



Focus On
YOUR BENEFITS

2010
Enrollment Guide



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Quick Start Guide

When it comes to benefits, one thing is clear: they're all yours! Whether you're a new employee enrolling for the first time or a current employee re-enrolling during annual enrollment, your Rutherford County benefits are designed with you in mind.

This guide provides an overview of your benefits and answers many questions you may have about coverage. If you need more detail than this book provides, contact the Insurance Department at 615-898-7715 or see your summary plan description.

Start here if you're currently enrolled and re-enrolling during annual enrollment.

1. Review this guide to see your benefit options for 2010.
2. Enroll online using the steps on page 3.
3. Don't miss the deadline — **make sure you enroll before November 30**. This year **you must enroll** to maintain your current benefits in 2010.
4. Keep this guide handy in case you have benefits questions later. Important contacts are listed on the back cover.

Attention: current employees

Enrollment is required!

If you don't go online to enroll (or decline benefits) before November 30, your current medical coverage will default to Medical Option 2. Your 2009 elections will not carry over.

Start here if you're enrolling for the first time.

1. Review this guide to learn about your benefit options for 2010.
2. Enroll online using the steps on page 3.
3. Don't miss the deadline — **you must enroll within 30 days of your hire date**. If you don't enroll by this deadline, you will not have benefits coverage and you will have to wait until the next annual enrollment to elect coverage.
4. Keep this guide handy in case you have benefits questions later. Important contacts are listed on the back cover.



Who's eligible

You

You are eligible for the benefits described in this guide if you are:

- a full-time employee of Rutherford County or Rutherford County Board of Education
- a full-time elected public official
- a part-time or seasonal employee working at least 30 hours per week at least 36 weeks of the year and have been employed for at least one continuous year
- an interim teacher who has worked in one specific position for at least 100 work days in a given year (as determined by the Board of Education)

Your dependents

If you are eligible for coverage, you can also enroll your eligible dependents for medical, dental, vision, spouse and/or child life insurance, spouse AD&D and accident insurance. Eligible dependents include:

- your legal spouse (or domestic partner for life insurance only)

- your children by birth, marriage, legal adoption or legal guardianship up to age 19 (age 25 if a full-time student), provided they are in your custody and primarily dependent on you for support
- 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)
- your stepchildren (generally, the child must reside with you for more than six months of the calendar year, unless he or she is a full-time student, and be claimed as a dependent on your tax return, or coverage must be required by a Qualified Medical Child Support Order)

Certain other eligibility rules may apply. For a complete description of eligibility, see your summary plan description.

When coverage begins

Coverage elected during annual enrollment becomes effective on January 1 of the following year.

Coverage for new employees begins on the first of the month following your hire date, provided you enroll within 30 days of your hire date. If you don't enroll within this timeframe, you will have to wait until the next annual enrollment to elect coverage unless you experience a "life status change," as described on page 3.

Cost of your benefits

The County pays the majority of the cost of your benefits. You pay your share of the cost through payroll deduction(s). For some benefits, you pay your share with pre-tax dollars, which reduces your taxable income so you pay less in taxes. This means your benefits cost less than if you paid for them with after-tax dollars. See the enclosed rate sheet for your costs.



How to enroll

Generally, there are two times you can enroll for benefits: when you first become eligible and during annual enrollment. Once you enroll, your choices remain in effect for the entire plan year. You cannot change your benefits during the year unless you experience a life status change as described below.

To enroll online, follow these steps:

1. Sign on.

- Using any computer with Internet access, go to **www.employease.com** and click Customer Log-In.
- Enter the following:
 - User Name: rc (lowercase) plus last 6 digits of your Social Security number (e.g., rc456789)
 - Company Identifier: rutherford
 - Password: first and last initial (uppercase) plus birth date MMDDYY (e.g., JS060269)
- If you previously changed your password, you must use that password. To reset your password, contact the Insurance Department.

2. Add/update personal and family information.

- Follow the prompts to review/change your password (optional).
- Review and update personal, work and emergency contact information.
- Review and update family information.

Enrollment tip

Remember to use the “back” or “next” buttons only. If you click the Internet arrows at the top of your screen, you will be logged out of Employease.

- Add family members to your benefits. (You will be required to certify your dependents' eligibility status before their coverage becomes effective.)

3. Choose your benefits.

- Follow the prompts to review/change your benefits.
- If you're enrolling dependents, make sure they are listed under each applicable benefit plan. If not, click Add a Dependent.
- If you enroll for life and/or AD&D, be sure to designate a beneficiary.

4. Complete your enrollment.

- View your Benefits Summary. If you are satisfied with your elections, click Submit to Administrator.
- Print a Benefits Statement for your records. This is a summary of your elections and not a guarantee of coverage.

Don't have Internet access? A computer may be provided at your work location, or you can use the Insurance Department's computer kiosk.

Changing your benefits

Generally, you cannot change your benefit elections during the year unless you experience a life status change, such as marriage, divorce, birth, adoption or a gain or loss of coverage through your spouse's employer. You have **30 days** from the date of the status change to change your coverage. Visit **www.employease.com** to view a complete list of life status changes (as governed by IRS Code 125) or to make a change to your benefits. See your summary plan description for more details.

Medical

The County offers you a choice of medical options, all of which cover a wide range of services, including office visits, preventive care, hospitalization, prescription drugs and more. Choose from:

- Option 1: OAP
- Option 2: OAP
- Option 3: HRA

The medical options are administered by [CIGNA](#).

