

# BENEFITS GUIDE 2016



**ACTION  
REQUIRED**

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*This brochure is intended to provide highlights of Rutherford County’s benefits program. It is not intended to include all of the benefit plan details. The complete details about how the plans work are included in the plan documents, which are available at [www.rutherfordcountyttn.gov/rm](http://www.rutherfordcountyttn.gov/rm). If there are any differences between the information in this brochure and the plan documents, the plan documents will govern the employee’s rights to benefits in all cases. This document does not constitute a contract or offer of employment. Rutherford County 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 Rutherford County’s benefits program, contact the Risk Management Department.*

# START HERE

## What's in this guide?

This guide explains what you need to know about your 2016 benefits. It's organized in an easy-to-follow Q&A format.

## Do I have to participate in Annual Enrollment?

**Yes!** In accordance with federally mandated reporting requirements under the Affordable Care Act (ACA), all benefits-eligible employees **MUST GO ONLINE** and either **ELECT** or **DECLINE** medical coverage for 2016. If you fail to re-enroll in your current medical plan (or elect a different plan) during Annual Enrollment, your medical plan coverage will be terminated as of December 31, 2015.

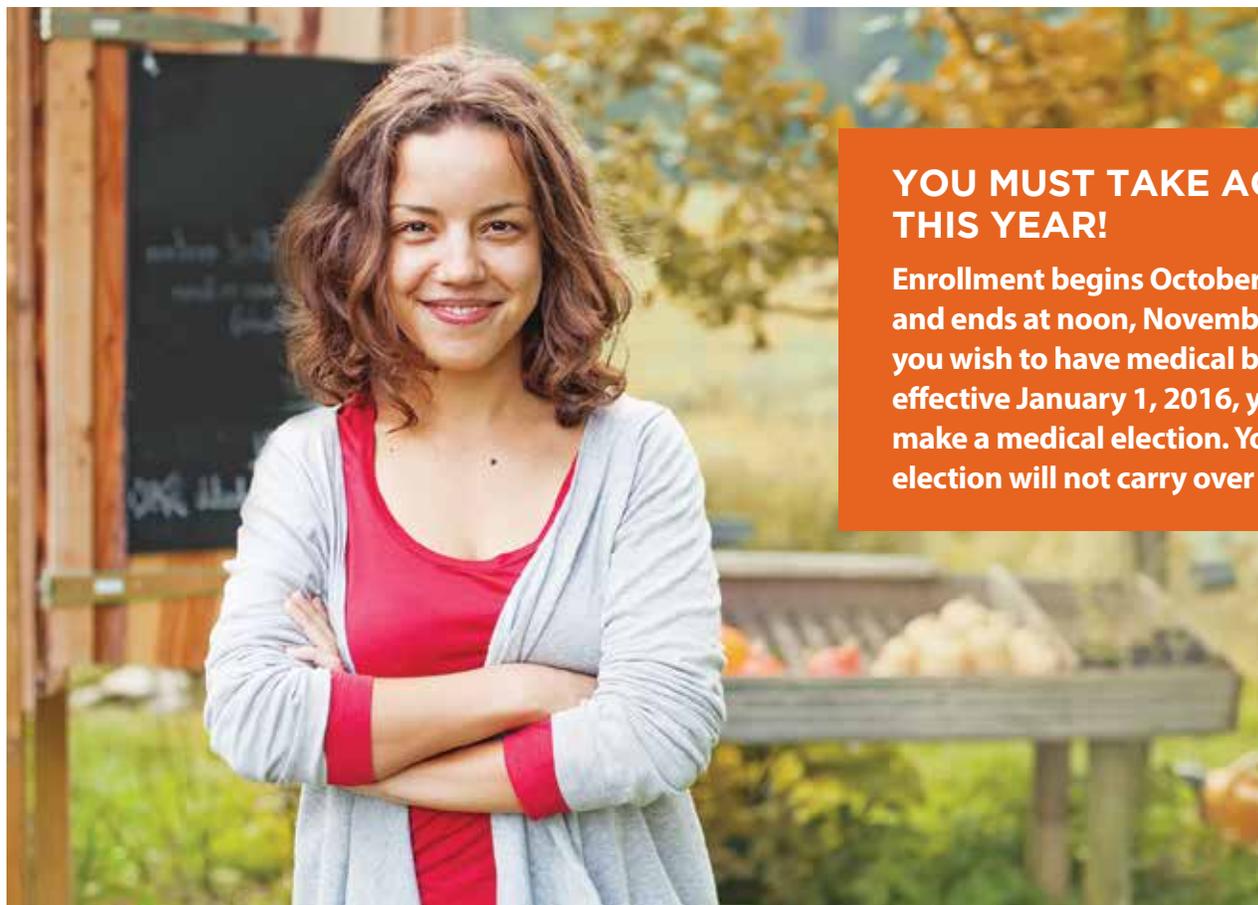
You must also re-elect your FSA contribution amount(s) to participate in 2016; your current contributions do not automatically continue.

## When is the deadline?

The Annual Enrollment period to elect or decline benefits, make benefit changes or confirm existing benefits begins at 8:00 a.m., Monday, October 19, 2015, and ends at noon, Monday, November 2, 2015.

## What if I need more information than this guide provides?

Visit [www.rutherfordcountyttn.gov/rm](http://www.rutherfordcountyttn.gov/rm) for more details on benefit plans, including summary plan descriptions. (Click Employee Insurance Benefits on the left side of the screen.) Additional information is enclosed in this packet.



## YOU MUST TAKE ACTION THIS YEAR!

Enrollment begins October 19 and ends at noon, November 2. If you wish to have medical benefits effective January 1, 2016, you **MUST** make a medical election. Your current election will not carry over to 2016.

# ELIGIBILITY AND MAKING CHANGES

## DEPENDENT ELIGIBILITY

### Can I enroll my spouse and/or children for coverage during Annual Enrollment?

If you are eligible for coverage, you can also enroll your eligible spouse and/or eligible dependent children for medical, dental, vision, spouse and/or child life insurance, spouse AD&D, and the voluntary insurance plans.\* You must provide documentation proving that your dependent spouse and/or children meet eligibility requirements if enrolling them for the first time.

### How do I know if my dependents are eligible?

Eligible dependents include:

- Your legal spouse (or domestic partner for life insurance only)
  - **For medical coverage:** Your spouse is only eligible for medical coverage if he or she does not have medical coverage available through his or her employer.
  - **For dental and vision coverage:** Spouses are eligible regardless of coverage availability through an employer.
- Your children (or stepchildren) by birth, marriage, legal adoption or legal guardianship
  - **For medical coverage:** in accordance with health reform, up to age 26, regardless of marital or student status (excludes spouses and dependents of the eligible dependent child)
  - **For dental and vision coverage:** not covered under health reform; covered up to age 19 (up to age 25 if unmarried and a full-time student; proof of student enrollment is required)
- Your children of any age who became totally and permanently disabled before age 19 while covered by the plan(s)
- Dependents covered under a Qualified Medical Child Support Order (proper documentation required)

For more information about eligibility, see your summary plan description.

**\* Your spouse is only eligible for medical coverage if he or she does not have group medical coverage available through his or her employer.**

### What documentation is required after I add dependents to my coverage?

For a list of required documentation, go to [www.rutherfordcountyttn.gov/rm/benefit\\_enrollment.htm](http://www.rutherfordcountyttn.gov/rm/benefit_enrollment.htm) and click on List of Acceptable Documents for Verification.

