



of Tennessee



CITY OF MEMPHIS
HUMAN RESOURCES

TheStandard®

HR 2023 Open Enrollment Campaign

CITY OF MEMPHIS





Open Enrollment Dates

Reminder!!! 2023 Enrollment is MANDATORY



**Benefits from previous years will
NOT roll over!!!**

- **Active Employees:** *September 26th to October 21st, 2022*
- **Retired Employees:** *October 31st to December 2nd, 2022*
- **Part Time Employees:** *November 14th to November 25th, 2022*
- **All Enrollment times are 8:30am – 5:00pm**



Methods of Enrollment

Online

www.totalrewards.memphistn.gov

Click the “Open Enrollment”
Tab

Via Phone

Call 901-636-6800

In Person

www.totalrewards.memphistn.gov

to check locations, dates, and
times

Via Scheduled Appointment

www.totalrewards.memphistn.gov

to schedule an appointment
time





Highlights for 2023 Enrollment

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Choice Plan
Changes

2

Plan design
change to your
out-of-pocket
expenses and
coinsurance

3


Increase in
the premium
cost for
Choice Plan

4

Hinge Health
will mail a free
wearable
sensor

5

Personal health
coach to help
decrease pain
through self-
guided, exercise
therapy sessions





**What's new
for 2023?**

**Dental and
Vision Benefits
for Part-time
Employees!!!**

Starting 2023, the City of Memphis will offer access to City dental and vision plans to part-time employees!

****Medical coverage is not offered at this time****

Eligible part-time employee will have access to coverage at the same premium rate as active full-time employees.

To be eligible, part-time employees must meet the following:

- ✓ Completed one year of continuous service.
- ✓ Work a weekly average of at least 20 hours. (minimum of 1,040 hours per fiscal/calendar year)
- ✓ Expect and continue to work at least 20 hours a week for the remainder of 2022 and 2023.



Active Employee Rates

(per pay period)

Medical Insurance – BCBST (24 Deductions) <small>*Part-time employees are not eligible for this coverage</small>				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Select Plan	\$47.50	\$104.50	\$85.50	\$142.50
Choice Plan	\$82.00	\$186.00	\$148.00	\$273.00

Above is the 2022 Choice and Select Plan rates, below is the 2023 rates.

*****Please note the increase in cost for the Choice plan*****

Medical Insurance – BCBST (24 Deductions) <small>*Part-time employees are not eligible for this coverage</small>				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Select Plan	\$47.50	\$104.50	\$85.50	\$142.50
Choice Plan	\$94.50	\$214.50	\$170.50	\$314.50

The cost for the Select Plan will remain the same!!!



Active Choice Plan Rate Changes

(per pay period)



	2022	2023	Cost Increase
Employee	\$82.00	\$94.50	\$12.50
EE + Spouse	\$186.00	\$214.50	\$28.50
EE + Child	\$148.00	\$170.50	\$22.50
EE + Family	\$273.00	\$314.50	\$41.50



Retiree Employee Rates

(per pay period)

Medical Insurance – BCBST (24 Deductions)				
	Retiree	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Select Plan	\$108.00	\$213.50	\$213.50	\$213.50
Choice Plan	\$134.50	\$267.50	\$267.50	\$267.50

Above is the 2022 Choice and Select Plan rates, below is the 2023 rates.

*****Please note the increase in cost for the Choice plan*****

Medical Insurance – BCBST (24 Deductions)				
	Retiree	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
Select Plan	\$108.00	\$213.50	\$213.50	\$213.50
Choice Plan	\$154.50	\$307.00	\$307.00	\$307.00



The cost for the Select Plan will remain the same!!!



Retiree Choice Plan Rate Changes

(per pay period)



	2022	2023	Cost Increase
Retiree	\$134.50	\$154.50	\$20.00
RE + Spouse	\$267.50	\$307.00	\$39.50
RE + Child	\$267.50	\$307.00	\$39.50
RE + Family	\$267.50	\$307.00	\$39.50

Key Plan Design Changes

2022

Plan Features	Choice Plan		
Network:	20% Coins.	30% Coins. + \$100 Admit Copay	Out-of-Network
In-Network Hospital Systems	Baptist, LeBonheur, & Regional One	Methodist & St. Francis	Other
Annual Medical Deductible			
Single	\$750		\$1,500
Family	\$1,500		\$3,500
Out of Pocket Maximum			
Single	\$5,000		\$10,000
Family	\$10,000		\$20,000
Coinsurance (facility / non-facility)	20% / 20%	30% / 20%	50%
HRA Funding			
Single		N/A	
Family		N/A	

