
Special Enrollment Information

Overview

Health plan administrators such as BlueCross BlueShield of Tennessee (BCBST) periodically renegotiate network agreements for medical services with health systems to maintain competitive pricing. This year, BCBST requested a new contract with Methodist for medical services at hospitals and outpatient facilities owned by Methodist, including Le Bonheur Children's Hospital. However, BCBST and Methodist were unable to reach an agreement as of January 1. As a result, this means medical services at *Methodist hospitals will be considered "out of network" beginning March 31. However, **Le Bonheur Children's Hospital will continue to be an in-network provider until the end of 2023.**

After consideration, the City decided to cover employees under a single plan in hopes that BCBST and Methodist can reach an agreement before our open enrollment in the fall. Starting April 1, all employees will be covered under the Select Plan. We will hold a Special Open Enrollment March 6-24 if you want to opt out of the Select Plan. If you want to migrate to the Select Plan, no action is required.

We have taken every step possible to make this transition as seamless as possible. Please read through the attached information before making your decision. You will find that the Select Plan has lower premiums. We've brought over some of the features from the Choice Plan. The changes will go live April 1.

We've prepared a list of answers to questions you might have about this decision, your benefits and about your choices for healthcare providers and services. Please review the information. If after reading, you have additional questions or concerns, contact the BCBST Customer Service Center at 888-796-0609 or Total Rewards at 901-636-6800. You can also email us at benefitsquestions@memphistn.gov.

City of Memphis Benefits

Why did the City choose to move employees covered under the Choice Plan to the Select Plan instead of keeping both plans?

Without the Methodist network, the two plans have the same hospital providers. Since the Methodist system will no longer be an in-network provider in the Choice Plan, we looked at each plan to see what would be best for the City's employees. The rates for the Select Plan are lower. The deductible is higher, but employees who migrate to the Select Plan will receive a Health Reimbursement debit card that will offset the added expense. (See more information below.)

If I have already paid a portion of my annual deductible and out-of-pocket expenses under the Choice Plan, will I have to start over with the Select Plan?

No. Out-of-pocket accruals and annual deductible payments under the Choice Plan will roll over to the Select Plan.

Since all employees who participate in the City’s health insurance coverage will be enrolled in the Select Plan, will there be a rate change?

Yes and no. Employees who were insured under the Choice Plan will see a reduction in their insurance rates with the Select Plan. The rates will stay the same for employees who are already enrolled in the Select Plan. See charts below:

Active Employees

Medical Insurance -Active				
	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
Savings	\$47.00	\$110.00	\$85.00	\$172.00

Retired Employees

Medical Insurance -Retirees				
	Employee	EE + Spouse	EE + Child(ren)	EE + Family
Select Plan	\$108.00	\$213.50	\$213.50	\$213.50
Choice Plan	\$154.50	\$307.00	\$307.00	\$307.00
Savings	\$46.50	\$93.50	\$93.50	\$93.50

If I am not enrolled in any City of Memphis healthcare plan, can I enroll in the Select Plan now?

No. You can only enroll in the City’s healthcare plan during annual open enrollment, which is typically held in the fall of each year.

If I am about to be moved to the Select Plan from the Choice Plan, may I increase my contribution to my Flexible Spending Account?

No, you may only make changes to your FSA during annual open enrollment.

Will there be changes to my dental and vision coverage with the switch from the Choice Plan to the Select Plan?

No, the coverage is the same under both plans.

Will there be any changes to the Select Plan?

Yes. The Urgent Care visits copay has been reduced from deductible/coinsurance to a \$75 copay and the Specialty Office visits copay has been reduced from deductible/coinsurance to a \$30 copay. This is a Choice Plan benefit that has been introduced in the Select Plan. These changes will begin April 1.

Did my Wellness Incentive amount change?

No. The incentive amount is the same for both plans. **How can I opt out of the City of Memphis Healthcare plan?**

How can I opt out of the City of Memphis Healthcare plan?

You can schedule an appointment with a Benefits Specialist by following the steps below.

- Visit <https://totalrewards.memphistn.gov>
- Click on the Special Enrollment tab at the top.
- Click on the SignUpGenius Link to schedule an appointment with a Total Rewards staff member or call 901-636-6800 to schedule an appointment.

If I opt out of the City's healthcare plan, when can I re-enroll?

You will be allowed to re-enroll during our annual open enrollment in the fall of 2023 or if you have a qualifying life event. Please see the definition of a qualifying life event by visiting the Total Rewards website www.totalrewards.memphistn.gov.

Note: If you opt of insurance, you will not have any medical coverage after April 1 through December 31, 2023.

If I am currently on the Select Plan, am I required to re-enroll?

No action is required during this special enrollment period.

If I decide to move to the Select Plan, am I required to do anything?

No action is required during this special enrollment period. *Note: A new ID card will be mailed after April 1.*

Is the annual deductible for medical insurance under the Select Plan more than the Choice Plan?

Yes, however, the City of Memphis offers a Health Reimbursement Account (HRA) for employees on the Select Plan to help offset the cost of the annual deductible. Employees transitioning from the Choice Plan will maintain the same deductible as the Choice plan once the HRA funds are applied.

- \$750 for employees for Single coverage.
- \$1,500 for employees for Family coverage.

Will employees who are currently on the Select Plan get additional HRA funds?

No, employees who are already on the Select Plan received their HRA card at the beginning of the calendar year.

If I've been moved from the Choice Plan to the Select Plan, when will I receive the HRA card?