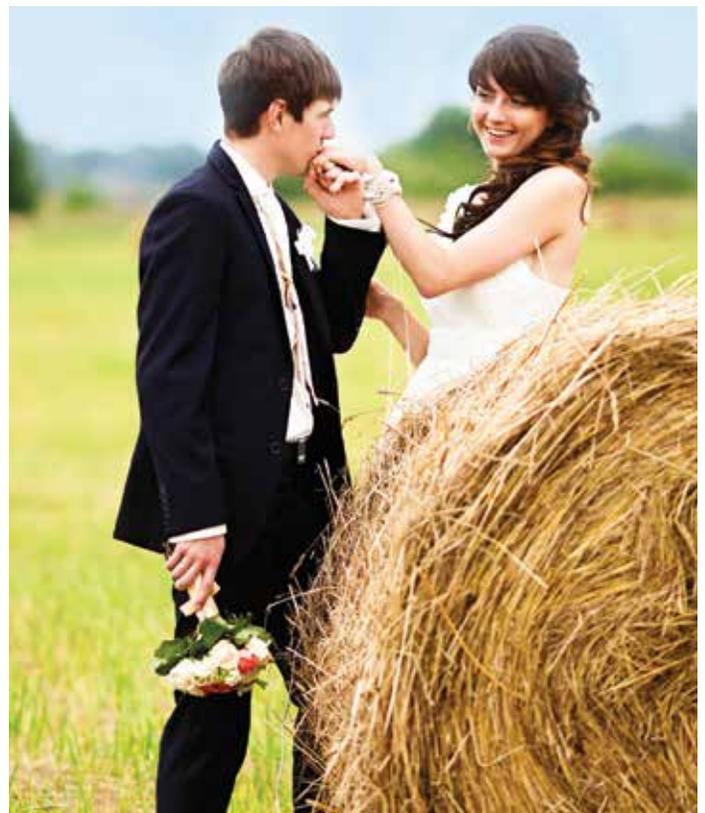
### Is there a deadline to submit this documentation?

Documentation for adding a spouse and/or any eligible dependent child must be received in the Risk Management Department **no later than 4:30 p.m., Tuesday, December 1, 2015**. You may submit your documentation via fax to 615-867-4602. Keep a copy of the successful fax transmission for your records.

**Important:** You will NOT be contacted by the Risk Management Department requesting this documentation. This is the employee's responsibility.

### What if I fail to provide the required documentation by the deadline?

If documentation is not provided by the deadline, coverage for the dependent will be denied.



## My spouse and I both work for Rutherford County and/or Board of Education. What options do we have for health coverage (medical, dental, vision)?

These examples will help explain your options for enrolling in a medical, dental or vision plan:

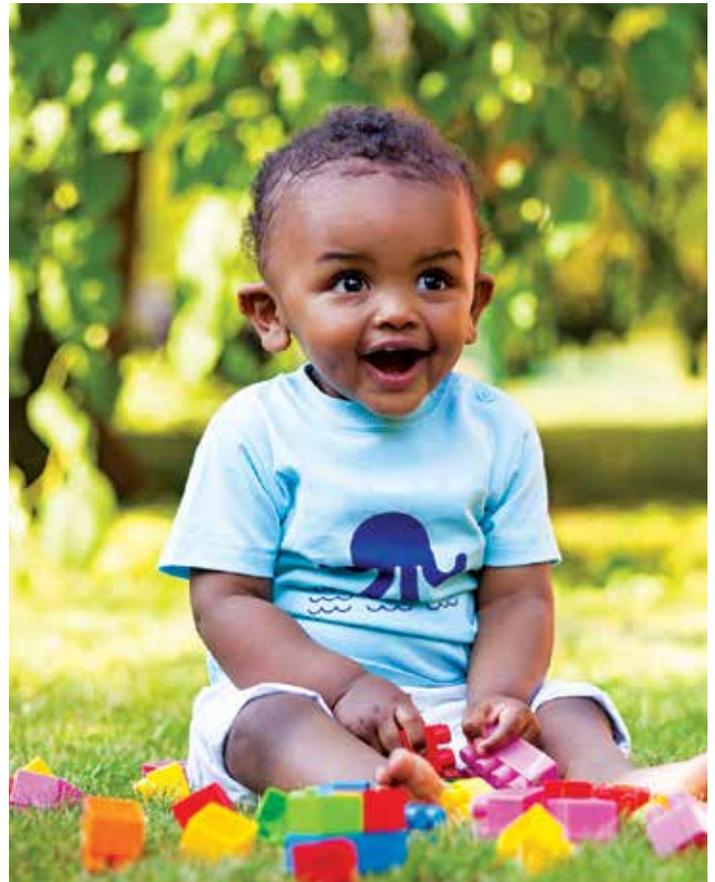
### If you are NOT covering eligible dependent children:

- 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.
- You may each 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 Risk Management for assistance.



## CHANGING YOUR BENEFITS

### What if I change my mind about benefits I elected?

Generally, you cannot change your benefit elections during the year unless you experience a life status change, such as a marriage, divorce, birth, adoption, or a gain or loss of coverage by your spouse or dependent child. For a complete list of life status changes (as governed by IRS Code 125), visit [www.rutherfordcountytn.gov/rm/benefits.htm](http://www.rutherfordcountytn.gov/rm/benefits.htm).

You must notify the Risk Management Department within **30 calendar days of any change in status**, and documentation is required within the same timeframe. If you miss this deadline, your change request will be denied.

# MEDICAL

The County offers you a choice of medical options, administered by Cigna:

- OAP Copay plan
- OAP Deductible plan
- Health Reimbursement Account (HRA) plan.

## How do I know which plan I currently have and who is covered?

Call Cigna toll-free at 1-800-401-4041.

## Do I have to use certain medical providers?

You can see any medical provider you choose, but benefits are highest when you use a provider in Cigna's network.

**Preventive care is not covered out-of-network.**

## How do I find in-network providers?

All three medical options use Cigna's Open Access Plus (OAP) network. Visit [www.cigna.com](http://www.cigna.com) or call 1-800-244-6224 for a list of in-network providers.

## How much do the medical options cover?

The chart below shows benefit levels for each medical option. See page 6 to learn more about each option.

	OAP Copay plan	
	In-network	Out-of-network
Annual deductible	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family
HRA contribution (HRA plan only)	N/A	N/A
Annual out-of-pocket maximum	\$4,000/person \$8,000/family	\$8,000/person \$16,000/family
<b>Plan pays...</b>		
Office visits	100% after \$30 (PCP) or \$50 (specialist) copay <sup>1</sup>	60% after deductible
Preventive care	100%; no deductible	Not covered
Med Point medical clinics	100%	N/A
Hospital care	80% after deductible	60% after deductible
Emergency room	100% after \$300 per visit copay <sup>2</sup>	
Urgent care	100% after \$60 copay <sup>2</sup>	
Chiropractic care (26 visits per year)	80% after separate \$150 deductible <sup>1</sup>	
Prescription drugs	See page 8	

<sup>1</sup> Copays and deductibles apply to your annual out-of-pocket maximum.

<sup>2</sup> Copay applies to your annual out-of-pocket maximum; if hospitalized following an ER or urgent care visit, copay is waived and annual deductible and coinsurance applies.

**See page 20 for your medical premiums.**



OAP Deductible plan		HRA plan	
In-network	Out-of-network	In-network	Out-of-network
\$500/person \$1,000/family	\$1,000/person \$2,000/family	\$1,750/single \$3,500/family collective	\$3,000/single \$6,000/family collective
N/A	N/A	\$750/single; \$1,500/family	
\$2,500/person \$5,000/family	\$5,000/person \$10,000/family	\$5,000/single \$10,000/family collective	\$10,000/single \$20,000/family collective
80% after deductible	60% after deductible	90% after deductible	60% after deductible
100%; no deductible	Not covered	100%; no deductible	Not covered
100%	N/A	100%	N/A
80% after deductible	60% after deductible	90% after deductible	60% after deductible
100% after \$300 per visit copay <sup>2</sup>		90% after deductible	
80% after deductible		90% after deductible	
80% after separate \$150 deductible <sup>1</sup>		90% after deductible	
See page 8		See page 8	

### DID YOU KNOW...

Nearly 38% of employees enrolled in the HRA plan in 2015, making it the most popular County medical option.

