



City of Memphis

Benefits Guide FY24

October 2023

Prepared by Total Rewards Service Center, Human Resources Division



Welcome to your 2024 Total Rewards Benefits Guide.

This guide highlights important benefits information available to you, our greatest asset: City of Memphis employees and retirees. A few key highlights:

2024 OPEN ENROLLMENT DATES		
Employment Status	Start Date	End Date
Full-time Employees	Oct. 9, 2023	Nov. 3, 2023
Part-time Employees	Oct. 9, 2023	Nov. 3, 2023
Retired Employees	Nov. 13, 2023	Nov. 30, 2023

BENEFITS FOR PART-TIME EMPLOYEES

The City of Memphis offers dental and vision to those part-time employees who qualify. Eligible part-time employees will have access to this voluntary coverage at the same premium rates as full-time employees. Pursuant to BlueCross BlueShield of Tennessee underwriting requirements for participation in this program, employees must meet the following criteria:

- Completed one year of service.
- Work an average of at least 20 hours per week, (1,040 hours of work within the calendar/fiscal year).
- Expect to continue to work at least 20 hours per week for the remainder of 2023 and in the enrolled plan year (calendar year 2024).

Highlights for 2024 Open Enrollment:

- BCBST will remain the provider for Medical, Dental, and Vision.
- The Choice Plan will return as a plan option, as well as the Select Plan.
- Hinge Health
- Hinge Health will mail you free wearable sensors.
- You will also have your own personal health coach to help decrease your pain through self-guided exercise therapy sessions.

We are adopting a mandatory enrollment process again this year. This means you will need to choose and confirm your benefit choices this year, even if you want to keep the same ones from last year. **Your benefits will not automatically roll over from last year. You'll need to choose all of your benefits for 2024.** You can make changes to your medical, dental and vision benefits, you can do so within the established timeframe.

NOTE: If you are currently enrolled in a Flexible Spending Account (FSA), you WILL need to RE-ENROLL for 2024. Be on the lookout for a new ID card that will include additional benefits information, like your deductible, maximum out of pocket amounts, etc.

Additionally, you'll have access to Teladoc™ Health for care at home or on the go. This lets you use a computer or smartphone to see a doctor virtually for minor illnesses, skin issues, depression, anxiety and more.

Finally, in an effort to continue to provide convenience and access to quality healthcare, we continue to operate on-site clinics, available at no cost to you. We hope you use this guide as a reference and find it useful as you review your benefit options and the many programs and services available to take care of YOU.

For more information, please visit the Total Rewards Benefits website at <https://totalrewards.memphistn.gov>.

Letter from the Mayor

Dear Colleague:

It is time for the 2024 Open Enrollment process for your Benefits. Our Division of Human Resources continues its dedication to attract, develop, equip, and retain top quality employees. In the past few years, we have worked to create a benefits package that brings the most value for our employees. While there is a slight increase for the Choice Plan this year, our premiums are still competitive regionally, and our deductibles are still extremely reasonable.

Enclosed are all the details of our program. Please take the time to review these documents with your family to make the best decisions for your needs. Thank you for your service and hard work to make Memphis a better place for every Memphian, every day.

Yours,

A handwritten signature in black ink that reads "Jim Strickland". The signature is stylized, with a large "J" and "S".

Jim Strickland
Mayor



Letter from the Chief of HR

City of Memphis colleagues and family members,

I am excited to announce: It's Open Enrollment season. Time to Rock and Enroll! This is the time of year when we encourage you to take some time to re-evaluate your current and future benefits needs. This year's enrollment is mandatory.

I encourage you to review this benefit booklet in detail as you make your open enrollment decisions. Note that any new elections or changes made during **the open enrollment period will become effective January 1, 2024.**

The City of Memphis remains dedicated to building and investing in an environment of health and wellness that benefits you and your family. We are providing you four convenient ways to review your enrollment options and make your new elections, or your election to keep everything the same:

- Enroll Online: Please visit <https://totalrewards.memphistn.gov> - Click on the "Open Enrollment" tab to make your elections.
- By Phone: Call 901-636-6800.
- By Appointment: Please go to <https://totalrewards.memphistn.gov> to schedule an appointment.
- In-Person Enrollment: Please go to <https://totalrewards.memphistn.gov> to view the location, dates and times.

For more information about benefits programs and other employee benefits, please visit: <https://totalrewards.memphistn.gov>.

Thank you for your ongoing commitment to the City of Memphis and for helping to make the City of Memphis one of the best places to work in our city and our region.

Sincerely,



Fonda Fouché
Chief Human Resources Officer
City of Memphis

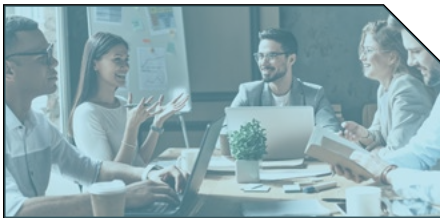




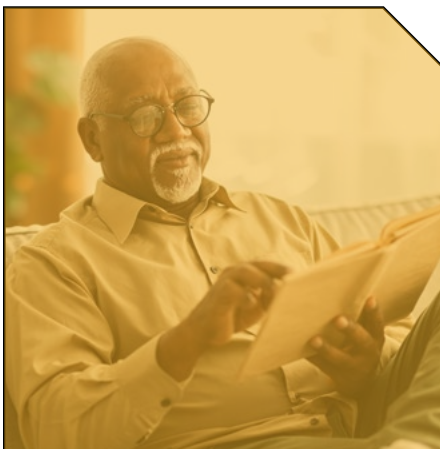
Table of Contents



- 8** Important Contacts
- 9** Full-Time Benefits
- 15** Full-Time Medical Insurance
- 18** Cost-Sharing/Pharmacy
- 19** Teladoc Health
- 20** Health Reimbursement Arrangement
- 21** Flexible Spending Account (FSA)
- 23** Dependent Care Flexible Spending Account FSA
- 25** Additional Medical Coverage Benefits
- 27** Mental Health Benefit
- 29** Dental Insurance
- 30** Vision Insurance
- 31** Wellness Rewards
- 33** Financial Wellness
- 34** Beneficiary
- 35** Group Life Insurance
- 36** Short-Term/Long-Term Disability Benefits
- 38** Voluntary Benefits
- 39** City of Memphis Retirement Plans
- 41** City of Memphis Social Security Plan
- 43** City of Memphis 457(b) Deferred Compensation Plan
- 44** City of Memphis Perks
- 46** City of Memphis Perks - Public Safety



- 47** Part-Time Benefits
- 49** Dental Insurance
- 50** Vision Insurance
- 51** Disability/Death Benefits
- 52** Wellness
- 54** City of Memphis 457(b) Deferred Compensation Plan



- 55** Retiree Benefits
- 56** Important Contacts
- 57** Retiree Benefits
- 58** Medical Insurance
- 60** Cost-Sharing/Pharmacy
- 61** Teladoc Health
- 62** Additional Medical Coverage Benefits
- 64** Health Reimbursement Arrangement
- 65** Retiree HRA through Via Benefits
- 66** Dental Insurance
- 67** Vision Insurance
- 68** Wellness
- 69** Notice of Privacy Practices
- 73** C.H.I.P. Notice

Important Contacts

Benefit/Vendor	Phone Number/Website/Email	Role
Oracle Fusion Help Desk	901-636-6100	<ul style="list-style-type: none"> Set up self-service account
General Wellness	901-636-6800 https://totalrewards.memphistn.gov	<ul style="list-style-type: none"> Helps resolve issues related to wellness rewards and perks
Employee Healthcare		<ul style="list-style-type: none"> Administers the enrollment process for employee healthcare
Retirement & Disability Services	901-636-6800 retirementquestions@memphistn.gov	<ul style="list-style-type: none"> Administers the enrollment process for retirement and disability insurance
Pension & Retirement Pay and Calculations Pension Payroll	901-636-6144 payroll-finance@memphistn.gov	<ul style="list-style-type: none"> Final pension calculation Pension payments DROP payout Final pay calculations and payout Retirement check 60 days
Retiree Exchange Via Benefits Medicare	866-201-0367 My.ViaBenefits.com/Memphis	<ul style="list-style-type: none"> Pays HRA claims for participants not on City insurance
Via Benefits Pre-65	1-866-201-0437 Marketplace.ViaBenefits.com/Memphis	<ul style="list-style-type: none"> Contracts with provider/preferred plans Supports retiree communications, evaluation and enrollment Manages employer subsidy via health reimbursement arrangement (HRA)
Medical BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays claims Issues insurance cards Helps resolve claims issues
Pharmacy BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays pharmacy claims Helps resolve claims issues
Dental BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays dental claims Helps resolve claims issues
Vision BlueCross BlueShield of Tennessee	877-342-0737 BCBST.com	<ul style="list-style-type: none"> Pays vision claims Helps resolve claims issues
Metlife	1-800-METLIFE https://www.metlife.com/	<ul style="list-style-type: none"> Call to file FMLA, STD or LTD claims or questions about life insurance.
Voluntary Benefits AFLAC ARAG	Local Voluntary Benefits Support (901) 563-8671 https://filimp.live/CityofMemphis ARAG www.araglegal.com	<ul style="list-style-type: none"> Accident, Life, Hospital Income, Cancer, Critical Illness, First Responder
Empower Retirement	855-756-4738 austin.maness@empower.com	<ul style="list-style-type: none"> Review account to determine retirement readiness Pre- and post-retirement distribution options
HealthEquity	866-375-1323 my.healthequity.com/Login.aspx (Use city email for login)	<ul style="list-style-type: none"> Pays HRA and FSA claims for participants on City insurance
Social Security	socialsecurityoffices.info/city/tn-memphis 866-331-6386	<ul style="list-style-type: none"> Pays Social Security benefits
Medicare	medicare.gov 800-633-4227	<ul style="list-style-type: none"> Provides medical coverage for senior citizens ages 65 and over

FULL-TIME



Thank you for being a full-time employee for the City of Memphis!

