



2021

Benefits Enrollment Guide

Community Care, Airport Authority & E-911 Employees

Insurance & Risk Management Department
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Hours: Monday – Friday 8:00 am – 4:30 pm CST

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While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Rutherford County reserves the right to modify or terminate any benefit plans at any time.

The information in this booklet constitutes a Summary of Material Modifications (SMM) of the Rutherford County Benefits Handbook for the noted plan changes. Effective January 1, 2021, this benefits guide, along with a copy of the Summary Plan Description (SPD) in the Rutherford County Benefits Handbook, will comprise the SPD. Please retain this guide for reference. The Rutherford County Benefits Handbook is accessible on <http://rm.rutherfordcountyttn.gov/benefits.htm>. If you have questions or need to request a hard copy of your Benefits Handbook, please contact **Insurance and Risk Management Department at 615-898-7715**.

Key Words to Know

General Key Words:

- **In-Network Providers:** Doctors, hospitals, optometrists, pharmacies and other designated individuals and services that are under contract to provide services to participants in the plan. When you use providers in the network, you lower your out-of-pocket expenses.
- **Out-of-Network:** Providers not contracted by the insurance carrier.
- **Copayment (Copay):** A flat dollar amount that employees must pay the provider when they receive covered services.
- **Deductible:** The amount of eligible expenses that must be incurred and paid by an insured member before benefits become payable.
- **Coinsurance:** An arrangement under which the covered person pays a fixed percentage of the medical care cost after the deductible is paid. For example, an insurance plan might pay 80% of the allowable charge, with the insured individual responsible for the remaining 20% (the coinsurance amount).
- **Out-of-Pocket Costs:** Member's cost to the provider after claims settlement.
- **Out-of-Pocket Maximum:** The maximum amount of money a person will pay in addition to premium payments. The out-of-pocket payment is usually the sum of the deductible and coinsurance payments.

Medical Plan Specific

- **Health Reimbursement Account (HRA) contributions:** A portion of member deductible expenses automatically reimbursed by your employer on a nontaxable basis. HRA works in four (4) easy steps:
 - The money in your HRA automatically pays for your eligible medical expenses, such as doctor visits and prescription drugs.
 - You are responsible for 100% of eligible charges until the deductible is satisfied. Your County-funded HRA can help offset these costs.
 - Once you meet your deductible the plan pays 90% of the cost of eligible medical services when you use in-network providers; you pay the other 10%. The family deductible and out-of-pocket maximum can be met by one or more family members.
 - If the amount you have spent (including the deductible and your HRA money) reaches the out-of-pocket maximum the plan pays 100% for the rest of the year.
- **Open Access Plus (OAP):** Group of specific doctors, hospitals, facilities and labs that have contracted with your Cigna plan, and is located across the United States.
- **Primary Care Physician (PCP):** Basic or general health care as opposed to specialist or subspecialist care. Primary care providers often oversee the total care of patients, referring the patient to their professionals as appropriate.
- **Specialist:** A physician who concentrates on medical activities in a particular specialty of medicine, based on education and qualifications.
- **Prior Authorization / Pre-Certification:** A process for requesting approval and confirmation that treatment is covered under the terms of the plan.

Pharmacy Plan Specific

- **Rx:** Pharmacy or prescription drug
- **Brand Name Drugs:** A drug that has a trade name and is protected by a patent.
- **Generic Drugs:** A twin to a brand name drug once the brand name company's patent has run out and other drug companies are allowed to sell a duplicate of the original. These drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.
- **Mail Order Pharmacy:** A program that offers maintenance prescriptions (typically up to a 90 day supply) at a discount price arrangement. Prescriptions are mailed directly to participants from a mail order pharmacy. Typically provides deeper discounts than retail pharmacies, due to bulk purchasing (e.g., economies of scale).

Dental Plan Specific

- **Dental Annual Maximum Benefit:** The maximum total amount the plan will pay during the plan year.
- **Dental Preventive Services:** Services designed to prevent or diagnose dental conditions including oral evaluations, routine cleanings, X-rays, fluoride treatments and sealants.
- **Dental Basic & Major:** Services such as endodontics and periodontics and vary based on plan option.
- **Major Restorative:** Service examples are crowns, bridges and dentures, oral surgery (major), periodontics and endodontics.
- **Orthodontia:** Services such as straightening or moving misaligned teeth and/or jaws with braces and/or surgery.

Vision Plan Specific

- **Vision Retail Allowance:** Maximum allowance paid toward the cost of vision materials. You must pay any amounts in excess of the retail allowance.

What to Know

EFFECTIVE DATE OF COVERAGE

- Your coverage is effective the first of the month following your date of hire. You have **30 calendar days** from your date of hire to enroll online for benefits through Rutherford County.
- If you do not make an election, you are considered to have declined coverage and you must wait until the next Annual Enrollment in 2021 unless you experience a qualifying life event.

QUALIFYING LIFE EVENTS

- After your enrollment opportunity ends, you can **not** make changes unless you experience a qualifying life event. Events include:
 - Marriage, Divorce, or legal separation
 - Birth, Adoption of, or placement for adoption of your child
 - Death of your spouse or dependent child
 - Change in employment status of employee, spouse or dependent child
 - A qualified child support order for medical coverage
 - New entitlement to Medicare or Medicaid
- You must notify Insurance and Risk Management within **30 calendar days** of the event (in the event of Divorce, within 30 days of the Divorce being finalized). If you do not, you will have to wait until the next Annual Enrollment period. You must provide documentation supporting the event.