## How do the Copay and Deductible options differ?

Both are Open Access Plus plans (OAPs), which center around a network of providers and facilities that provide medical services at a discount. These are known as in-network providers. Here are some key differences between the plans:

- The Copay plan has lower monthly premiums but a higher annual deductible and out-of-pocket maximum.
- The Copay plan covers office visits and certain other services at 100% after you pay a copay (generally \$30 or \$50 per visit).
- Under the Deductible plan, office visits and other eligible services are subject to the deductible and coinsurance.
- The two plans cover brand name prescription drugs differently. See the chart on page 8.

## How is the HRA different?

The HRA is a health reimbursement account. This plan takes a different approach to health insurance:

- **Lower payroll deductions** — the County pays the entire cost of employee-only coverage. And if you cover dependents, your payroll deductions are significantly lower than deductions for the Copay and Deductible plans.
- **A County-funded account** — the County makes an annual contribution to an HRA in your name (\$750/single or

\$1,500/family) that you can use to pay for qualifying medical expenses or to help meet your deductible. If you don't use all your HRA money in a given year, it may roll over to the next, but may not exceed 100% of the deductible. If you enroll in the plan anytime other than Annual Enrollment, County HRA contributions are prorated by quarter.

The County's HRA contribution is NOT part of, combined with, or in any way related to the Medical Reimbursement Account (FSA) as detailed on page 12 of this guide.

## How does the HRA work?

Here's how the HRA works in four easy steps:

1. The money in your HRA automatically pays for your eligible medical expenses, such as doctor visits and prescription drugs.
2. You are responsible for 100% of eligible charges until the deductible is satisfied. Your County-funded HRA can help offset these costs.
3. 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.
4. If the amount you've spent (including the deductible and your HRA money) reaches the out-of-pocket maximum, the plan pays 100% for the rest of the year.

## VISIT OUR ON-SITE MED POINT CLINICS

Through Rutherford County's three on-site Med Point clinics, employees, their spouses and dependents (ages 3 and older) who are enrolled in a County medical plan can receive free medical care.

### Staff and services

The clinics are managed by Premise Health, an independent company, and staffed by highly qualified, board-certified physicians and licensed nurse practitioners with expertise in the areas of primary care, family practice and women's health. Most services you receive from your primary care doctor are available at the clinics, including:

- Acute and chronic condition care
- Lab services
- Minor surgical procedures
- Immunizations and vaccinations

- Allergy management
- Sports physicals
- Minor complaints about pain/sprains/strains
- Annual preventive exams (men and women)
- Injections (allergy, hormones, etc.) even when they are prescribed by your primary care doctor
- EKGs
- Telemedicine services
- And more

Med Point also stocks many generic medications dispensed at no cost to you.

### Scheduling an appointment

Med Point's qualified staff can meet many of your medical needs. For hours, locations and directions, or to schedule an appointment, call 615-904-6770.

## I need help choosing a medical plan. Where can I find more information?

Check out the “Choosing a Medical Plan” flier in your enrollment packet for some things to consider before you enroll.

Also, visit [www.mycignaplans.com](http://www.mycignaplans.com); ID: Rutherford2016; Password: cigna — the log-in is case-sensitive. This site has benefit summaries for each medical option, which show a more detailed list of covered services, benefit levels and potential out-of-pocket costs. You can also call Cigna at 1-800-401-4041.

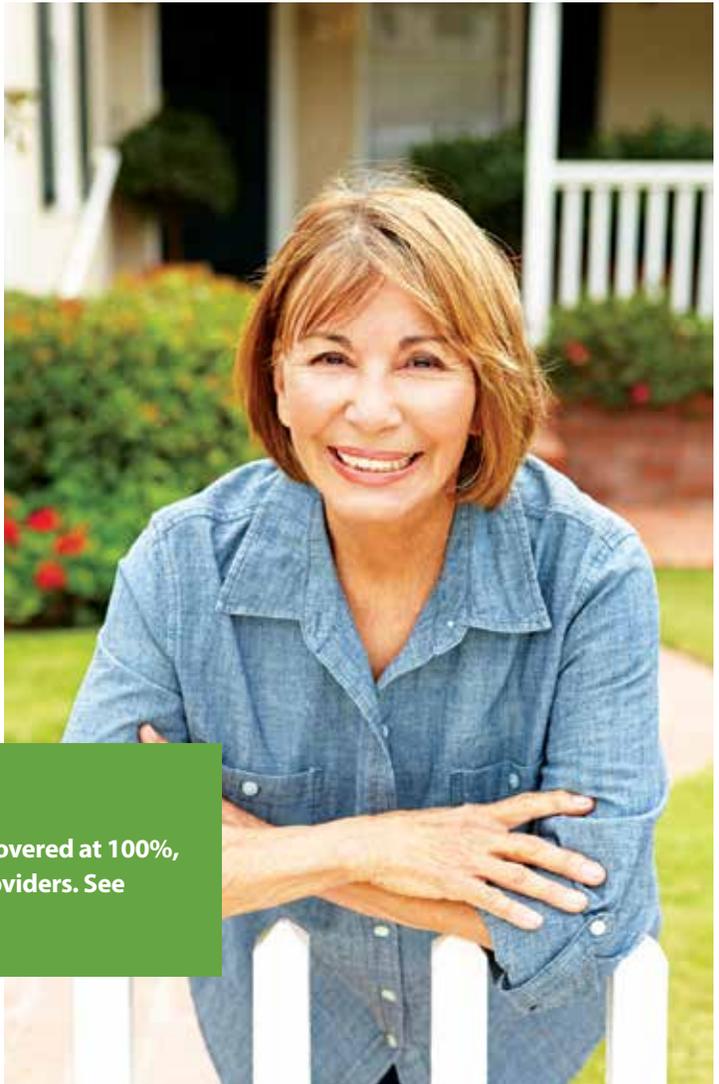
## Is preventive care covered under the medical options?

Yes, and it's FREE! All three medical options cover preventive services at 100% — no deductible or copay required — when you use in-network providers. This means you pay nothing for services recommended by the U.S. Preventive Services Task Force like:

- Age-appropriate health screenings (e.g., cholesterol, blood pressure, colorectal cancer, depression, diabetes, obesity, osteoporosis)
- Preventive care and screenings for infants and children
- Preventive care and screenings for women (e.g., breast cancer screening, cervical cancer screening)
- Preventive care and screenings for men (e.g., PSA test)
- Immunizations for adults and children
- Flu and pneumonia shots
- Annual exams (including associated x-rays and lab)

Exception: A preventive care service must be billed by an in-network provider as preventive care to ensure 100% coverage. If a preventive service is billed separately from an office visit or by an out-of-network provider, you may be required to share in the cost of the office visit. For example, if you seek a preventive service such as an annual well-woman exam (Pap) or well-man exam (PSA test) and also receive some other kind of treatment (such as care for a sinus infection), cost sharing may apply to your office visit. In other words, the preventive care portion of the visit will be covered at 100%, and the illness portion may be covered with applicable cost sharing.

Preventive care is **not** covered out-of-network.



### PREVENTIVE CARE IS FREE!

Under all three medical plans, preventive care services are covered at 100%, with no deductibles or copays, when you use in-network providers. See above for details.

## How are prescription drugs covered?

All three medical options include coverage for prescription drugs, as shown in the chart below. You have two ways to buy prescription drugs: at a retail pharmacy that's part of Cigna's network or through mail order.

### RETAIL PROGRAM

For your short-term medication needs, you can buy up to a 30-day supply at one of Cigna's participating retail pharmacies. If

you use a pharmacy that's not part of the Cigna network, you must pay for the prescription, then submit a claim for benefits up to the plan's contracted amount.