Options 1 and 2: OAPs

Options 1 and 2 are Open Access Plus plans (OAPs), which center around a network of health care professionals and facilities that provide medical services at a discount. With an OAP, you don't need a referral to see a specialist. You can visit the physician or facility of your choice, but

benefits are greater when you use in-network providers. To locate a network provider, visit www.CIGNA.com and select the Open Access Plus network.

The only differences between Options 1 and 2 are the deductibles, out-of-pocket maximums and the premiums you pay through paycheck deduction. All coinsurance and copays are exactly the same. For side-by-side plan comparisons, see pages 6-7.

Preventive care

Under Options 1 and 2, you pay only a \$20 copay for preventive care services such as annual physicals, PSA tests, well-woman and well-child care, and age-appropriate screenings (such as mammograms, blood pressure and cholesterol) when you use [CIGNA](#) network providers.

A closer look: myCIGNA.com

Once your coverage is in effect, [myCIGNA.com](#) is your one-stop site for health and coverage information. You will be able to:

- view more detailed plan information
- search for providers (medical, dental, vision and pharmacy)
- review claims information and HRA balances
- access an online health assessment
- find wellness discounts
- view comparison tools
- and more!

The first time you visit the site, you'll be prompted to register and set up a user ID and password. See the brochure in your enrollment kit for details.



Medical

Option 3: HRA

Option 3 is a medical plan coupled with an HRA, or health reimbursement account. This plan takes a different approach to health insurance and offers a variety of advantages:

- **No premiums** — There are no paycheck deductions when you enroll in Option 3; the County pays the entire cost of coverage — even family coverage.
- **Free preventive care** — Preventive care is covered at 100% when you use network providers; there are no deductibles or copays.
- **The County gives you money** — The County establishes an HRA in your name and makes an annual contribution (\$750/person or \$1,500/family) to your account to help you pay for qualifying medical expenses. (If you enroll in Option 3 as a new enrollee after March 31, the County's contribution to your HRA will be prorated for the remainder of the year.) If you don't use all your HRA money in a given year, it may roll over to the next.

Here's how Option 3 works in four easy steps:

1. The money in your HRA automatically pays for your eligible medical expenses, such as doctor visits.
2. If you use all your HRA dollars, it's your turn to pay for eligible expenses — until you reach the annual deductible. (Your HRA dollars count toward your deductible, so you're halfway there.)

3. Once you meet your deductible, the plan pays 90% of the cost of most medical services when you use network providers; you pay the other 10%.
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.

Like Options 1 and 2, you can visit the physician or facility of your choice, but benefits are highest when you use in-network providers.

Preventive care

Under Option 3, preventive care is covered at 100% — you pay nothing for services such as annual physicals, PSA tests, well-woman and well-child care, and age-appropriate screenings (such as mammograms, blood pressure and cholesterol) when you use **CIGNA** network providers.



Medical ... continued

A closer look at... Options 1 and 2

	In-network		Out-of-network	
	Option 1	Option 2	Option 1	Option 2
Annual deductible	\$300/person \$600/family	\$500/person \$1,000/family	\$500/person \$1,000/family	\$900/person \$1,800/family
Annual out-of-pocket maximum	\$2,000/person \$3,750/family	\$2,550/person \$4,850/family	\$3,500/person \$6,750/family	\$4,850/person \$9,450/family
Lifetime benefit maximum	\$5,000,000			
Plan pays...				
Office visits (primary and specialist care)	80% after deductible		60% after deductible	
Lab work in doctor's office	100%		60% after deductible	
Preventive care	100% after \$20 copay		Not covered	
CareHere Clinic visits	100%		N/A	
Hospital care (inpatient and outpatient)	80% after deductible		60% after deductible	
Pre-admission testing	100%		60% after deductible	
Second surgical opinion	100%		60% after deductible	
Emergency room	You pay \$250 copay/visit; copay does not apply to your annual deductible. Copay is waived if admitted or visit deemed a medical emergency. Deductible and coinsurance will be applied.			
Ambulance	80% after deductible		80% after deductible	
Mental health treatment (inpatient and outpatient)	80% after deductible		60% after deductible	
Substance abuse treatment (inpatient and outpatient)	80% after deductible		60% after deductible	
Speech, occupational and physical therapy	80% after deductible		60% after deductible	
Chiropractic care (26 visits per year)	Up to \$17.50 per visit after separate \$150 deductible		Up to \$17.50 per visit after separate \$150 deductible	
Maternity care	80% after deductible		60% after deductible	
Diabetes training ¹	100%		100%	
Skilled nursing (100 days per year)	80% after deductible		60% after deductible	
Durable medical equipment, prosthetics, orthotics	80% after deductible		60% after deductible	
Home health care	100%		60% after deductible	

¹ Diabetes training limited to \$125 benefit per session and two sessions per lifetime.

