diabetes, high blood pressure or cholesterol, heart disease, asthma and COPD
- Designing a personal exercise plan and getting fit
- Making overall health improvements

Care Coordinator services are confidential and provided at no cost to those covered by the Cigna medical plan. Simply call **615-259-8755** to make an appointment.

Live well.

Through the MNPS Chronic Conditions Program, you can get personalized help for:

Diabetes

Participants receive free diabetes medications, free testing supplies and labs, free nutrition counseling and care by Board-certified nurse practitioners. This program has dramatically decreased diabetes-related health complications for participants.

Cardiovascular health

Participants receive free generic medications for controlling blood pressure, cholesterol and heart rhythm. They also receive free labs and medical care through the MNPS Health Care Centers.

Weight management

This program is designed for people who want to lose weight and pursue better health. Enrollees receive 50% reimbursement for successful completion of an approved weight management and/or exercise program (for example, The New Beginnings Center, WeightWatchers®, Jenny Craig, YMCA, Centennial Sportsplex, etc.). They also receive 50% reimbursement for one-on-one nutrition counseling with a registered dietician.

Respiratory health

Designed for people with asthma, chronic bronchitis, emphysema or other respiratory illnesses, the program provides a free peak flow meter, free generic and preferred medications, free office visits and labs, assistance with smoking cessation, and more.

You don't have to change your doctor to participate in these programs.

DENTAL

The dental plan, administered by Delta Dental of Tennessee, provides 100% coverage for preventive care when you use Delta Dental providers. The plan covers restorative services after you meet an annual deductible, as well as orthodontia for your covered children under age 19.

How the plan works

You can see any dentist you choose, but dental benefits are highest when you choose a provider in the Delta Dental Premier or PPO networks. For a list of providers,

call **1-800-223-3104** or **615-255-3175**, or visit **deltadentaltn.com/mnps**. On the website, you'll find a consumer toolkit where you can order ID cards, view claims and find dental health information.

If you go to a non-Delta provider and charges exceed the Maximum Plan Allowance (MPA), you must pay the difference.

You will not receive an ID card for dental coverage. Simply identify yourself as a member when seeking care/services.

Benefits ... at a glance

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

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

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

Be smart.

Prevention is the key to a healthy smile! Preventive dental care is covered at 100% when you use network providers, with no deductibles or copays. Each covered family member can receive x-rays and up to two exams/cleanings a year.

VISION

The vision plan, 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 provider you choose, but you receive the highest benefits when you use EyeMed network providers. For a list of providers, visit **eyemed.com** (select Find a Provider, then select the Insight network from the dropdown menu).

If you have questions about your vision coverage, call EyeMed customer service at **1-866-800-5457**.

Benefits ... at a glance

	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

Live well.

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

A hearing benefit, offered through Epic Hearing Health Care, is provided with your medical/dental/vision coverage at no additional cost to you.

How the plan works

The plan covers a hearing exam at 100%, no copay required, and pays a hearing aid benefit of up to \$700 per ear when you use Epic’s network of providers. Plan features include:

- Brand name hearing aids and professional care at 30%-60% below retail

- Largest network of audiologists and ENTs in the country
- Out-of-network coverage available
- Extended product warranty
- Money-back guarantee trial period

Visit **epichearing.com/mnps** for more information. Call **1-866-956-5400** to speak with a hearing counselor and get started. Hours are 8 a.m.-8 p.m. Central Time.

FLEXIBLE SPENDING ACCOUNTS

MNPS offers two flexible spending accounts (FSAs) — a Health Care FSA and a Dependent Care FSA — that let you set aside tax-free money from your paycheck to reimburse yourself for many common health and dependent care expenses. The FSAs are administered by Cigna.

How FSAs work

With FSAs, you can set aside tax-free money from your paycheck to pay for out-of-pocket expenses like deductibles, copays, coinsurance and child care. You pay less for these expenses because the money is not taxed when it is deducted from your paycheck or when you use it to pay for eligible expenses. You can contribute to one or both of the FSAs. You do not have to be enrolled in the medical plan to participate.

You can contribute up to \$2,550/year to the Health Care FSA and/or up to \$5,000/year to the Dependent Care FSA.

Be smart.

Flexible spending accounts are a great way to cut your out-of-pocket health and dependent care expenses. Set aside pre-tax money from each paycheck based on how much you think you'll spend in 2017. Then use this tax-free money to pay for out-of-pocket expenses not covered by insurance. But remember, you must re-enroll every year to continue participating in the FSAs.

