



A Guide to Your Benefits

2017



ACTION
REQUIRED

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Rutherford County offers a comprehensive suite of benefits to promote health and financial wellness for you and your family. This booklet provides a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

What I Need to Know

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 2017. *If you fail to enroll in a 2017 medical plan (or elect a different plan) during Annual Enrollment, your current medical plan coverage will terminate on December 31, 2016. You must also re-elect your FSA contribution amount(s) to participate in 2017; 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 17, 2016, and ends at **NOON**, Monday, October 31, 2016.

What if I need more information than this guide provides?

Visit 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.



Eligibility and Making Changes

Due to ACA requirements, all medical plan participants must have their name and social security number listed exactly as it appears on the employee or dependents social security card.

Dependent Eligibility

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

Eligible dependents include:

- ➔ Your legal spouse (**For medical coverage, your spouse is only eligible if he/she does not have access to employer group medical coverage through his/her employer; regardless if they take their employers insurance or not.**)
- ➔ 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 (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 19 while covered by the plan(s)
- ➔ Dependents covered under a Qualified Medical Child Support Order (proper documentation required)

Once your benefit elections become effective, they remain in effect until the end of the year. You may only change coverage within 30 days of a qualified life event.

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 and click on List of Acceptable Documents for Verification. Documentation is required for newly added dependents only.

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.

Is there a deadline to submit dependent verification documentation for dependents added during Open Enrollment?

Yes, documentation for a newly added spouse and/or any eligible dependent child must be received in the Risk Management Department no later than 4:30 p.m., Thursday, December 1, 2016. You may submit your documentation via fax to 615-867-4602. Keep a copy of the successful fax transmission for your records. Include your contact number and email on ALL information sent to Risk Management.

IMPORTANT: You will NOT be contacted by the Risk Management Department requesting this documentation. It is your responsibility to ensure it is submitted. Documentation is not required for dependents participating in a plan on December 31, 2016.

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)?

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 may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse, or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify the Risk Management Department within **30 calendar days of the qualified life event**. You may be asked to provide documentation of the event. If you do not contact the Risk Management Department within 30 days of the qualified event, you will

have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event). For more information about your benefits, visit www.rutherfordcountyttn.gov/rm/benefits.htm.

Medical Coverage

The County offers a choice of medical plan options so you can choose the plan that best meets your needs—and those of your family. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs.

Plan Provisions	OAP Copay Plan		OAP Deductible Plan		HRA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
County Contribution to HRA (Individual/Family)	(not applicable)		(not applicable)		\$750/\$1,500	
Annual Deductible (Individual/Family)	\$1,000/\$2,000	\$2,000/\$4,000	\$500/\$1,000	\$1,000/\$2,000	\$1,750/\$3,500 Family Collective	\$3,000/\$6,000 Family Collective
Out-of-Pocket Maximum (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000 Family Collective	\$10,000/\$20,000 Family Collective
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	100%	Not Covered	100%	Not Covered	100%	Not Covered
Primary Physician Office Visit	100% after \$30 copay	60%*	80%*	60%*	90%*	60%*
Specialist Office Visit	100% after \$50 copay	60%*	80%*	60%*	90%*	60%*
Inpatient Hospital Services	80%*	60%*	80%*	60%*	90%*	60%*
Outpatient Hospital Services	80%*	60%*	80%*	60%*	90%*	60%*
Med Point Medical Clinics	100%	N/A	100%	N/A	100%	N/A
Chiropractic Care (26 visits per year)	80% after separate \$150 deductible		80% after separate \$150 deductible		90%*	
Urgent Care	100% after \$60 copay		80%*		90%*	
Emergency Room Care	100% after \$300 per visit copay		100% after \$300 per visit copay		90%*	
Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$1,250/\$2,500		\$1,250/\$2,500		Included in Medical Maximum	
Retail Prescription Drugs (30-day supply)					Note: Prescriptions are paid at retail cost during the medical deductible accumulation.	
Generic	\$5 copay		\$5 copay		70% after medical deductible	
Brand Preferred	\$30 copay		80%		60% after medical deductible	
Brand Non-preferred	\$60 copay		65%		50% after medical deductible	
Tel-Drug Mail Order (90-day supply)						
Generic	\$12 copay		\$12 copay		75% after medical deductible	
Brand Preferred	\$75 copay		85%		65% after medical deductible	
Brand Non-preferred	\$150 copay		70%		55% after medical deductible	

Note:

➡ *After deductible is met. This is a summary of coverage only. In-network services are based on negotiated charges; out-of-network services are based on Reasonable and Customary (R&C) charges.