ELIGIBLE DEPENDENTS

- If you are eligible for benefits coverage, you can also enroll your eligible dependents in some plan options.
 - Your legal spouse (for medical coverage: your spouse is eligible only if he/she does not have access to an Affordable Care Act (ACA) qualified employer group medical coverage; regardless if they enroll in their employer's medical plan.
 - Your domestic partner (for life insurance only).
 - Your children (or stepchildren) by birth, marriage, legal adoption or legal guardianship.
 - Up to age 26 for medical
 - Up to age 19 (age 25, if unmarried and a full-time student) for dental and vision
 - Your children, of any age, who become totally and permanently disabled before age 26 while covered by the plan(s).
 - Dependents covered under a Qualified Medical Child Support Order (proper documentation required).

DEPENDENT VERIFICATION

- Verification documentation is required for a child and/or spouse that is not already enrolled in medical, dental, and/or vision. See page 6 for detailed instructions on requirements and how to submit.
- Documentation is due **60 calendar days** from your hire date. Failure to submit documentation to the Insurance and Risk Management Department will result in your dependent(s) termination from the plans they are enrolled in. **Note:** Social Security Numbers are required for all dependents covered.

PLAN ELIGIBILITY FOR SPOUSES BOTH WORKING FOR RUTHERFORD COUNTY AND/OR BOARD OF EDUCATION

- If you are NOT covering eligible dependent children:
 - You may each enroll in Employee only coverage.
 - One employee may enroll in Employee + Spouse coverage and the other declines coverage.
- If you ARE covering eligible dependent children:
 - One employee may enroll in Family coverage and the other declines coverage.
 - One employee may enroll in Employee + Child(ren) coverage and the other enrolls in Employee only coverage.
 - Each employee may enroll in Employee + Child(ren) coverage if you are covering more than one eligible child.
- You are NOT allowed to duplicate medical, dental or vision coverage on any family member. If you are currently violating eligibility rules, you must correct this to prevent further action, including loss of insurance. Contact Insurance and Risk Management for assistance.

WHERE DO I ENROLL?

Rutherford County is currently in the process of changing vendors for the online benefits enrollment system. See page 5 for instructions on how to enroll in benefits.

WE'RE HERE TO HELP!

The Insurance and Risk Management Team is available Monday—Friday from 8:00 AM to 4:30 PM to answer your enrollment and benefit questions.

Call, email, or visit us:

Phone: (615) 898-7715; **Fax:** (615) 713-3451

Email: benefits@rutherfordcountytg.gov

How Do I Enroll?

Rutherford County is currently in the process of changing vendors for the online benefits enrollment system.



Rutherford County is currently building a new online benefits system. New Hire employees have 30 calendar days from their date of hire to enroll in benefits. If you miss the 30 calendar day window for enrollment, you will not have the opportunity to enroll in coverage until the Annual Enrollment Period for 2022 benefits.

See Qualifying Life Event Rules on page 4 for other enrollment opportunities.

To enroll in benefits:

- 1) Fill out the New Hire Benefits Enrollment form included in your welcome email
- 2) Send the completed form to benefits@rutherfordcountyttn.gov
- 3) The completed enrollment form must be returned within 30 calendar days of your hire date
- 4) You will receive a confirmation email containing a copy of your benefits statement

Dependent Verification

Dependent Verification is required if you would like to add a child and/or spouse to benefits coverage. **If documentation is not provided within 60 days of your hire date, coverage for the dependent will be denied.**