### MAIL ORDER

The mail order program saves you money when you take medication for an ongoing or chronic condition. You can purchase up to a 90-day supply and have your prescriptions shipped directly to your home. Visit [www.teldrug.com](http://www.teldrug.com) to get started.

	OAP Copay	OAP Deductible	HRA
<b>Plan pays...</b>			
Network retail pharmacy (up to 30-day supply)			
Generic	100% after \$5 copay		70% after medical deductible
Preferred brand	100% after \$30 copay	80%; no deductible	60% after medical deductible
Non-preferred brand	100% after \$60 copay	65%; no deductible	50% after medical deductible
Tel-Drug mail order (up to 90-day supply)			
Generic	100% after \$12 copay		75% after medical deductible
Preferred brand	100% after \$75 copay	85%; no deductible	65% after medical deductible
Non-preferred brand	100% after \$150 copay	70%; no deductible	55% after medical deductible
Annual out-of-pocket maximum	\$1,250/person \$2,500/family	\$1,250/person \$2,500/family	Included in medical maximum

## USE MAIL ORDER AND SAVE.

Are you interested in lower out-of-pocket prescription drug costs and the convenience of shipped-to-your-mailbox service? If you take medicine for an ongoing medical condition, such as high blood pressure, high cholesterol, allergies or diabetes, save money on maintenance meds for these conditions and more by ordering 90-day supplies through Tel-Drug's mail order program.



# DENTAL

See pages 2-3 for dependent eligibility rules.

Rutherford County offers you and your eligible dependents three options for dental coverage, all administered by Cigna.

## Do I have to use certain dental providers?

You can see any dentist you choose, but benefits are highest when you use a provider in Cigna's network.

## Do I have to meet a deductible?

It depends on the service you receive. For preventive care, if you use an in-network dentist, you do not have to meet a deductible. For all other care, you must meet an annual deductible, as shown in the chart below.

## How do I find in-network providers?

Visit [www.cigna.com](http://www.cigna.com) or call 1-800-244-6224 for a list of in-network providers. Option 1 and Option 1 Buy-Up use the Cigna DPPO Advantage network, and Option 2 uses the Cigna DPPO network.

## Can my covered child use the orthodontia benefit in the first year of coverage?

No. The covered person must have 12 consecutive months of coverage in a County dental plan before he/she can receive benefits for orthodontia or major restorative services.

	Option 1 and Option 1 Buy-Up		Option 2
	In-network	Out-of-network <sup>1</sup>	See any dentist <sup>1</sup>
Annual deductible	\$50/person; \$150/family	\$100/person; \$300/family	\$50/person; \$150/family
<b>Plan pays...</b>			
Preventive/diagnostic <sup>2</sup>	100%; no deductible	80% after deductible	100%; no deductible
Basic restorative	80% after deductible	60% after deductible	80% after deductible
Major restorative <sup>3</sup>	50% after deductible	40% after deductible	50% after deductible
Orthodontia (dependents up to age 19) <sup>3</sup>	50% after separate \$50 deductible	40% after separate \$100 deductible	50% after separate \$50 deductible
Annual benefit max	\$1,000/person		\$1,000/person
Lifetime orthodontia max	Option 1: \$1,000/person; Option 1 Buy-Up: \$2,500/person		\$1,000/person

<sup>1</sup> Out-of-network benefits are subject to reimbursable limits.

<sup>2</sup> Bitewing x-rays are covered at each preventive visit; panoramic x-rays are covered every five years.

<sup>3</sup> Major restorative and orthodontia benefits are payable after enrollee has been in the plan for 12 consecutive months.

## What is the difference between Option 1 and the Option 1 Buy-Up?

Benefits are exactly the same, except for the orthodontia lifetime maximum. The orthodontia maximum under Option 1 Buy-Up is reduced by any prior orthodontia benefit used in Option 1 or 2. Orthodontia maximums apply only to orthodontic services, not to major restorative services.

**Important:** Unless you have eligible dependent children under age 19 who will receive orthodontia services, it is not to your advantage to enroll in the Option 1 Buy-Up plan.

## DENTAL PREVENTIVE CARE IS FREE!

Regardless of the dental option you elect, you and each covered family member get one free dental exam/cleaning and x-ray every six months. This benefit alone can offset a significant portion of the cost of coverage. And it helps keep your smile healthy. For Option 1 and Option 1 Buy-Up, you must use an in-network provider for free preventive care.

# VISION

See pages 2-3 for dependent eligibility rules.

The County offers you and your eligible dependents optional vision coverage, administered by Cigna Vision. The plan covers eye exams, frames, lenses and contacts, and provides discounts on other products and services.

## Do I have to use certain vision providers?

You can see any vision provider you choose, but benefits are highest when you use a Cigna in-network eye care professional. In-network providers will also file claims for you.

## How do I find in-network providers?

For a list of network providers, call 1-877-478-7557, or if you've already enrolled for coverage, visit [www.cigna.com](http://www.cigna.com).

## How much does the vision plan cover?

The chart below shows benefit levels for the vision plan.

	In-network	Out-of-network
Annual deductible	\$0	\$0
Eye exams (every 12 months)	You pay \$10 copay	Plan pays up to \$45
Frames <sup>1</sup> (every 24 months)	Plan pays up to \$100 retail allowance	Plan pays up to \$55
Lenses <sup>1</sup> (every 12 months)		
Single vision	You pay \$15 copay	Plan pays up to \$32
Bifocals	You pay \$15 copay	Plan pays up to \$55
Trifocals	You pay \$15 copay	Plan pays up to \$65
Lenticular	You pay \$15 copay	Plan pays up to \$80
Contacts (one pair or single purchase every 12 months in lieu of frames/lenses)		
Medically necessary	Plan pays 100%	Plan pays up to \$210
Elective	Plan pays up to \$100	Plan pays up to \$87

<sup>1</sup> Only one copay is required when you buy frames and lenses together.

## KEEP YOUR EYES HEALTHY.

For just a \$10 copay, you can receive an annual eye exam. This preventive screening can catch small problems now, before they become harder to treat.



# LIFE AND AD&D

All benefits-eligible employees receive basic life and accidental death & dismemberment (AD&D) insurance equal to \$35,000 **at no cost**. Life and AD&D coverage is provided through The Hartford.

## Can I buy more coverage?

Yes. You may purchase additional coverage, as shown below:

Optional coverage:	Choose:
Supplemental employee life and AD&D <sup>1</sup>	Up to 5 times your base annual salary or \$500,000 (in \$10,000 increments), whichever is less
Basic spouse/domestic partner life	Up to \$25,000 (in \$5,000 increments) – without EOI
Supplemental spouse/domestic partner life and AD&D <sup>1,2</sup>	Up to \$250,000 (in \$5,000 increments)
Child life <sup>3</sup>	\$5,000 or \$10,000 – without EOI

<sup>1</sup> Evidence of insurability (EOI) is required if you elect more than \$300,000 in employee supplemental life and/or more than \$50,000 in supplemental spouse/domestic partner life when first eligible. EOI is also required if you elect or increase your supplemental life by more than \$10,000 or your spouse's supplemental life by more than \$5,000 during Annual Enrollment.

<sup>2</sup> You must elect supplemental life for yourself in order to elect it for your spouse/domestic partner; however, your spouse/domestic partner's total life insurance amount cannot exceed 50% of your supplemental life insurance amount.

<sup>3</sup> From birth through age 25 (age 26 and older if child is disabled and became disabled prior to age 26; you must submit proof of child's disability).

## My spouse also works for the County. Can we both buy coverage?

Yes. You may both purchase basic, supplemental and/or spouse/domestic partner coverage. You may also both elect coverage for eligible dependents.