Eligible FSA expenses

Health Care FSA

Generally, eligible health care expenses are those considered tax-deductible by the IRS but not covered by an insurance plan. Examples include:

- Medical and dental deductibles, copays and coinsurance
- Vision and hearing care expenses
- Prescription drug copays
- Diabetes and medical supplies
- Certain over-the-counter drugs if prescribed by a doctor

For a detailed list of eligible health care expenses, visit cigna.com/expenses.

Dependent Care FSA

Examples of eligible dependent care expenses include:

- Day care expenses for your children under age 13
- Dependent care for a disabled spouse, child or a tax-dependent relative or household member who depends on you for at least half of his/her support
- Before- and after-school care (if not included in tuition)

Generally, eligible expenses include only those for the actual care of a dependent, not costs for education, supplies or meals, unless those costs cannot be separated.

If you are married, the IRS requires both you and your spouse to be employed to be eligible for dependent care reimbursement, unless your spouse is disabled or a full-time student at least five months of the year.

For a detailed list of eligible dependent care expenses, visit cigna.com/expenses.

FSA rules

Use it or lose it

Be careful not to overestimate your expenses for the plan year. You must use all the money in your account(s) within this timeframe. The IRS requires that any money left in your account(s) at plan year-end be forfeited, with limited exceptions.

No transfers

If you participate in both FSAs, you cannot transfer money between your two accounts or use money in one to pay expenses for the other.

Dependent Care FSA vs. tax credit

You may use the Dependent Care FSA or the Child and Dependent Care Tax Credit, but not both. Talk to your financial advisor to determine which is right for you.

No contribution changes

Once you decide how much to contribute to each account, you cannot change it until the next plan year, unless you experience a qualifying life event.

Filing claims

You have until March 15 to submit claims for Dependent Care FSA expenses incurred in the plan year.

Your Health Care FSA offers a grace period to help you avoid the IRS “use it or lose it” rule. You can continue to incur health care expenses until March 15 of the following year, file claims and get reimbursed until June 15. So if you overestimate the amount you put in your Health Care FSA, you can use the funds in the next calendar year, before they are forfeited.

Claim forms and instructions for filing claims are available at cigna.com/sites/mnps/plans.html. You will receive a check or direct deposit for the amount of reimbursement you requested.

For more information

For more details about the FSAs, visit cigna.com/sites/mnps/plans.html or call Cigna Customer Service at **1-800-Cigna24 (1-800-244-6224)**. Once enrolled in an FSA, visit myCigna.com to access account information, claim status, claim forms and answers to general questions.

Getting started

- 1. Estimate** how much you think you will spend on health care and dependent care (separately) during the year.
- 2. Decide** how much to contribute to each FSA. Your annual election to each FSA will be prorated and deducted from your paycheck on a pre-tax basis. Be careful not to contribute more than you expect to spend in 2017.
- 3. Pay** eligible expenses using one of the following options:

Use your debit card. For eligible health care expenses, you can use your FSA debit card. It contains your FSA balance and works like cash at any vendor that accepts FSA debit cards. (Current participants can continue to use their FSA debit cards in 2017; it will be reloaded with your 2017 contribution election. New enrollees will receive a debit card in the mail.)

File a claim. Pay for the eligible expense and then submit a claim form along with your receipts to Cigna. See “Filing claims” to the left.

LIFE AND AD&D

MNPS provides basic life/accidental death & dismemberment (AD&D) insurance through Dearborn National at no cost to you. You're automatically enrolled for coverage once you complete your enrollment.

Basic employee life/AD&D insurance

This coverage provides you with basic life and AD&D insurance equal to \$50,000.

What is AD&D?

AD&D insurance provides additional coverage above any other insurance benefits in the event of accidental death or dismemberment. If the covered person dies as a result of an accident, the full AD&D benefit plus the basic life insurance benefit will be paid. If the covered person suffers a dismemberment accident (such as the loss of an eye or limb), the plan pays a percentage of the full benefit amount.

Supplemental employee life and AD&D

You may elect supplemental life and AD&D coverage for yourself up to \$500,000, in increments of \$10,000. This amount is in addition to your basic life insurance. You pay the full cost of any coverage you elect on an after-tax basis.

Dependent life and AD&D

If enrolled in the medical plan, your spouse and dependent children, ages 14 days to 26 years, automatically receive the following life coverage:

- Spouse: \$25,000
- Each child: \$10,000

If they are not enrolled in the medical plan, you can elect this coverage on an after-tax basis.

