

2027

Retiree Benefits Guide

for certificated retirees and their covered dependents

Be smart Live well

METRO NASHVILLE PUBLIC SCHOOLS

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* 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.**

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.

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 6-11.

Your retiree benefits include the dental, vision, hearing and EAP coverage you had as an active employee

See pages 20-25.

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

This allows you to move to one of the medical options for Medicare-eligible enrollees and for your premium to be reduced.

RETIREES AND DEPENDENTS with Medicare A & B

Follow the orange path for your benefits.

You have two options for medical coverage, both with Part D prescription drug coverage:

UnitedHealthcare® Group Medicare Advantage PPO

UnitedHealthcare® Group Medicare Advantage HMO
(only available to TN residents)

See pages 12-19 for details.

Your retiree benefits include the dental, vision, hearing and EAP coverage you had as an active employee

See pages 20-25.

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, subject to the changes announced in your Annual Transfer packet.

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.

ALL RETIREES AND DEPENDENTS



Benefit Basics

Eligibility

You and your eligible enrolled dependents can continue coverage throughout your retirement if:

- **You have at least 10 years of active employment with MNPS**
- **You begin receiving a monthly pension payment immediately following termination**

- AND -

- **You have been enrolled in the group plan for three continuous years immediately prior to retirement**

Important!

DO NOT ENROLL in any other Medicare Advantage, supplement or Part D plan

If you do, you will be disenrolled from your MNPS medical insurance.

The Centers for Medicare & Medicaid Services (CMS) does not allow individuals to be enrolled in two Medicare plans.

If you see a television ad, receive information in the mail or get a phone call offering you a Medicare Advantage, supplement or Part D plan, DO NOT enroll in that plan or you could lose your MNPS medical insurance forever.

If you have at least 20 years of service with MNPS, you may defer commencement of pension and retiree benefits, and have benefits reinstated when your pension begins.

You may enroll your eligible dependents during Annual Transfer or within 60 days of an eligible change in status.

Changing Your Benefits

The benefits you choose at the time of your pension or during Annual Transfer remain in effect for the entire plan year, unless you have a qualifying life event, 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 MNPS Employee Benefits and provide any required documentation within 60 calendar days of a qualifying life event to make a change in your benefit elections. Missing the deadline will prevent you from adding a new dependent.

For a complete list of eligible changes in status and instructions on changing your benefit elections, contact MNPS Employee Benefits.

When Coverage Begins and Ends

Coverage is effective the day your pension benefit becomes effective. Your coverage will end when your pension ends or upon your death. Your spouse and dependent children may be eligible to continue their coverage; however, they must pay 100% of the premium.

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 request a free, printed copy by contacting Employee Benefit Services at **615-259-8464** or **benefits@mnps.org**.

Important Notices

Each year, MNPS provides important notices about state and federal laws that affect your benefits and your rights and responsibilities as a participant in MNPS benefit plans. You can find the latest notices at **benefits.mnps.org/resources/notices**.

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 see 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, so 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 provider, and you don't need a referral to see a specialist. You can see any provider you choose, but your out-of-pocket costs will be lower if you use OAP 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 8**. Some services, such as office visits, require a flat copay at the time of the visit. 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. Copays don't count toward the deductible, but all amounts you pay — copays, deductible and coinsurance — count toward your annual out-of-pocket maximum. Once you reach that maximum, the plan pays 100% for the rest of the calendar year.

ID Card

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.

Cigna no longer mails ID cards unless you request it.





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.

myCigna.com

After you enroll, visit myCigna.com and 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!**

PRESCRIPTION DRUGS

The medical plan covers prescription drugs for a flat copay. The amount you pay depends on the drug's tier, as shown in the chart on **page 9**. You can fill 30-day prescriptions at any pharmacy; the same copay amount applies in- or out-of-network. But 90-day prescriptions are not covered at out-of-network pharmacies.

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. Prescription drug copays count toward your medical annual out-of-pocket maximum.

Brand Name vs. Generic

If you choose a brand name drug when a generic equivalent 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 authorization from Cigna, you pay only the brand name copay.

Cigna Home Delivery

You can save money on medication you take regularly by ordering a 90-day supply through Cigna Home Delivery. Standard shipping is free. Call **1-800-285-4812** to get started.