## Can I buy coverage on my domestic partner?

Yes. There are forms you and your domestic partner must complete and sign. Call Risk Management at 615-898-7715 for details.

## Can I enroll for, increase and/or drop my supplemental life coverage online during Annual Enrollment?

Yes. You may enroll for, increase or drop coverage during Annual Enrollment. However, if you elect or increase your coverage by more than \$10,000 or your spouse's supplemental life by more than \$5,000, you must submit evidence of insurability (EOI) and be approved by The Hartford before the new amount becomes effective.

## If I elect an amount that requires evidence of insurability (EOI), how do I provide it?

If EOI is required, you will receive a notification letter from The Hartford at your home address. The letter will direct you to a website and provide instructions for logging in and answering EOI questions. Once you complete the questionnaire, you will receive a preliminary determination of your status on the screen. As is legally required, a confirming letter of determination from The Hartford will be mailed to your home address.

## How do I name a beneficiary for my life/AD&D insurance?

You can name or change your beneficiaries at any time by logging onto ADP Employeease (see instructions on page 21). At the welcome page, click the Beneficiaries tab.

# FLEXIBLE SPENDING ACCOUNTS

The County offers two flexible spending accounts (FSAs): a Medical Reimbursement Account and a Dependent Care Reimbursement Account, both administered by WageWorks. You may participate in one or both FSAs. **Note:** There is a new FSA administrator for 2016. If you currently participate in the FSAs, look for additional information in your home mail.

## Will my 2015 FSA election(s) automatically continue in 2016?

No. You must re-enroll during Annual Enrollment to continue participating in the FSAs. Also, if while enrolling online you check “Accept With No Changes,” your FSA participation has NOT been renewed for 2016.

## How does an FSA save me money?

With an FSA, you are simply setting aside money to pay for many common health and dependent care expenses. You save because the money is not taxed when it’s deducted from your paycheck OR when you use it to pay for eligible expenses.

## How much can I contribute to an FSA?

You can contribute:

- Up to \$2,550/year — tax-free — to the Medical Reimbursement Account
- Up to \$5,000/year — tax-free — to the Dependent Care Reimbursement Account (if you are married and file separate tax returns, the maximum you can contribute is \$2,500/year)

## If I elect to continue participating in the FSAs, will I receive a new debit card?

Yes. All 2016 participants will receive an FSA debit card from WageWorks mailed to their home addresses.

## My spouse also works for the County. Can we both contribute to the Medical Reimbursement Account (FSA)?

Yes. You may each contribute up to the \$2,550 annual limit.

**Important: The Dependent Care Reimbursement Account (DCA) is NOT a reimbursement fund for medical expenses.** Eligible DCA expenses include day care facility, nursery school and preschool fees. Before enrolling, visit [www.wageworks.com](http://www.wageworks.com) for guidelines on eligible expenses.

## What can I spend my FSA money on?

If you contribute to the Medical Reimbursement Account (FSA), you can use the money to reimburse yourself for many medical, dental and vision expenses not covered by insurance.

If you contribute to the Dependent Care Reimbursement Account (DCA), you can use the money to reimburse yourself for care expenses for your eligible dependents. Certain rules apply.

For a detailed list of eligible expenses, visit [www.wageworks.com](http://www.wageworks.com).

## Is the money I set aside in the medical and/or dependent care FSA always mine?

The money is yours to spend on eligible expenses incurred during 2016. But it’s important to estimate your expenses carefully because certain rules apply if you have funds left at year end. See below.

## Do I have to use all my FSA funds by the end of the year?

It is important to estimate your expenses for 2016 carefully. If you participate in the Dependent Care Reimbursement Account (DCA), you must use all the money in your account by year-end; the IRS requires that any funds remaining after this date be forfeited.

If you participate in the Medical Reimbursement Account (FSA), you may carry over up to \$500 of unused funds into the next year. In other words, if you overestimate your health care expenses for 2016 and have money remaining in your account at year-end, you may carry over up to \$500 and continue to incur and get reimbursed for eligible expenses from the carried-over amount. However, there are a couple of rules to keep in mind:

- Unused funds exceeding the \$500 rollover limit will be forfeited.
- The carryover provision does not reduce how much you can contribute to the Medical Reimbursement Account (FSA) in the next plan year. For example, if you carry over \$400, you can still make the maximum contribution (\$2,550) in the next year.

## Is there a deadline for filing FSA claims?

You have until January 31, 2016, to submit claims to TASC for eligible expenses incurred in 2015.

## Where can I find more information about the FSAs?

Contact WageWorks at 1-877-924-3967 or by visiting [www.wageworks.com](http://www.wageworks.com).

## LOWER YOUR HEALTH CARE COSTS.

Reduce your out-of-pocket health care expenses by signing up for the Medical Reimbursement Account flexible spending account. You can use pre-tax dollars to reimburse yourself for health care expenses not covered by insurance, including dental and vision costs. See page 12.



# DISABILITY INSURANCE

The County offers all benefits-eligible employees optional short-term disability coverage through Cigna. Short-term disability coverage continues a portion of your paycheck if you can't work because of a non-work-related disabling illness or injury. Additionally, the County provides long-term disability coverage to all benefits-eligible employees at no cost, with no enrollment required. Long-term disability coverage, provided through Cigna, continues a portion of your paycheck if a disabling illness or injury keeps you from working for longer than 180 days.

## How much short-term disability coverage can I elect?

You have four coverage options. When you enroll, you choose how much of your pay the plan will replace if you become disabled: 30%, 40%, 50% or 60% of your pay, up to \$1,250/week.

## Are there pre-existing condition limits?

Yes. If you become disabled during your first year of coverage as a result of a condition you had in the 12 months prior to your short-term disability coverage effective date, no benefits will be payable for that disability.

## What is a pre-existing condition?

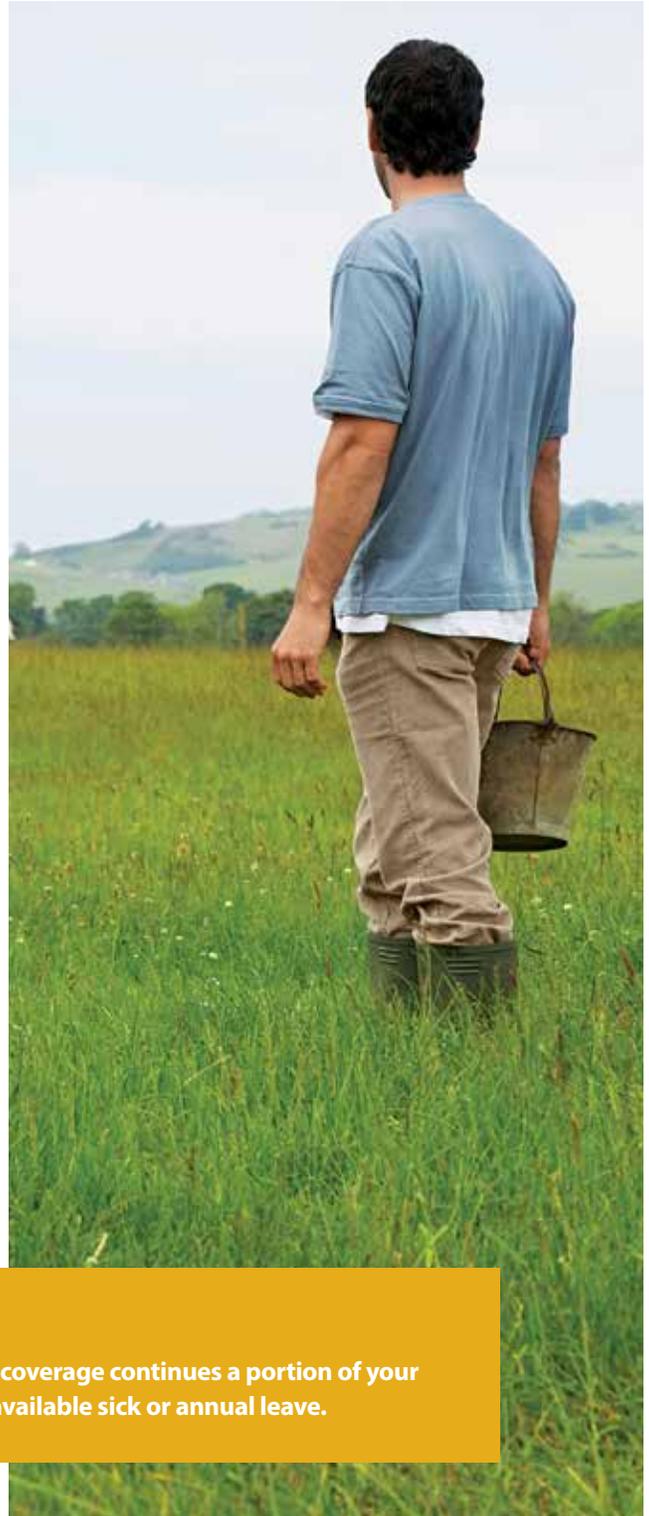
A pre-existing condition means an injury/sickness for which you have incurred expense, received medical treatment, care or services, took prescription drugs/medicine, or one for which a reasonable person would have consulted a physician in the 12 months prior to your coverage effective date.