A closer look at... Option 3 (HRA)

	In-network	Out-of-network
Annual deductible	\$1,500/person \$3,000/family	\$2,500/person \$5,000/family
Annual out-of-pocket maximum	\$5,000/person \$10,000/family	\$10,000/person \$20,000/family
Lifetime benefit maximum	\$5,000,000	
Plan pays...		
Office visits (primary and specialist care)	90% after deductible	60% after deductible
Lab work in doctor's office	90% after deductible	60% after deductible
Preventive care	100%; deductible waived	Not covered
CareHere Clinic visits	100% for preventive care; 100% after \$50 copay for non-preventive care	N/A
Hospital care (inpatient and outpatient)	90% after deductible	60% after deductible
Pre-admission testing	100%	60% after deductible
Second surgical opinion	100%	60% after deductible
Emergency room	90% after deductible	90% after deductible
Ambulance	90% after deductible	90% after deductible
Mental health treatment (inpatient and outpatient)	90% after deductible	60% after deductible
Substance abuse treatment (inpatient and outpatient)	90% after deductible	60% after deductible
Speech, occupational and physical therapy	90% after deductible	60% after deductible
Chiropractic care (26 visits per year)	90% after deductible	60% after deductible
Maternity care	90% after deductible	60% after deductible
Diabetes training ¹	90% after deductible	60% after deductible
Skilled nursing (60 days per year)	90% after deductible	60% after deductible
Durable medical equipment, prosthetics, orthotics	90% after deductible	60% after deductible
Home health care	100%	60% after deductible

¹ Diabetes training limited to \$125 benefit per session and two sessions per lifetime.

CareHere clinics

Through Rutherford County's **CareHere** clinics, employees, their spouses and dependents who are enrolled in Options 1 or 2 can receive free medical care at one of five locations around the county. Option 3 (HRA) participants can use the clinics free for preventive care and for a \$50/visit copay for non-preventive care. **CareHere** clinics treat the following acute and chronic conditions:

- Colds, flu, sore throats
- Respiratory infections
- High blood pressure
- High cholesterol
- Arthritis
- Allergies
- Diabetes
- Asthma
- And more

CareHere clinics also stock many generic medications dispensed at no cost to you.

Staff and locations

The clinics are managed by an independent company called **CareHere** and staffed by highly qualified physicians and nurse practitioners with expertise in the areas of primary care, family practice and women's health. Visit **www.CareHere.com** or call 1-877-423-1330 for hours, locations and directions.

Scheduling an appointment

To schedule an appointment, call 1-877-423-1330 or visit **www.CareHere.com**. Click Member Login and enter your user name and password. First-time users should sign in using access code RC486.



A closer look... at your health

CareHere offers each County employee a free Health Risk Assessment, which is an in-depth analysis of more than 30 key lab measurements showing high cholesterol, diabetes, liver function, chemistry levels, nutrition, prostate cancer and more.

From a simple blood draw and health questionnaire, you will receive a detailed report explaining your results. You and your physician can review your health risks and, if necessary, prepare a plan of action.

Visit **www.CareHere.com** or call 1-877-423-1330 to schedule your confidential Health Risk Assessment.

Prescription drugs

When you enroll in one of the County's medical options, you automatically receive coverage for prescription drugs. Benefits are administered by **CIGNA** and offer you two convenient ways to fill prescriptions: at a retail pharmacy 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 network pharmacies. See the chart below for benefit amounts. For a list of **CIGNA** network pharmacies, visit **www.CIGNA.com**.

Mail order program

If you take medication for an ongoing or chronic condition, you can save money by purchasing up to a 90-day supply through **CIGNA's** Tel-Drug mail order program. Prescriptions are delivered to your home or other preferred location at no additional cost. Visit **www.CIGNA.com** or call 1-800-285-4812 to get started. Be sure your doctor writes your prescription for a 90-day supply.

A closer look at...prescription drugs

	Network retail pharmacy (up to 30-day supply)	Tel-Drug mail order (up to 90-day supply)	CareHere Clinic (generics only)
Medical Options 1 and 2 (OAPs)			
Plan pays...			
Generic	100% after \$5 copay	100% after \$15 copay	100%
Preferred brand	80%; no deductible	80%; no deductible	N/A
Non-preferred brand	65%; no deductible	65%; no deductible	N/A
Annual out-of-pocket maximum	\$1,250/person \$2,500/family		N/A
Medical Option 3 (HRA)			
Plan pays...			
Generic	70% after medical deductible		100%
Preferred brand	60% after medical deductible		N/A
Non-preferred brand	50% after medical deductible		N/A
Annual out-of-pocket maximum	See medical options		N/A

Dental

Rutherford County offers you two options for dental coverage: Option 1 and Option 2. Both options are administered by **CIGNA** and cover a wide range of services, including orthodontia for your children.

Under either option, you can see any dentist you choose, but dental benefits are highest when you use a provider in **CIGNA's** network. For a list of **CIGNA** providers, call 1-800-244-6224 or visit **www.CIGNA.com**. The dental plan uses the CORE network.

A closer look at...dental

	Option 1		Option 2
	In-network	Out-of-network ¹	See any dentist ¹
Annual deductible	\$50/person \$150/family	\$100/person \$300/family	\$50/person \$150/family
The plan pays...			
Preventive and diagnostic services (such as exams, cleanings and x-rays)	100%; no deductible	80%; no deductible	100%; no deductible
Basic restorative (such as fillings and extractions)	80% after deductible	60% after deductible	80% after deductible
Major restorative ² (such as crowns and bridges)	50% after deductible	40% after deductible	50% after deductible
Orthodontia for dependents up to age 19 ²	50% after separate \$50 deductible	40% after separate \$100 deductible	50% after separate \$50 deductible
Annual benefit maximum	\$1,000/person		\$1,000/person
Lifetime orthodontia maximum	\$1,000/person		\$1,000/person

¹ Out-of-network benefits are subject to reimbursable limits. See page 11.

² Benefits for major restorative care and orthodontia are payable after enrollee has been in the plan for 12 consecutive months.



Extra benefits

If you enroll in both a **CIGNA** medical and dental option, you may be eligible for additional benefits. For example, frequency limitations for certain services may be relaxed for pregnant women and people with diabetes or heart disease.



Fuzzy on benefit limits?

