

City of Memphis 2024 Benefits Rate Sheet

(*Full Time Active Employees*)

	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 disabi	lity – MetLife		
% of Weekly Pay	50%	60%	70%	
Cost per \$10	\$0.16	\$0.16	\$0.16	

Contributory Life (Basic) Insurance - MetLife

The Contributory basic life insurance benefit is equal to 1.5 times your base annual earnings, rounded to the next higher \$100. The maximum amount is \$200,000. Dependent life is also available.

Voluntary Life Insurance - MetLife				
Coverage Type	Coverage Options	Additional Information		
Employee Voluntary Life	All full-time employees has choice of \$10,000 increments not to exceed 5 times your annual salary. Benefits will begin to reduce at age 65	Guarantee issue for New Hire only. All existing employees are required to complete an EOI (Evidence of Insurability Employee must elect Voluntary Coverage for spous to be eligible. Not to exceed 50% of the employee's approved amount of Voluntar life coverage		
Spouse Voluntary Life	\$5,000 increments to maximum of \$250,000			
Child Voluntary Life	\$10,000	Child is covered from birth until age 25		



City of Memphis 2024 Benefits Rate Sheet

(*Part-Time Employees*)

	Denta	al insurance – BCB	ST T	
	Employee	EE + 1 Dependent	EE + Family	
Premier Plan	\$10.25	\$21.08	\$30.67	
	Visio	n insurance – BCBS	T	
	Employee	EE + 1 Dependent	EE + Family	
Exam and materials	\$1.94	\$3.71	\$6.73	
S	hort-term dis	ability – MetLife (50°	% plan only)	
% of Weekly Pay	50%			
Cost per \$10	\$0.16			
	Part-Tim	e Eligibility Require	ments	
Complete	one year of cor	ntinuous employment w	ith the City of Memphi	s
Work a weekly avera	ge of at least 20	hours (Minimum of 1,0	040 hours per fiscal/cal	endar year)
Expect and continue to v	vork at least 20	hours per week for the following year.	remainder of the curre	nt year and the

The City of Memphis pays for a \$10,000 death benefit for Part-Time employees



City of Memphis 2024 Benefits Rate Sheet

(*Retired Employees*)

	Medical insurar	nce – 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 insurar	ice – BCBST	li-	
	Employee	EE + 1 Dependent	EE + Family	
Premier Plan	\$10.25	\$21.08	\$30.67	
	Vision insuran	ce – BCBST		
	Employee	EE + 1 Dependent	EE + Family	
Exam and materials	\$1.94	\$3.71	\$6.73	

Active employees who are curre	ntly enrolled in Voluntary life have the life at the time of Retirement.	option to keep the Voluntary
Retired Employee Voluntary Life	50% premium and 50% policy value of the current Voluntary policy. Policy terminates at age 65	Example: As an active employee you are enrolled in \$50,000 Voluntary life with premiums deductions of \$9.50 At Retirement you have the option to keep the Voluntary life at \$25,000 with premiums deduction of \$4.75

The City of Memphis pays for a \$5,000 death benefit for all Retired employees