Medical Benefits ... at a Glance

SERVICE/ FEATURE	IN NETWORK	OUT-OF NETWORK
Lifetime maximum benefit	**Unlimited**	**Unlimited**
Annual deductible	**$500/person | $1,500/family**	**$800/person | $2,050/family**
Annual out-of-pocket maximum	**$3,600/person | $7,200/family**	**$7,200/person**
Preventive care/immunizations	You pay $0	You pay 40% after deductible
MNPS Health Care Centers (including EWC clinical) visits	You pay $0	N/A
Office visits (primary care)	You pay $35	You pay 40% after deductible
Office visits (specialist)	You pay $50	You pay 40% after deductible
Virtual visits	You pay $35	You pay 40% after deductible
Urgent care	You pay $35	You pay $35
Chiropractic (24 visits/year)	You pay $50	Not covered
Lab services (office or lab)	You pay $0	You pay 40% after deductible
Lab services (outpatient facility)	You pay 15% after deductible	You pay 40% after deductible
Rehabilitation/therapy (physical, occupational, speech)	You pay 15% after deductible	You pay 40% after deductible
Durable medical equipment	You pay 15% after deductible	You pay 40% after deductible
Maternity (prenatal care)	You pay $35 for initial visit	You pay 40% after deductible
Maternity (delivery)	You pay 15% after deductible	You pay 40% after deductible
Hospital inpatient	You pay 15% after deductible	You pay 40% after deductible
Emergency room (waived if admitted)	You pay $150, then 15% after deductible	You pay $150, then 15% after deductible
Ambulance	You pay 15% after deductible	You pay 15% after deductible
Emergency worldwide coverage	Call 1-866-763-8442	Call 1-866-763-8442
Outpatient surgery	You pay 15% after deductible	You pay 40% after deductible
Outpatient/diagnostic facility	You pay 15% after deductible	You pay 40% after deductible
Advanced imaging	You pay 15% after deductible	You pay 40% after deductible
Skilled nursing facility	You pay 15% after deductible	You pay 40% after deductible
Home health care	You pay 15% after deductible	You pay 40% after deductible
Mental health, substance use disorder office and outpatient visits	You pay $0	You pay 40% after deductible
Mental health, substance use disorder inpatient care	You pay $0	You pay 40% after deductible

Prescription Drugs ... at a Glance

	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



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

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.

Extras That Come with Your Retiree Medical Coverage

These programs are available to retirees and their covered dependents under age 65 without Medicare. Eligibility for some programs ends when you become eligible for Medicare.



VANDERBILT HEALTH AT MNPS EMPLOYEE & FAMILY HEALTH CARE CENTERS

Continue using all MNPS Health Care Centers services after you retire — at no cost.

This includes:

- **Office visits** at all five clinic locations
- **Employee Wellness Center services**, including lifestyle medicine, chiropractic care, physical therapy, Kroger pharmacy, the Daily Grind café, the Fitness Center and more
- **Health coaching** with confidential, one-on-one support for weight loss, improving eating habits, quitting tobacco, managing a chronic health condition or other health improvements

MNPSHealth.org | 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 Vanderbilt offers.

Your nurse navigator can:

- Help you find the right care — and the right MNPS benefits — for your needs
- Book appointments for you (and let you know in advance if there is a cost)
- Connect you with mental health services, a licensed clinical social worker or a spiritual health professional

health.mnps.org/services/care-navigation



foodsmart

FOODSMART

Meet one-on-one with a registered dietitian via video or phone on your schedule. Your nutrition expert will work to understand your needs and challenges and build a personalized nutrition plan around your preferences (including allergies, sensitivities and dislikes). Between appointments, Foodsmart's healthy eating tools will help you stick to your eating plan and save money on groceries.

foodsmart.com/members/mnps | 1-888-837-5325 | telenutrition@foodsmart.com



Cylinder

CYLINDER DIGESTIVE HEALTH PROGRAM*

Cylinder is a free, at-home program that helps you improve your digestive health. You'll get a step-by-step plan to reduce symptoms like indigestion, cramping, bloating and nausea, plus a personalized gut-friendly meal plan from a registered dietitian. The program includes an app, a dedicated health coach, and the GutCheck at-home microbiome kit and analysis. It's all done from home — privately and at no cost to you.

go.cylinderhealth.com/mnps



MYHEALTH BUNDLES

Vanderbilt's MyHealth Bundles take an innovative approach, bundling all the services required to manage and treat certain costly health conditions, with no out-of-pocket costs for you. 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.

mnps.myvanderbilthealthbenefits.com



TOA CAREPLACE BUNDLES

Provided through Tennessee Orthopaedic Alliance, the CarePlace Total Joint Replacement Program covers joint replacement surgery for the shoulder, hip, knee or ankle, plus up to 90 days of follow-up care — at no cost to you.

mnps.yourcareplace.com



omada

OMADA® LIFESTYLE PROGRAM*

Omada is a personalized program designed to help you reach your health goals — whether that's losing weight, lowering your blood pressure or staying on top of diabetes. Participants receive free wi-fi-connected devices to track progress, along with sessions with a professional health coach.

omadahealth.com/mnps



virta

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'll get ongoing support from a team of clinicians and health coaches who customize a nutrition plan to help you lose weight and reverse type 2 diabetes and prediabetes.

virtahealth.com/join/mnps



VISANA VIRTUAL WOMEN'S HEALTH CLINIC

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

visanahealth.com/cigna

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

UnitedHealthcare Medicare Advantage PPO and HMO

with Medicare Part D Prescription Drug Coverage

The UnitedHealthcare PPO and HMO are Medicare Advantage plans. Both cover everything Original Medicare (Parts A & B) covers, plus many extras, including Part D prescription drugs and other value-added benefits. The HMO is available only to Tennessee residents.