This guide summarizes the employee benefit options the City of Memphis provides for you and your family. Current full-time employees can add and make changes to their benefits during the new hire benefit enrollment period, during open enrollment, or any time during the year if they have a qualified life event. Full-time employees have 30 days, according to IRS TAX LAW 125, to notify the Total Rewards Benefits office of their life event. (See the qualified life event matrix on the benefits website: <https://totalrewards.memphistn.gov>)

WHAT DOES MANDATORY ENROLLMENT MEAN?

Open Enrollment is mandatory this year, which means you must reaffirm your current benefits or you must make changes within the allowed time period. Failure to submit changes by deadline will result in canceled benefits for 2024.

NOTE: If you are enrolled in the Flexible Spending Account program, you will need to re-enroll if you would like to continue in the program.

Enroll in your benefits here.



HOW TO ENROLL

You have several enrollment options:

- Online: <https://totalrewards.memphistn.gov>
- By phone: schedule an appointment by calling 901-636-6800
- Schedule an online appointment via the <https://totalrewards.memphistn.gov>
- In-person Enrollment - Please go to <https://totalrewards.memphistn.gov> to view the location, dates and times.

WHAT'S NEW?

Choice Plan Changes

- The BCBST Choice Plan will return as an option for 2024.
- Metlife will be our Life, Disability, and Absence Management Provider for 2024.

Please review the information within this guide in detail.

This year's open enrollment is MANDATORY. This means you must login to enroll in your 2024 benefit plan.

To make changes to your benefits, for example, adding or removing dependents, benefits here. or increasing/decreasing coverage, please log into <https://memphistn.gov/fusion>

You must re-enroll in your (FSA) or Dependent Care Flexible Spending Account (DCFSA) if you choose this benefit for the upcoming plan year. Both require enrollment every year.

BENEFIT BASICS

Changes made during open enrollment are effective (January 1st). Each year, during the fall Open Enrollment period, employees can enroll or make changes to their benefits for the following plan year. Rate charts and detailed benefits information are available on the Total Rewards website at <https://totalrewards.memphistn.gov>.

QUALIFIED LIFE EVENTS/CHANGE IN FAMILY STATUS

Generally, employees can only change benefit elections during the annual open enrollment period. However, employees may change benefit elections during the year if they experience a qualified life event/change in family status, including:

- Marriage
- Adoption of or placement for adoption of a child
- Divorce or legal separation*
- Change in employment status of employee or spouse
- Change in dependent child's age per guidelines
- Birth of a child
- Qualified medical child support order
- Death of a spouse or dependent child
- Qualify for Medicare or Medicaid

The Summary Plan Description (SPD) shows the health benefits available to employees and covered dependents. It is available on the Total Rewards website. It provides details on who is eligible, when coverage begins, when employees can change coverage, covered and excluded services and how benefits are paid.

*Employees are required to report a divorce or annulment of marriage to the Total Rewards Benefits Service Center within 30 days of the event. Failure to report within the 30-day timeframe may affect employee premiums, ex-spouse Cobra eligibility and result in extra member medical costs.

WHO IS ELIGIBLE?

- All full-time employees working a minimum of 30 hours per week.
- Your legal spouse/partner if he or she is not legally separated from you and does not have access to other insurance.
- **Note:** The spouses of commissioned fire and police, paramedics, and communication dispatchers and operators can be added to coverage, if they have access to other insurance for a surcharge of \$100/month.

Eligibility details continued on page 12

- Your natural children, legally adopted children, or stepchildren – until they reach age 26.*
- Your natural or legally adopted children that are named in a Qualified Medical Child Support Order (QMCSO).
- Your spouse's natural or legally adopted children that are named in a Qualified Medical Child Support Order (QMCSO).
- Your foster children or “legal dependents” – until they reach age 26. You are required to submit written evidence of dependency upon request.
- You or your spouse's incapacitated child.
- You or an eligible retiree who is under the age of 65 and receiving line of duty disability pension.

*You are required to submit written evidence of dependency upon request.

NEW EMPLOYEES

New employees to the City of Memphis have a 30-day waiting period before they are eligible for health and dental benefits. They must enroll through the self-service portal: <https://memphistn.gov/fusion> during the waiting period. The insurance effective date is the first of the month following the 30-day waiting period. If enrolling in health/dental insurance and adding dependents to the plan, employees must submit a copy of a marriage license or children's birth certificates and include the Social Security numbers for each dependent that will be enrolled.

ONE-FAMILY PLAN RULE

City employees and retirees who are married to each other, may each enroll as a participant or be covered as an enrolled dependent of the other, but not both. If both parents of a dependent child work for the City and are enrolled as a participant, only one parent may enroll the child as a dependent.

NOTE: If you are adding a spouse or dependent you must provide documentation as proof.

ENROLLMENT STATUS

Employees are required to update all qualified life events. For example: birth of a child, marriage, divorce, etc. See detailed list above under qualified life events. All employees must have their Employee ID number and a password to access the self-service portal. To reset your password click “forgot password.”

PREMIUM PAYMENTS

Employees on any type of leave of absence are required to pay all unpaid premiums for their insurance to remain effective. If you fail to make your benefit premium payments while out on a leave of absence, other than FMLA, your insurance is subject to cancellation due to non-payment.

ENDING CITY EMPLOYMENT

Individuals ending their employment with the City will have insurance coverage until midnight of the termination date. Coverage will be offered under the Consolidated Omnibus Budget Reconciliation Act (COBRA). The information will be mailed to your home. It is important that your home address is current to ensure that you receive all pertinent information regarding your benefits.

CITY OF MEMPHIS SICK LEAVE BANK

The Sick Leave Bank is a program that grants paid leave to eligible employees who have exhausted their own sick leave and all other applicable paid time off.

During Open Enrollment, employees who meet certain requirements (see below) can enroll in the Sick Leave Bank by donating 16 hours of sick pay to the program. The membership will become effective January 1st.

Requirements to Enroll in Sick Leave Bank

- Employed by the City of Memphis for 12 continuous months as a full-time employee.
- A balance of 48 hours of sick pay available during the Open Enrollment period.
**Fire employees will be compatible with the fire division's sick leave conversion.*
- Transfer 16 hours of sick pay to the Sick Leave Bank during Open Enrollment.

Qualifications to access Sick Leave Bank

You must have exhausted all your sick days and all other personal leave including vacation and bonus days AND meet ONE of the following conditions to qualify:

- Approved for leave under the Family Medical Leave Act (FMLA) or the Americans with Disabilities Act Amendments Act (ADAAA).
- Serve as a qualified caregiver to an immediate family member with a qualifying condition under FMLA.
- Have a qualified COVID-related illness.

If you meet one of the qualifications and have donated 16 hours to the program, you can access up to 1,040 hours of paid time off from the Sick Leave Bank during a 12-month period. For complete details, visit <https://totalrewards.memphistn.gov>

ENROLLMENT

Employees interested in becoming a Sick Leave Bank member must meet the following criteria:

- 12 continuous months as a full-time employee; and
- Have a current sick time balance of 48 hours as of the beginning of the enrollment period; and
- Complete enrollment during the designated enrollment period
- 8 hours of sick leave will be assessed to each Bank Member's personal sick leave balance each year.

DISBURSEMENT OF GRANT

- Bank Members must have exhausted all other personal leave, this includes vacation, and sick leave.
- Leave must be approved and qualify under FMLA or ADAAA (Americans with Disabilities Act Amendments Act)
- Available only to Sick Leave Bank members
- Bank Members can receive grants up to 1040 hours in rolling calendar year

The City of Memphis offers two different medical options (Select and Choose Plan) for you and your family through BlueCross BlueShield of Tennessee. You must meet an annual deductible before the plan pays part of your expenses. However, if you are enrolled in the Select Plan, you may use funds in your Health Retirement Arrangement to help meet your deductible. You will also have a copay for certain services.

NOTE: THERE ARE SEPARATE DEDUCTIBLES FOR MEDICAL AND PHARMACY THIS YEAR.

You will need to meet separate deductibles for medical and pharmacy expenses each calendar year. The deductibles will continue to apply to your annual out-of-pocket maximum. Please refer to the medical and pharmacy plan designs located in this guide for details.

After you or your family's out-of-pocket maximum is met, the plan will pay 100% of eligible covered expenses.



CITY OF MEMPHIS 2024 PLANS

Plan Features	Choice Plan			Select Plan	
Network	20% Coins.	40% Coins. + \$100 Admit Copay ★	Out-of-Network	Network S	Out-of-Network
In-Network Hospital System	Baptist, LeBonheur & Regional One	Methodist & St. Francis	Other	Baptist, LeBonheur, Regional One & St. Francis	Other

Annual Medical Deductible				
Single	\$750	\$1,500	\$1,500	\$3,000
Family	\$1,500	\$3,500	\$3,000	\$6,000

Out-of-Pocket Maximum				
Single	\$6,000	\$12,000	\$5,000	\$10,000
Family	\$12,000	\$24,000	\$10,000	\$20,000
Coins. (facility / non-facility)	20% / 20%	40% / 20%	50%	20% / 20%

HRA Funding				
Single	N/A			\$750
Family	N/A			\$1,500

Type of Benefit	Choice		Select	
PCP Office Visit***	\$15 Copay		\$15 Copay	Ded./Coins. apply
Specialist Office Visit	\$30 Copay		Ded./Coins. apply	Ded./Coins. apply
MHSA Office Visit**	\$10 Copay		\$30 Copay	Ded./Coins. apply
PT/OT/ST Rehab Visit	\$30 Copay		\$30 Copay	Ded./Coins. apply
Chiropractic Visits	\$30 Copay		\$30 Copay	Ded./Coins. apply
Inpatient Hospital Copay per Admission	Ded./Coins. apply	\$100/Admit + Ded./Coins. apply	\$300/Admit + Ded./Coins. apply*	Ded./Coins. apply
Urgent Care Copay	\$75 Copay		\$75 Copay	\$75 Copay + Ded./Coins. apply
Emergency Room Copayment (waived if admitted)	\$300 Copay + In-Network Ded./20% Ded./Coins. apply		\$300 Copay + In-Network Ded./20% Coins. Apply	
Outpatient Surgery	Ded./Coins. apply		Ded./Coins. apply	Ded./Coins. apply
Wellness Incentive	\$250 EE, \$400 EE + SP		\$250 EE, \$400 EE + SP	

★ The \$100 copay is waived and coinsurance is 20% if admitted from the ER to a hospital as an inpatient for a true emergency.