Medical Coverage continued

The HRA is a medical plan. It is not a medical reimbursement plan or FSA which allows you to contribute towards it. How does the HRA work?

The HRA is a medical plan. It is not a medical reimbursement or an FSA plan which allows you to contribute towards it.

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.

How are prescription drugs covered?

All three medical options include coverage for prescription drugs. 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.

For maintenance medications that are taken regularly, you can choose to fill your prescription in a 90-day supply at one of the 90-day retail pharmacies in the new pharmacy network, or through the Cigna Home Delivery Pharmacy as noted below.

To fill your maintenance medication at a retail location, please visit www.cigna.com/rx90network for a list of participating pharmacies.

MAIL ORDER PROGRAM

The mail order program saves you money when you take medication for any 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 to get started.



	OAP Copay	OAP Deductible	HRA
Plan pays...			
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

Affordable Patient-Centered Care is available to You...

Visit Med Point for FREE medical care. Employees, their spouses and dependents (ages 3 and older) who are enrolled in a County medical plan are eligible for FREE services offered by MedPoint.



Powered by
Premise Health.

Personable Care

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
- EKG's
- Telemedicine service
- And more

MedPoint also stocks many generic medications to be dispensed at no cost to you when it is prescribed by a MedPoint board-certified physician or licensed nurse practitioner.

We are here for you

MedPoint's qualified staff can meet many of your medical needs. To schedule an appointment, call 615-904-6770.

Locations

MedPoint at Walter Hill

6309 Lebanon Pike
Murfreesboro, TN 37129
Mon 12pm-7pm
Tue 7am-1pm
Wed 1pm-5pm
Thurs, Sat 7am-12pm
Fri 7am-5pm (closed 12pm-1pm)

MedPoint at Blackman Elementary

588 Fortress Blvd.
Murfreesboro, TN 37128
Mon, Tues, Wed, Fri 7am-6pm
Thurs 6:30am-6:30pm
Sat 7am-1pm
Closed 12pm-1pm for lunch, M-F

MedPoint at Stewarts Creek

202 Red Hawk Pkwy.
Smyrna, TN 37167
Mon-Fri 7am-6pm
Closed 12pm-1pm, daily
Scheduled appointments and Walk Ins taken 7am-11am and 1pm-5pm

In addition to the three employer clinics available, you can also visit Middle Tennessee Walgreens who offer clinic services. Same or similar services available at MedPoint are available at no cost at one of the following retail locations:

Bellevue 7601 Hwy 70 South
Clarksville 1954 Madison St
Clarksville 1751 Tiny Town Rd
Franklin 9100 Carothers Pkwy
Gallatin 585 Nashville Pk
Hendersonville 198 E Main St
Hermitage 400 Tulip Grove Rd
La Vergne 5000 Murfreesboro Rd

Lebanon 1303 W Main St
Murfreesboro 2401 Old Fort Pkwy
Nashville 518 Donelson Pk
Nashville 5555 Edmondson Pk
Nashville 3500 Gallatin Pk
Nashville 4243 Harding Pk
Smyrna 400 Sam Ridley Pkwy

Dental Coverage

The County offers you a choice of 3 dental plans, all administered by Cigna. You can see any dentist you choose, but benefits are highest when you use a provider in Cigna’s network. To see if your dentist participates in Cigna’s network, visit www.cigna.com or call 1-800-244-6224. Option 1 and Option 1 Buy-Up use the Cigna DPPO Advantage network and Option 2 uses the Cigna DPPO network.