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

How the PPO Works

The PPO covers out-of-network care at the same benefit level as in-network care as long as the provider accepts Medicare and agrees to bill UnitedHealthcare. Even if your medical provider will not agree to bill UnitedHealthcare directly, if they accept Medicare, you can still see that provider and file a claim with the insurer yourself for reimbursement, and you will receive in-network benefits.

You don't need to select a primary care provider, and you don't need a referral to see a specialist. You simply pay a copay for most covered services; no deductible required. See the chart on **page 16**.

How the HMO Works

Under the HMO, you simply pay an affordable copay or coinsurance amount for covered services; no deductible required. This enhanced level of coverage is possible because all your care is provided through UnitedHealthcare's Medicare Advantage network.

You must choose a primary care provider from UnitedHealthcare's network of contracted providers. Certain services require a referral from your PCP.

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 16**.

ID Cards

The Medicare Advantage plans have two ID cards — one for medical and one for prescriptions. You will receive these cards in the mail; they will arrive separately.



CHOOSING A PROVIDER

To find UnitedHealthcare in-network providers or facilities:

» Create an account and log onto **retiree.uhc.com** if enrolled

» Visit **retiree.uhc.com** if not yet enrolled

Prescription drugs

Both the PPO and HMO include Medicare Part D prescription drug coverage, administered by Express Scripts. Therefore, MNPS retirees in these plans do not need to enroll in an independent Medicare Part D plan; doing so would result in the cancellation of your MNPS coverage.

Under the PPO, 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 HMO has no separate prescription drug deductible; you simply pay a copay per prescription.

Under both plans, the copay amount you pay depends on the drug's tier and whether you use a retail pharmacy or mail order, as shown in the chart on **page 17**.

FINDING NETWORK PHARMACIES

Both the PPO and HMO use the National Medicare Performance Network, which includes Kroger, CVS, Walgreens, Walmart and many more.

To locate network pharmacies, visit **express-scripts.com**. If you're a first-time user, click Register to create an account.

Formulary

Benefits for covered prescription drugs are based on a drug list, called a formulary, which you can view by logging onto **express-scripts.com**.

Click Register to create an account if you're a first-time user. You can use this portal to manage your prescription drug benefits.

Questions?

Call RetireeFirst at

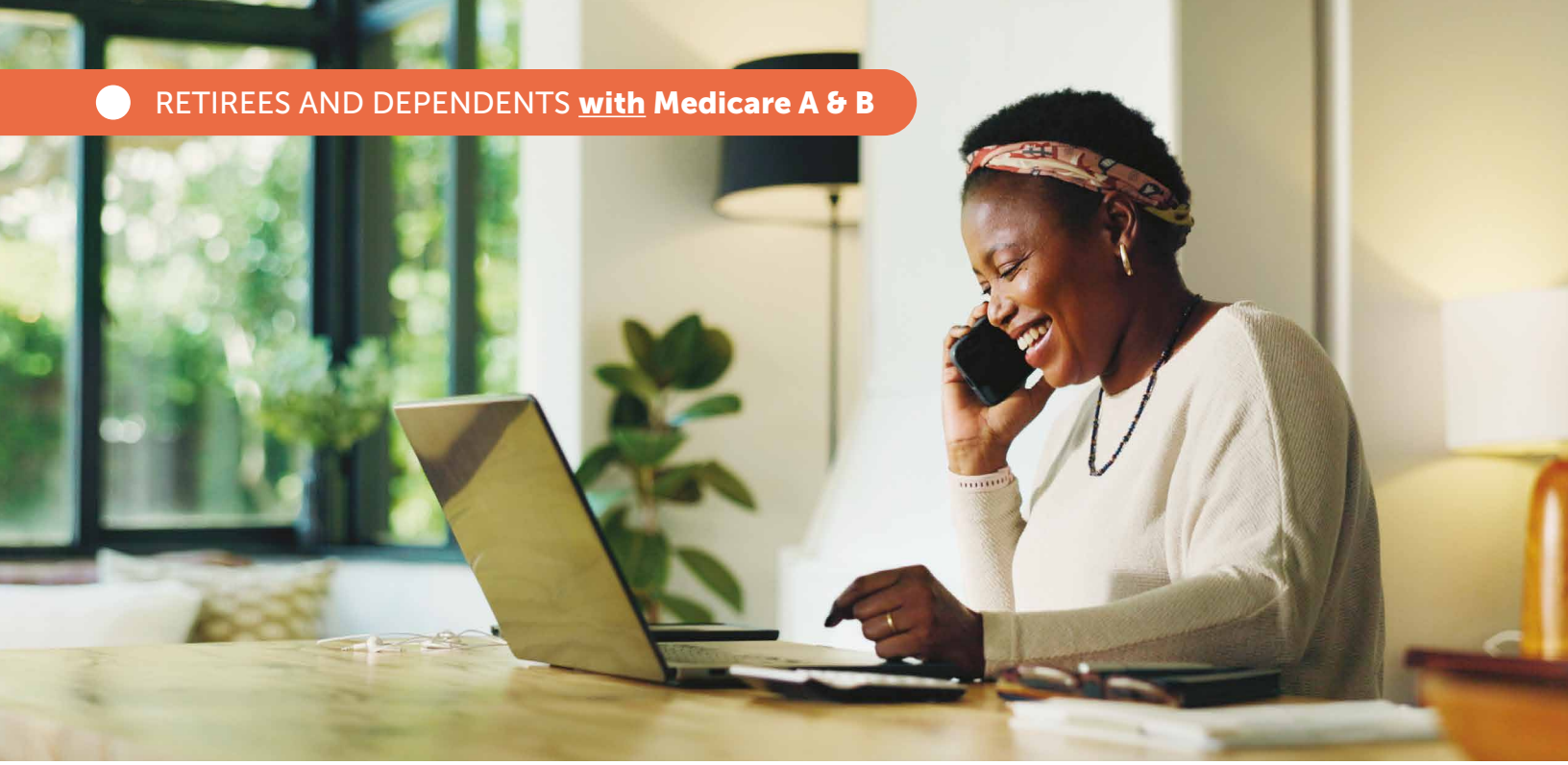
615-899-3296 or 1-877-207-2826 (711).