** For preventive care, copays are waived and 3D mammograms are included.

*** 10 free mental health visits

Notes:

- Out-of-network deductible is separate from in-network deductible (no crossover)
- In-network maximum out-of-pocket (MOOP) is separate from out-of-network maximum out-of-pocket (no crossover)
- There will be a \$100/month surcharge for any employee's spouse: applicable for commissioned fire and police, that has access to healthcare coverage elsewhere.
- BlueCross in-network providers not specifically identified in the Choice plan design are subject to the 20% coinsurance.

A list of hospitals can be found at <https://totalrewards.memphistn.gov>. You can save on healthcare costs by visiting in-network doctors and hospitals where you will pay lower copays and avoid other out-of-network costs. If you use a doctor or hospital outside your network, you'll pay more, including higher copays, coinsurance and/or deductibles.

TIPS FOR USING YOUR INSURANCE:

- Show your Member ID card each time you see a network provider. Your Member ID card has helpful information, such as copay amounts and your plan's network details.
- Before you make an appointment or request service, make sure the healthcare provider is in your network.
- Don't assume your doctor will only refer you to specialists, hospitals, and/or other health care providers in your network. It is your responsibility to make sure all referred providers are in your network before making an appointment.

REMINDER

- Medical Insurance – BlueCross
- Dental Insurance – BlueCross
- Vision Insurance – BlueCross
- Identity Protection Services – BlueCross
- Flexible Spending Account and Health Reimbursement Arrangements Administration – Health Equity
- Short-Term Disability plan option – Metlife
- Contributory Basic / Voluntary Life – Metlife
- Legal Insurance Protection – ARAG



COST-SHARING: HOW IT WORKS

Let's say your health plan has a \$1,500 deductible, 20% coinsurance and a \$5,000 out-of-pocket maximum.

If you get a \$100,000 medical bill, this is what you can expect:

Coverage Type	Your Share	Plan's Share
Deductible Your first share of the cost is your \$1,500 deductible. You can use your HRA to help offset this cost.	\$1,500	\$0
Coinsurance Then, your share of the cost is \$3,500.	\$3,500	\$14,000
Out-of-Pocket Maximum At this point, you'll reach your \$5,000 out-of-pocket maximum, and your plan will cover the rest.	\$0	\$81,000
Subtotal	\$5,000	\$95,000
Health Reimbursement Account (HRA)*	(\$750)	
Your share of the cost	\$4,250	

Summary: Overall, your share of the cost is \$5,000 for a \$100,000 medical bill. Your plan will cover the remaining \$95,000.

*If you are enrolled in the Select health plan, you can use up to \$750 on an individual plan and \$1,500 on a family plan of your HRA to cover your share of the cost.

PHARMACY

City of Memphis Pharmacy benefits are offered through the Medical plan and provided by Blue Cross Blue Shield of Tennessee

CITY OF MEMPHIS 2024 PLANS

Pharmacy

Type of Benefit	Choice		Select	
Single	\$250	\$500	\$250	\$500
Family	\$500	\$1,000	\$500	\$1,000
Generic Brand Retail	\$7 Copay	Deductible, then 50% coinsurance	\$7 Copay	Deductible, then 50% coinsurance
Generic Brand Mail Order	\$14 Copay		\$14 Copay	
Brand Formulary Retail	Ded. then \$30 Copay	Ded. then 50% Coins.	Ded. then \$30 Copay	Ded. then 50% Coins.
Brand Formulary Mail Order	Ded. then \$60 Copay		Ded. then \$60 Copay	
Brand Non-Formulary Retail	Ded. then \$50 Copay	Ded. then 50% Coins.	Deductible, then 20% Coins. (\$50 min / \$100 max)	Ded. then 50% Coins.
Brand Non-Formulary Mail Order	Ded. then \$100 Copay		20% Coins. (\$100 min / \$200 max)	

Note: If you don't use your insurance, always ask the pharmacy how much the medicine costs.

Your medical plan provides you with access to virtual healthcare services provided by Teladoc™ Health at no cost to you.

It's a convenient way to access a wide range of medical services from your home, office or while traveling.

Use TelaDoc Health for:

- Allergies, Colds, Fever, and Flu
- Sinus or Respiratory Issues
- Skin Conditions
- Certain Pediatric Conditions
- Urinary Tract Infections
- Constipation or Diarrhea
- Earaches
- Nausea and Vomiting
- Pinkeye
- Stress, Anxiety, Depression, Addictions, and Grief

For many non-emergency conditions, Teladoc Health providers can diagnose your symptoms and, if you need a prescription, send it to your pharmacy.

Register by logging in to your account at <https://bcbst.com> and clicking **Talk With a Doctor Now**. Or call 1-888-283-6691.

Once you register, you can use it anytime.

***Some state laws require that a doctor can only prescribe medication in certain situations and can be subject to certain limitations. Please fill your prescriptions at a pharmacy in your BlueCross pharmacy network.**

Your Health Reimbursement Arrangement

**For Employees enrolled in the Select Plan only*

The City of Memphis deposits a specific amount of money each year to a Visa card that you can use to pay eligible out-of-pocket medical expenses.

WHAT IS AN HRA?

- Coverage for out-of-pocket costs, which may include things such as deductibles, copayments, coinsurance, dental and vision expenses (as determined by your employer).
- You don't pay any taxes on HRA funds.
- There are no payroll deductions.

HOW HRAs WORK:

Your 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. During the year, you can use your funds for eligible out-of-pocket medical expenses. In most cases, your health plan will receive and process a medical claim and then send the claim to be reviewed for payment from your HRA.



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 information about the HRA is available at:
https://learn.healthequity.com/bcbst/hra/#hra_hero or call
866-375-1323.

HOW AN FSA WORKS

1) Sign up

During open enrollment, sign up to participate in an FSA, select the option that best meets your needs, and then determine the amount you would like to contribute from your pre-tax earnings. Get help estimating your expenses at <https://HealthEquity.com/FSAsheet>.

2) Contribute

The City will arrange to have the amount you selected for your pre-tax earnings added to your FSA and will arrange to have the determined amount of your pre-tax earnings contributed to your FSA. Typically the amount withheld from your paycheck is equal each pay period.

3) Use your funds

When you incur a qualified expense, you can either pay with the HealthEquity Visa / HRA card® Reimbursement Account Card provided by some plans or submit the expenses through the HealthEquity online tool for reimbursement. Remember to save all receipts; you'll need them for reimbursements and to validate your expenses with your employer or administrator.

This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for certain qualified health related expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

USE IT OR LOSE IT

FSAs are generally use it or lose it accounts. This means that you cannot carry over the balance in your FSA past the year that you opened/renewed your account. Unused funds in the account will be forfeited on the last day of March the following year. Additionally, if an account holder leaves an employer or retires, unused funds are forfeited. For more details, see IRS publication 969 or consult a tax advisor.

Additional information about the FSA is available at:

https://learn.healthequity.com/bcbst/fsa/#fsa_hero.



Qualified Expenses	
Acupuncture	Long-term care expenses
Alcoholism (rehab, transportation for medically advised attendance at AA treatment)	Medicines prescribed and filled in the USA
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	Smoking Cessation programs
Breast reconstruction surgery following mastectomy for cancer	Surgery, other than unnecessary cosmetic surgery
Chiropractor	Telephone equipment and repair used by hearing-impaired people
Contact lenses	Therapy
Crutches	Transplants
Dental Treatments	Weight-loss program (if prescribed by a physician for a specific condition)
Prescription eyeglasses/eye surgery	Wheelchairs
Hearing aids	Wigs (if prescribed)

Visit: <https://HealthEquity.com/QME>

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

This document does not represent your employer’s plan design. The plan design may further limit the expenses allowable under your plan. See your plan document and/or summary plan description. For more information visit <https://my.healthequity.com>.

WHY CHOOSE A DCFSA?

- Pay for dependent care with tax-free funds
- Can reduce your taxable income amount

To qualify, the funds must be used to take care of someone who is dependent while the caregiver works, searches for work or attends school full-time.

HOW IT WORKS

With a DCFSA, you can make pre-tax payroll contributions to pay for dependent care expenses.

- Determine the amount you would like to contribute for the year. The maximum annual DCFSA contribution allowed is \$5,000 per household. Unlike medical flexible spending accounts, your annual DCFSA funds are not available up front. Funds are only accessible as they are deposited with each payroll deduction.
- Pay dependent care costs out-of-pocket.
- Submit for reimbursement either through the [HealthEquity member portal](#), or by using the DCFSA reimbursement form.

Recurring DCFSA claims can be scheduled for the duration of the plan year. For more information, call 866-346-5800.

QUALIFIED DEPENDENTS

Qualified dependents are:

- Children under the age of 13
- Spouses who are physically or mentally unable to care for themselves
- Any adults you can claim as dependents on your tax return who are physically or mentally unable to care for themselves

Qualified Expenses		
Babysitter inside or outside household	Household employee whose services include care of a qualifying person	Care center for children who are sick
Before- and after-school or ex-tended 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	
Education/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	Care center for children who are sick
Household services	Payments for care where you are not the custodial parent
Incidental expenses	Overnight camp

For more information visit <https://my.healthequity.com>

24 HOUR NURSELINE – 800-818-8581 (OPTION 1)

When you have questions about your health, Nurseline can help. You can talk to a nurse 24/7 online or over the phone — at no cost to you. To talk to a nurse online, log in to your [bcbst.com](https://www.bcbst.com) account.

BLUECROSS CHRONIC CARE MANAGEMENT PROGRAM – 1-800-818-8581 (OPTION 2)

Living with a complex illness or challenging health condition isn't easy. With the Chronic Care Management program from BlueCross, you have access to your own personal care manager who can help you learn to better manage your condition and live a healthier life.

With Chronic Care Management provides personalized advice and guidance based on your individual needs. Your care manager can help you manage: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Congestive Heart Failure and more.

BEHAVIORAL HEALTH – 800-818-8581 (OPTION 6, THEN OPTION 5)

Managing your mental health and substance use will help you better manage your other health conditions. Let us know if you'd like assistance dealing with a serious illness.

