

The City of Memphis offers two different medical options for you and your family through BlueCross BlueShield of Tennessee. You must meet an annual deductible before the plan pays a percentage of expenses. However, if you are enrolled in the Select Plan, you may use funds in your HRA to help meet your deductible. You will incur a copay for certain services. After you or your family's out of pocket maximum is met; the plan will pay 100% of each eligible family member's covered expenses.

**NOTE: THERE ARE SEPARATE DEDUCTIBLES FOR MEDICAL AND PHARMACY THIS YEAR.**

In 2021 you will need to meet separate deductibles for medical expenses and pharmacy expenses. The deductibles will continue to apply to your annual out of pocket maximum. Please refer to the medical and pharmacy separate plan designs located in this guide for details.

**After you or your family's out of pocket maximum is met; the plan will pay 100% of eligible covered expenses.**



## CITY OF MEMPHIS 2021 PLANS

Plan Features	Choice Plan			Select Plan	
Network	20% Coins.	30% Coins. + \$100 Admit Copay ★	Out-of-Network	Network S	Out-of-Network
In-Network Hospital System	Baptist, LeBonheur, & Regional One	Methodist & St. Francis	Other	Baptist, LeBonheur, Regional One, St. Francis	Other

Annual Medical Deductible					
Single	\$750		\$1,500	\$1,500	\$3,000
Family	\$1,500		\$3,500	\$3,000	\$6,000
Out-of-Pocket Maximum					
Single	\$5,000		\$10,000	\$5,000	\$10,000
Family	\$10,000		\$20,000	\$10,000	\$20,000
Coins. (facility / non-facility)	20% / 20%	30% / 20%	50%	20% / 20%	50%
HRA Funding					
Single	N/A			\$750	
Family	N/A			\$1,500	

Type of Benefit	Choice			Select	
PCP Office Visit***	\$15 Copay		Ded./Coins. Apply	\$15 Copay	Ded./Coins. Apply
Specialist Office Visit	\$30 Copay		Ded./Coins. Apply	Ded./Coins. Apply	Ded./Coins. Apply
MHSA Office Visit**	\$10 Copay		Ded./Coins. Apply	\$10 Copay	Ded./Coins. Apply
PT/OT/ST Rehab Visit	\$30 Copay		Ded./Coins. Apply	\$30 Copay	Ded./Coins. Apply
Chiropractic Visits	\$30 Copay		Not Covered	\$30 Copay	Ded./Coins. Apply
Inpatient Hospital Copay per Admission	Ded./Coins. Apply	\$100/Admit + Ded./Coins. Apply*	\$300/Admit + Ded./Coins. Apply	Ded./Coins. Apply	Ded./Coins. Apply
Urgent Care Copay	\$75 Copay		\$75 Copay + Ded./Coins. Apply	Ded./Coins. Apply	Ded./Coins. Apply
Emergency Room Copayment (waived if admitted)	\$300 Copay + In-Network Ded./ 20% Coins. Apply			\$300 Copay + In-Network Ded./ 20% Coins. Apply	
Outpatient Surgery	Ded./Coins. Apply		Ded./Coins. Apply	Ded./Coins. Apply	Ded./Coins. Apply
Wellness Incentive	\$200 EE, \$300 EE + SP			\$200 EE, \$300 EE + SP	

★ The \$100 copay is waived and coinsurance is 20% if admitted to inpatient hospital from the ER for a true emergency.

\*\*10 free mental health visits

\*\*\* For preventive care, copays are waived and 3D mammograms are included.

### Notes:

- Out-of-network deductible is separate from in-network deductible (no crossover)
- In-network MOOP is separate from out-of-network maximum out-of-pocket (no crossover)
- Spousal surcharge of \$100 per month: applicable for commissioned Police and Fire when coverage is available for the spouse elsewhere.

A list of all hospitals can be found on [www.totalrewards.memphistn.gov](http://www.totalrewards.memphistn.gov). You can save on health care costs by staying in network. By going to in-network doctors and hospitals, you pay lower copays and avoid other out-of-network costs. If you use a doctor or hospital outside your network, your insurance pays less and you pay more, including higher copays, coinsurance and/or deductibles.

## HELPFUL TIPS TO USING YOUR INSURANCE:

- Show your Member ID card each time you see a network provider. Your Member ID card has helpful information, such as copay amounts and your plan's network distinction.
- Before requesting services from a health care provider, make sure he/she is in your network. For example, ask the provider, ***"Are you an in-network provider for BlueCross BlueShield of Tennessee in Network S?"***
- Don't assume your doctor will only refer you to specialists, hospitals, and/or other health care providers in your network. Be sure all referred providers are in your network before accepting services from them.