Your beneficiary

It's important to designate a beneficiary for your life and AD&D coverage. You may designate or update your beneficiary at any time by logging onto **MNPSBenefits.org**. The employee is the beneficiary for any dependent coverage.

Be smart.

Would your family be protected financially if something happened to you? Life insurance can help.

If you elect supplemental or spouse life coverage when first offered to you, coverage is guaranteed up to the guarantee issue (GI) amount, with no medical questions asked. If you decline it at first but choose to elect it later, or if you increase your coverage, you may be required to answer medical questions and be approved before your coverage becomes effective. If medical questions are required, you'll be notified when you go online to enroll.

Benefit reduction

Basic and supplemental employee life and AD&D benefits are reduced to 65% of the original coverage amount at age 65, to 40% of the original amount at age 70, and to 25% at age 75. All benefits terminate at retirement.

Spouse life benefits are reduced to 65% of the original coverage amount at age 65 and further reduce to 50% at age 70. All benefits terminate at retirement.

Additional benefits

Additional benefits may be available if a covered individual becomes disabled, suffers a loss in an automobile while wearing a seatbelt or becomes terminally ill. For more details on these benefits, visit **MNPSBenefits.org** to view the full policy.

Filing a claim

To file a claim, contact Dearborn National at **1-800-348-4512**. In the event of a life insurance claim, a certified copy of the death certificate is required. If you need help filing a claim, contact Employee Benefit Services at **615-259-8463**.

DISABILITY INSURANCE

Disability coverage continues a portion of your paycheck if a serious illness, injury or pregnancy keeps you from working. MNPS offers optional employee-paid short-term and long-term disability coverage through Dearborn National.

Short-term disability

Short-term disability coverage can help fill the gap between sick leave and long-term disability.

Benefits generally begin after a 14-day waiting period and after all salary continuation, sick leave and vacation pay have been exhausted. The plan pays 60% of your weekly earnings, up to \$1,150/week. Benefits generally continue up to 13 weeks or until long-term disability begins, if earlier.

Long-term disability

Long-term disability benefits generally pick up where short-term disability leaves off.

Benefits generally begin after 90 days of total disability (waiting period). The plan replaces 60% of your earnings, up to \$5,000 a month. Certain limits apply. Benefits generally continue until your disability ends or you reach normal Social Security retirement age, whichever comes first. If you are age 62 or older when your covered disability begins, your benefits duration may differ. See the official plan documents.

Pre-existing condition and other benefit limits

Disability benefits will not be paid for any disability resulting from a pre-existing condition. Pre-existing condition means a condition:

- Resulting from a sickness or injury for which you received medical treatment, advice or prescriptions (even if the condition was not officially diagnosed) within 12 months prior to your effective date
- AND
- Resulting in a disability that begins in the first 12 months after your effective date (for short-term disability) or 24 months after your effective date, unless you received no treatment for the condition for 12 consecutive months after your effective date (for long-term disability)

There are certain situations in which your disability benefits may be reduced or limited. For example, benefits may be reduced by any other disability benefits you are eligible to receive.

Filing a disability claim

If you become totally disabled, apply for benefits by contacting Dearborn National at **1-800-348-4512**. If you need help filing a claim, contact Employee Benefit Services at **615-259-8463**.

Be smart.

Could you and your family make ends meet if you were unable to work? Disability coverage can help protect a portion of your income.

You may elect short-term disability during any annual enrollment without answering medical questions. If you decline long-term disability coverage when first

offered to you but choose to elect it at a future annual enrollment, you may be required to answer medical questions and be approved before your coverage becomes effective. If medical questions are required, you'll be notified when you go online to enroll.

OTHER BENEFITS

MNPS offers a variety of other programs to complete your benefits package:

Employee assistance program

MNPS provides employees and their household family members with an employee assistance program (EAP) through ComPsych, called GuidanceResources® EAP. Services are free and completely confidential, and you don't have to be enrolled in an MNPS medical plan to use the EAP. Through the program, you'll have access to:

- Confidential, licensed professional counseling by guidance consultants for personal, family or work-related issues
- Stress management support, including help for anxiety and depression, relationship/marital conflicts, grief and loss, job pressures and substance abuse
- Legal advice about divorce and family law, debt and bankruptcy, real estate transactions, civil and criminal actions, contracts and more
- Financial information and resources from a Certified Public Accountant or Certified Financial Planner on issues such as getting out of debt, retirement planning, tax questions, and credit card and loan problems
- Work-life solutions for child and elder care, moving and relocation, college planning, home repair and more
- GuidanceResources® Online, your one stop for expert information about relationships, work, school, children, wellness and more

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 register as a first-time user, and follow the prompts to complete your profile.