TYPE OF ELIGIBLE DEPENDENT	DEFINITION of DEPENDENT	REQUIRED DOCUMENT(S) FOR ELIGIBLE VERIFICATION
<p align="center">Spouse</p> <p>Individuals NOT eligible:</p> <ul style="list-style-type: none"> - Ex-Spouse - Anyone to whom you are not legally married, such as an ex-spouse, common law spouse or civil union partner. <p>To obtain a copy of the Spousal Healthcare Eligibility Affidavit required to add a spouse, contact:</p> <p align="center">Rutherford County Insurance and Risk Management Department 615-898-7715</p> <p align="center">Or download a copy at: http://rm.rutherfordcountyttn.gov/benefits.htm</p>	<p>A current Legal Spouse as defined by Tennessee state law.</p> <p>Your Legal Spouse (or domestic partner for life insurance only) includes:</p> <ul style="list-style-type: none"> - For MEDICAL coverage: your spouse is only eligible for medical coverage if he or she is not offered ACA eligible group medical coverage through their employer or if they are unemployed, retired or self-employed. - For DENTAL and VISION coverage: your spouse is eligible regardless of coverage availability through an employer. 	<p>Spousal Healthcare Eligibility Affidavit</p> <p align="center">**** AND ****</p> <p>If you're married in current calendar year, both:</p> <ul style="list-style-type: none"> - Your Marriage Certificate - A copy of your Spouse's Social Security Card <p>If you have been married longer than a year, both :</p> <ul style="list-style-type: none"> - The first page of your most recently filed 1040 (Federal Tax Return), showing "married filing jointly" - AND a copy of your Spouse's Social Security Card <p align="center">**** OR ****</p> <p>Marriage Certificate, Social Security Card, & Proof of Joint Ownership: Must have both names on one of the following (Issued within the last six months):</p> <ul style="list-style-type: none"> - Bank Statement - Mortgage/ Lease statement - Credit Card Statement - Property Tax Statement (issued within 12 months)
<p align="center">Child</p> <p>Individuals NOT eligible:</p> <ul style="list-style-type: none"> - Children over age 26, unless Disabled - Foster Children - Grandchildren 	<p>Biological Child – Your natural child</p> <p>Legally Adopted Child - The creation of the parent-child relationship between individuals who are not naturally related</p> <p>Guardianship - Person (other than the child's parent) who has legal custody and control over the child</p> <p>Stepchild - A Child of a legally married spouse</p>	<p>A copy of the Child's Social Security Card</p> <p align="center">**** AND ****</p> <p>Biological Child - Birth Certificate Legally Adopted Child - Official Adoption Court Documentation Guardianship - Legal Documentation Stepchild - Marriage Certificate (showing relationship between child and spouse) AND Birth Certificate</p> <p align="center">**** OR ****</p> <p>Federal Tax Return (if child is claimed as Legal Dependent)</p>
<p align="center">Child</p> <p>Under age 26, required by a Qualified Medical Child Support Order</p>	<p>A child or children for whom you are required by a court order or state agency to provide coverage</p>	<ul style="list-style-type: none"> - Court Documentation signed by a judge - Medical Support order issued by state agency
<p align="center">Disabled Child</p> <p>Disability must begin before age 26 while covered by the plan</p>	<p>A Dependent child of any age (who fell in the above category prior to disability) who is deemed disabled due to mental or physical disability and is unable to earn a living</p>	<ul style="list-style-type: none"> - Proof of disability in the form of a Doctor's letter submitted within 30 days of child's coverage terminating due to age. - Periodic proof that the dependent continues to be incapable of self support is also required
Dental and Vision benefits require separate verification for dependent children ages 19-25		
TYPE OF ELIGIBLE DEPENDENT	ELIGIBILITY REQUIREMENTS for DENTAL and/or VISION BENEFITS (Age 19 up to 25 years of age)	REQUIRED DOCUMENT(S) FOR ELIGIBILITY VERIFICATION
<p align="center">Child</p> <p>(Who meets the qualifications previously listed)</p> <p>To obtain a copy of the Dependent Child Dental/Vision Certification Affidavit required to verify eligibility status, contact:</p> <p align="center">Rutherford County Insurance and Risk Management Department 615-898-7715</p> <p align="center">Or download a copy at: http://rm.rutherfordcountyttn.gov/benefits.htm</p>	<p>An unmarried dependent child under the age of 25, AND</p> <ul style="list-style-type: none"> - A full-time student at an educational institution including Colleges, Universities, Technical Schools, Mechanical Schools and Night Schools. - The term educational institution DOES NOT include on the job training courses, correspondence courses and other related schools. 	<ul style="list-style-type: none"> - A completed Affidavit from Rutherford County affirming your child is unmarried and a full-time student. <p>NOTE: This verification is required at the time a dependent child reaches age 19 and again at the beginning of each plan year.</p> <p>A qualifying event requires proof of a change in status. A student schedule is required with the following:</p> <ul style="list-style-type: none"> - School name - Student name - Credit amount - Enrollment date
How to submit Eligibility Documentation		
Email	Hand Deliver or Mail Copies	Fax
benefits@rutherfordcountyttn.gov	<p>Rutherford County Insurance and Risk Management 303 N. Church Street, Suite 100 Murfreesboro TN, 37130</p> <p>NEVER send original documents via mail</p>	<p>615-713-3451</p>

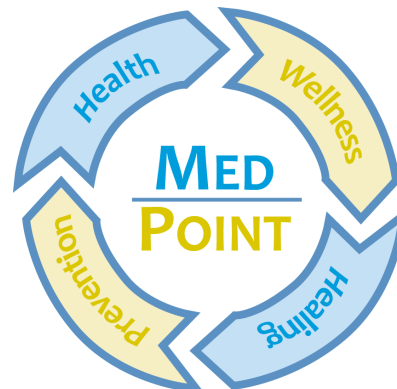
MedPoint Health Centers

About MedPoint

The MedPoint Health Centers, in partnership with Ascension Medical Group Saint Thomas, provide primary care services ranging from preventative care, chronic disease management, medication therapy management, healthcare navigation/patient advocacy, behavioral health services, dietetics services, and health coaching.

All services are available at no additional cost to employees and their dependents age 3 and up covered under Rutherford County Government Health Insurance.

The MedPoint Health Centers provide accessible health and wellness resources that improve the wellbeing of our employees and their dependents age 3 and up. The MedPoint staff practice evidence-based, lifestyle medicine to treat common illnesses and injuries and prevent disease.



Services Offered

Note: This is not a full list of services. Contact MedPoint for additional details.