## REMINDER

- Medical Insurance -BlueCross
- Dental Insurance - BlueCross
- Vision Insurance - BlueCross
- Identity Protection Services - BlueCross
- Flexible Spending Account and Health Reimbursement Arrangements Administration – Health Equity
- Short-Term Disability plan option - The Standard
- Contributory Basic / Voluntary Life - The Standard
- Additional Life Benefits - Colonial Life
- Legal Insurance Protection - ARAG



## COST-SHARING: HOW IT WORKS

Let's say your health plan has a \$1,500 deductible, 20% coinsurance and a \$5,000 out-of-pocket maximum.

**If you get a \$100,000 medical bill, this is what you can expect:**

Coverage Type	Your Share	Plan's Share
<b>Deductible</b> Your first share of the cost is your \$1,500 deductible. You can use your HRA to help offset this cost.	\$1,500	\$0
<b>Coinsurance</b> Then, your share of the cost is \$3,500.	\$3,500	\$14,000
<b>Out-of-Pocket Maximum</b> At this point, you'll reach your \$5,000 out-of-pocket maximum, and your plan will cover the rest.	\$0	\$81,000
<b>Subtotal</b>	\$5,000	\$95,000
<b>Health Reimbursement Account (HRA)*</b>	(\$750)	
<b>Your share of the cost</b>	<b>\$4,250</b>	

**Summary:** Overall, your share of the cost is \$5,000 for a \$100,00 medical bill. Your plan will cover the remaining \$95,000. \*If you are enrolled in the Select health plan, you can use up to \$750 on an individual plan and \$1500 on a family plan of your HRA to cover your share of the cost.

## Pharmacy

City of Memphis Pharmacy benefits are offered through the Medical Plan and provided by BCBS. BlueCross BlueShield is one of the largest pharmacy benefit providers in the country.

### CITY OF MEMPHIS 2021 PLANS

#### Pharmacy

Type of Benefit	Choice		Select	
Single	\$250	\$500	\$250	\$500
Family	\$750	\$1,000	\$750	\$1,000
Generic Brand Retail	\$7 Copay	Deductible then: 50% coinsurance	\$7 Copay	Deductible then: 50% coinsurance
Generic Brand Mail Order	\$14 Copay		\$14 Copay	
Brand Formulary Retail	Ded. then: \$30 Copay	Ded. then: \$50% Coins.	Ded. then: \$30 Copay	Ded. then: \$50% Coins.
Brand Formulary Mail Order	Ded. then: \$60 Copay		Ded. then: \$60 Copay	
Brand Non-Formulary Retail	Ded. then: \$50 Copay	Ded. then: \$50% Coins.	Deductible, then: 20% Coins. (\$50 min / \$100 max)	Ded. then: \$50% Coins.
Brand Non-Formulary Mail Order	Ded. then: \$100 Copay		20% Coins. (\$100 min / \$200 max)	

**Note:** If you don't use your insurance, always ask the pharmacy how much the medicine costs.

PhysicianNow powered by MDLIVE(R) connects you with board-certified doctors 24 hours a day, seven days a week at no cost to you.

It's a convenient way to speak with a doctor from your home, office or while traveling.

Physician Now is a great option when it's not an emergency, when it's not convenient or you're too busy to go to your doctor's office.

## Use PhysicianNow for:

- Allergies, Colds, Fever, and Flu
- Sinus or Respiratory Issues
- Skin Conditions
- Certain Pediatric Conditions
- Urinary Tract Infections
- Constipation or Diarrhea
- Earaches
- Nausea and Vomiting
- Pinkeye
- Stress, Anxiety, Depression, Addictions, and Grief

Our doctors can diagnose your symptoms and, if you need a prescription send it to your pharmacy.

Register for PhysicianNow by logging in to your account at [bcbst.com](https://bcbst.com) and clicking **Talk With a Doctor Now**. Or call 1-888-283-6691.

Once you register, you can use it anytime. You can also download the app from the **App Store®** or **Google Play®**. Search for PhysicianNow, one word.

**\*Some state laws require that a doctor can only prescribe medication in certain situations and can be subject to certain limitations. Please fill your prescriptions at a pharmacy in your BlueCross pharmacy network.**