Let's be clear. Dental benefits do have some limits. These limits are generally based on: (1) your dentist's usual charge for the same or similar services, and (2) how much dentists in your same geographic area typically charge for the same or similar services. **CIGNA** providers have agreed not to exceed these limits. However, if you choose to go to a non-**CIGNA** provider and the charges exceed reimbursable limits, you may be required to pay the difference.

Dental

Pre-determination of benefits

If your dentist recommends a course of treatment that is expected to cost \$500 or more, you or your dentist can request a pre-determination of benefits. This helps you avoid surprises by letting you know how much will be covered before you receive treatment. Here's how it works:

- Your dentist submits a pre-determination request to **CIGNA**.
- **CIGNA** will send you or your dentist a benefit estimate for the procedure.
- Actual payments may vary depending on plan maximums, deductibles and other limits at the time of payment.

Filing claims

If you use a **CIGNA** provider, your dentist will likely file claims for you. If you use a non-**CIGNA** provider, you may be expected to pay for dental services and then file a claim for reimbursement. You can request a claim form and view claims details at **myCIGNA.com** or by calling 1-800-244-6224.

Vision

When you enroll in a Rutherford County medical plan, you automatically receive coverage for vision care at no cost to you. The vision plan covers a wide range of products and services, including exams, lenses, frames and contacts. Benefits are administered by **CIGNA** Vision Network.

You can see any eye care provider you wish, but benefits are highest when you use one of

CIGNA's more than 20,000 nationwide eye care locations, including Pearl Vision, Target Optical and Sears. For a list of network locations and providers, visit **www.CIGNA.com**.

If you choose to use an out-of-network provider, the plan covers up to a certain dollar limit and you're responsible for the rest, as shown in the chart on the next page.



Vision getting fuzzy?

Let's be clear. You can have an annual eye exam for just \$10 when you use a **CIGNA** Vision Network provider.

Vision

A closer look at...vision

	In-network	Out-of-network
Annual deductible	\$0	\$0
Plan pays...		
Eye exams (every 12 months) Includes exam, dilation, refraction and prescription for glasses	100% after \$10 copay	Up to \$45
Frames ¹ (every 24 months)	100% after \$15 copay	Up to \$55
Lenses ¹ (every 12 months) Single vision Bifocals Trifocals Lenticular	100% after \$15 copay	Up to: \$32 \$55 \$65 \$80
Contact lenses in lieu of frames/lenses ² Medically necessary Elective	100% Up to \$105	Up to \$210 Up to \$87

¹ Only one copay is required when you buy frames and lenses together. Your frames copay applies to frames of your choice, up to \$100. You pay the difference for more expensive frames.

² Applies to lenses, fitting and follow-up.

Extra benefits

When you use CIGNA Vision Network providers, you also receive discounts on:

- the purchase of frames and lenses, including lens options (20% savings)
- contact lens fitting and evaluation (15% savings)



Life and AD&D

Rutherford County offers life insurance and accidental death & dismemberment (AD&D) coverage to provide financial protection if you or a covered family member dies or are seriously injured. Coverage is provided through [The Hartford](#).

Employee life

If you're a full-time employee, the County provides basic life and AD&D insurance equal to \$30,000 — at no cost to you. You can add to this coverage by purchasing supplemental life and AD&D, as shown below.

	Basic life and AD&D insurance	Supplemental life and AD&D insurance
Choose...	\$30,000 (provided automatically at no cost to you) ¹	Up to 5x your annual salary or \$500,000 (in \$10,000 increments), whichever is less ^{1,2}

¹ Your combined basic and supplemental life coverage cannot exceed \$500,000.

² May be subject to evidence of insurability (EOI) requirements. See page 15.

Dependent life

If you elect supplemental life for yourself, you can also elect life insurance coverage for your dependents. However, your spouse/domestic partner's total life insurance amount cannot exceed 50% of your supplemental life insurance amount.

	Basic spouse/ domestic partner life	Supplemental spouse/ domestic partner life and AD&D	Child life
Choose...	Up to \$25,000 (in \$5,000 increments)	Up to \$250,000 (in \$5,000 increments) ^{1,2}	\$5,000 or \$10,000 ³

¹ May be subject to evidence of insurability (EOI) requirements. See page 15.

² Spouse/domestic partner election cannot exceed 50% of your supplemental life election.

³ From 15 days to age 19, age 25 if you receive an income tax exemption for the child.



Fuzzy on...evidence of insurability?

Let's be clear. In certain cases, you may be required to submit evidence of insurability (EOI), also known as proof of good health, to [The Hartford](#) and be approved before coverage becomes effective. For example, EOI is required if:

- you choose not to enroll for supplemental or spouse/domestic partner life when first eligible but wish to elect it later
- you wish to increase your or your spouse/domestic partner's life coverage
- your (or your spouse/domestic partner's) supplemental life election exceeds the guarantee issue amount of \$150,000 (\$50,000 for your spouse/domestic partner)



Life and AD&D

Your beneficiary

Your beneficiary is the person(s) you name to receive any life and/or AD&D benefits that are payable if you die. Be sure to designate a beneficiary when you enroll for coverage. You can change or update your beneficiary at any time during the year by visiting [Employeease](#) at www.employeease.com.

Filing claims

Contact the Insurance Department at 615-898-7715 for assistance in submitting a life and/or AD&D claim to [The Hartford](#).

Flexible spending accounts

Flexible spending accounts (FSAs) let you set aside tax-free money from your paycheck to reimburse yourself for many common health and dependent care expenses. The County offers a flexible spending account, which includes a Medical Reimbursement Account and a Dependent Care Reimbursement Account. You can contribute to one or both of the accounts.