Hours are weekdays 8 a.m. - 5 p.m.

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

- **View your plan coverage and benefits**
- **Find a provider**
- **Review claim history and Explanation of Benefits (EOBs)**
- **Find a network pharmacy**
- **Download plan documents, including your Evidence of Coverage (EOC)**
- **View and print your ID card**
- **Enroll in the UnitedHealthcare Member Rewards Program and track your rewards**
- **Access health and wellness articles, news, videos and interactive tools**

RETIREES AND DEPENDENTS **with Medicare A & B**



RetireeFirst Healthcare Advocacy

A helpline dedicated to MNPS Medicare retirees

Navigating the healthcare system can be frustrating — whether you're facing a serious health problem or a confusing bill.

MNPS has partnered with RetireeFirst to give you a team of Advocates who help you understand your benefits, options and resources, and work on your behalf to resolve any issues. When you call, a real person answers. No chatbots. No phone menus.

RetireeFirst Advocates are:

- Medicare experts who understand your plan
- Based in the U.S.
- Trained to keep your personal and health information private
- Caring people who want to help you stay healthy



Call Us

Call RetireeFirst at

615-899-3296 or
1-877-207-2826 (711).

Hours are weekdays
8 a.m. - 5 p.m.

How Advocates Can Help

- Update your personal information
- Replace a lost ID card
- Find out if a doctor or facility is in your network
- Explain what your plan covers and what your cost will be
- Provide claims and billing support
- Assist when a healthcare service or prescription drug needs prior authorization
- Explain the extra benefits that come with your plan and how to use them
- Help with prescriptions (find out if a medication is covered and its cost, find lower-cost generic drugs, assist with mail order prescriptions, etc.)
- Join you on a call with Medicare, Social Security, your doctor, your pharmacy or other companies, so you don't have to handle it alone

Medical Benefits ... at a Glance

	UnitedHealthcare Medicare Advantage **PPO**	UnitedHealthcare Medicare Advantage **HMO**
SERVICE/ FEATURE	**IN NETWORK**	**IN NETWORK ONLY**
Primary care provider (PCP) required?	**No**	**Yes**
Referrals required for specialist care?	**No**	**Yes, for some services**
Out-of-network benefits?	**Yes; same as in-network if provider accepts plan**	**No, except in an emergency**
Lifetime maximum benefit	**Unlimited**	**Unlimited**
Annual medical deductible	**None**	**None**
Annual out-of-pocket maximum	**$2,000**	**$1,500**
Preventive care/immunizations	You pay $0	You pay $0
MNPS Health Care Centers (including EWC clinical) visits	You pay $0 (primary care) You pay $30 (specialist)	You pay $5 (primary care) You pay $10 (specialist)
Office visits (primary care)	You pay $0	You pay $5
Office visits (specialist)	You pay $30	You pay $10
Virtual visits (available 24/7)	You pay $0	You pay $5
Urgent care	You pay $30	You pay $10
Lab/x-ray/radiology	You pay $0 (primary care) You pay $30 (specialist)	You pay $0 (primary care) You pay 10% (specialist)
Chemotherapy	You pay $30 (office visit) You pay $20 (drug)	You pay $10 (office visit) You pay 10% (drug)
Rehabilitation/therapy (physical, occupational, speech)	You pay $0 (primary care) You pay $30 (specialist)	You pay $0 (primary care) You pay 10% (specialist)
Durable medical equipment	You pay $20	You pay 10%
Hospital inpatient	You pay $100/admission	You pay $0
Emergency room (waived if admitted)	You pay $100	You pay $120
Ambulance	You pay $0	You pay $0
Emergency worldwide coverage (no benefit limit)	You pay $30 (urgent care) You pay $100 (ER)	You pay $20 (urgent care) You pay $120 (ER)
Outpatient surgery	You pay $100	You pay $0
Skilled nursing facility	You pay $0 (days 1-20) You pay $92/day (days 21-100)	You pay $0 (days 1-100)
Home health care	You pay $0	You pay $0
Mental health, substance use disorder office and outpatient visits	You pay $0	You pay $0
Mental health, substance use disorder inpatient care	You pay $100/admission	You pay $0