EMPLOYEE ASSISTANCE PROGRAM (EAP) ADMINISTERED BY CONCERN

The City of Memphis offers free EAP services to help you manage quality of life issues. This service is paid for by the City and is available to you, your dependents, or household members, even if you are not covered by a City of Memphis medical plan. Short-term professional assistance is available through CONCERN 24/7 by calling 901-458-4000 or 800-445-5011.

BLUE OF TENNESSEE WITH SANITAS MEDICAL CENTER (CLINICS)

Care Right Around the Corner

BlueCross has partnered with Sanitas Medical Center to bring care just for BlueCross members close to home. Go to one of the centers in downtown Memphis, Germantown, Lakeland and Whitehaven for:

- Primary care, checkups and vaccinations for the whole family
- Urgent care for infections, cold, flus, cuts and sprains
- Same-day appointments
- Night and weekend hours
- On-site labs

Plus, there's online scheduling, chat and telemedicine options at no extra cost to make it easier to get the care you need without leaving home. Call – 888-796-0609 for more information.

IDENTITY PROTECTION SERVICES

In addition to protecting your health, we want to help you protect your personal information. BlueCross has teamed up with Experian, one of the world's leading financial services companies, to offer you these benefits as part of your medical plan at no additional cost to you:

- Credit 1B provides credit monitoring, credit reports, fraud protection and fraud resolution support for covered adults. Each covered member age 18 or older will need to enroll separately.
- Minor Plus provides credit and Social Security number monitoring for dependents under 18 years old.

TO ENROLL :

- Log in to your bcbst.com account.
- Look for the **Benefits & Coverage** section.
- Click on **Identity Protection** Services.

You'll be taken to a secure site to enroll in the services.

Contact Experian at 1-866-926-9803 for more information.

WELCOME TO TALKSPACE

Talkspace is a digital space for private and convenient mental health support. With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night from the convenience of your device (cellphone and/or internet).

HOW IT WORKS

Our members can begin to exchange unlimited messages (text, voice, and video) with their personal therapist immediately after registration. Therapists engage daily, 5 days per week, which often includes weekends. Every Talkspace member is granted a complimentary, 10-minute video session to get to know their new therapist.

Additional video sessions can also be scheduled.

You will continue to work with the same therapist throughout your journey. However, you're always welcome to switch providers so you can find the perfect fit. Talkspace's clinical network features thousands of licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- Anxiety & Stress
- Depression
- Relationships
- Family conflict
- Trauma & Grief
- Eating disorders
- Substance abuse
- Chronic illness
- and more

Talkspace can work for you. In a study of 10,000 member participants, 70% experienced significant symptom improvement and 50% fully recovered after 12 weeks of regular engagement with their Talkspace therapist.

READY TO GET STARTED?

- Visit <https://talkspace.com/memphis> Use keyword **"MemphisEmployees"**
- Complete our QuickMatch™ therapist-selection questionnaire
- Review your best matches and choose your personal therapist
- Begin messaging in your private digital care room, or schedule a session

QUESTIONS? EMAIL wellness.questions@memphistn.gov



Live Better at No Cost to You.

Livongo helps you simplify diabetes management, manage your weight, and prevent the onset of Type 2 diabetes. The best part: The program is provided to you and your family members with diabetes and coverage through BlueCross BlueShield of Tennessee.



IT'S ALL ON THE HOUSE



	Diabetes Management	Healthy Living & Diabetes Prevention
Advanced Connected Technology	Blood Glucose Meter	Smart Scale
Program specific features	Unlimited strips & lancets	Self guided in-app lessons
Mobile app & dashboard	✓	✓
Automatic logging	✓	✓
Real-time support	✓	✓
Expert coaching	✓	✓
Personalized insights	✓	✓
Food logging	✓	✓

HERE'S WHAT OUR MEMBERS HAVE TO SAY:



Scott Wilson

"Livongo is much more than a sophisticated meter. It's a program that can help you get to know you better, get to know your body, so that you can control your diabetes."



Marquisha Branch

"I feel a lot more confident in myself as far as the choices I make. I feel a lot more energetic now, so definitely, I believe my health has changed dramatically."



Kathy Gosser

"Livongo has changed my life. My doctor was truly thrilled that I turned my health around through healthy lifestyle changes. The fact that I have kept the weight off is a miracle."



Kendrick Summers

"I've had diabetes for 20 years, and I've never had the ability to control it in the way I do now."

JOIN NOW AT [HAPPY.LIVONGO.COM/CITYOFMEMPHIS/register](https://happy.livongo.com/cityofmemphis/register)
OR CALL 800-945-4355 WITH CODE CITYOFMEMPHIS

Program includes trends and support on your secure Livongo account and mobile app but does not include a tablet or phone. The testimonials, statements, and opinions presented are applicable to the individuals depicted. Each member's exact results and experience will be unique and individual to each member. The testimonials are voluntarily provided and are not paid.

The City of Memphis offers a dental plan option for you and your family through BlueCross BlueShield of Tennessee. The chart below is an overview of the dental plan offered. Please visit <https://BCBST.com> or call 888-796-0609 for a list of network dental providers and complete plan details.

Active Full-Time Employee Dental In-Network and Out-of-Network Plan		
Dental Plan		
Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A: Diagnostic & Preventative <i>(cleanings, exams, X-rays)</i>	100%	80%
Type B: Basic Restorative <i>(oral surgery, endodontics)</i>	80%	60%
Type C: Major Restorative <i>(crowns, bridges, dentures, implants)</i>	50%	40%
Type D: Orthodontia <i>\$1,000 lifetime orthodontia max benefit</i>	50%	50%
Deductible <i>\$1,000 Lifetime Orthodontia Max Benefit</i>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

- Children’s eligibility for dental coverage up to age 26.
- There is no ‘missing tooth’ exclusion.

The vision plan is provided by BlueCross BlueShield of Tennessee. It provides coverage for you and your eligible dependents for eye examinations, frames, lenses, contact lenses, and out-of-network reimbursement. You can find network providers and locations by logging in to your account at <https://bcbst.com/findcare>. You can also get help by calling **888-796-0609**. Medical Plans do not cover a routine eye exam visit.

Active Full-Time Employee Vision In-Network and Out-of-Network Chart

Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/follow-up within a calendar year period)		
Comprehensive eye exam	\$15 Co-pay	Up to \$45
Contact Lens Fitting and Follow-Up-Standard	Up to \$40 Co-pay Premium Contact Lens Fit and Follow Up: 10% off retail	Not Covered
Vision Materials	In-Network	Out-of-Network
Standard Plastic Lenses (Limited to one set of lenses or contact lenses each calendar year)		
Single	\$15 Co-pay	Up to \$40
Bifocal	\$15 Co-pay	Up to \$65
Trifocal	\$15 Co-pay	Up to \$75
Lenticular	\$15 Co-pay	Up to \$100
Frames (Limited to one pair of frames every other calendar year)	\$0 Co-pay up to \$150 Allowance	Up to \$82
Contacts (Limited to one set of lenses every calendar year)		
Conventional	\$0 Co-pay up to \$150 Allowance 15% discount off balance over the allowance	Up to \$120
Disposable	\$0 Co-pay up to \$150 Allowance	Up to \$120
Medically necessary	Covered at 100%	Up to \$210

The Wellness Rewards program is a voluntary wellness incentive designed to help you learn more about your personal health and to motivate you to maintain or improve your overall well-being while earning merchandise or gift cards in the process. Contact: wellness.questions@memphistn.gov for additional information.

Blue Cross Select Plan Reward Total	Blue Cross Choice Plan Reward Total
\$250 Employee	\$250 Employee
\$150 Spouse	\$150 Spouse

FREE EMPLOYEE HEALTH CLINIC

City of Memphis employees and their covered dependents do not have to pay a copayment or a deductible when visiting the clinic. Additionally, the clinic has a limited supply of medications in stock at no cost to you or your dependents.

Note: Your medical information is protected by HIPAA privacy laws and is not shared with the City of Memphis.

For your convenience, visit the Employee Clinic in City Hall. A second location is scheduled to open early 2024.



City Hall – 125 North Main Level 1B
 Monday – Friday 8a.m. – 4:30p.m.
 901-636-0111

The City of Memphis offers FREE access to Fitness Centers at several worksites and Community Centers. Most centers are equipped with weights, power rowers, elliptical machines, treadmills, stair climbers! Contact wellness.questions@memphistn.gov for additional information.



170 N. Main



**Bert Ferguson
Community Center**

COM Fitness Centers	Who Is Eligible?	Location	Hours
Union Ave	Active employees	2714 Union Ave. Ext. 5th Floor	M-F (7a.m.-7p.m.)
Public Safety Bldg.	Active employees	170 N. Main	M-F (7a.m.-7p.m.)
City Hall	Active employees	125 N. Main	M-F (7a.m.-7p.m.)
Bert Ferguson CC	Active employees	8505 Trinity Road	M-F (11a.m.-8p.m.) Sat. (9a.m.-5p.m.)
Bickford CC	Active employees	233 Henry Street	M-F (8 a.m.-8 p.m.) Sat. (9a.m.-5p.m.)
Glenview CC	Active employees	1141 S. Barksdale	M-F (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Hickory Hill CC	Active employees	3910 Ridgeway Rd.	MWF (12p.m.-8p.m.) Tu & Th (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Kate Sexton CC	Active employees	235 Brown Ave.	M-F (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Orange Mound C&SC	Active employees	2590 Park, 38114	M-F (8 a.m.-4p.m.)
Benjamin L. Hooks Library	Active employees on site	3030 Poplar Ave	M-Th (9a.m.-9p.m.) F-S (9a.m.-6p.m.) S (1p.m.-5p.m.)
Stiles Plant	Active employees on site	2303 N 2nd St	M-F (7a.m.-3p.m.)
T.E. Maxson Plant	Active employees on site	2685 Plant Rd	M-F (7a.m.-3p.m.)
MPD Precincts	Active employees on site	Most Precincts	24 Hours
MFD Stations	Active employees on site	Many Stations	24 Hours
Office of EMA	Active employees on site	2668 Avery	24 Hours

The City offers several Financial Wellness tools and offers quarterly Financial Wellness Seminars to improve financial growth.