The FSAs are administered by [AmeriFlex](#) and allow you to pay less for expenses like deductibles, copays, coinsurance and child care — because the money is not taxed when it's deducted from your paycheck or when you use it to pay for eligible expenses.

	Medical Reimbursement Account	Dependent Care Reimbursement Account
You can contribute...	Up to \$5,000/year — tax-free	Up to \$5,000/year ¹ — tax-free
To reimburse yourself for...	Medical, dental and vision expenses not covered by insurance ²	Care expenses for your eligible dependents ²

¹ If you're married and file separate tax returns, the maximum you can contribute is \$2,500/year.

² Rules and restrictions apply.



How to get started

Participating in the FSAs is easy, but it takes a little planning. Follow these steps to get started:

- 1. Estimate** how much you think you'll spend on health care and dependent care (separately) in 2010.
- 2. Decide** how much to contribute to each FSA. Each pay period, your chosen amount(s) will be deducted from your paycheck on a before-tax basis and deposited into your FSA account(s). Be careful not to contribute more than you expect to spend in 2010. Any money left in your account(s) at year-end will be forfeited.
- 3. Get reimbursed** You can use the **AmeriFlex Convenience Card®** debit card you'll receive after enrollment to pay for eligible health care and dependent care expenses, as long as the vendor accepts credit/debit cards. It contains your Medical and/or Dependent Care Reimbursement Account balances and works like cash. Or you can pay the expense yourself and file an FSA claim form, along with your receipts, with **AmeriFlex** and receive a reimbursement check (or direct deposit, if requested).

Claim forms and filing instructions are available at **www.flex125.com**; click Resources at the top of the page, then select Forms from the drop-down menu.

- 4. Track** your account activity at **www.flex125.com**. First-time users will be prompted to set up a user ID and password.

Your AmeriFlex debit card

If you enroll in the Medical Reimbursement Account, you will receive an **AmeriFlex Convenience Card®** debit card in the mail. You can use the card to pay for eligible expenses like office visit copays, prescription drugs and over-the-counter drugs. Simply:

- Present your debit card at the pharmacy, doctor or dentist's office, or other participating provider. (Make sure the item or service you're purchasing is an eligible expense.)
- Save your itemized receipt — you may be asked to send it to **AmeriFlex** for validation.
- Go to **www.flex125.com** to see a list of eligible expenses and/or track your account. If you prefer not to use your **AmeriFlex** debit card, you can pay for your eligible health care expenses out of your own pocket, then submit your receipts with a claim form according to the steps listed at left.



Flexible spending accounts ... continued

Eligible FSA Expenses

Medical Reimbursement Account

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

- medical and dental deductibles, copays and coinsurance
- dental expenses such as orthodontia
- vision and hearing care expenses
- prescription drug expenses
- diabetes supplies
- an array of over-the-counter drugs and supplies, such as acne preparations, antacids, antifungals, antihistamines, cold medicines, decongestants, hemorrhoid preparations, lice treatments, ophthalmic supplies, pain relievers, smoking cessation aids and wound care products — in general, any product used to treat an injury or illness

For a detailed list of eligible health care expenses, visit www.flex125.com.

Dependent Care Reimbursement Account

Examples of eligible dependent care expenses include:

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

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

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

For a detailed list of eligible dependent care expenses, visit www.flex125.com.



Filing claims

You have until March 31, 2011, to submit claims for expenses incurred in the prior calendar year. Claim forms are available at www.flex125.com. Click Resources at the top of the page, then Forms from the drop-down menu. Remember, you may use your AmeriFlex debit card (as described on page 17) to pay for certain health care expenses and avoid having to file claims.

Medical Reimbursement Account grace period

Your Medical Reimbursement Account offers a grace period to help you avoid the IRS “use it or lose it” rule. The grace period allows you to continue to incur eligible medical expenses until March 15, 2011. You can submit claims until March 31, 2011, for expenses incurred between the plan start date and March 15, 2011. This means that if you overestimate the amount of money you put in your Medical Reimbursement Account, you will have the opportunity to use the funds in the next calendar year before they are forfeited.

A closer look at...IRS rules

Because FSAs offer such favorable tax breaks, certain rules apply. It's important to plan carefully.

Use it or lose it

Be careful not to overestimate your expenses for 2010. You must use all the money in your account(s) by the end of the year. The IRS requires that any money left in your account(s) at year-end be forfeited. However, you have until March 31 of the following year to submit claims for expenses.

No transfers

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

Dependent Care Reimbursement Account vs. tax credit

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

No contribution changes

Once you decide how much to contribute to each account, you can't change it until the next plan year, unless you experience a life status change, as described on page 3.



Short-term disability

The County offers voluntary short-term disability coverage through [Reliance Standard](#). Short-term disability replaces a portion of your pay if you can't work because of illness, non-work-related injury or pregnancy.

Benefits begin...	After 15 days of disability (elimination period)
The plan pays...	Up to 60% of your pay, up to \$1,250/week ¹
Benefits generally continue...	Up to 24 weeks

¹ Limits may apply.

Adding coverage

If you elect short-term disability when first eligible or during annual enrollment, evidence of insurability is not required. If you decline this coverage when first eligible but choose to elect it later (outside of annual enrollment), you may be required to submit an evidence of insurability form to [Reliance Standard](#) and be approved before your coverage becomes effective.