Clinic Visits

- Annual physical exams
- Sports physicals
- Well child exams (age 3 and up)
- Sick visits

Vaccinations

- Flu
- Shingles
- Pneumonia
- Meningitis

Procedures

- Skin tag removal
- Minor laceration repair (non-work related)
- Suture/staple removal
- Minor wound care

Preventive Exams and Screenings

- Breast cancer
- Cervical cancer/PAP smear
- Prostate cancer
- Skin cancer

Wellness & Medication Management

- Onsite generic medication dispensing
- Medication review
- Diabetes education
- Dietitian/nutrition consultation

Laboratory

- Blood work
- Urinalysis
- Mono tests
- Blood glucose

MedPoint Health Center Locations

Ascension Medical Group Saint Thomas New Salem Care Center

2723 New Salem Hwy
Murfreesboro, TN 37128
7 a.m.- 6 p.m. Monday—Friday
8 a.m.— 5 p.m. Saturday
Phone: 615-410-9360 Option 1
Fax:: 833-944-2294

Walk-in appointments available

Stewarts Creek Elementary

202 Red Hawk Pkwy
Smyrna, TN 37167
7 a.m.- 6 p.m. Monday—Friday
Phone: 615-410-9360 Option 2
Fax: 833-944-2294

Walter Hill Elementary

220 West Jefferson Pike
Murfreesboro, TN 37129
7 a.m.— 4 p.m. Monday—Friday
Phone: 615-410-9360 Option 3
Fax: 833-944-2294

Schedule an appointment online

employerwellness.ascension.org/medpointhealthcenter



**Ascension
Medical Group**

Medical

What is an HRA? The Health Reimbursement Account, or HRA, is a County-funded account you can use to pay for qualifying medical expenses to help meet your deductible.

How does it work?

The money in your HRA automatically pays for your eligible medical expenses, such as doctor visits and prescription drugs.

You are responsible for 100% of eligible charges until the deductible is satisfied. Your County-funded HRA helps offset these costs.

Once you meet your deductible, the plan pays 90% of the cost of eligible medical services when you use in-network providers; you pay the other 10%. The family deductible and out-of-pocket maximum can be met by one or more family members.

If the amount you have spent (including the deductible and your HRA money) reaches the out-of-pocket maximum the plan pays 100% for the rest of the year.

	Copoly Plan		HRA Plan	
	In-network	Out-of-network	In-network	Out-of-network
	This plan offers lower deductibles, with higher paycheck deductions		This plan offers lower paycheck deductions and a Health Reimbursement Account (HRA), with higher deductibles.	
County HRA Contribution (Individual/Family)	(not applicable)		\$750/\$1,500	
Annual Deductible (Individual/Family)	\$1,250/\$2,500	\$2,000/\$4,000	\$2,000/ \$4,000 Family Collective	\$3,000/ \$6,000 Family Collective
Out-of-Pocket Maximum (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/ \$10,000 Family Collective	\$10,000/ \$20,000 Family Collective
Lifetime Maximum	Unlimited		Unlimited	
Preventive Care	100%	Not Covered	100%	Not Covered
Primary Physician Office Visit	100% after \$30 copay	60%*	90%*	60%*
Specialist visits	100% after \$50 copay	60%*	90%*	60%*
Inpatient/Outpatient Hospital	80%*	60%*	90%*	60%*
Urgent Care Facility	100% after \$60 copay		90%*	
MedPoint Medical Clinics	100%	N/A	100%	N/A
Chiropractic Care (26 visits per year)	80%	60%	90%*	60%*
	after separate \$150 deductible			
Emergency Room Care	100% after \$300 per visit copay**		90%*	
Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$1,250/\$2,500		Included in Medical Maximum	
Retail Prescription (30 - day supply)			Note: You pay all prescription costs until you meet your medical deductible. Member pays 30%* Member pays 40%* Member pays 50%*	
Generic	\$5 copay			
Brand Preferred	\$30 copay			
Brand Non-preferred	\$60 copay			
Mail Order Prescription (90 - day supply)			Member pays 25%* Member pays 35%* Member pays 45%*	
Generic	\$12 copay			
Brand Preferred	\$75 copay			
Brand-Non-preferred	\$150 copay			

*After medical deductible is satisfied; **waived if admitted

Important Note: Due to COVID-19, all employees automatically receive a premium discount for 2021 benefits. In order to receive a premium discount for 2022, you will need to complete the MotivateMe campaign beginning October 1, 2020.

County 12 Month Payroll Deduction Plan Cost Community Care, Airport Authority, and E-911 Employees		
	Copoly Plan	HRA Plan
Employee Only	\$74.58	\$25.21
Employee + Spouse	\$313.23	\$105.88
Employee + Child(ren)	\$275.93	\$93.28
Family	\$432.54	\$146.22

Important Note: The amount of HRA funding you receive differs depending on when you enrolled in the medical plan. See the table to the right for details.

HRA Contribution Schedule (HRA Plan Only)		
Plan Effective	Single	Family
January—March	\$750.00	\$1,500.00
April—June	\$562.50	\$1,125.00
July—September	\$375.00	\$750.00
October—December	\$187.50	\$375.00

MotivateMe Wellness Program



Rutherford County employees have the opportunity to earn a \$300 annual medical premium credit for the 2022 plan year. (The reduction is based on your payroll deduction frequency).

Here's How:

Accumulate points from January 1 – September 30 of a calendar year; the premium credit is reflected the following January 1 for those completing the program.

How do you earn points?

Simply earn 3 points per person (Employee and Spouse) enrolled in a medical plan by completing any of the options below.

