



2024 Open Enrollment

LET'S ROCK AND ENROLL !!!!



2024 Open Enrollment Dates

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





How Do I Enroll ??

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 ?



BCBST (Blue Cross Blue 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	





HRA, FSA, DCFSA

What's the difference?



- ❖ Health Reimbursement Account
- ❖ 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 out-of-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: <https://learn.healthequity.com/bcbst> 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 ***





2024 Part-Time Employee Benefit Rates



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!





For additional information regarding
2024 Open Enrollment or Benefits.....

Please contact the Total Rewards Team at
901-636-6800 or visit our website at
<https://totalrewards.memphistn.gov>