Applying for benefits

If you're enrolled in short-term disability and become disabled, you may apply for benefits by contacting [Reliance Standard](#) at 1-800-351-7500. You may also contact the Insurance Department at 615-898-7715 if you need help submitting your claim.

Benefit limits

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

In addition, if you become disabled during your first year of coverage as the result of a pre-existing condition, no benefits will be payable for that disability. A pre-existing condition is one for which you received treatment, a diagnosis, service or prescription drugs during the 12 months before your coverage began.

If you had short-term disability coverage with [US Able](#), you will receive credit for the time you were enrolled, which will count toward satisfying the pre-existing condition limit.

Other limits may apply. Contact the Insurance Department at 615-898-7715 if you have questions.



Long-term disability

The County provides long-term disability to all eligible employees — at no cost. This coverage continues a portion of your paycheck if you can't work because of a disabling illness or injury.

Benefits begin...	After 180 days of disability (elimination period)
The plan pays...	66.67% of your monthly earnings, up to \$6,000/month ¹
Benefits generally continue...	Until your disability ends or you reach normal retirement age, whichever comes first ²

¹ Limits may apply.

² If you are age 60 or older when your covered disability begins, your benefits duration may differ. See your summary plan description for details.

Applying for benefits

If your disability is expected to last longer than 180 days, contact the Insurance Department at 615-898-7715 for assistance in submitting a long-term disability claim to [The Hartford](#).

Benefit limits

Your long-term disability benefits may be reduced or limited for the following reasons:

- if you are eligible to receive other disability benefits (such as Social Security)
- if you become disabled as the result of a pre-existing condition
- if you return to work and become disabled again
- if you become disabled after reaching age 60

Other limits may apply. See your summary plan description for more details



Fuzzy on...what disabled means?

Let's be clear. Disabled typically means you are unable to perform one or more of the essential duties of your occupation and, as a result, earn 80% or less of your pre-disability earnings. After 24 months of disability, disabled means you are unable to perform the essential duties of any occupation. See your summary plan description for more details.

Disability

Voluntary insurance plans

In addition to the array of insurance products previously described, the County offers several voluntary insurance plans through [Allstate Workplace Division](#) designed to help protect you financially.

For each of the following plans, you can choose individual or family coverage. Enrollment is as easy as checking the coverage level you want on your personalized enrollment application, which you'll receive during annual enrollment. See your [Allstate](#) brochures for details or call 1-888-808-1664 ext. 300.