Prescription Drugs ... at a Glance

	UnitedHealthcare Medicare Advantage PPO	UnitedHealthcare Medicare Advantage HMO
	IN NETWORK	**IN NETWORK**
Annual prescription deductible	**$200**	**None**
Annual prescription out-of-pocket maximum	**$1,500**	**$2,400[1]**
Certain preventive drugs (brand and generic)	**$0**	**See retail copays below**
NETWORK RETAIL (30-DAY SUPPLY)		
Tier 1: generic	$2	$2
Tier 2: preferred brand	$30	$5
Tier 3: non-preferred brand	$80	$20
Tier 4: high cost specialty[2]	$80	$20
Out-of-network	See note below[3]	See note below[3]
NETWORK RETAIL (90-DAY SUPPLY)		
Tier 1: generic	$4	$4
Tier 2: preferred brand	$60	$10
Tier 3: non-preferred brand	$160	$40
Tier 4: high cost specialty[2]	N/A	N/A
MAIL ORDER (90-DAY SUPPLY)		
Tier 1: generic	$10	$10
Tier 2: preferred brand	$70	$20
Tier 3: non-preferred brand	$170	$50
Tier 4: high cost specialty[2]	N/A	N/A

[1] *If you spend $2,400 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 a 30-day supply.*

Extras That Come with Your Retiree Medical Coverage

These programs are available to retirees and their dependents enrolled in a UnitedHealthcare Medicare Advantage plan.



VANDERBILT HEALTH AT MNPS EMPLOYEE & FAMILY HEALTH CARE CENTERS

Continue using all MNPS Health Care Centers services after you retire.

This includes:

- **Office visits** at all five clinic locations
- **Employee Wellness Center services**, including lifestyle medicine, chiropractic care, physical therapy, Kroger pharmacy, the Daily Grind café, the Fitness Center and more
- **Health coaching** with confidential, one-on-one support for weight loss, improving eating habits, quitting tobacco, managing a chronic health condition or other health improvements

MNPSHealth.org | 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 Vanderbilt offers.

Your nurse navigator can:

- Help you find the right care — and the right MNPS benefits — for your needs
- Book appointments for you (and let you know in advance if there is a cost)
- Connect you with mental health services, a licensed clinical social worker or a spiritual health professional

health.mnps.org/services/care-navigation



RENEW ACTIVE® FITNESS PROGRAM

Get healthier with UnitedHealthcare's fitness benefit provided by Renew Active. It includes free membership at a participating fitness center (including YMCA, Club Pilates, Pure Barre and more).

uhcrenewactive.com



BENEFITS AFTER A HOSPITAL STAY

The following extra benefits are covered after an inpatient hospital or nursing facility stay:

- 28 meals delivered to your home
- 12 one-way trips to approved medically related locations (e.g., follow-up appointments, pharmacy)
- 6 hours of in-home non-medical care, such as preparing meals, companionship, medication reminders and bathing

Call the number on your UnitedHealthcare ID card



FREE TRANSPORTATION

Need a ride to the pharmacy or doctor's office? The PPO plan covers 50 one-way trips per year to approved locations at no cost to you. This extra is not available to HMO enrollees.

Call the number on your UnitedHealthcare ID card



OPTUM® HOUSECALLS

This program is a yearly in-home, one-hour visit from a licensed provider. It includes a comprehensive exam, tailored screenings, a medication review, and an opportunity to ask questions and get advice to better manage your health.

uhchousecalls.com | 1-866-447-7868



FREE MINDFULNESS APP

UnitedHealthcare offers the Calm Health app at no cost to its members. Learn ways to manage stress, sleep better and build healthy habits by tracking your progress. Download the app, enter Retiree as your access code, and follow the prompts to verify your eligibility.

uhc.care/calm/retiree



VISION, DIABETES AND PODIATRY BENEFITS

Both the PPO and HMO cover:

- An annual routine vision exam for $0 copay (this is in addition to your EyeMed coverage)
- Diabetes testing and monitoring supplies
- Six routine podiatry visits per year for a $0 copay (PPO) or a $10 copay (HMO)



MEMBER REWARDS PROGRAM

Earn rewards for completing certain health activities, like getting a flu shot or completing your annual wellness visit.

See your **UnitedHealthcare plan materials** for complete details and rules on UHC programs and extras.