You will receive an HRA debit card in the mail soon after April 1. The funds will be available on April 1. The funds can only be used for healthcare expenses incurred after April 1.

Will the HRA amount be prorated?

No. Employees who are moved to the Select Plan will receive the full amount based on the plan option (individual or family).

Will employees who are currently on the Select Plan get an increase to their HRA?

No. Employees who are already enrolled in the Select Plan received their HRA funds on Jan. 1. No additional money will be added. Employees who were in the Choice Plan did not receive an HRA. So, they will receive their HRA funds by April 1 when they are moved to the Select Plan.

Healthcare Provider Information

Will Le Bonheur Children's Hospital be covered as an in-network provider under the Select Plan?

Yes. Coverage for expenses at the hospital will continue to be treated as in network. Nothing has changed. Employees will still pay all standard coinsurance and deductibles.

If Methodist is no longer in the BCBST network after January 1, does this mean I might not be able to continue to see my doctor?

No. This only impacts the costs of services at Methodist hospitals and outpatient facilities. It is not related to contracts with physicians or physician groups. Employees should not see a reduction or change in their choice of physicians in the network. In addition to admitting privileges at Methodist hospitals, many physicians also admit patients at Baptist Memorial Hospitals and St. Francis Hospitals. As always, it is recommended to check provider network status prior to any services by logging into your account at BCBST.com or downloading the BCBSTN App.

What happens if I need emergency room services and the closest facility is a Methodist hospital?

Emergency room visits will **always** be covered with the plan designated copayment, regardless of facility affiliation. Your care will be covered in network under your health plan's emergency room coverage. If you are admitted to the hospital from the emergency room, the inpatient stay will be covered at the in-network benefit level until you are stable and ready to be transferred to an in-network facility.

Will employees who have a primary care physician at Methodist be charged out of network for lab work at Methodist?

At the time of visit, you should remind the physician to send your lab work to an in-network lab.

Note: If the lab work is submitted to a Methodist facility the cost will be out of network.

Can we still go to Methodist Minor Medical Centers?

No. They are part of the Methodist Hospital system and not covered under the Select Plan. You can still visit one of the City of Memphis Health Clinics or Sanitas Medical Centers.

Are specialist provider groups impacted?

No, specialist provider groups are not impacted by the negotiations.

What if I need help finding care?

Anytime you need help finding care you can contact BlueCross BlueShield of Tennessee 24/7 at the phone number (1-888-796-0609) listed on the back of your ID card.

For questions regarding Transplant network and benefits, you should contact BlueCross BlueShield Case Management department at 1-800-818-8581 (option 2) Monday-Friday 7:00 am – 6:00 pm (CST)

What facilities are available if I need to have a transplant?

BlueCross BlueShield of Tennessee contracts with a network of facilities and hospitals to provide Transplant Services for some or all organ and bone marrow/stem cell transplants covered by the Plan. The network is Blue Distinction Centers for Transplants (BDCT) Network. Facilities obtain designation as a BDCT by transplant type; therefore, a hospital or facility may be classified as a BDCT for one type of organ or bone marrow/stem cell transplant procedure but not for another type of transplant. This designation is important as it impacts the level of benefit you will receive. If you are transplanted at a BDCT facility your Plan will pay benefits at the highest tier. Please refer to Transplants in the Summary of Benefits section of the Summary Plan Description (SPD) for additional details.

It is important to remember that all transplant services require Prior Authorization and you are strongly encouraged to contact BlueCross BlueShield of Tennessee Transplant Case Management department by calling the number on the back of your ID card as soon as Your Doctor tells you that you might need a transplant. The Transplant Case Manager can help you through the entire transplant journey and answer any questions you may have. If you are traveling to a BDCT facility greater than 30 miles from your home, the Case Manager must approve the travel to ensure you are reimbursed for lodging, mileage, and meals. Refer to the Travel Expenses section of the SPD for more information.

What if there is not a network transplant facility in Memphis and I choose not to travel to a BDCT or network facility?

If there is not a network transplant facility within 50 miles of your residence you may choose to have your transplant performed at Methodist (if transplant service available) where your in-network benefit will apply. You will need to complete an 'in-network request' form prior to receiving services. The form can be found at Documents and Forms | BCBS of Tennessee (bcbst.com) and then clicking on the Benefits and Coverage Drop Down arrow. If BlueCross BlueShield confirms there is not a facility within the 50-mile radius, your request will be approved and an authorization will be loaded in the system to apply the appropriate in network benefits.

What if I need to have a non-transplant procedure that is not available within 50 miles of my residence?

In-network benefits may still be available. Prior to receiving services, you will need to complete the 'in-network request' form and submit to BlueCross BlueShield of Tennessee who will review and load an authorization if it is confirmed that there are no facilities within the 50 mile radius. Claims received that have an authorization on file will be paid at the in-network benefit level.

Is there a travel and lodging benefit for non-transplant services?

Yes, the Plan will reimburse you for travel and lodging expenses incurred for services covered by the Plan that are not available within 50 miles of your residence. The annual reimbursement limit is \$2,500. Instructions for submitting a request for reimbursement can be found at the bottom of the Travel Benefits Form. Please contact BlueCross BlueShield customer service if you have an upcoming non-transplant procedure that will require you to travel.

What if I have other questions?

Contact the BCBST Customer Service Center at 888-796-0609, Total Rewards at 901-636-6800 or email benefitsquestions@memphistn.gov.