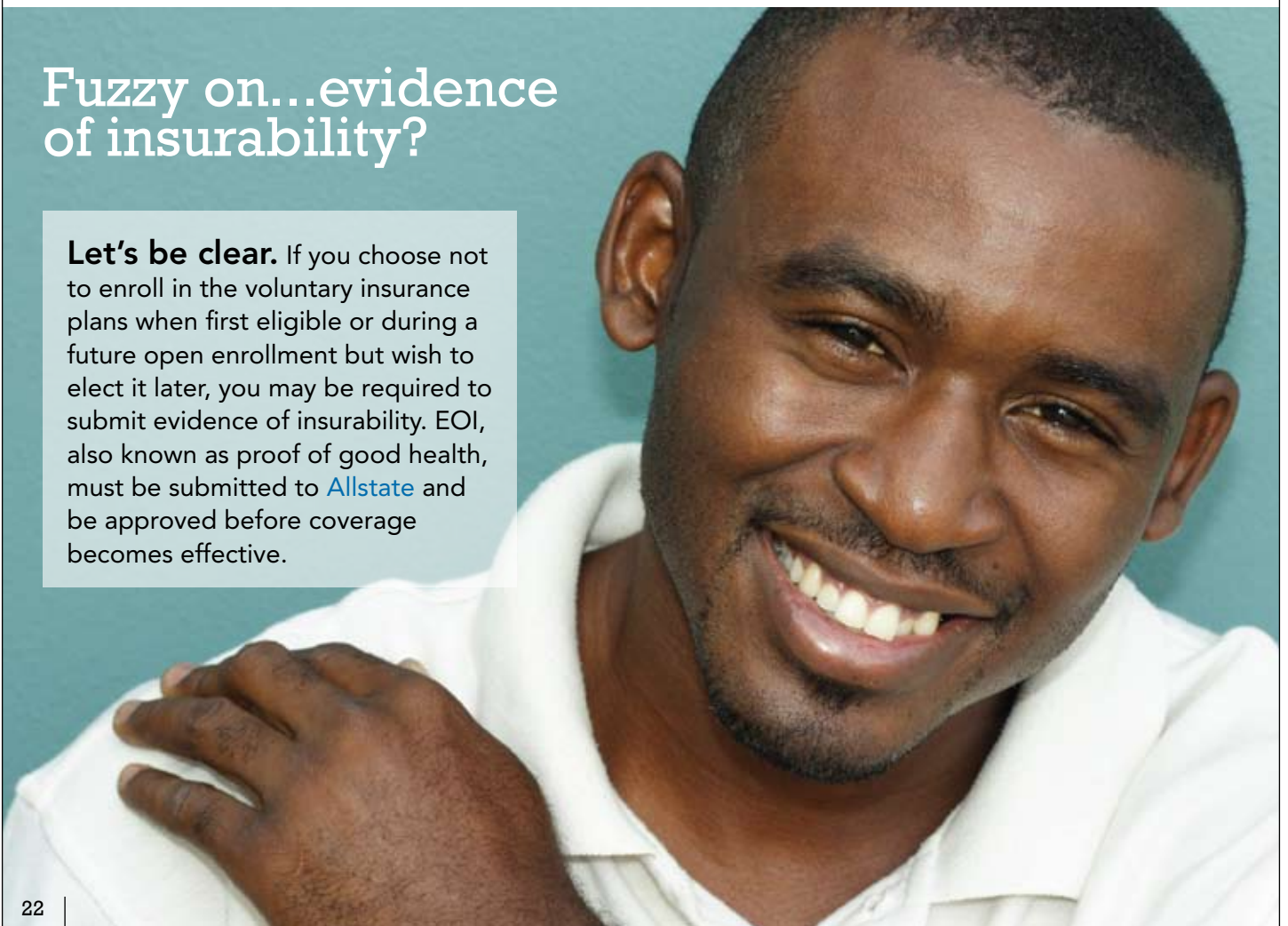
Cancer insurance

[Allstate's](#) cancer insurance provides a guaranteed benefit with no medical questions asked. The plan, which is designed to assist with out-of-pocket expenses — medical and non-medical — associated with battling this disease, pays a cash benefit directly to you.

Coverage includes an annual benefit for chemotherapy, radiation, blood, plasma and platelets. In addition, the plan provides an initial diagnosis benefit, hospital confinement benefit and a benefit for new or experimental treatment. Each covered person can also claim an annual wellness benefit for various cancer screening exams.

Fuzzy on...evidence of insurability?

Let's be clear. If you choose not to enroll in the voluntary insurance plans when first eligible or during a future open enrollment but wish to elect it later, you may be required to submit evidence of insurability. EOI, also known as proof of good health, must be submitted to [Allstate](#) and be approved before coverage becomes effective.



Critical illness insurance

Living with a critical illness can create a significant financial hardship. According to a recent *American Journal of Medicine* study, 62% of bankruptcies are the result of medical bills. Of those cases, 78% had employer-sponsored medical insurance at the beginning of their illness.

Critical illness insurance pays a lump-sum cash benefit directly to you following the diagnosis of a covered critical illness, which includes but is not limited to heart attack, heart and major organ transplant, stroke, coronary artery bypass

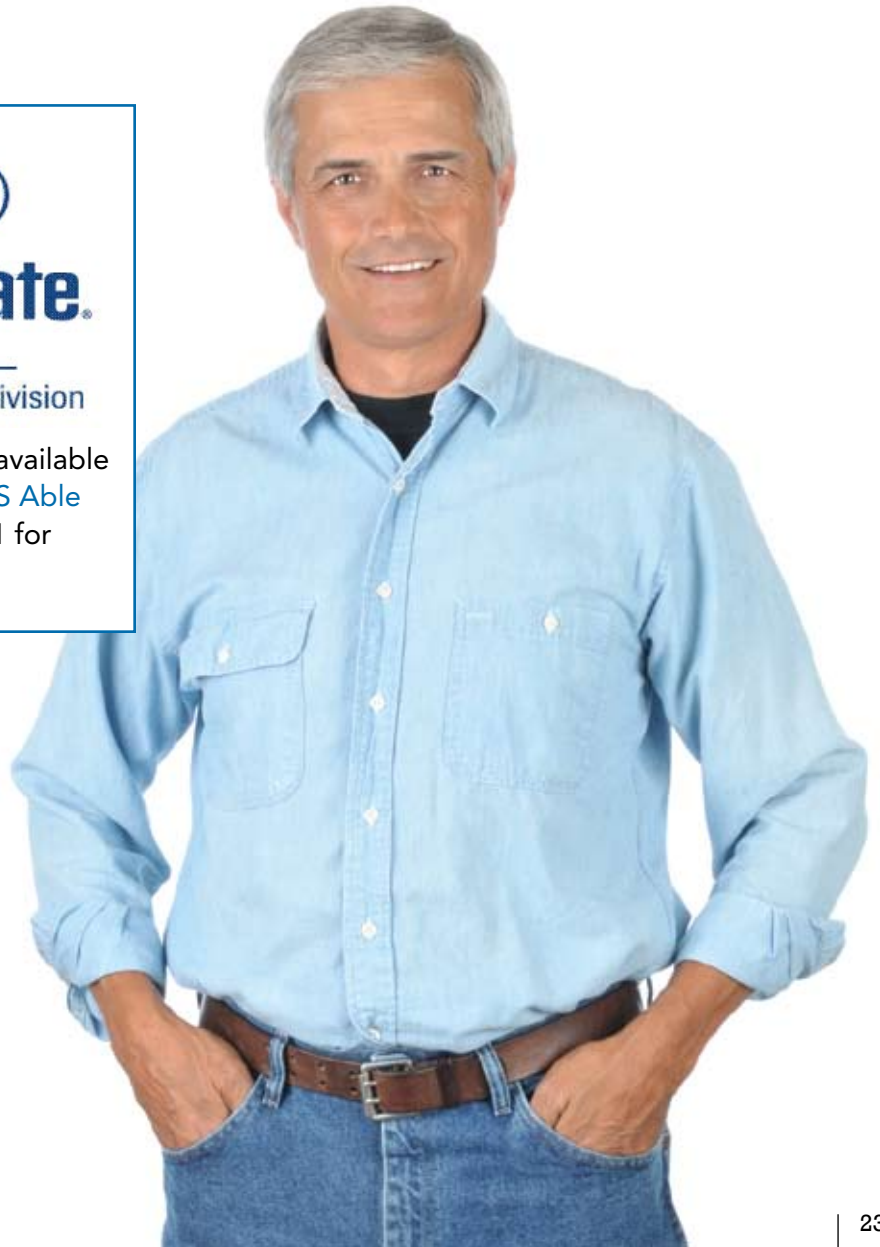
surgery, kidney (renal) failure, paralysis and Alzheimer's. This coverage also provides an annual wellness benefit.