## Can I increase my short-term disability coverage?

Yes; however, your benefit increase will be subject to the pre-existing condition limit. Any claims resulting from a pre-existing condition will be reimbursed at the prior lower benefit level.

## If I become disabled, how long will I receive short-term disability benefits?

Benefits begin after eight days of disability due to illness, or on the first day of disability due to an accident. Benefits generally continue up to 26 weeks. Certain rules apply. If you remain disabled after short-term disability benefits are exhausted, you may qualify to receive long-term disability benefits, paid for by the County (see page 15).



## PREPARE FOR THE UNEXPECTED.

If you're temporarily disabled and can't work, short-term disability coverage continues a portion of your paycheck for up to 26 weeks. Without this coverage, you must use available sick or annual leave.

### How much does the long-term disability plan pay if I become disabled?

The plan replaces up to 66.67% of your monthly earnings (up to \$6,000/month). You must meet the plan's definition of "disabled" to qualify for benefits, and certain rules apply. Consider electing short-term disability to offset income loss during the 180-day waiting period.

### How long does the long-term disability plan pay benefits?

Benefits begin after 180 days of disability and generally continue until your disability ends or you reach normal retirement age, whichever comes first. If you're age 60 or older when your covered disability begins, your benefits duration may differ.



#### PLAN AHEAD.

A serious disability can happen to anyone; in fact, according to the Social Security Administration, three out of 10 workers will face a disabling injury or accident before they retire. If the unexpected happens to you, your County-paid long-term disability coverage will continue a portion of your salary, and it picks up when short-term disability coverage ends.

# VOLUNTARY INSURANCE PLANS

The County offers several voluntary insurance plans, administered by BeneSync. Individual or family coverage is available. You pay the cost through payroll deduction. Critical illness and accident insurance is offered through Unum. LifeTime Benefit Term insurance is offered through Combined Insurance.

## CRITICAL ILLNESS INSURANCE WITH CANCER RIDER

Critical illness insurance assists with out-of-pocket expenses following the diagnosis of a covered illness, including heart attack, stroke, kidney failure, life-threatening cancer and more. This benefit helps pay expenses not normally covered under traditional health insurance, which means you and your family can concentrate on getting well without worrying about money. This coverage also pays a once-a-year \$50 cash reimbursement to each covered person for completing a covered health screening test.

## ACCIDENT INSURANCE

While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious, or even a not-so-serious, injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine and day care or sitters. With accident insurance, the benefits you receive can help take care of these extra expenses. It pays a lump-sum benefit for on- and off-the-job accidents, in addition to other insurance you may have.

## LIFETIME BENEFIT TERM INSURANCE WITH LONG-TERM CARE RIDER

This affordable, permanent term life policy offers coverage to age 121 and a level base premium to age 100. Unlike other life insurance products, base premiums do not increase based on your age. This coverage provides additional benefits, including:

- An accelerated benefit for long-term care if the covered person becomes eligible for benefits by being both chronically ill and confined to a nursing or assisted living facility, or by receiving home health or adult day care services
- A no-cost accelerated death benefit, which advances 50% of the face amount if the covered person is diagnosed as terminally ill
- A paid-up death benefit after just 10 years, which means if you stop paying premiums at some point in the future, you are guaranteed paid-up coverage of a reduced amount. LifeTime Benefit Term coverage is fully portable – you can keep your coverage even if you leave employment with the County, and premiums remain the same.



### GET SCREENED, GET PAID.

The critical illness/cancer plan reimburses you \$50/year when you have a preventive cancer or heart screening. Check your policy for details.

## When can I enroll for voluntary plans?

You can only enroll for the voluntary plans during Annual Enrollment.

## How do I enroll for the voluntary plans?

During this Annual Enrollment only, you may enroll for critical illness and/or accident insurance on ADP (like you do your other benefits) and LifeTime Benefit Term at [www.enrollforlife.com](http://www.enrollforlife.com), with no medical questions asked.

## If I already have coverage, do I have to re-enroll?

If you have Allstate critical illness and/or accident insurance, you must enroll to continue your coverage under Unum. Beginning January 1, 2016, your Allstate coverage will no longer be payroll deducted.

If you have cancer insurance, your coverage will end December 31, 2015. You may wish to consider enrolling for critical illness coverage, which includes a cancer rider.

If you want to continue your coverage with Allstate on a direct-pay basis, you must contact Allstate at 1-800-521-3535. You may also receive a letter from Allstate at your home address with instructions on how to continue your policy(ies).

If you already have LifeTime Benefit Term, your coverage will automatically continue.

## Do I have to answer medical questions to enroll?

If you enroll for any of the voluntary plans during this Annual Enrollment, no medical questions will be asked, and coverage is guaranteed. If you decline coverage during this Annual Enrollment but wish to elect it at future Annual Enrollment, you must answer medical questions and be approved by the insurance carrier.

## Can I specify pre-tax or post-tax payroll deductions?

No. Under the critical illness and accident plans, premiums must be paid through pre-tax payroll deduction. Per IRS guidelines, with pre-tax deductions, you may not add, drop or change your coverage during the year outside Annual Enrollment, unless you experience a qualifying life status change. LifeTime Benefit Term premiums must be paid through post-tax payroll deduction.

## Where can I review my coverage?

Once your voluntary coverage is in force, you will receive your policy(ies) in the mail.

## What is a pre-existing condition?

A pre-existing condition is one for which you received medical advice or treatment from a medical professional in the 12-month period before your coverage begins. A pre-existing condition can exist even if a diagnosis has not yet been made.

## Do the voluntary plans have pre-existing condition limits?

The critical illness and accident plans have pre-existing condition limits, but those limits expire after you've had coverage for 12 months. Here's how it works: No benefits are payable during your first 12 months of coverage from claims resulting from a pre-existing condition. After you have been covered by the plan(s) for 12 months, this limit no longer applies.

Current critical illness and accident participants who continue their coverage under Unum will receive credit toward reducing the pre-existing condition limits.

## How do I file a claim?

For the Unum plans, call 1-800-635-5597 to complete the claims submission process. For LifeTime Benefit Term, call 1-877-352-3303.

## Where can I find additional information about the voluntary plans?

Call the BeneSync call center at 1-855-228-8309.

# OTHER BENEFITS

The County offers a variety of other benefits and special programs to complete your benefits package.