TUITION REIMBURSEMENT (BRIGHT HORIZONS)

The City of Memphis offers a Tuition Reimbursement Program to assist full-time City employees with the cost of college tuition. The program is available to any full-time City of Memphis employee. The program considers applications for assistance with tuition and books for Associate, Bachelor's, Master's, and Doctorate degree programs. The City will also consider applications for assistance with fees and book costs associated with certifications. Contact: wellness.questions@memphistn.gov for additional information.

STUDENT LOAN REDUCTION PROGRAM (BRIGHT HORIZONS)

The City of Memphis provides student loan debt assistance to employees who have earned or are in the process of earning a degree from an accredited institution, have outstanding loans, and meet program eligibility requirements. Full time employees can apply after one year of continuous service. Contact: wellness.questions@memphistn.gov for additional information.

PUBLIC SERVICE LOAN FORGIVENESS.

The Federal government offers a program that forgives consolidated student loans for employees who work in public service - which includes all City employees.

To learn more, call 855.265.4038 or email Employment Certification form to wellness.questions@memphistn.gov



The designation of beneficiaries ensures your life insurance (Death Benefit/ Disability) will be distributed according to your wishes. This simple decision can save your loved one's time, and money, and also prevents stress of going to probate court. Review your beneficiaries at least once a year and whenever there is a life-changing event, such as divorce or death of a beneficiary.

There are several simple ways to add, update or review your beneficiary designations.

TO UPDATE OR ADD BENEFICIARIES:

Log in to self service in ORACLE Fusion (memphistn.gov/fusion) or call 901-636-6800. For security purposes, please be prepared to give the last four digits of your Social Security number or your employee ID number.

You will find step by step instructions on the Total Rewards website at:

<https://totalrewards.memphistn.gov>.

The Beneficiary election form is also located on the Total Rewards website.

You can complete the form and return it by :

Fax: 901-636-9431

Email: benefitsquestions@memphistn.gov

Mail: Total Rewards- Benefits
2714 Union Ave Ext 4th Floor
Memphis, TN 38112



Beginning January 1, 2024, The City of Memphis will be offering life insurance through MetLife.

Life insurance provides a source of income for your beneficiary in the event of your death, which can help employees cover immediate or long-term expenses.

Employees have the option to elect coverage through Contributory Basic Life Insurance, where the City makes a contribution towards the policy cost, and/or a Voluntary Life Insurance Plan, which is portable.

CONTRIBUTORY BASIC LIFE INSURANCE

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 can also be purchased.

VOLUNTARY INSURANCE

Voluntary Life coverage may be elected per the table below. All coverage amounts that are not guaranteed require Evidence of Insurability (EOI). Coverage elected during annual enrollment will be effective January 1, 2024 or whenever EOI is approved, whichever is later.

Active Full-time Employee Group Life Insurance		
Coverage Type	Coverage Options	Additional Information
Employee Voluntary Life	All Full-Time Employees Choice of \$10,000 increments not to exceed 5 times your annual salary. Benefits will begin to be reduced at age 65.	Guarantee Issue (For New Hires only. All existing employees require EOI): The lesser of \$200,000 or 3 times salary
Spouse Voluntary Life	\$5,000 increments to a maximum of \$250,000.	Employee must elect coverage for spouse to be eligible. Not to exceed 50% of the employee's approved amount of Voluntary Life coverage.
Child Voluntary Life	\$10,000	Child is covered from live birth to age 25.

The City of Memphis Pays for a \$10,000 death benefit for all active employees and \$5,000 for Retirees.

Beginning January 1, 2024, The City of Memphis will be offering disability insurance through MetLife.

SHORT-TERM DISABILITY (STD)

Short-Term Disability insurance pays a weekly benefit if you cannot work due to a covered illness or injury. STD benefits replace a portion of your weekly income, by providing funds directly to you to help pay your bills and living expenses.

Eligibility: Full-time permanent, active employees of City of Memphis over 18 years old.

Premium: You pay 100% for this coverage through payroll deduction.

Your benefit begins after a 14-day waiting period and will pay a maximum of 166 days. STD benefits will end the day long-term disability benefits become payable to you under a group plan provided by the City of Memphis.

STD benefits will not be paid while a member is eligible to receive sick pay.

LONG-TERM DISABILITY (LTD)

- **Eligibility:** Full-time, active employees of the City of Memphis over the age of 18.
- **Premium:** Employer-paid benefit by the City of Memphis.
- **LTD Benefit:** 60% of the first \$8,333 of your pre-disability earnings, reduced by deductible income.
- **Maximum LTD Benefit:** \$5,000, before reduction of deductible income.
- **Assisted Living Benefit:** An additional 20% of the first \$8,333 of your pre-disability earnings, not to exceed \$1,667.
- **Benefit waiting period:** 180 days.
- **Maximum benefit period:** Determined by your age when disability begins. For additional information, refer to your policy.
- Deductible while on disability which would then reduce your weekly or monthly benefit amount paid by MetLife.

**Questions?
We're here to help.**



**Contact MetLife at:
1-800-GET MET8
(1 800 438-6388)**

Active Full-time Employee Group Life Insurance

Coverage Type	Plan 1	Plan 2	Plan 3
Benefits Schedule of Salary	50%	60%	70%
Insured Pre-disability Earnings	\$3,000	\$2,500	\$2,143
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Minimum Weekly Benefit	\$15	\$15	\$15
Benefit Waiting Period Accident & Sickness	14 Days	14 Days	14 Days
Maximum Benefit Period	166 Days	166 Days	166 Days

Active Full-time Employee Group Life Insurance

Employee Earnings	Plan 1		Plan 2		Plan 3	
	Weekly Benefit	Biweekly Cost	Weekly Benefit	Biweekly Cost	Weekly Benefit	Biweekly Cost
\$25,000/year (\$480/week)	\$240	\$5.18	\$288	\$6.22	\$336	\$7.26
\$50,000/year (\$962/week)	\$481	\$10.39	\$577	\$12.46	\$673	\$14.54
\$75,000/year (\$1,442/week)	\$721	\$15.57	\$865	\$18.68	\$1,009	\$21.79
\$100,000/year (\$1,923/week)	\$962	\$20.78	\$1,153	\$24.90	\$1,346	\$29.07
\$125,000/year (\$2,403/week)	\$1,202	\$25.96	\$1,442	\$31.15	\$1,500	\$32.40
\$150,000/year (\$2,885/week)	\$1,442	\$31.15	\$1,500	\$32.40	\$1,500	\$32.40
\$175,000/year (\$3,365/week)	\$1,500	\$32.40				

Maximum benefit for each of these plans = \$1,500 per week

Legal is everywhere, and it is a part of everything we do. From the expected, like creating power of attorney documents, to the unpredictable, like getting into a dispute with your landlord. Fortunately, legal insurance from ARAG® is here to help you through all of it.

When enrolling in benefits, you are looking for ones that provide real value when you need it. With legal insurance, you will benefit from:

- 100% paid in-full network attorney fees for most covered legal matters,
- A network of local, professional attorneys who can advise and represent you, and
- These new enhancements offer even more protection for you and your family.

A few of the new enhancements include:

- Elder law – member support
- Representation in the defense of a student loan debt collection
- Representation to establish restraining orders

A few of the current benefits include:

- Preparation of wills and powers of attorney
- Representation in a consumer protection matter
- Representation in a minor traffic ticket defense (excludes DWI)

WHAT DOES IT COST?

UltimateAdvisor® Legal Insurance:

- \$14.50 per month

LEARN MORE BEFORE YOU ENROLL

- Watch the YouTube video - "[Legal is Everywhere](#)".
- Visit <https://ARAGlegal.com/myinfo> and enter access code **18314com**.
- Call ARAG Customer Care from 7:00a.m. to 7:00p.m. Central time, Monday through Friday at 800-247-4184.

DEFINE BENEFITS PLAN

The Defined Benefit Plan is the legacy pension plan. Retirees and employees with at least 7.5 years of full-time employment with the City of Memphis (as of June 30, 2016) who participated in the City of Memphis retirement plan will remain under the Defined Benefits Plan.

- Employee contributions remain at 8% of salary
- The City of Memphis will continue to contribute 6% of salary
- Management includes a 457(b) cash out lump sum option at retirement

As of July 1, 2023, General Employees with 5 years and Commission Employees with 10 or more consecutive years of full-time service with the City of Memphis who participate in the City of Memphis Retirement plan are fully vested.



RETIREMENT PLAN PROPOSAL

- **Less taxpayer risks**
- **More earning potential for new employees**
- **No pension changes for vested or retired City employees**

TWO RETIREMENT EARNING OPPORTUNITIES ROLLED INTO ONE:

A Market Based Cash Balance Plan & 401(a) Plan.

Note: The City of Memphis also encourages employees to further grow their retirement options by contributing an additional 4% or more of their salary to either the 457(b) Deferred Comp plan or a personal savings.

Contributions		Legacy Plan		Hybrid Retirement Plans	
				Market Based Plan	401 (a) Plan
Employee Contribution	8% of salary			2% of salary	6% of salary
City Contribution	6% of salary			3-16% of salary (depends on years of service and position)	1.5% of salary
Options	457(b) Cashed out at retirement only if elected			457(b) May be rolled over into an annuity	457(b) May be rolled over into an annuity
Management	No employee involvement			Professionally Managed Fund	Employee Directed Investments

HYBRID BENEFIT PLAN

Employees with less than 7.5 years of service will have their pension benefits calculated at retirement by combining benefits earned before June 30, 2016 on the previous Defined Benefit Plan with benefits earned after June 30, 2016 under the new Hybrid Plan.

Note: For Commissioned Fire and Police, Paramedics, and Communication Dispatchers and Operators impacted by the tax referendum, this may not apply.

- Pension benefits accrued before June 30, 2016 are calculated by years of service multiplied by 2.5% multiplied by ending salary. This amount is preserved until retirement.
- Any contributions made after June 30, 2016 are calculated based on the new Hybrid Plan, which includes the following changes:
- Employee contributions will be a combination of 2% of salary in a Market Based Plan and 6% of salary in a 401(a) Plan. The total contribution is the same as the previous plan at 8%.
- The City of Memphis will contribute between 3% and 16% of the participating employee's salary depending on the years of service and position. Additionally, the City of Memphis will contribute 1.5% of employee's salary to the 401(a) Plan, which is employee directed after signing up.
- The Market-based Plan is professionally managed. At retirement, employees have the option of 457(b) Deferred Comp Cash Out or rolling the fund over into an annuity.