Dental

The dental plan, administered by Cigna, covers preventive care, restorative treatment and orthodontia for children and adults. Preventive care is covered at 100% with no deductible — so there's no reason to skip your cleanings.

This plan is bundled with medical, vision and hearing coverage into a single health plan package. See **page 26** for your monthly cost.

What You Pay (In-Network)

An annual deductible of $50 per person or $150 per family applies to basic and major restorative services only.

SERVICE	WHAT'S INCLUDED	YOUR COST
Preventive and diagnostic	Exams, cleanings, x-rays, sealants, space maintainers	You pay $0
Basic restorative	Fillings, extractions, root canals, oral surgery, periodontics	You pay 20% after deductible
Major restorative	Crowns, bridges, dentures, implants, inlays, onlays	You pay 50% after deductible
Orthodontia	For children and adults	You pay 50%; no deductible

BENEFIT MAXIMUMS

The plan pays up to $1,000 per person each year for basic and major restorative services combined. Orthodontia has a separate $1,000 per person lifetime maximum benefit. Preventive and diagnostic care does not count toward either limit.

Questions? Call Cigna Dental Customer Service at **1-866-213-7295** (TTY 711), or log onto **myCigna.com**.



In-Network vs. Out-of-Network

You can see any dentist you choose, but dental benefits are highest when you choose a provider in the Cigna Total DPPO Network. If you choose to go to an out-of-network provider and charges exceed the contracted amount (called the Maximum Allowable Charge, or MAC), you must pay your coinsurance plus any amount exceeding the MAC.

FINDING NETWORK PROVIDERS

Search for Cigna Total DPPO Network providers on **myCigna.com**. You can also use **myCigna.com** to find:

» Provider comparison tools

» Quotes on common dental care services

» Forms

» Information on health conditions

» Discounts on other services and more

Pre-Treatment Estimate

If your dentist recommends treatment expected to cost $200 or more, ask them to request a pre-treatment estimate from Cigna before work begins. This helps you avoid surprises by letting you know how much the plan will pay and what you will owe.

Extra Benefits

All enrollees have access to these Cigna extras at no additional cost:

- **SmartScan:** an AI-powered dental screening by a Cigna dentist
- **Oral Health Integration Program:** extra preventive visits if you have certain health conditions, such as diabetes or heart disease
- **Teledentix:** 24/7 virtual access to a dentist for advice, prescriptions and referrals

Vision

The vision plan, administered by EyeMed, covers eye exams, frames, lenses and contacts — with no deductible. You get the most value when you use providers in the EyeMed Insight network.

This plan is bundled with medical, dental and hearing coverage into a single health plan package. See **page 26** for your monthly cost.

What You Pay (In-Network)

The chart below shows your cost breakdown. Most covered services cost you just a $10 copay. Frames are covered up to $120 retail (then 20% off the balance), and contacts are covered up to $120.

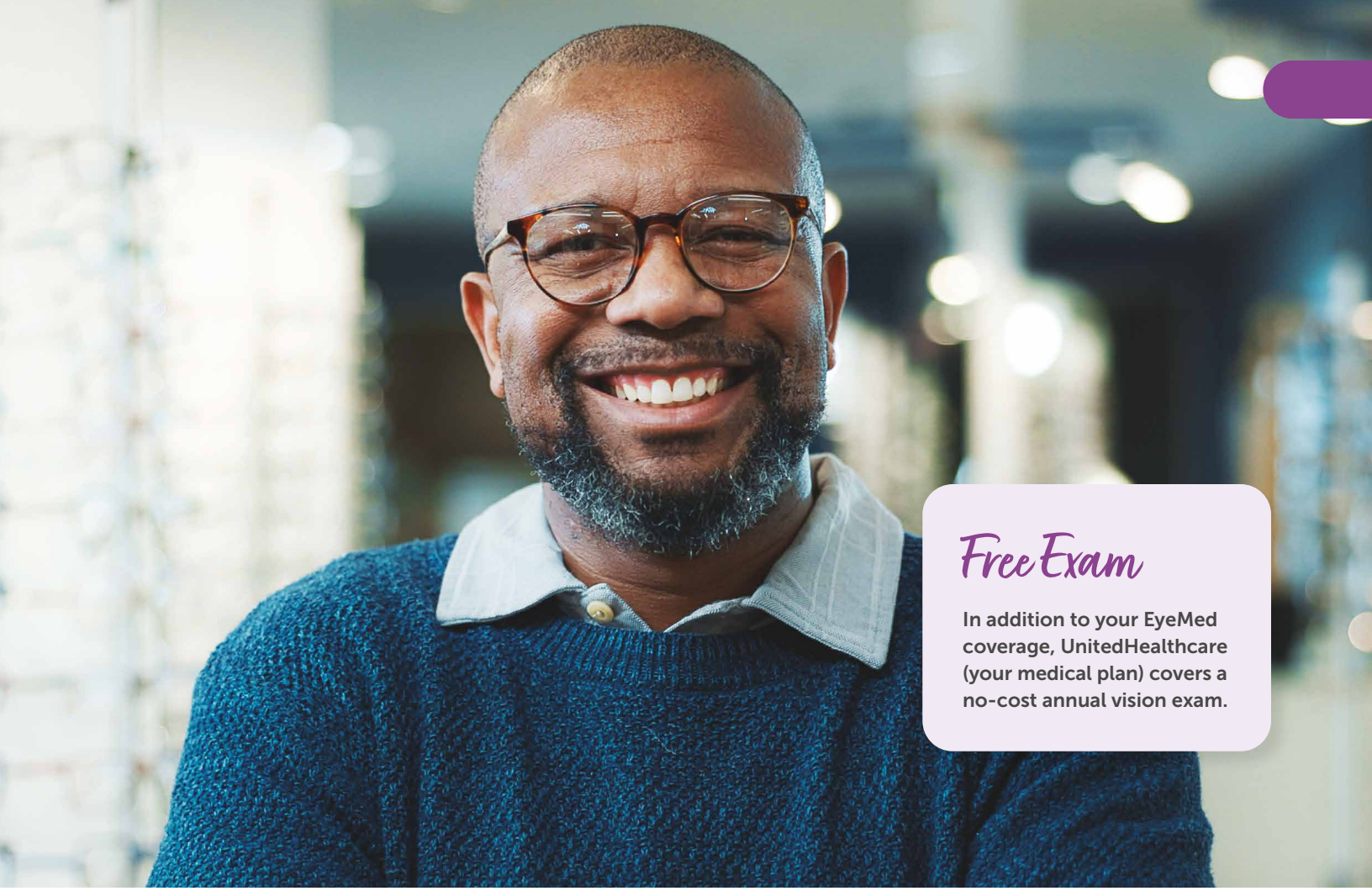
Important: Each year, you can use your eyewear benefit for either frames and lenses or contact lenses — not both.