## TCRS RETIREMENT PLAN

The County is a member of the Tennessee Consolidated Retirement System (TCRS), a program that provides a pension to eligible County retirees. The plan you participate in is determined by when you become a TCRS member as follows:

**TCRS Legacy Plan:** County General and BOE Classified employees will participate in the TCRS Legacy Plan. Additionally, teachers who were TCRS members as of 6/30/14 will participate in the Legacy Plan. Visit [www.treasury.state.tn.us/tcrs](http://www.treasury.state.tn.us/tcrs) or call 1-800-770-8277 for more information.

**TCRS Hybrid Plan:** Teachers who become TCRS members on or after 7/1/14 will participate in the TCRS Hybrid Plan. This plan is a combination of a defined benefit plan and a state of Tennessee 401(k) plan. It is administered by Great West. To enroll or set a meeting time with a financial advisor, call 1-800-922-7772 or visit [www.treasury.tn.gov/dc](http://www.treasury.tn.gov/dc).

Teachers and other BOE employees can participate in the 401(k) plan via employee contributions. Visit [www.treasury.state.tn.us/tcrs](http://www.treasury.state.tn.us/tcrs) for more information.

## 403(B) AND 457(B) RETIREMENT PLANS

All Rutherford County School employees are eligible to participate in the 403(b) or 457(b) tax-deferred retirement savings plans through VALIC. Contributions to both plans are made through payroll deductions.

### What are 403(b) and 457(b) plans?

A 403(b) or 457(b) plan is a tax-deferred retirement plan available to educational institution employees.

There are two types of accounts available with each plan:

- **Traditional account**, with pre-tax contributions. You'll pay taxes as you withdraw funds during retirement.
- **Roth account**, with after-tax contributions. Funds are not subject to federal income taxes as you withdraw during retirement.

### Who's eligible to participate in the 403(b) or 457(b) plans?

#### BOE EMPLOYEES

Board of Education employees can save for retirement through Traditional or Roth 403(b) or 457(b) plans, offered through VALIC. To enroll or set a meeting time with a financial advisor, call 615-221-2541 or visit [www.valic.com/rutherford](http://www.valic.com/rutherford).

#### COUNTY EMPLOYEES

The County offers an optional 457(b) deferred compensation plan, administered by Nationwide Retirement Solutions. For more information, including how to enroll, contact NRS at 1-877-677-3678 or visit [www.nrsforu.com](http://www.nrsforu.com). This plan is not available to BOE employees.

### How do I start a VALIC 403(b) or 457(b) account?

Call VALIC at 615-221-2541 to make an appointment with a financial advisor who can guide you in setting up an account.

You can also visit [www.valic.com/rutherford](http://www.valic.com/rutherford) to get information on available investment options, enroll online and view prospectuses. For the Portfolio Director's Choice annuity program, follow the annuity links. For the Profile Retirement mutual fund program, follow the mutual fund links. VALIC also offers the Schwab Personal Choice Retirement Account (PCRA), a self-monitored brokerage investment program for more experienced investors.

### How do I contribute to the plans?

To participate in either plan, there's a required minimum payroll deduction of \$20/month for salaried staff and \$10/payday for classified staff. You can start your 403(b) or 457(b) account at any time during the year. If you want to change your contribution amounts, BOE employees must contact Central Office Payroll (615-893-5812) and County General employees must contact Human Resources (615-494-4480). A revised payroll deduction form must be received no later than 10 days before the payday you want the change to begin.

### Are there contribution limits to the plans?

The 2015 limit for 403(b) or 457(b) contributions is \$18,000. The 2016 limit has not yet been announced.

### Are there limits on withdrawals?

There are withdrawal limitations on both plans until you reach age 59½ or are no longer employed by Rutherford County. In the event of financial hardship, death or disability, hardship withdrawals are possible. There is a 10% IRS surcharge on early 403(b) withdrawals. Short-term needs can sometimes be met by non-taxable loans.

### Why should I contribute to a 403(b) or 457(b)?

There are several benefits to contributing to these plans:

- They can provide a healthy supplement to your retirement income.
- If you use the Traditional account with either plan, you'll lower your current taxes.
- Growth on the earnings of your account will be tax-deferred.
- Roth accounts may lower your taxes during retirement.

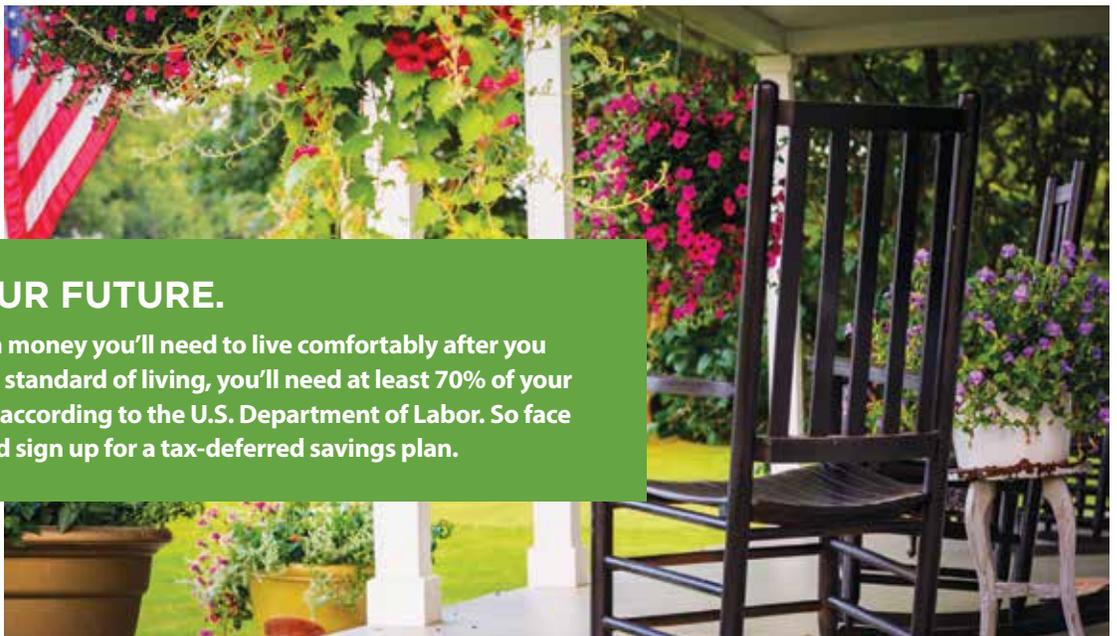
*This information is not intended as tax or legal advice. Neither your employer nor the investment providers that offer products under the plan can provide you with tax or legal advice.*

## EMPLOYEE ASSISTANCE PROGRAM

The employee assistance program (EAP) offers confidential counseling and referral services to County employees and their family members. The program is administered by LifeServices. EAP services are free and completely confidential. Call 1-800-822-4847 or visit [www.lifeserviceseap.com](http://www.lifeserviceseap.com) (user name: rutherford; password: employee).

## EMPLOYEE WELLNESS PROGRAMS

Rutherford County's Smart Steps Employee Wellness program provides employees and their family members enrolled in medical coverage with a variety of wellness programs and initiatives to improve their physical and mental well-being. The program includes physical activity contests, stress management programs, tobacco cessation help and more. Free health screening opportunities are available each year at Wellness on Wheels held at different County buildings and at the annual wellness fair. This year's fair is Friday, October 16, 3-7 p.m. at Lane AgriPark, 315 John Rice Blvd., Murfreesboro. (Please note this year's fair does not include biometric/blood screening.) We encourage employees to take advantage of the preventive services offered throughout the year. Visit [www.rutherfordcountyttn.gov/rm/wellness.htm](http://www.rutherfordcountyttn.gov/rm/wellness.htm) for details on current and upcoming programs.