You can purchase critical illness insurance alone or combine it with cancer insurance for comprehensive supplemental medical coverage.

Accident insurance

Accident insurance provides coverage for non-work-related injuries and medical expenses such as emergency room care, hospital confinement, fractures, accidental death and more. Cash benefits are paid directly to you.

These **Allstate** plans replace the previously offered voluntary benefits through **US Able Life**. If you have this coverage, you may keep it on a self-pay basis (payroll deduction is available only with the **Allstate** plans). Call **US Able** at 615-269-3393 or 1-800-648-0271 for more information.



Other benefits

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

Retirement plan (TCRS)

Rutherford County is a member of the Tennessee Consolidated Retirement System, a program that provides a pension for eligible County retirees. The County contributes the following percentage of your annual salary to the system:

- Board of Education Certified employees: 6.42%
- County General and Board of Education Classified employees: 12.79%

Visit www.treasury.state.tn.us/tcrs for more information.

For many employees TCRS will not be enough. The County offers additional programs, such as a 403(b) and 457(b), to help bridge the gap.

403(b)

The Board of Education offers employees another way to save for retirement: through a Traditional or Roth 403(b). The plan is offered through VALIC.

- Save pre-tax or post-tax dollars through convenient payroll deduction
- Contribute as little as \$20/month
- Choose how your savings are invested
- Earnings grow tax-deferred

To enroll, learn more or set a meeting time with a financial advisor, call 615-221-2541 or visit www.valic.com/rutherford.

457(b)

Rutherford County offers a 457(b) deferred compensation plan, which allows employees to set aside pre-tax dollars toward retirement. This optional plan is administered by Nationwide Retirement Solutions and sponsored by the National Association of Counties, and offers the following advantages:

- Save pre-tax dollars through convenient payroll deduction
- Contribute as little as \$20/month
- Choose how your savings are invested
- Earnings grow tax-deferred

For more information on the 457(b) plan, including how to enroll, contact NRS at 1-877-677-3678 or visit www.nrsforu.com.



Employee Assistance Program

The Employee Assistance Program (EAP) offers confidential counseling and referral services to employees and their family members. The program is administered by [LifeServices](#).

The EAP provides personal counseling, referrals, legal consultations, legal forms, financial counseling, tax consultation, wellness seminars, monthly webinars, newsletters and more. The program offers work-life benefits, including assistance with adoption, child care, elder care, grief and loss, marital issues, teen issues, college, addiction, health and wellness, automotive, home improvement, moving, safety, travel and identity theft.

EAP services are free and completely confidential. Call 1-800-822-4847 or visit www.lifeserviceseap.com (user name: rutherford; password: employee) for immediate assistance.

Wellness programs

Rutherford County recognizes wellness programs as a means for employees to improve not only their physical well-being but also their general outlook on life. The County offers a variety of wellness programs and initiatives that employees can join voluntarily:

- **Get RutherFit** — the County's official employee wellness program, designed to encourage employees to achieve a healthy and physically fit lifestyle. The program includes a variety of activities and services, including a Biggest Loser contest and an employee wellness discount card.
- **Tobacco cessation programs** — designed by the American Lung Association
- **Weight-management program** — a 12-week exercise and nutrition program designed to help you develop a healthier lifestyle
- **Health Risk Assessment** — offered free through our [CareHere](#) clinics, with monthly drawings for cash prizes for participants

Visit www.rutherfordcounty.org/getrutherfit for more information.



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 summary plan descriptions and plan documents, which are available at www.rutherfordcountytn.gov/insurance_descriptions.htm. 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 Insurance Department.

Important contacts

Vendor	Website	Phone number
General		
Insurance Department	www.rutherfordcountytn.gov/insurance	615-898-7715
Medical		
CIGNA	www.CIGNA.com (Open Access Plus network) myCIGNA.com	1-800-244-6224
CareHere clinics	www.CareHere.com	1-877-423-1330
Prescription drugs		
CIGNA	www.CIGNA.com	1-800-244-6224 (retail program) 1-800-285-4812 (Tel-Drug mail order program)
Dental		
CIGNA	www.CIGNA.com (CORE network) myCIGNA.com	1-800-244-6224
Vision		
CIGNA Vision Network	www.CIGNA.com myCIGNA.com	1-800-244-6224
Life and AD&D		
The Hartford	Contact the Insurance Department	
Flexible spending accounts		
AmeriFlex	www.flex125.com	1-888-868-3539 (choose option 2, then 3 for customer service)
Short-term disability		
Reliance Standard	www.rsli.com	1-800-351-7500
Long-term disability		
The Hartford	Contact the Insurance Department	
Voluntary insurance plans		
Allstate Workplace Division (cancer, critical illness & accident insurance)	www.ahllcorp.com	1-888-808-1664 ext. 300 (BeneSync - local contact) 1-800-521-3535 (Allstate customer service) 1-800-348-4489 (claims only)
Retirement/savings		
Retirement plan (TCRS)	www.treasury.state.tn.us/tcrs	1-800-770-8277
403(b)	www.valic.com/rutherford	615-221-2541
457(b)	www.nrsforu.com	1-877-677-3678
Employee assistance program		
LifeServices EAP	www.lifeserviceseap.com	1-800-822-4847
Wellness program		
Get RutherFit	www.rutherfordcounty.org/getrutherfit	615-494-4480