SERVICE	COVERAGE FREQUENCY	YOUR COST
Eye exam	Once every 12 months	You pay $10 copay
Frames	Once every 24 months	You pay $0 for frames up to $120 retail, then 20% off the balance
Lenses (single vision, bifocal, trifocal or standard progressive)	Once every 12 months	You pay $10 copay
Conventional contact lenses	Once every 12 months	You pay $0 up to $120 retail, then 15% off the balance
Disposable lenses	Once every 12 months	You pay $0 up to $120 retail
Medically necessary lenses	N/A	You pay $0

Questions?

Before enrolling: Call EyeMed at 1-866-800-5457.

Once enrolled: Call the number on your ID card or visit eyemed.com anytime.



Free Exam

In addition to your EyeMed coverage, UnitedHealthcare (your medical plan) covers a no-cost annual vision exam.

In-Network vs. Out-of-Network

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 go out-of-network, you must pay the provider upfront and submit a claim for partial reimbursement. Out-of-network allowances are lower than in-network benefits.

Extra Discounts with EyeMed

Your plan also gives you these savings year-round, even after you've used your annual benefit:

- 40% off additional pairs of glasses
- 20% off non-prescription sunglasses
- 15% off Lasik eye surgery

You can also order through **contactsdirect.com**, EyeMed's online network provider. Shipping is free once your prescription is verified.

Visit **eyemed.com** or download the EyeMed member app.

Hearing

Your health plan package includes a benefit toward the purchase of hearing aids. The provider you use depends on the medical plan you're enrolled in.

Medicare Advantage Enrollees

If you're enrolled in the Medicare Advantage PPO or HMO, your hearing benefit is provided through UnitedHealthcare Hearing. It covers:

» One routine hearing exam per year for $0 copay

» A hearing aid allowance of up to $1,400 every three years (includes in-person fittings and adjustments)

PLAN FEATURES

» Your choice of multiple tecÿology levels

» 60-day trial period

» Charging case, app and other supplies

» 3-year warranty

» Loss and damage coverage

GET STARTED

To learn more or get started:

» Call **1-866-445-2071** (711).

» Visit **uhchearing.com/retiree**.

Under-65 and Surround Plan Enrollees

If you're enrolled in the Cigna medical plan for retirees and dependents under age 65 or 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 the above limit)

PLAN FEATURES

» Brand name hearing aids with a low-price guarantee

» Large network of audiologists and ENTs

» Extended product warranty

» Money-back guarantee trial period

GET STARTED

» 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.

Employee Assistance Program



MNPS provides all retirees and their household family members with free, confidential support through the GuidanceResources Employee Assistance Program (EAP), administered by ComPsych.