Options to earn points include:

Healthy Action	Description	Points Earned
Complete an Annual Physical	An annual exam can identify health concerns before they become more serious	2
Complete an online Health Assessment at myCigna.com or the myCigna app	A confidential online survey that provides a personalized assessment of your current health	1
Get a biometric screening	Check your blood pressure, cholesterol, blood sugar level and your body mass index (BMI)	1
Get a mammogram	To help detect breast cancer early	1
Get your annual OB/GYN exam	Can identify early ovarian and cervical cancers, as well as HPV (human papillomavirus)	1
Get a colon cancer screening	Colon cancer can be treated easier when detected early	1
Get a cervical cancer screening	Pap and HPV tests can help detect changes that can lead to cervical cancer	1
Get a prostate screening	Can detect changes that may lead to prostate cancer	1
Get a Flu Shot	The flu can lead to more serious issues, help protect yourself and others	1

The maximum premium reduction that can be earned **per household is \$300**. If you have a spouse on your medical plan, you and your spouse must each earn 3 points for a total of 6 points to qualify for the \$300 maximum reduction. All actions must be completed while active on the Rutherford County Medical Plan during the accumulation period, January 1 – September 30.

The Cigna Wellness Screening Form is available on the Insurance and Risk Management website at: <http://rm.rutherfordcountyttn.gov/wellness-program.html>

For more details and questions concerning the Motivate Me Wellness Program, contact:
Chuck Chapa at Charles.chapa@cigna.com or
Rutherford County Insurance and Risk Management Department (615) 898-7715 opt 8

Cigna Resources

Need Help Choosing Your Medical Plan for 2021? Use the CIGNA Easy Choice Tool!

Answer the questions to see a side by side comparison of the available plans. **Go to: [CignaEasyChoice.com](https://www.cigna.com/easychoice)**

Enter: **F3WRLPY2** (for Rutherford County Schools / Board of Education)

Enter: **LWH6HRWT** (for County General)

Need Help Navigating the Healthcare System? Use the CIGNA OneGuide!

Resolve health care issues, get cost estimates, understand your bills
Find the right hospitals, dentists, and other health care providers in your plan's network
Call 24/7, 365 days a year – **800-244-6224**

ADDITIONAL PROGRAMS

RADIOLOGY PRECERTIFICATION

Precertification means getting approval from the health plan before getting care. Your plan requires this certification approval for radiology services. Here is how it works:

- You and your physician decide if you need a MRI, CT or PET scan
- Your physician starts the precertification process if you are in-network. You should start the process if your physician is not in-network.
- Your request is reviewed
- You and your physician are notified of the decision

If you have questions, call the number on the back of your medical I.D. card.

VIRTUAL HEALTHCARE

Connect with a virtual board-certified physician/behavioral health specialists via video chat or phone. Get the care you need including prescriptions, doctor visits and behavioral health.

- Get medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Access board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to a local pharmacy, if appropriate.

Contact MDLive by phone at 888-726-3171, or online at www.mdliveforcigna.com.

MyCIGNA:

Access your identification cards, search for providers, costs, and much more on your personalized dashboard.

Download the myCigna app or go to www.myCigna.com.

PRESCRIPTION DRUG PROGRAM: CIGNA 90NOW

Long-term medication needs (maintenance medications taken regularly) are offered in a 90 day supply at Cigna's participating retail pharmacies. **Cigna 90Now** pharmacies include CVS, Walmart and Kroger.

Visit www.cigna.com/rx90network for more details.

LIFESTYLE MANAGEMENT PROGRAMS

Wellness coaching, workbooks and toolkits are offered and include weight management, tobacco cessation and stress management programs.

Call 800-244-6224, or for Behavioral Health and the Employee Assistance Program call 800-274-7603.

HEALTHY PREGNANCIES, HEALTHY BABIES PROGRAM

Designed to help you and your baby stay healthy pre and post-delivery. Enroll by the end of your first trimester and receive a \$150 gift card; Enroll by the end of your second trimester and receive a \$75 gift card.

Call 800-615-2906 for details.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

For the latest version of your plan summaries, visit this link:
<http://rm.rutherfordcountyttn.gov/benefits.htm>

Dental

County 12 Month Payroll Deduction Plan Cost

Community Care, Airport Authority, E-911

	Option 1 ¹	Option 2	DHMO
Employee	\$21.27	\$35.63	\$14.46
Employee + Spouse	\$66.11	\$110.84	\$44.94
Employee + Child(ren)	\$66.11	\$110.84	\$44.94
Family	\$66.11	\$110.84	\$44.94
	Option 1 ¹	Option 2	DHMO
In-Network	DPPO Advantage	DPPO	DHMO
Dental Providers	In-Network Providers Only	Any Dentist	Choose an in-network general dentist
Annual deductible (Individual/Family)	\$50/\$150	\$50/\$150	None
Annual maximum	\$1,500 per individual	\$1,500 per individual	None
Diagnostic and Preventive Care	100%, no deductible ²	100%, no deductible ²	Routine Cleaning, x-rays, oral exams, topical fluoride—No charge
Basic services	80% after deductible	80% after deductible	Refer to your Patient Charge Schedule
Major services	50% after deductible ³	50% after deductible ³	Refer to your Patient Charge Schedule
Orthodontia (Child only up to age 19)	50% after separate \$50 deductible ⁴	50% after separate \$50 deductible ⁴	Refer to your Patient Charge Schedule
Orthodontia Lifetime Maximum	\$1,000 per person	\$1,000 per person	None

¹ Benefits shown above are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.
² Bitewing x-rays are covered at each preventive visit; panoramic x-rays are covered every 5 years.
³ Major services benefits are payable after enrollee has been in the plan for 12 consecutive months
⁴ Orthodontia benefits are payable after enrollee has been in the plan for 12 consecutive months. Benefit is available for child up to age 19.