Plan Provision	Option 1 and Option 1 Buy-Up		Option 2
	In-network	Out-of-Network	
Annual Deductible (Individual/Family)	\$50/\$150	\$100/\$300	\$50/\$150
Annual Maximum (per person)	\$1,000		\$1,000
Diagnostic and Preventive Care	100%; no deductible	80% after deductible	100%; no deductible
Basic Services:	80% after deductible	60% after deductible	80% after deductible
Major Services:	50% after deductible	40% after deductible	50% after deductible
Orthodontia (Children only up to age 19)	50% after separate \$50 deductible	40% after separate \$100 deductible	50% after separate \$50 deductible
Orthodontia Lifetime Maximum (per person)	Option 1: \$1,000 Option 1 Buy-Up: \$2,500		\$1,000

- Out-of-Network benefits are subject to reimbursable limits.
- Bitewing x-rays are covered at each preventive visit; panoramic x-rays are covered every five years.
- Major restorative and orthodontia benefits are payable after enrollee has been in the plan for 12 consecutive months.

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.

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.

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.

IMPORTANT: Unless you have eligible dependent children under age 19 who will receive orthodontia services after being enrolled in the plan for 12 consecutive months or more, it is not to your advantage to enroll in the Option 1 Buy-Up plan.

Vision Coverage

The vision plan administered by Cigna Vision covers routine eye exams. The plan also pays for all or a portion of needed glasses or contact lenses. 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. For a list of network providers, call 1-877-478-7557, or if you've already enrolled for coverage, visit www.cigna.com.



Benefit	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$45
Hardware	\$15 copay	See below
Frequency <ul style="list-style-type: none"> Exam Lenses Frames 	12 months 12 months 24 months	12 months 12 months 24 months
Frames	Plan pays up to \$100 retail allowance	Up to \$55
Lenses <ul style="list-style-type: none"> Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular 	You pay \$15 copay You pay \$15 copay You pay \$15 copay You pay \$15 copay	Up to \$32 Up to \$55 Up to \$65 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

➡ Only one copay is required when you buy frames and lenses together.

KEEP YOUR EYES HEALTHY

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



Flexible Spending Accounts (FSAs)

Administered by Wage Works, FSAs are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pretax basis and are deposited to your Health Care and/or Dependent Care FSA. You use your funds to pay for eligible out-of-pocket health care or dependent care expenses. For more information about FSAs, contact Wage Works at 1-877-924-3967 or visit www.wageworks.com.

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,550 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

*For a detailed list of eligible expenses, visit www.wageworks.com.

Important Information About FSAs

Your FSA elections are effective from January 1 through December 31. Please plan your contributions carefully. The County's Medical Reimbursement Account allows you to carryover \$500 in unused funds to the 2018 plan year. Any money remaining in your Medical Reimbursement Account over \$500 and any amount in your Dependent Care Reimbursement as of December 31, 2017 will be forfeited. This is known as the "use it or lose it" rule and it is governed by IRS regulations. You have until January 31, 2018 to submit claims to Wage Works for eligible expense incurred in 2017.

Note: FSA elections do not automatically continue from year to year; you must actively enroll each year. If you check "Accept With No Changes," your FSA participation has NOT been renewed for 2017.

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.

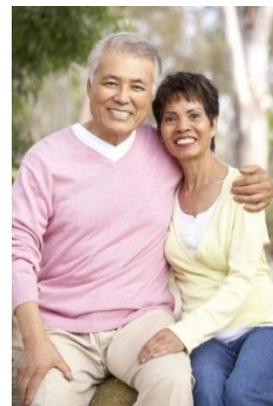
Save on Your Taxes

Here is an example of how you can save using the FSAs to pay for your predictable health care and dependent care expenses.

	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses	\$36,299	\$35,645
Tax savings with the Medical and Dependent Care FSA	\$654	

*This is an example only, and may not reflect your actual experience. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes as well.

Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage



Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to protect you in the event of accidental death or dismemberment.

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

Can I buy more coverage?

Yes, additional coverage options as shown below.