How the EAP Works

The EAP connects you with licensed professionals and practical resources across a wide range of personal and work-life challenges, including:

» **Confidential counseling** for personal, family, marital or work-related concerns, including stress, anxiety, depression, grief, job pressures, chronic illness and substance use

» **Legal advice** on family law, divorce, adoption, wills and estate planning, real estate, bankruptcy and contracts

» **Financial guidance** from a Certified Public Accountant or Certified Financial Planner on topics like debt, retirement planning, taxes, credit and loans

» **Work-life support** for childcare, elder care, pet care, college planning, moving, home repair, government assistance and more

» **Well-being coaching**, one-on-one support from a certified coach via phone or secure video

» **Huddles**, live, online groups built around education, skill building and peer connection

» **GuidanceResources Online**, your hub for every EAP resource — counseling, Huddles, coaching and more — anytime, anywhere, free to you

EAP COST

EAP services are free to you and your household family members. Your EAP provider will determine how many visits you need based on your individual situation. If you need more support than the EAP provides, you'll be connected to additional behavioral health resources through your health plan.

How to Get Started

Help is available 24 hours a day, 7 days a week. **All contact is completely confidential.**

» Call **1-888-297-9028**. A counselor will ask a few questions and connect you with the right provider or support.

» Visit **GuidanceResources.com** or the GuidanceNow app and create a personal login using company web ID: MNPS.

Your Cost

Your medical, dental, vision and hearing coverage under the Certificated Retiree Health Plan are bundled under a single premium, which is deducted from your monthly pension check. The amount you pay depends on which medical plan you're enrolled in and who you cover. You and MNPS share the cost; MNPS pays 75% of the cost, and you pay 25%.

Health Plan Package

MEDICAL PLAN	WHO IS COVERED	MONTHLY COST (MEDICAL, DENTAL, VISION, HEARING)	EFFECTIVE DATES
Cigna Medical Plan	Retiree and/or spouse under age 65 without Medicare	$333.81 per member	July 1, 2026 - June 30, 2027
Cigna Medical Plan	Dependent child(ren) without Medicare	$138.82 for all dependent children	July 1, 2026 - June 30, 2027
UnitedHealthcare Medicare Advantage PPO with Part D drug coverage	Retiree and/or spouse with Medicare A & B	$68.77 per member	January 1, 2027 - December 31, 2027
UnitedHealthcare Medicare Advantage HMO with Part D drug coverage	Retiree and/or spouse with Medicare A & B	$68.77 per member	January 1, 2027 - December 31, 2027
Closed Plan: Cigna Medicare Surround Plan with HealthSpring Rx (PDP)	Retiree and/or spouse with Medicare A & B	$208.90 per member	July 1, 2026 - June 30, 2027

Notes: The monthly premium for a surviving spouse is four times the cost shown above; MNPS does not pay 75% of the cost for a covered surviving spouse.

Some Medicare members are required to pay an Income-Related Monthly Adjustment Amount (IRMAA), an additional Medicare premium based on the income you report to the IRS.

If this applies to you:

- IRMAA is deducted automatically from your Social Security payments or billed directly each month or quarter
- You must pay IRMAA to keep your coverage
- Income limits for Part D drug coverage follow the same thresholds as Medicare Part B
- MNPS will reimburse you for any Part D IRMAA costs. Submit a copy of your "Notice of Medicare Premium Due" invoice to MNPS to request reimbursement.

Questions About Premiums?

Contact Employee Benefit Services at 615-259-8464 or 615-259-8648 or email benefits@mnps.org.



IMPORTANT
Contacts

MNPS Employee Benefit Services

Visit: benefits.mnps.org/certificated-benefits/retirement

Call: 615-259-8464 | 615-259-8648

Email: benefits@mnps.org

Fax: 615-214-8665

Write: 2601 Bransford Avenue, Nashville, TN 37204

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

PLAN/VENDOR	WEBSITE	PHONE
RETIREES UNDER 65 WITHOUT MEDICARE		
Cigna Medical Plan (Open Access Plus Network)	myCigna.com (if enrolled) cigna.com (if not enrolled)	1-800-244-6224 (TTY: 711) 24-Hour Health Information Line: 1-800-244-6224
RETIREES WITH MEDICARE A & B		
UnitedHealthcare Medicare Advantage PPO and HMO with Express Scripts PDP	retiree.uhc.com express-scripts.com	Call the number on your member ID card For prescription drugs: 1-888-345-2560
Medicare Advantage retiree helpline: RetireeFirst Healthcare Advocacy	N/A	615-899-3296 (TTY: 711) 1-877-207-2826 (TTY: 711) Weekdays, 8 a.m. - 5 p.m. CT
Closed Plan: Cigna Medicare Surround Plan with HealthSpring Rx (PDP)	myCigna.com (if enrolled) cigna.com (if not yet enrolled)	1-800-244-6224 (TTY: 711) For prescription drugs: 1-800-558-9562
ALL RETIREES		
Dental Plan (Cigna)	myCigna.com	1-800-244-6224
Vision Plan (EyeMed)	eyemed.com	1-866-800-5457
Hearing Plan (Start Hearing & UnitedHealthcare Hearing)	starthearing.com/cigna uhchearing.com/retiree	Start Hearing: 1-888-304-8539 UHC Hearing: 1-866-445-2071
Employee Assistance Program (ComPsych)	guidanceresources.com Company ID: MNPS	1-888-297-9028