## SAVE FOR YOUR FUTURE.

Do you know how much money you'll need to live comfortably after you retire? To maintain your standard of living, you'll need at least 70% of your pre-retirement income, according to the U.S. Department of Labor. So face your financial future and sign up for a tax-deferred savings plan.

# EMPLOYEE RATES

Per month

Your contributions for medical, dental and vision coverage are deducted from your paycheck before taxes are taken out. This lowers your taxable pay and saves you money. Your contributions for life and AD&D, short-term disability and the voluntary critical illness and accident plans are shown on ADP, the online enrollment system. Your cost for LifeTime Benefit Term insurance can be found on [www.enrollforlife.com](http://www.enrollforlife.com), the website you will use to elect this coverage.

## MEDICAL

Monthly premium	County (based on 12 months)			Board of Education* (based on 10 months)		
	OAP Copay	OAP Deductible	HRA plan	OAP Copay	OAP Deductible	HRA plan
Employee	\$56.65	\$65.12	\$0	\$67.98	\$78.14	\$0
Employee + spouse	\$178.46	\$205.12	\$34.52	\$214.15	\$246.15	\$41.42
Employee + child(ren)	\$157.21	\$180.70	\$22.81	\$188.65	\$216.84	\$27.37
Employee + family	\$246.44	\$283.25	\$59.58	\$295.73	\$339.90	\$71.50

## DENTAL

Monthly premium	County (based on 12 months)			Board of Education* (based on 10 months)		
	Option 1	Option 1 Buy-Up	Option 2	Option 1	Option 1 Buy-Up	Option 2
Employee	\$9.45	\$13.45	\$22.45	\$11.34	\$16.14	\$26.94
Employee + family	\$52.14	\$64.63	\$92.65	\$62.57	\$77.56	\$111.18

## VISION

Monthly premium	County (based on 12 months)	Board of Education (based on 10 months)
Employee	\$5.64	\$6.77
Employee + spouse	\$11.85	\$14.22
Employee + child(ren)	\$10.44	\$12.53
Employee + family	\$16.37	\$19.64

\* Board of Education (BOE) employees pay their insurance premiums over 10 months (September-June) for 12 months of coverage (September-August). BOE employees may be subject to collection of back premiums, known as "arrear." This is the amount needed to fully pay up July and August insurance. This occurs if an employee changes his/her medical or dental option or coverage tier, resulting in a higher monthly premium than previously enrolled. It can also occur if premiums increase for the new calendar year, or if an employee not enrolled in 2015 adds coverage for 2016. Alternatively, a refund will be issued if an employee makes a coverage change resulting in a lower monthly premium or drops coverage for 2016. Arrear/refunds will be administered through the payroll function. The timeframe for arrears/refunds will be February-April 2016.

# HOW TO ENROLL

To enroll online, follow these steps:

## 1. Sign on.

- Using any computer with Internet access, visit the ADP website at <https://adp.eease.com>. The process is case-sensitive.
- Enter the following:
  - User Name: **rc** (lowercase) plus last 6 digits of your Social Security number
  - Company Identifier: **rutherford** (lowercase)
  - Password: First and last initials (uppercase) plus birth date MMDDYY
- Example:
  - For: John Public; SSN: 388-11-2222  
birthdate: May 30, 1978
  - Login will be:  
User name: rc112222  
Company Identifier: rutherford  
Password: JP053078
- On the welcome page, selecting “Walk me through the process” will allow you to view each benefit plan individually.

## 2. Make your elections.

- Follow the prompts to review, enroll, change or decline a benefit plan.
- If you’re enrolling dependents, make sure they are listed under each applicable benefit plan with their Social Security numbers. If not, click Add a Dependent. Do not duplicate or add a dependent who already exists in the online enrollment system.
- If you enroll for life and/or AD&D, you must designate a beneficiary(ies) and applicable percentage(s); otherwise, benefits are paid to your estate.

## 3. Complete the process.

- View your Benefits Summary. If you are satisfied with your elections, click Submit to Administrator. You can change your elections until noon, Monday, November 2.
- Print a Benefits Statement for your records (choose “Print Benefit Statement as of [ ]”). In the blank box, type 01/01/2016. This is a summary of your elections and not a guarantee of coverage.

## What happens if I select the “Accept With No Changes” box?

If you check this box and do not make a medical and/or FSA election, your current elections for these benefits will end December 31, 2015. All other benefits will continue in 2016.

## What if I want to drop coverage in one or more plans?

Once you log on to the ADP website, review each of your plan elections and select the “decline” box for the plan(s) you wish to drop.

## What if I don’t have Internet access?

A computer may be provided at your work location, or you can use the Risk Management Department’s computer kiosk.

## When does coverage begin?

Coverage elected during Annual Enrollment becomes effective January 1, 2016.

## AFTER YOU ENROLL

- You will only receive a new medical ID card if you are a new enrollee for 2016 or elect a different medical option.
- All FSA participants will receive a WageWorks debit card in the mail.
- If you added new dependents, you must submit documentation proving their eligibility no later than December 1, 2015. See page 2.
- Check your payroll deductions to ensure you’re enrolled in the benefit options you elected.

# IMPORTANT CONTACTS

Vendor	Website	Phone number
<b>General</b>		
Risk Management	<a href="http://www.rutherfordcountyttn.gov/rm">www.rutherfordcountyttn.gov/rm</a>	615-898-7715 615-867-4602 (fax)
<b>Medical</b>		
Cigna	<a href="http://www.cigna.com">www.cigna.com</a> (Open Access Plus network)	1-800-244-6224
Med Point medical clinics	<a href="http://www.rutherfordcountyttn.gov/rm">www.rutherfordcountyttn.gov/rm</a>	615-904-6770
<b>Prescription drugs</b>		
Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-244-6224 (retail program) 1-800-285-4812 (Tel-Drug mail order program)
<b>Dental</b>		
Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-244-6224
<b>Vision</b>		
Cigna Vision Network	<a href="http://www.cigna.com">www.cigna.com</a>	1-877-478-7557
<b>Life and AD&amp;D</b>		
The Hartford	Contact Risk Management	615-898-7715
<b>Flexible spending accounts</b>		
WageWorks	<a href="http://www.wageworks.com">www.wageworks.com</a>	1-877-924-3967
<b>Short-term disability</b>		
Cigna	N/A	1-800-362-4462 (claims only)
<b>Long-term disability</b>		
Cigna	Contact Risk Management	615-898-7715
<b>Voluntary insurance plans</b>		
Unum (critical illness & accident insurance)	<a href="http://www.unum.com">www.unum.com</a>	1-888-808-1664 ext. 3298 (BeneSync - local contact) 1-800-635-5597 (claims and customer service)
Combined Insurance (LifeTime Benefit Term)	<a href="http://www.enrollforlife.com">www.enrollforlife.com</a>	1-888-808-1664 ext. 3298 (BeneSync - local contact) 1-877-352-3303 (claims and customer service)
<b>Retirement/savings</b>		
Retirement plan (TCRS)	<a href="http://www.treasury.state.tn.us/tcrs">www.treasury.state.tn.us/tcrs</a>	1-800-770-8277
403(b) (Valic)	<a href="http://www.valic.com/rutherford">www.valic.com/rutherford</a>	615-221-2541
457(b) (Nationwide)	<a href="http://www.nrsforu.com">www.nrsforu.com</a>	1-877-677-3678
<b>Employee assistance program</b>		
LifeServices EAP	<a href="http://www.lifeserviceseap.com">www.lifeserviceseap.com</a> User name: rutherford; password: employee	1-800-822-4847
<b>Wellness program</b>		
Smart Steps	<a href="http://www.rutherfordcountyttn.gov/rm/wellness.htm">www.rutherfordcountyttn.gov/rm/wellness.htm</a>	615-898-7715
Online health risk assessment	<a href="http://mycigna.com">mycigna.com</a>	1-855-221-0273