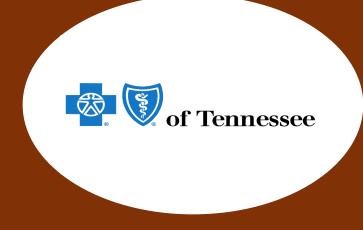
## 2024 Open Enrollment

## LET'S ROCK AND ENROLL !!!!











#### **2024 Enrollment is MANDATORY!**

This means that all Employees and Retirees will need to re-enroll in benefits

#### **Active & Part-time Employees:**

Monday, October 9, 2023, through Friday, November 3, 2023

#### **Retired Employees:**

Monday, November 13, 2023, through Thursday, November 30, 2023





By Phone
A Benefits member will
enroll you over the
phone
Call 901-636-6800

### Schedule an appointment for a call from Benefits

Go to:

https://totalrewards.memphistn.gov
To schedule an appointment through
Signup Genius

#### Online

Go to:

https://totalrewards.memphistn.gov To view instructions on how to enroll online through self-service

#### In Person

Go to:

https://totalrewards.memphistn.gov To see the list of convenient locations, dates and times to enroll in person





# What's New for 2024 Enrollment?

**Shield)** will remain the Healthcare Provider for 2024

Great News !!!
The BCBST Choice Plan
will return as a Medical
Plan Option along with
the Select Plan for 2024

MetLife will be our new provider for Life,
Disability and Absence
Management

We are expanding our Clinic Services to include Primary Care in 2024.

More information coming soon!





2024 Active
Employee
Benefit Rates

Medical insurance – BCBST					
	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	

Dental insurance – BCBST					
	Employee	EE + 1 Dependent	EE + Family		
Premier Plan	\$10.25	\$21.08	\$30.67		

Vision insurance – BCBST				
	Employee	EE + 1 Dependent	EE + Family	
Exam and materials	\$1.94	\$3.71	\$6.73	

Short-term disability – MetLife					
% of Weekly Pay	50%	60%	70%		
Cost per \$10	\$0.16	\$0.16	\$0.16		





2024 Retired Employee Rates

Medical insurance – BCBST						
	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		
Dental insurance – BCBST						
	Employee	EE + 1 Dependent	EE + Family			
Premier Plan	\$10.25	\$21.08	\$30.67			
Vision insurance – BCBST						
	Employee	EE + 1 Dependent	EE + Family			
Exam and materials	\$1.94	\$3.71	\$6.73			







- Debit Card issued through Health Equity
- Provided free with the Select plan
- Can be used for out- of- pocket expenses such as; deductibles, copayments, coinsurance, dental and vision expenses (approval maybe required)
- ❖ No Taxes
- ❖ Balance rolls over each year

- Flexible Spending Account
- Debit Card issued through Health Equity
- You select the amount (\$200-\$3050)
- Pre-Tax deductions over 24 pay periods
- Can be used for eligible outof- pocket expenses such as; deductibles, copayments, coinsurance, dental and vision expenses (approval maybe required)
- Balance does not roll over each year
- Unused balance will be forfeited on the last day of March of the following year

- Dependent Care Flexible Spending Account
- Pay for Dependent Care tax Free
- ❖ No debit card issued
- You Select the amount ( \$200-\$5000)
- Pre-Tax deductions over 24 pay periods
- Funds are only accessible as they are deposited with each payroll deduction
- Qualified dependents are:
- •Children under the age of 13
- Spouses or dependents who are physically or mentally unable to care for themselves



For additional information regarding FSA, HRA and DCFSA go to: <a href="https://learn.healthequity.com/bcbst">https://learn.healthequity.com/bcbst</a> or call 888-796-0609



## Part-Time Eligibility

Eligible part-time employees have the option to enroll in Dental, Vision, and STD (Only the 50% Plan) benefits

Requirements for eligibility are as follows:

- Completed one year of continuous Employment with the City of Memphis.
- 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 2023 and 2024.

\*Medical Coverage is currently not offered \*







Dental insurance – BCBST				
	Employee	EE + 1 Dependent	EE + Family	
Premier Plan	\$10.25	\$21.08	\$30.67	

Vision insurance – BCBST					
	Employee	EE + 1 Dependent	EE + Family		
Exam and materials	\$1.94	\$3.71	\$6.73		

Short-term disability – MetLife					
% of Weekly Pay	50%	60%	70%		
Cost per \$10	\$0.16	\$0.16	\$0.16		







## Reminder!!!

2024 Open Enrollment is MANDATORY for all Employees and Retirees



You must re-enroll to maintain your benefits for 2024!