For questions regarding the Hybrid Benefits Plan, contact the HR-Total Rewards Retirement Dept. at **901-636-6800** and/or retirementquestions@memphistn.gov.

WHO IS ELIGIBLE

Full-time City of Memphis employees covered by Social Security.

SOCIAL SECURITY PLAN

457(b) Deferred Comp Plan contributions for certain AFSCME and Social Security only employees. Since July 1, 1995, the City of Memphis has funded a deferred compensation plan for City employees who are not eligible for the City's pension plan due to Social Security coverage. Under the Social Security Plan, the City contributes the difference between its contribution to the regular pension plan and the its contribution to Social Security based on the employee's salary at a rate of 2.35% of the employee's salary.

Note: The Social Security Plan is a supplemental benefit for AFSCMe Solid Waste employees and other non-pension employees who receive Social Security payments and as their primary retirement benefit upon retirement.

401(a) MATCHING RETIREMENT BENEFIT

All full-time City of Memphis employees covered by Social Security will be eligible to participate in a 401(a) matching retirement benefits.

HOW IT WORKS

For every dollar (eligible up to 4.5% of salary) an eligible employee contributes to the City's 457(b) Deferred Comp plan, the City will make a matching contribution to a 401(a) account. The amount of the matching contribution is 1.5% to 4.5% based on the employee's years of service.

HOW TO GET STARTED

If you already make contributions to the 457(b) Deferred Comp plan administered by Empower Retirement, you will automatically begin receiving the match. If you are not already making contributions to the 457(b) Deferred Comp plan or you want to increase your contributions, contact Empower to enroll and start saving for your retirement.

Years of Service	Matching Contribution
0-15	\$.50 City match for every \$1 employee contribution (1.5% max)
15-20	\$1 City match for every \$1 employee contribution (3% max)
20+	\$1.50 City match for every \$1 employee contribution (4.5% max)

401(a) MATCHING RETIREMENT BENEFIT HOW TO GET STARTED

If you already make contributions to the 457(b) Deferred Comp plan administered by Empower Retirement, you will automatically begin receiving the match.

If you are not already making contributions to the 457(b) Deferred Comp plan or you want to increase your contributions, contact Empower Retirement to enroll and start saving for your retirement.

Empower Customer Service: 1-855-756-4738

Empower Retirement Education Specialist:

Austin Maness - austin.maness@empower.com

San Tate - san.tate@empower.com

This is an exciting program, and the City looks forward to you participating and growing your retirement savings. *More information can be found on <https://totalrewards.memphistn.gov>.

Eligibility: All full-time and part-time employees may join the plan. Independent contractors are excluded.

Enrollment: Employees may begin participating in the plan immediately.

EMPLOYEE CONTRIBUTIONS

Pre-tax contributions - Through payroll deduction, you may make pre-tax contributions up to the IRS maximum contribution limit. Traditional pre-tax contributions are deducted from your paycheck before tax calculations occur. You may contribute up to the IRS maximum contribution limit. The maximum annual contribution limit is \$22,500 for the current plan year.

Roth contributions - Through payroll deduction, you may make Roth contributions up to the IRS maximum contribution limit. Roth contributions are deducted from your paycheck on an after-tax basis. The earnings on your Roth contributions grow tax-deferred and such earnings may be distributed tax free if certain conditions are met. Read your Summary Plan Description for more details.

CATCH-UP CONTRIBUTIONS

50+ catch-up - Employees age 50 or older by the end of the plan year may be able to contribute catch-up contributions. The IRS limit for catch-up contribution is an additional \$7,500 with the maximum amount of \$30,000. Catch-up contributions will not be considered as catch-up unless the IRS maximum contribution limit has been reached first.

Pre-retirement catch-up - The pre-retirement catch-up provision allows you to make additional contributions during the three years prior to, but not including, the year in which you will reach normal retirement age based upon the total amount of contributions that you could have made in prior years, but did not.

CONTACT EMPOWER

For one-on-one assistance and questions, contact your Empower Retirement Education Specialist:

Austin Maness - austin.maness@empower.com

ALL EMPLOYEE PERKS

Services	Discount (show employee ID)
Employee Health Clinics • 1520 Union Avenue • City Hall - 125 N. Main Street Level 1B	<ul style="list-style-type: none"> • No copayment or deductible • No cost for a limited supply of medications in stock
Raleigh Tire	5% for mechanical, oil, and brake services

Fitness	Discount (show employee ID)
901 Fitness, Inc. 3634 Austin Peay Hwy	<ul style="list-style-type: none"> • Enrollment fee waived • \$15.00/ month includes access to all fitness & group classes
Blue Cross Blue Shield – Fitness Your Way	<ul style="list-style-type: none"> • Access to 10,000 fitness locations nationwide • One-time enrollment fee- \$29.00 • \$29/month
City of Memphis Fitness Centers & Community Centers	<ul style="list-style-type: none"> • No membership fees • Contact Total Rewards-Wellness at wellness.questions@memphistn.gov or 901.636.6592 for more information
KROC Center	<ul style="list-style-type: none"> • Registration fee waived • 50% off monthly membership
Esporta	<ul style="list-style-type: none"> • Enrollment fee waived • 32% off monthly membership
Planet Fitness	<ul style="list-style-type: none"> • No enrollment fee or annual fee • No membership fees
YMCA	<ul style="list-style-type: none"> • Joining fee waived • 50% off monthly membership
Your Inner Yogi 10 N. 2nd Street Ste. 102	<ul style="list-style-type: none"> • 15% off regularly priced classes & membership • 10% off Online Classes (For discount code email, wellness.questions@memphistn.gov) • 15 % off Private Personal Session

Food	Discount (show employee ID)
McAlister’s (MENDENHALL LOCATION ONLY)	10% off total order

ALL EMPLOYEE PERKS

Attractions/Entertainment/Quality of Life Discount (show employee ID)	
Access Perks	<ul style="list-style-type: none"> No copayment or deductible No cost for a limited supply of medications in stock
LifeCare - LifeMart	5% for mechanical, oil, and brake services
Magic Springs Water Park	<ul style="list-style-type: none"> Daily Pass = \$29.99 each Season Pass = \$64.99 Gold Pass = \$139.98 Visit totalrewards.memphistn.gov/wellness and see Employee Perks under Resources
MATA	Free rides with City employee badge
Memphis Public Library	All employees may use their employee ID as a library card
Tickets At Work	<ul style="list-style-type: none"> Up to 50% off discounts on goods/services No cost to employees Visit totalrewards.memphistn.gov/wellness and see Employee Perks under Resources

Wireless Discount (show employee ID)	
AT&T Signature Program	<ul style="list-style-type: none"> 17% off the monthly service charges of qualified wireless plans, including mobile Share Flex Waived activation fees with select activations and waived upgrade fees with select upgrades
T-Mobile	<ul style="list-style-type: none"> 15% off monthly service charges, must call 800-937-8997 and provide CoM NOD ID#: 4330519 With Sprint merging with T-Mobile employees will have to switch over to T-Mobile to still receive the discounted rate.



SEE YOUR WELLNESS MOBILE APP FOR ADDITIONAL BADGE DISCOUNTS

City of Memphis Police & Fire Perks	
Shopping	Discount
Columbia Store	10% off entire purchase
New Balance	15% off entire purchase- clearance and sale items excluded
Food	Discount (show employee ID)
Domino's (Union Ave, Poplar, Winchester, Raleigh Lagrange, 1327 Germantown, Memphis Arlington locations)	50% off entire purchase, walk-in only
Dunkin Donuts (Union Ave & Whitten Rd locations only)	10% off entire purchase
Firehouse Subs	Free drinks w/ meal purchase
Lenny's Subs	10% off entire purchase
McAlister's (Mendenhall & Germantown locations only)	10% off entire purchase
One & Only BBQ	10% with ID/50% for officers on duty (in uniform)

PART-TIME



The City of Memphis offers dental and vision to those part-time employees who qualify. Eligible part-time employees will have access to this voluntary coverage at the same premium rates as full-time employees. Pursuant to BlueCross BlueShield of Tennessee underwriting requirements for participation in this program, employees must meet the following criteria:

- Completed one year of service.
- Work an average of at least 20 hours per week, (1,040 hours of work within the calendar/fiscal year).
- Expect to continue to work at least 20 hours per week for the remainder of 2023 and in the enrolled plan year (calendar year 2024).

All eligible employees will receive a confirmation letter within 30 days of 1 year completion along with enrollment instructions.

WHAT DOES MANDATORY ENROLLMENT MEAN?

- 2024 Open Enrollment is a mandatory Enrollment.

HOW TO ENROLL

You have several enrollment options:

- Online: <https://totalrewards.memphistn.gov>
- By phone: schedule an appointment by calling 901-636-6800
- Schedule an online appointment via the <https://totalrewards.memphistn.gov>
- In-person Enrollment - Please go to <https://totalrewards.memphistn.gov> to view the location, dates and times.

Enroll in your benefits here.



PLEASE REVIEW THE INFORMATION WITHIN THIS GUIDE IN DETAIL.

To make changes to your benefits, for example, adding or removing dependents, or increasing/decreasing coverage please log into <https://memphistn.gov/fusion>. You can only take action when you become eligible.

CITY OF MEMPHIS DENTAL AND VISION ELIGIBILITY

- Part-Time Employees who have at least one year of employment
- Must have worked 1040 hours for one year within the last five years.

The City of Memphis offers a dental plan option for you and your family through BlueCross BlueShield of Tennessee. The chart below is an overview of the dental plan offered. Please visit <https://BCBST.com> or call 888-796-0609 for a list of network dental providers and complete plan details.

Note: Covered employees and spouses can receive a \$25 gift card after showing proof of one teeth cleaning during their plan year. Limit one gift card per person per year.