Retirement plan (TCRS)

MNPS is a member of the Tennessee Consolidated Retirement System (TCRS), a program that provides a pension to eligible retirees. Visit **retirereadytn.gov** or call **1-800-922-7772** for more information.

Be smart.

Don't overlook the advantages of the additional benefits MNPS provides. You can receive discounts on programs and services that will help you reach your self-improvement goals. Learn how to manage stress, improve relationships, lose weight and stop smoking. You can also participate in programs that will support your healthy lifestyle changes and help you manage chronic conditions.

401(k)

The Tennessee 401(k) Deferred Compensation Plan is voluntary for MNPS certificated employees hired prior to July 1, 2014 in the TCRS Legacy Plan. For those hired July 1, 2014 or later, the 401(k) plan is part of the TCRS Hybrid Plan, and the district contributes 5% of pay to participants' accounts.

The 401(k) plan is operated by the Tennessee Department of Treasury and administered by Empower Retirement. Both a pre-tax and after-tax (Roth) 401(k) are available, and all certificated employees are eligible to participate.

To learn more about the 401(k) plan, visit **retirereadytn.gov** or contact MNPS's Retirement Plan Counselors at **1-844-346-7786**. For Donna Richardson, press 20478# or for Brian Huffman, press 20473#. Or send an email to donna.richardson@empower-retirement.com or brian.huffman@empower-retirement.com.

To enroll in the plan, contact one of MNPS's counselors for a paper enrollment form, or visit **retirereadytn.gov** (click "Let's get started").

Cigna programs

If you have Cigna coverage, you and your family members have access to these valuable Cigna programs at no additional cost to you:

24-Hour Health Information Line

- 24/7 telephone access to a registered nurse
- Get advice after hours about symptom management, when to seek treatment and more
- Call **1-800-244-6224**

Televisits with AmWell and MDLIVE

- Connect with a doctor via phone or video chat for non-life-threatening conditions
- Cost-effective alternative when your doctor's not available
- Register for one or both services so you'll be ready when you need telehealth services (available January 1, 2017):
 - **AmWellforCigna.com** or **1-855-667-9722**
 - **MDLIVEforCigna.com** or **1-888-726-3171**

Cigna Home Delivery

- Save money on 90-day supplies of medication you take regularly
- Call **1-800-285-4812** to get started
- Standard delivery at no additional cost

Healthy Pregnancies, Healthy Babies®

- Comprehensive, personalized maternity program with live support 24 hours a day, 7 days a week

- Call **1-800-615-2906** to enroll
- Receive \$250 if you enroll in your first trimester (or \$125 in your second trimester) once program is completed

Lifestyle Management Programs®

- Free telephone coaching support for tobacco cessation, weight management and stress management
- Call **1-877-459-9896**

My Health Assistant®

- Free online coaching support for nutrition, exercise, losing weight, managing stress, managing a chronic condition, quitting tobacco and maintaining a positive mood
- Powered by WebMD
- Visit **myCigna.com**

myCigna.com

- Find doctors and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Compare quality of care ratings for doctors and hospitals
- Access health and wellness tools and resources
- Download the myCigna app

My Benefit Express — your go-to benefits site

My Benefit Express is your employee self-service benefits portal at **MNPSBenefits.org**. Through My Benefit Express, you can:

- Add, drop or change your coverage during annual enrollment or after a qualifying life event
- Add or drop dependents from your coverage (To add a dependent, you must provide documentation proving the relationship; for example, a copy of the birth certificate, marriage certificate, adoption documents or Social Security card)

- Name a beneficiary(ies) for your life insurance and AD&D benefits
- View plans, employee rate information, summary plan descriptions, etc.
- Access benefit forms
- Link to plan administrators/vendors or find contact information
- And more!

YOUR COST

When you enroll for MNPS medical/dental/vision/hearing coverage, you pay 25% of the cost; MNPS pays the rest. You pay your share by pre-tax payroll deduction. Deductions are based on whether you work a 10-month (20 deductions/year) or 12-month schedule (26 deductions/year).