Dental Highlights

DHMO Plan

This is a copayment plan. When you receive a dental service, Cigna allows your in-network dentist to charge a certain amount. Then you pay a fixed portion of that cost and your plan pays the rest. There are NO annual deductibles or maximums. Refer to the patient charge schedule: <http://rm.rutherfordcounty.tn.gov/dental.htm>.

Orthodontia Waiting Period

The covered person must have **12 consecutive months** of dental coverage, with Rutherford County, before beginning treatment for orthodontia or major services.

Find a Provider

Visit www.cigna.com or call 800-244-6224 for a list of in-network providers.

Dependent Children

Children age 19 up to 25 years of age must be unmarried, full-time student to be eligible. See page 6 for dependent verification requirements.

Vision

	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$45
Hardware	\$15 copay	See below
Frequency		
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Frames	Plan pays up to \$100 retail allowance	Up to \$55
Lenses		
Single vision lenses	You pay \$15 copay	Up to \$32
Bifocal lenses	You pay \$15 copay	Up to \$55
Trifocal lenses	You pay \$15 copay	Up to \$65
Lenticular	You pay \$15 copay	Up to \$80
Medically necessary contact lenses	Covered at 100%	Up to \$210
Elective contact lenses in lieu of glasses	Up to \$100 (Copay doesn't apply)	Up to \$87

Note: Only one copay required when you buy frames and lenses together
 Children age 19 up to 25 years of age must be unmarried, full-time student to be eligible. See page 6 for dependent verification requirements.

County 12 Month Payroll Deduction Plan Cost

Community Care, Airport Authority, E-911

Employee Only	\$7.47
Employee + Spouse	\$15.70
Employee + Child(ren)	\$13.84
Family	\$21.68

Find a Provider: Call 877-478-7557, or if you've already enrolled for coverage, visit www.mycigna.com

Flexible Spending Accounts (FSA)

Flexible Spending Accounts are available through Wageworks/Health Equity for Rutherford County. Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses. See the chart below to make sure you choose the Flexible Spending Account that meets your needs.

Keep in mind: Both the Healthcare FSA and Dependent Care FSA are “use it or lose it” accounts. Any money remaining in your **Healthcare FSA** over \$550 as of December 31 will be forfeited. Any money remaining in your **Dependent Care FSA** as of December 31 will be forfeited.

IMPORTANT: If your spouse is enrolled in a health plan through their employer and has access to a Health Savings Account (HSA), your enrollment in a Healthcare FSA through Rutherford County can impact your spouse’s eligibility to make contributions to their HSA. If you have questions about this, contact Insurance and Risk Management or your spouse’s employer for more details.

	Healthcare Flexible Spending Account (HCFSAs)	Dependent Care Flexible Spending Account (DCFSAs)
You can contribute...	Up to \$2,750 in 2021 – tax free. *If both you and your spouse work for Rutherford County, you can both contribute to the Healthcare FSA up to the IRS Maximum.	Up to \$5,000 in 2021, or \$2,500 if you are married and filing separately –tax free
To reimburse yourself for...	Health care expenses, such as Plan deductibles, co-pays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov .	Eligible dependent care expenses, Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov .
To Educate yourself visit and/or review...	https://www.wageworks.com/employees/healthcare-benefits/healthcare-flexible-spending-account/	https://www.wageworks.com/employees/dependent-care-fsa/dependent-care-flexible-spending-account/
	<p>Wageworks online resources: https://www.wageworks.com/employees/ <i>The Employee Resource Center provides information such as Healthcare FSA 101, key features and benefits and frequently asked questions. Visit the specific links below to learn more about this tax advantage account.</i></p> <p>Flyers included in your packet provide additional details.</p>	

Make it easy on yourself.

The EZ Receipts mobile app by WageWorks lets you manage your account from anywhere. It puts the WageWorks web portal in the palm of your hand.

- Check balances
- Snap and submit photos of receipts
- Submit claims
- View transactions
- Sign up for email and text alerts for the ultimate mobile convenience

To learn more, visit www.wageworks.com/myezreceipts

Life and AD&D Insurance

Important! Rutherford County provides all benefit eligible employees **Basic Life and AD&D Insurance equal to \$35,000 at no cost to you, through MetLife.**

As a new hire, you have the opportunity to enroll in Employee Supplemental Life insurance. You can choose coverage in increments of \$10,000 up to \$500,000 or 5x your salary, whichever is less. If your request exceeds \$350,000, you will be required to complete medical evidence of insurability³. If you do not enroll during your new hire enrollment period, you may need to complete medical evidence of insurability in the future in order to enroll in coverage.