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

1. Evidence of insurability (EOI) is required if you elect more than \$350,000 in employee supplemental life and/or more than \$50,000 in supplemental spouse/domestic partner life when first eligible. You must also provide EOI if you are electing Basic spouse/domestic partner life and waived in the past.

2 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.

3 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).

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

Name or change your beneficiaries at any time by logging on to ADP Employeease (see instructions on page 15). At the welcome page, click the Beneficiaries tab.

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

Yes. You may enroll, increase or drop coverage during Annual Enrollment. This year, The Standard is offering an open enrollment election up to the guarantee issue (\$350,000) without evidence of insurability (EOI). If you elect more than \$350,000, you must submit evidence of insurability (EOI) and be approved by The Standard before the amount over \$350,000 becomes effective. Spouses and Domestic Partners may elect up to \$50,000 during open enrollment without evidence of insurability (EOI).

Disability Insurance Coverage

The goal of the disability plan is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. The County offers all benefit eligible employees optional short-term disability coverage through Cigna.

Short-Term Disability (STD):

When you enroll, choose how much of your pay the plan will replace if you become disabled:

- ➔ Covers 30% of your weekly pre-disability earnings— up to a \$1,250 weekly maximum.
- ➔ Covers 40% of your weekly pre-disability earnings— up to a \$1,250 weekly maximum.
- ➔ Covers 50% of your weekly pre-disability earnings— up to a \$1,250 weekly maximum.
- ➔ Covers 60% of your weekly pre-disability earnings— up to a \$1,250 weekly maximum.

Once your claim is approved, benefits begin on the 8th day 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.

Are there pre-existing condition limits for STD?

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 are available 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.

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.

Long-Term Disability (LTD):

- Covers 66.67% of your monthly pre-disability earnings—up to a \$6,000 monthly maximum.
- Benefits begin after 180 days of disability or illness and continue to the earlier of recovery or retirement age.



PLAN AHEAD

A serious disability can happen to anyone; in fact, according to the Social Security Administration, 3 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.

Employee Assistance Program (EAP)

Sometimes life can be challenging. That's why the County provides an employee assistance program (EAP) to all employees and household dependents—at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect us from time to time. You or a member of your household (spouse, dependent children, parents and parents-in-law) receive up to six free counseling sessions with an EAP Professional.

EAP counselors will assist you with concerns such as:

- Marital and relationship issues
- Alcohol and drug abuse
- Stress management
- Family/parenting problems
- Work relationships
- Legal assistance
- Wellness information
- And much more

Our provider is LifeServices EAP. If you need help or guidance, you may reach out to the EAP at 1-800-822-4847 or visit 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 County General departments, County schools and at the annual wellness fair. This year's fair is Friday, October 14th from 3-7 p.m. at Lane AgriPark, 315 John Rice Blvd., Murfreesboro. We encourage employees to take advantage of the preventive services offered throughout the year. Visit www.rutherfordcountyttn.gov/rm/wellness.htm for details on current and upcoming events.

Voluntary Insurance Plans

The County offers a couple of voluntary insurance plans, administered by Unum. Individual or family coverage is available. You pay the cost through convenient payroll deduction.

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, this means you and your family can concentrate on getting well, not worrying about money. This coverage also pays a once-a-year \$50 cash reimbursement to each covered person for completing a covered health screening.

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 pocket for things like transportation, over-the-counter medicine and day care or sitters. With accident insurance, the benefit 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.

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

The Critical Illness plan has 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 for 12 months, this limit no longer applies.

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.



Retirement Plans

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 06/30/2014 will participate in the Legacy Plan. Visit 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.

Teachers and other BOE employees can participate in the 401(k) plan via employee contributions. Visit 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 is 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.

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. 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 to get information on available investment option, 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 experience 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 2016 limit for 403(b) or 457(b) contributions is \$18,000. The 2017 limit has not yet been announced.

Are there limits on withdrawals?

There are withdrawal limitations on both plans until you reach age 59 ½ 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 health 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 you 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 Rates PER MONTH

All contributions are pre-tax. Medical, Dental, and Vision premiums are below. Premiums for life and AD&D, short-term disability and voluntary critical illness and accident plans are shown on the online enrollment system.