Part-Time Employee Dental In Network and Out-of-Network Plan

Dental Plan		
Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A: Diagnostic & Preventative <i>(cleanings, exams, X-rays)</i>	100%	80%
Type B: Basic Restorative <i>(oral surgery, endodontics)</i>	80%	60%
Type C: Major Restorative <i>(crowns, bridges, dentures, implants)</i>	50%	40%
Type D: Orthodontia <i>\$1,000 lifetime orthodontia max benefit</i>	50%	50%
Deductible <i>\$1,000 Lifetime Orthodontia Max Benefit</i>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

- Children's eligibility for dental coverage up to age 26.
- There is no 'missing tooth' exclusion.

The vision plan is provided by BlueCross BlueShield of Tennessee. It provides coverage for you and your eligible dependents for eye examinations, frames, lenses, contact lenses, and out-of-network reimbursement. You can find network providers and locations by logging in to your account at <https://bcbst.com/findcare>. You can also get help by calling **888-796-0609**. Medical Plans do not cover a routine eye exam visit.

Part-Time Employee Vision In Network and Out-of- Network Chart

Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/follow-up within a calendar year period)		
Comprehensive eye exam	\$15 Co-pay	Up to \$45
Contact Lens Fitting and Follow-Up-Standard	Up to \$40 Co-pay Premium Contact Lens Fit and Follow Up: 10% off retail	Not Covered
Vision Materials	In-Network	Out-of-Network
Standard Plastic Lenses (Limited to one set of lenses or contact lenses each calendar year)		
Single	\$15 Co-pay	Up to \$40
Bifocal	\$15 Co-pay	Up to \$65
Trifocal	\$15 Co-pay	Up to \$75
Lenticular	\$15 Co-pay	Up to \$100
Frames (Limited to one pair of frames every other calendar year)	\$0 Co-pay up to \$150 Allowance	Up to \$82
Contacts (Limited to one set of lenses every calendar year)		
Conventional	\$0 Co-pay up to \$150 Allowance 15% discount off balance over the allowance	Up to \$120
Disposable	\$0 Co-pay up to \$150 Allowance	Up to \$120
Medically necessary	Covered at 100%	Up to \$210

DEATH BENEFIT

The City of Memphis Pays for a \$10,000 death benefit for all active employees and \$5,000 for Retirees.

DISABILITY BENEFITS

Short-Term disability (STD)

Short-Term Disability insurance pays a weekly benefit if you cannot work due to a covered illness or injury. STD benefits replace a portion of your weekly income, by providing funds directly to you to help pay your bills and living expenses. In case of a discrepancy between the plan documents and this guide, the plan documents will prevail. Benefits are subject to change without notice.

- **Eligibility:** Part-time active employees of City of Memphis over the age of 18 who has worked over a year of continuous service and at least worked 20 hours/week.
- **Premium:** You pay 100% for this coverage through payroll deduction.

Part-time Employee Voluntary Short-Term Disability

Voluntary STD Plan 1	
Benefits Schedule of Salary	50%
Insured Pre-disability earnings	\$3,000
Maximum Weekly Benefit	\$1,500
Minimum Weekly Benefit	\$15
Benefit Waiting Period Accident & Sickness	14 Days
Maximum Benefit Period	166 Days

Sample Weekly Benefits Calculations With Per-Pay-Period Cost by Plan for Part-time employees

Employee Earnings	Plan 1	
	Weekly Benefit	Biweekly Cost
\$15,000/year (\$288/week)	\$144	\$3.11
\$20,000/year (\$384/week)	\$192	\$4.15
\$25,000/year (\$480/week)	\$240	\$5.18
\$30,000/year (\$578/week)	\$289	\$6.24
\$35,000/year (\$673/week)	\$337	\$7.28

**Questions?
We're here to help.**



**Contact MetLife at:
1-800-GET MET8
(1 800 438-6388)**

FREE EMPLOYEE HEALTH CLINIC

Part Time City of Memphis employees do not have to pay a copayment or a deductible when visiting the clinic. Additionally, the clinic has a limited supply of medications in stock at no cost to you. Insurance is not required.

Note: Take comfort in knowing your medical information is protected by HIPAA privacy laws and is not shared with the City of Memphis.

For your convenience, visit the Employee Clinic in City Hall. A second location is scheduled to open early 2024.



City Hall - 125 North Main Level 1B
Monday - Friday 8 am – 4:30 pm
901-636-0111

The City of Memphis offers FREE access to Fitness Centers at several worksites and Community Centers. Most centers are equipped with weights, power rowers, elliptical machines, treadmills, stair climbers, and much more! Contact wellness.questions@memphistn.gov for additional information.



170 N. Main



Bert Ferguson Community Center

COM Fitness Centers	Who Is Eligible?	Location	Hours
Union Ave	Active employees	2714 Union Ave. Ext. 5th Floor	M-F (7a.m.-7p.m.)
Public Safety Bldg.	Active employees	170 N. Main	M-F (7a.m.-7p.m.)
City Hall	Active employees	125 N. Main	M-F (7a.m.-7p.m.)
Bert Ferguson CC	Active employees	8505 Trinity Road	M-F (11a.m. - 8p.m.) Sat. (9a.m. - 5p.m.)
Bickford CC	Active employees	233 Henry Street	M-F (8 a.m. - 8 p.m.) Sat. (9a.m. - 5p.m.)
Glenview CC	Active employees	1141 S. Barksdale	M-F (12p.m. - 8pm) Sat. (9a.m. - 5p.m.)
Hickory Hill CC	Active employees	3910 Ridgeway Rd.	MWF (12p.m. - 8p.m.) Tu & Th (12p.m. - 8p.m.) Sat. (9a.m. - 5p.m.)
Kate Sexton CC	Active employees	235 Brown Ave.	M-F (12p.m. - 8pm) Sat. (9a.m. - 5p.m.)
Orange Mound C&SC	Active employees	2590 Park, 38114	M-F (8 a.m. - 4 p.m.)
Benjamin L. Hooks Library	Active employees on site	3030 Poplar Ave	M-Th (9a.m. - 9p.m.) F-Sat. (9a.m. - 6p.m.) Sun. (1p.m. - 5p.m.)
Stiles Plant	Active employees on site	2303 N 2nd St	M-F (7a.m.-3p.m.)
T.E. Maxson Plant	Active employees on site	2685 Plant Rd	M-F (7a.m.-3p.m.)
MPD Precincts	Active employees on site	Most Precincts	24 Hours
MFD Firehouses	Active employees on site	Many Firehouses	24 Hours
Office of EMA	Active employees on site	2668 Avery	24 Hours

Eligibility: All full-time and part-time employees may join the plan. Independent contractors are excluded.

Enrollment: Employees may begin participating in the plan immediately.

EMPLOYEE CONTRIBUTIONS

Pre-tax contributions - Through payroll deduction, you may make pre-tax contributions up to the IRS maximum contribution limit. Traditional pre-tax contributions are deducted from your paycheck before tax calculations occur. You may contribute up to the IRS maximum contribution limit. The maximum annual contribution limit is \$22,500 for the current plan year.

Roth contributions - Through payroll deduction, you may make Roth contributions up to the IRS maximum contribution limit. Roth contributions are deducted from your paycheck on an after-tax basis. The earnings on your Roth contributions grow tax-deferred and such earnings may be distributed tax free if certain conditions are met. Read your Summary Plan Description for more details.

CATCH-UP CONTRIBUTIONS

50+ catch-up - Employees age 50 or older by the end of the plan year may be able to contribute catch-up contributions. The IRS limit for catch-up contribution is an additional \$7,500 with the maximum amount of \$30,000. Catch-up contributions will not be considered as catch-up unless the IRS maximum contribution limit has been reached first.

Pre-retirement catch-up - The pre-retirement catch-up provision allows you to make additional contributions during the three years prior to, but not including, the year in which you will reach normal retirement age based upon the total amount of contributions that you could have made in prior years, but did not.

CONTACT EMPOWER

For one-on-one assistance and questions, contact your Empower Retirement Education Specialist:

Austin Maness - austin.maness@empower.com



RETIREES

Benefit/Vendor	Phone Number/Website/Email	Role
Oracle Fusion Help Desk	901-636-6100	<ul style="list-style-type: none"> Set up self-service account
General Wellness	901-636-6800 totalrewards.memphistn.gov	<ul style="list-style-type: none"> Helps resolve issues related to wellness rewards and perks
Employee Healthcare		<ul style="list-style-type: none"> Administers the enrollment process for employee healthcare
Retirement & Disability Services	901-636-6800 retirementquestions@memphistn.gov	<ul style="list-style-type: none"> Administers the enrollment process for retirement and disability insurance
Pension & Retirement Pay and Calculations Pension Payroll	901-636-6144 payroll-finance@memphistn.gov	<ul style="list-style-type: none"> Final pension calculation Pension payments DROP payout Final pay calculations and payout Retirement check 60 days
Retiree Exchange Via Benefits Medicare	866-201-0367 MyViaBenefits.com/Memphis	<ul style="list-style-type: none"> Pays HRA claims for participants not on City insurance
Via Benefits Pre-65	1-866-201-0437 Marketplace.Via Benefits.com/Memphis	<ul style="list-style-type: none"> Contracts with provider/preferred plans Supports retiree communications, evaluation and enrollment Manages employer subsidy via health reimbursement arrangement (HRA)
Medical BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays claims Issues insurance cards Helps resolve claims issues
Pharmacy BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays pharmacy claims Helps resolve claims issues
Dental BlueCross BlueShield of Tennessee	888-796-0609 BCBST.com	<ul style="list-style-type: none"> Pays dental claims Helps resolve claims issues
Vision BlueCross BlueShield of Tennessee	877-342-0737 BCBST.com	<ul style="list-style-type: none"> Pays vision claims Helps resolve claims issues
Metlife	1-800-METLIFE https://www.metlife.com/	<ul style="list-style-type: none"> Call to file FMLA, STD or LTD claims or questions about life insurance.
Voluntary Benefits AFLAC ARAG	Local Voluntary Benefits Support (901) 563-8671 https://filimp.live/CityofMemphis ARAG www.araglegal.com	<ul style="list-style-type: none"> Accident, Life, Hospital Income, Cancer, Critical Illness, First Responder
Empower Retirement	855-756-4738 austin.maness@empower.com	<ul style="list-style-type: none"> Review account to determine retirement readiness Pre- and post-retirement distribution options
HealthEquity	866-375-1323 my.healthequity.com/Login.aspx (Use city email for login)	<ul style="list-style-type: none"> Pays HRA and FSA claims for participants on City insurance
Social Security	socialsecurityoffices.info/city/tn-memphis 866-331-6386	<ul style="list-style-type: none"> Pays Social Security benefits
Medicare	medicare.gov 800-633-4227	<ul style="list-style-type: none"> Provides medical coverage for senior citizens ages 65 and over

CITY OF MEMPHIS MEDICAL ELIGIBILITY

- Retirees who are currently on the City's BlueCross Healthcare Plan
- Line of Duty Retirees
- Non-Medicare eligible participants (These are retirees that did not pay into Social Security and do not qualify for Medicare.)
- Commissioned Fire and Police
- Fire Paramedics
- Communication Dispatchers and Operators

WHAT DOES MANDATORY ENROLLMENT MEAN?