Additional Coverage for Dependents

You have the option to purchase additional Life and AD&D coverage for your family. During your new hire period you may enroll in spouse basic and/or spouse supplemental coverage up to the guaranteed issue for amounts listed in the chart below. In order to enroll your spouse in supplemental coverage, you must enroll in supplemental coverage for yourself. Amounts requested in excess of the guaranteed issue and/or new hire period are subject to medical evidence of insurability. *Some exclusions may apply if experiencing a qualifying event, see page 4 for details.*

	Increment Amount	Maximum	Guaranteed Issue Amount
Supplemental Employee Life & AD&D ¹	\$10,000	Lesser of five (5) times your base annual salary or \$500,000	\$350,000
Basic Spouse/ Domestic Partner Life & AD&D ¹	\$5,000	\$25,000	\$25,000
Supplemental Spouse/ Domestic Partner Life & AD&D ¹	\$5,000	Lesser of \$250,000 or 50% of employees' election	\$50,000
Child(ren) ²	N/A	\$5,000 or \$10,000	N/A

¹Your elected amount will begin to reduce at age 70. Please visit <http://rm.rutherfordcountyttn.gov/benefits.htm> to obtain additional plan details.

²From birth up to age 26 (age 26 and older if child is disabled and became disabled prior to age 26); you must submit proof of child's disability

³If you are required to complete medical evidence of insurability, Insurance & Risk Management will send the necessary documents to complete and submit to MetLife.

Other Benefits

MetLife offers a variety of other services included with your supplemental life insurance plan, including:

Grief Counseling—up to five face-to-face sessions to help you and your family.

Will Preparation Services—Access to attorneys to prepare or update your will.

Estate Resolution Services—Help your beneficiaries settle your estate.

Accelerated Benefit Option— Get a portion of your insurance early in case of terminal illness.

Portability—Continue your coverage if you retire or leave Rutherford County.

Funeral Discount and Planning—Pre-plan arrangements with a licensed counselor.

Please enter your Life Insurance Beneficiary details when you complete your enrollment

Voluntary Benefits

An economical way for you to supplement your health care plan and be prepared for the unexpected.

Accident and Critical Illness insurance work to complement your medical coverage—and pay in addition to what your medical plan may or may not cover. As part of the Rutherford County benefits package, you have access to a variety of additional programs through MetLife that can help save you money and provide important assistance with everyday needs.

Accident Insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance through Metlife supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries. You can use this money to help pay for non-covered medical expenses, such as your deductible or coinsurance, or for on-going living expenses, such as your mortgage or rent. Benefits are paid directly to you — unless assigned to someone else — and are also paid in addition to other coverages you may have, such as medical or an AD&D plan.

Benefit Type	MetLife Pays YOU
Fractures	\$25—\$6,000
Dislocations	\$25—\$6,000
Emergency Care	\$50—\$150
Hospital Admission (non-ICU)	\$1,000
Hospital Admission (ICU)	\$2,000

County 12 Month Payroll Deduction Plan Cost Community Care, Airport Authority, E-911	
Employee Only	\$14.06
Employee + Spouse	\$27.32
Employee + Child(ren)	\$28.85
Family	\$36.20

Important!

This is not the full list of covered conditions. For more details, see your policy documents located here:

<http://rm.rutherfordcountytyn.gov/voluntary.htm>

Critical Illness Insurance

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses, such as a heart attack or cancer. You receive a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else.

Eligible Person	Initial Benefit
Employee	\$10,000 or \$20,000
Spouse	50% of employee's elected amount
Child(ren)	25% of employee's elected amount

Benefit Type	MetLife Pays YOU
Full Benefit Cancer	100% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit
Stroke	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit
Alzheimer's Disease	100% of Initial Benefit

Important!

This is not the full list of covered conditions. For more details, see your policy documents.

A 12 month pre-existing condition clause will apply for all new applicants

A \$50 cash reimbursement will be paid to each covered person for completing a covered health screening test. To obtain access to your wellness reimbursement form or file a claim visit www.metlife.com/rutherford.

Cost is based on employee age and elected benefit coverage level.

Annual Required Notices

Your employer reserves the right to change, amend or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

The Benefits Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Benefits Guide and official plan documents, the official plan documents will govern.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the health and welfare plans. It is meant to supplement certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored health plans is available. You may download a copy by visiting the Rutherford County Insurance and Risk Management Department webpage at <http://rm.rutherfordcountyttn.gov/benefits.htm> or request a paper copy by calling the Rutherford County Insurance and Risk Management Department at (615) 898-7715.

The legal notices listed below are provided on following pages:

- Women’s Health and Cancer Rights Act (WHCRA).....	page 15
- Newborn’s and Mother’s Health Protection Act (NMHPA or Newborns Act)	page 15
- HIPAA Special Enrollment Notice	page 15
- Right to Special Enrollment in Another Plan	page 15
- Wellness Program Disclosure	page 15
- USERRA	page 15
- HIPAA Privacy Notice	page 16
- Public Exchange Notice	page 16
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)	page 17
- Creditable Prescription Drug Coverage and Medicare	page 18

Annual Required Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA OR "NEWBORNS' ACT") NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

HIPAA SPECIAL ENROLLMENT NOTICE

Notice of special enrollment rights for health plan coverage

If you have declined enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next annual enrollment period, if you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Your employer will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in your employer's group health plan. Note that this new 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

RIGHT TO SPECIAL ENROLLMENT IN ANOTHER PLAN

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.) If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for Protecting Your Health Insurance Coverage).

These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Laws, or www.cms.hhs.gov/healthinsreformforconsume/.