2023

Plan Features	Choice Plan		
Network:	20% Coins.	40% Coins. + \$100 Admit Copay	Out-of-Network
In-Network Hospital Systems	Baptist, LeBonheur, & Regional One	Methodist & St. Francis	Other
Annual Medical Deductible			
Single	\$750		\$1,500
Family	\$1,500		\$3,500
Out of Pocket Maximum			
Single	\$6,000		\$12,000
Family	\$12,000		\$24,000
Coinsurance (facility / non-facility)	20% / 20%	40% / 20%	50%
HRA Funding			
Single		N/A	
Family		N/A	

Red circles highlight the changes, everything else is the same

Key Plan Design Changes Summary

Out of Pocket Maximum	In Network	Out of Network
Single	\$6,000	\$12,000
Family	\$12,000	\$24,000

Coinsurance	Baptist, LeBonheur, Regional One	Methodist & St. Francis	Other
Facility	20%	40%	50%
Non-facility	20%	20%	50%

HRA/FSA Information

The employer determines the amount of money to contribute to the HRA and will determine what medical expenses are eligible to be paid using the funds.

USE IT OR LOSE IT!!!
FSAs are generally “use it or lose it” accounts. You cannot carry over the balance in your FSA past the year that you opened/renewed your account.



Amount of your HRA	
Health Care Options	HRA Amount
Employee Only	\$750
Employee + Spouse	\$1,500
Employee + Children	\$1,500
Employee + Family	\$1,500

Additional FSA FAQs are available at:
http://learn.healthequity.com/bcbst/fsa/#fsa_hero

Flexible Spending Accounts (FSA)

*****NOTE:** The charts are a list of possible qualifying and non-qualifying expenses, be sure to check with your provider/employer to ensure covered and non-covered items.

Qualified Expenses	
Acupuncture	Long-term care expenses
Alcoholism (rehab, transportation for medically advised attendance at AA)	Medicines (prescribed, not imported from other countries)
Ambulance	Nursing home medical care
Amounts not covered under another health plan	Nursing services
Annual physical examination	Optometrist
Artificial limbs/teeth	Orthodontia
Birth control pills/prescription contraceptives	Oxygen
Body scans	Stop-smoking programs
Breast reconstruction surgery following mastectomy for cancer	Surgery, other than unnecessary cosmetic surgery
Chiropractor	Telephone equipment and repair for hearing-impaired
Contact lenses	Therapy
Crutches	Transplants
Dental treatments	Weight-loss program (if prescribed by a physician for a specific disease)
Prescription eyeglasses/eye surgery	Wheelchairs
Hearing aids	Wigs (if prescribed)

Non-Qualified Expenses	
Concierge services	Insurance premiums other than those explicitly included International medicines
Dancing lessons	Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician
Diaper service	Teeth whitening
Elective cosmetic surgery	Electrolysis or hair removal
Funeral expenses	Future medical care
Hair transplants	Health club dues

Dependent Care Flexible Spending Account (DCFSA)

Qualified Expenses		
Babysitter inside or outside household	Household employee whose services include care of a qualifying person	Sick-child care center
Before and after school or extended day programs	Late pick-up fees	Custodial childcare or eldercare expenses
Expenses while looking for work	Nanny expenses	Summer day camps
Day camps	Preschool/nursery school for pre-kindergarten	Daycare centers

Non-Qualified Expenses	
Educational/tuition expenses	Payments for care while on a leave of absence, maternity or other medical leave
Expenses paid to child of participant	Payments for care while you are on vacation or due to illness
Field trip expenses	Payment for services not yet provided for pre-kindergarten
Food, clothing, education or entertainment expenses	Sick-child care center
Household services	Payments for care where you are not the custodial parent
Incidental expenses	Overnight camp

Dependents must meet one of the following criteria:

- Children under the age of 13
- A spouse who is physically/mentally unable to care for himself/herself
- Any adult you can claim as a dependent on your tax return that is physically/mentally unable to care for himself/herself



Reminder!
2023 benefits
enrollment is
MANDATORY
for all Employees &
Retirees!!!

You must re-enroll to
maintain your current
benefits!!!



If you need additional help with enrollment, questions about the process, or general benefits questions...
Please contact the Total Rewards Team at **901-636-6800** or visit the website **<https://totalrewards.memphistn.gov/>** for additional information.