Medical/dental vision/hearing

	If you take the Cigna health assessment by the deadline:		If you do NOT take the Cigna health assessment by the deadline:	
	10-month schedule	12-month schedule	10-month schedule	12-month schedule
Employee only	\$104.45	\$80.35	\$144.45	\$111.11
Employee + spouse	\$208.91	\$160.70	\$248.91	\$191.46
Employee + child(ren)	\$149.40	\$114.92	\$189.40	\$145.68
Family	\$252.47	\$194.21	\$292.47	\$224.97

Note: Premiums are based on your work schedule, NOT on how often you get a paycheck.

Supplemental life and AD&D*

	10-month schedule	12-month schedule
Employee only	\$0	\$0
Employee + spouse	\$3.00	\$2.31
Employee + child(ren)	\$0.60	\$0.46
Family	\$3.60	\$2.77

* Includes employee life and AD&D coverage of \$50,000, spouse life of \$25,000 and child life of \$10,000 per child

Short-term and long-term disability

Visit [MNPSBenefits.org](https://mnpsbenefits.org) for your costs for these plans.

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.

HOW TO ENROLL

Follow these steps to enroll online at My Benefit Express:

1. Log on.

- Go to **MNPSBenefits.org**.
- Enter the following, even if you previously changed your password:
 - **User name:** MNPS + first letter of your first name + your last name + your month and day of birth
 - **Password:** your last name (all caps) + last four digits of your Social Security number

For example, David Public, born February 7, SSN 123-45-6789:

User name: MNPSDPUBLIC0207 (case-sensitive)

Password: PUBLIC6789 (case-sensitive)

- At the Welcome page, click Enroll (right side of page) and answer a few questions.

2. Add/update dependent and beneficiary information.

- Follow the prompts to:
 - Add/update dependent information
 - Designate/update beneficiary(ies)

3. Choose your benefits.

- Follow the prompts to select your coverage.
- Choose the guided walk-through if you need help.

4. Confirm your elections.

- View your Confirmation Statement. If you're satisfied with your elections, you can print a copy of the statement for your records.
- Log out.
- Remember: To pay the lowest premiums in 2017, take or retake the health assessment before the deadline below, following the steps to the right.

Follow these steps to take or retake the health assessment:

1. Go to **myCigna.com** and log in with your User ID and Password (or register for one if you're a first-time user).
2. Click on the "my health" tab, then "take my health assessment."
3. Answer all questions.

Follow these tips to learn your biometrics (cholesterol and blood pressure):

- Although biometrics are not required this year, it's helpful to know your numbers to complete the health assessment (above).
- You can use the MNPS Health Care Centers or your own physician.
- If you had blood work done earlier this year, you can use those results to complete the health assessment.

DEADLINES	To enroll:	To take the health assessment:
For employees enrolling during annual enrollment:	November 30, 2016	
For employees enrolling for the first time:	within first 30 days of employment	within first 30 days of coverage
For employees enrolling as the result of a qualifying life event:	within 60 days of the event	

IMPORTANT CONTACTS

Plan	Administrator	Website/Email	Phone
General benefits	Employee Benefit Services	MNPSBenefits.org benefits@mnps.org	615-259-8463
MNPS Employee & Family Health Care Centers	Vanderbilt Health	Locations/hours: see page 6	615-259-8755
Medical	Cigna	If currently enrolled, log onto myCigna.com If not yet enrolled, visit cigna.com	1-800-Cigna24 (1-800-244-6224) TTY/TDD: 1-800-987-8816 24-Hour Health Information Line: 1-800-244-6224
Dental	Delta Dental	deltadentaltn.com/mnps	1-800-223-3104 or 615-255-3175
Vision	EyeMed	eyemed.com	1-866-800-5457
Hearing	Epic Hearing Health Care	epichearing.com/mnps	1-866-956-5400 Hours: 8 a.m.-8 p.m.
Flexible spending accounts (FSAs)	Cigna	If currently enrolled, log onto myCigna.com If not yet enrolled, visit cigna.com/sites/mnps/plans.html	1-800-Cigna24 (1-800-244-6224) TTY/TDD: 1-800-987-8816
Life, AD&D and disability	Dearborn National	MNPSBenefits.org	Claims: 1-800-348-4512
Employee assistance program (EAP)	ComPsych	guidanceresources.com Company Web ID: MNPS	1-888-297-9028
Tennessee Consolidated Retirement System (TCRS)	Empower Retirement	retirereadytn.gov	1-800-922-7772
Tennessee 401(k) Deferred Compensation Plan	Empower Retirement	treasury.state.tn.us/dc To enroll: retirereadytn.gov (select Let's Get Started)	1-800-922-7772