WELLNESS PROGRAM DISCLOSURE

If you have a health plan available to you, the health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Insurance and Risk Management Department and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

Annual Required Notices

SUMMARY NOTICE OF PRIVACY PRACTICES

This is a summary of your Group Health Plan's Notice of Privacy Practices, and is a reminder that a copy of the Privacy Notice can be obtained from the Rutherford County Insurance & Risk Management Department. **Please review this summary carefully.**

In order to provide you with benefits, your employer's group health plan (hereafter referred to as the Plan) may receive personal health information from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This Summary Notice of Privacy Practices is intended to remind you of the ways we may use your information and the occasions on which we may disclose this information to others. The following is a summary of the circumstances under which your health information may be used and disclosed:

- To provide treatment
- To obtain payment
- To conduct health care operations

We use participants' health information to provide benefits. We may disclose participants' information to health care providers to assist them in providing you with treatment, or to help them receive payment. We may disclose information to insurance companies or other related businesses to receive payment. We may use the information within our organization to evaluate a request for coverage or a claim for benefits, to evaluate quality, and improve health care operations. We may make other uses and disclosures of participants' information as required by law or as permitted by our policies.

Your Rights with Respect to your Health Information

You have the following rights regarding your health information:

- Right to request restrictions
- Right to receive confidential communications
- Right to inspect and copy your health information
- Right to request an amendment to your health information
- Right to an accounting of your health information
- Right to a paper copy of the Notice of Privacy Practices

This is a reminder that you generally have a right to access and in certain instances to request an amendment to your Personal Health Information. This does not apply to information collected in connection with, or in anticipation of, a claim or legal proceeding.

Our Legal Duty

We are required by law to maintain the privacy and security of your health information and to provide you with a reminder that our complete Notice of Privacy Practices is available upon request. We reserve the right to implement new privacy and security provisions for health information that we maintain. If we change the Privacy Notice, we will provide you with a copy of the complete revised notice to you at that time. In addition, you have the right to express complaints to the contact person referenced below and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to your employer should be made in writing to the contact person listed at the end of this notice.

Contact Person

For more information on the Plan's privacy policies or your rights under HIPAA, contact your Rutherford County Insurance & Risk Management Department.

EXCHANGE NOTICE

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. In addition, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Rutherford County Insurance & Risk Management Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Annual Required Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration (www.dol.gov/agencies/ebsa) at 866-444-EBSA (3272) or Centers for Medicare & Medicaid Services (www.cms.hhs.gov) at 877-267-2323, Menu Option 4, Ext. 61565

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	GEORGIA – Medicaid Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	KENTUCKY – Medicaid Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA – Medicaid Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003; TTY: Maine relay 711	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000; Omaha: (402) 595-1178	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531	

Annual Required Notices

IMPORTANT INFORMATION FROM RUTHERFORD COUNTY GOVERNMENT ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Rutherford County Government medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage. This is known as “creditable coverage.” Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during the plan year listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records. You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium. Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period. If you are covered by your employer’s prescription drug plan, you will be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for the plan year. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan. If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary, as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the plan. You should know that if you waive or leave coverage with your employer and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D. You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this coverage changes, or upon your request. More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

Here’s how to get more information about Medicare prescription drug plans: Visit www.medicare.gov for personalized help; Call your state Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number); Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount. For more information about this notice or your prescription drug coverage, contact:

Name of Entity/Sender: Rutherford County Government, Insurance and Risk Management Department
303 North Church Street Suite 100, Murfreesboro, TN 37130
Phone: (615) 898-7715; Fax: (615) 713-3451

Contacts



Rutherford County Insurance and Risk Management Department
Employee Benefit Contact List
303 North Church Street, Suite 100
Murfreesboro, TN 37130
Monday – Friday
8:00 AM – 4:30 PM



Plan	Provider	Phone Number	Website
General Insurance Questions, Eligibility, Provider Issues, Annual Enrollment Assistance	Insurance and Risk Management	615-898-7715 (office) 615-713-3451 (fax)	http://rm.rutherfordcountyttn.gov Email: benefits@rutherfordcountyttn.gov
General Insurance Questions, Eligibility, Provider Issues	CIGNA One Guide	800-244-6224	www.mycigna.com
Medical	CIGNA	800-244-6224	www.mycigna.com
Dental	CIGNA	800-244-6224	www.mycigna.com
Vision	CIGNA	877-478-7557	www.mycigna.com
On-Site CIGNA Consultant Benefit Questions, Escalated Claims Issues	Cigna Onsite Representative	615-898-7715 Option 8	www.cigna.com www.mycigna.com
Wellness Program (Smart Steps) Incentive Program / Challenges	Cigna Onsite Representative	615-898-7715 Option 8	http://rm.rutherfordcountyttn.gov/wellness-program.html
Flex Spending Accounts	WageWorks/ Health Equity	877-924-3967	www.wageworks.com
Life and AD&D	MetLife	800-438-6388	www.metlife.com/rutherford
Critical Illness & Accident	MetLife	800-438-6388	www.metlife.com/rutherford
COBRA	Allegiance	800-259-2738	N/A
Employee Assistance Program (EAP)	Life Services	800-822-4847	www.lifeserviceseap.com User Name: Rutherford Password: employee
On-Site Clinics	MedPoint Clinics	615-410-9360 (office) 833-944-2294 (fax)	Appointments: employerwellness.ascension.org/medpointhealthcenter