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 Only	\$58.92	\$74.10	\$0.00	\$70.70	\$88.92	\$0.00
Employee + Spouse	\$197.97	\$248.99	\$44.01	\$237.56	\$298.79	\$52.81
Employee + Child(ren)	\$174.40	\$219.34	\$31.02	\$209.28	\$263.21	\$37.22
Family	\$273.38	\$343.83	\$72.93	\$328.06	\$412.59	\$87.52

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	\$14.80	\$22.45	\$11.34	\$17.75	\$26.94
Family	\$52.14	\$71.09	\$92.65	\$62.57	\$85.32	\$111.18

Vision

Monthly Premium	County (based on 12 months)	Board of Education* (based on 10 months)
Employee Only	\$6.98	\$8.38
Employee + Spouse	\$14.66	\$17.59
Employee + Child(ren)	\$12.92	\$15.50
Family	\$20.25	\$24.30

*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 2016 adds coverage for 2017. Alternatively, a refund will be issued if an employee makes a coverage change resulting in a lower monthly premium or drops coverage for 2017. Arrears/refunds will be administered through the payroll function. The timeframe for arrears/refunds will be February-April 2017.

How to Enroll

To enroll online, follow these steps:

1. Sign on.

Using any computer with Internet access, visit the ADP website at <http://adp.eease.com>. The process is case-sensitive.

Enter the following:

- ➔ User Name: **rc** (lowercase) plus the 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: xxx-11-2222
Birthdate: May 30, 1978
- ➔ Login will be:
User name: rc112222
Company Identifier: rutherford
Password: JP053078

On the welcome page, selection "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 that 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 October 31st.
- ➔ Print a Benefits Statement for your records (choose "Print Benefit Statement as of .") In the blank box, type 01/01/2017. 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 are currently enrolled in a medical or FSA and check the "Accept with no changes" box, your current elections for these benefits will end December 31, 2016. All other benefits will continue in 2017. If you are enrolling in benefits for the first time, do not check this box. You must go through each benefit option and make your selection.

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?

Benefits elected during Annual Enrollment become effective January 1, 2017. To have medical coverage or an FSA plan in 2017 you must make a selection in the enrollment system for the type of coverage you want in 2017.

AFTER YOU ENROLL

- Print your benefit summary
- You will only receive a new medical ID card if you are a new enrollee for 2017 or elect a different medical option
- If you added new dependents, you must submit documentation proving their

Contact Information

Plan	Phone Number	Website
General		
Risk Management	615-898-7715 615-867-4602 (fax)	www.rutherfordcountytn.gov/rm
Medical, Dental & Vision		
Cigna	800-244-6224 800-285-4812 (Cigna Tel-Drug) 877-478-7557 (Cigna Vision)	www.cigna.com Open Access Plus network
MedPoint Medical Clinics	615-904-6770	www.rutherfordcountytn.gov/rm
COBRA		
Conexis	877-722-2667	www.mybenefits.conexis.com
Short-Term & Long-Term Disability Insurance		
Cigna	800-362-4462	N/A
Life and AD&D		
The Standard	Contact Risk Management 615-898-7715 ext 2	www.thestandard.com
Voluntary Insurance Plans		
Unum	800-635-5597	www.unum.com
Retirement/Savings		
Retirement Plan (TCRS)	800-770-8277	www.treasury.state.tn.us/tcrs
403(b) (Valic)	615-221-2541	www.valic.com/rutherford
457(b) (Nationwide)	877-677-3678	www.nrsforu.com
Employee Assistance Program (EAP)		
LifeServices EAP	800-822-4847	www.lifeserviceseap.com User Name: Rutherford; Password: employee
Wellness Program		
SmartSteps	615-898-7715	www.rutherfordcountytn.gov/rm/wellness.htm
Online Health Risk Assessment	855-221-0273	www.mycigna.com

About this Guide

This benefit summary provides selected highlights of the Rutherford County employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment with the County. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Rutherford County reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.