- 2024 Open Enrollment is a mandatory Enrollment.

Enroll in your benefits here.



HOW TO ENROLL

You have several enrollment options:

- Online: <https://totalrewards.memphistn.gov>
- By phone: schedule an appointment by calling 901-636-6800
- Schedule an online appointment via the <https://totalrewards.memphistn.gov>
- In-person Enrollment - Please go to <https://totalrewards.memphistn.gov> to view the location, dates and times.

WHAT'S NEW?

Choice Plan Changes

- Design change to your out-of-pocket expenses and coinsurance
- Increase in the premium cost

Please review the information within this guide in detail.

This year's open enrollment is MANDATORY.

This means you must login to enroll in your 2024 benefit plan.

To make changes to your benefits, for example, adding or removing dependents, or increasing/decreasing coverage, please log into <https://memphistn.gov/fusion>

The City of Memphis offers two different medical options for you and your family through BlueCross BlueShield of Tennessee. You must meet an annual deductible before the plan pays part of your expenses. However, if you are enrolled in the Select Plan, you may use funds in your Health Retirement Arrangement to help meet your deductible. You will also have a copay for certain services.

NOTE: THERE ARE SEPARATE DEDUCTIBLES FOR MEDICAL AND PHARMACY THIS YEAR.

You will need to meet separate deductibles for medical and pharmacy expenses each calendar year. The deductibles will continue to apply to your annual out-of-pocket maximum. Please refer to the medical and pharmacy plan designs located in this guide for details.

After you or your family's out-of-pocket maximum is met, the plan will pay 100% of eligible covered expenses.



CITY OF MEMPHIS 2024 PLANS

Plan Features	Choice Plan			Select Plan	
Network	20% Coins.	40% Coins. + \$100 Admit Copay ★	Out-of-Network	Network S	Out-of-Network
In-Network Hospital System	Baptist, LeBonheur & Regional One	Methodist & St. Francis	Other	Baptist, LeBonheur, Regional One & St. Francis	Other

Annual Medical Deductible					
Single	\$750		\$1,500	\$1,500	\$3,000
Family	\$1,500		\$3,500	\$3,000	\$6,000

Out-of-Pocket Maximum					
Single	\$6,000		\$12,000	\$5,000	\$10,000
Family	\$12,000		\$24,000	\$10,000	\$20,000
Coins. (facility / non-facility)	20% / 20%	40% / 20%	50%	20% / 20%	50%

HRA Funding					
Single	N/A			\$750	
Family	N/A			\$1,500	

Type of Benefit	Choice			Select	
PCP Office Visit***	\$15 Copay		Ded./Coins. apply	\$15 Copay	Ded./Coins. apply
Specialist Office Visit	\$30 Copay		Ded./Coins. apply	Ded./Coins. apply	Ded./Coins. apply
MHSA Office Visit**	\$10 Copay		Ded./Coins. apply	\$30 Copay	Ded./Coins. apply
PT/OT/ST Rehab Visit	\$30 Copay		Ded./Coins. apply	\$30 Copay	Ded./Coins. apply
Chiropractic Visits	\$30 Copay		Not Covered	\$30 Copay	Ded./Coins. apply
Inpatient Hospital Copay per Admission	Ded./Coins. apply	\$100/Admit + Ded./Coins. apply	\$300/Admit + Ded./Coins. apply*	Ded./Coins. apply	Ded./Coins. apply
Urgent Care Copay	\$75 Copay		\$75 Copay + Ded./Coins. apply	\$75 Copay	\$75 Copay + Ded./Coin apply
Emergency Room Copayment (waived if admitted)	\$300 Copay + In-Network Ded./20% Ded./Coins. apply			\$300 Copay + In-Network Ded/20% Ded/Coins. apply	
Outpatient Surgery	Ded./Coins. apply		Ded./Coins. apply	Ded./Coins. apply	Ded./Coins. apply
Wellness Incentive	\$250 EE, \$400 EE + SP			\$250 EE, \$400 EE + SP	

★ The \$100 copay is waived and coinsurance is 20% if admitted from the ER to a hospital as an inpatient for a true emergency.

** For preventive care, copays are waived and 3D mammograms are included.

*** 10 free mental health visits

Notes:

- Out-of-network deductible is separate from in-network deductible (no crossover)
- In-network maximum out-of-pocket (MOOP) is separate from out-of-network maximum out-of-pocket (no crossover)
- There will be a \$100/month surcharge for any employee's spouse: applicable for commissioned fire and police, that has access to healthcare coverage elsewhere.
- BlueCross in-network providers not specifically identified in the Choice plan design are subject to the 20% coinsurance.

COST-SHARING: HOW IT WORKS

Let's say your health plan has a \$1,500 deductible, 20% coinsurance and a \$5,000 out-of-pocket maximum.

If you get a \$100,000 medical bill, this is what you can expect:

Coverage Type	Your Share	Plan's Share
Deductible Your first share of the cost is your \$1,500 deductible. You can use your HRA to help offset this cost.	\$1,500	\$0
Coinsurance Then, your share of the cost is \$3,500.	\$3,500	\$14,000
Out-of-Pocket Maximum At this point, you'll reach your \$5,000 out-of-pocket maximum, and your plan will cover the rest.	\$0	\$81,000
Subtotal	\$5,000	\$95,000
Health Reimbursement Account (HRA)*	(\$750)	
Your share of the cost	\$4,250	

Summary: Overall, your share of the cost is \$5,000 for a \$100,000 medical bill. Your plan will cover the remaining \$95,000.

*If you are enrolled in the Select health plan, you can use up to \$750 on an individual plan and \$1,500 on a family plan of your HRA to cover your share of the cost.

PHARMACY

City of Memphis Pharmacy benefits are offered through the Medical plan and provided by Blue Cross Blue Shield of Tennessee

CITY OF MEMPHIS 2024 PLANS

Pharmacy

Type of Benefit	Choice		Select	
Single	\$250	\$500	\$250	\$500
Family	\$500	\$1,000	\$500	\$1,000
Generic Brand Retail	\$7 Copay	Deductible, then 50% coinsurance	\$7 Copay	Deductible, then 50% coinsurance
Generic Brand Mail Order	\$14 Copay		\$14 Copay	
Brand Formulary Retail	Ded. then \$30 Copay	Ded. then 50% Coins.	Ded. then \$30 Copay	Ded. then 50% Coins.
Brand Formulary Mail Order	Ded. then \$60 Copay		Ded. then \$60 Copay	
Brand Non-Formulary Retail	Ded. then \$50 Copay	Ded. then 50% Coins.	Deductible, then 20% Coins. (\$50 min / \$100 max)	Ded. then 50% Coins.
Brand Non-Formulary Mail Order	Ded. then \$100 Copay		20% Coins. (\$100 min / \$200 max)	

Note: If you don't use your insurance, always ask the pharmacy how much the medicine costs.

Your medical plan provides you with access to virtual healthcare services provided by Teladoc™ Health at no cost to you.

It's a convenient way to access a wide range of medical services from your home, office or while traveling.

Use TelaDoc Health for:

- Allergies, Colds, Fever, and Flu
- Sinus or Respiratory Issues
- Skin Conditions
- Certain Pediatric Conditions
- Urinary Tract Infections
- Constipation or Diarrhea
- Earaches
- Nausea and Vomiting
- Pinkeye
- Stress, Anxiety, Depression, Addictions, and Grief

For many non-emergency conditions, Teladoc Health providers can diagnose your symptoms and, if you need a prescription, send it to your pharmacy.

Register by logging in to your account at <https://bcbst.com> and clicking **Talk With a Doctor Now**. Or call 1-888-283-6691.

Once you register, you can use it anytime.

***Some state laws require that a doctor can only prescribe medication in certain situations and can be subject to certain limitations. Please fill your prescriptions at a pharmacy in your BlueCross pharmacy network.**

IDENTITY PROTECTION SERVICES

In addition to protecting your health, we want to help you protect your personal information. BlueCross has teamed up with Experian, one of the world's leading financial services companies, to offer you these benefits as part of your medical plan at no additional cost to you:

- Credit 1B provides credit monitoring, credit reports, fraud protection and fraud resolution support for covered adults. Each covered member age 18 or older will need to enroll separately.
- Minor Plus provides credit and Social Security number monitoring for dependents under 18 years old.

TO ENROLL:

- Log in to your <https://bcbst.com> account.
- Look for the Benefits & Coverage section.
- Click on Identity Protection Services.

You'll be taken to a secure site to enroll in the services. You may also sign up by calling **Experian at 866-926-9803**, but you'll need the activation code, which you can get from your <https://bcbst.com> account. You can also get them by calling the Member Service number on the back of your Member ID card.

Contact Experian at 866-926-9803, if you have questions or concerns.

24 HOUR NURSELINE – 800-818-8581 (OPTION 1)

When you have questions about your health, Nurseline can help. You can talk to a nurse 24/7 online or over the phone — at no cost to you. To talk to a nurse online, log in to your [bcbst.com](https://www.bcbst.com) account.

BLUECROSS CHRONIC CARE MANAGEMENT PROGRAM – 1-800-818-8581 (OPTION 2)

Living with a complex illness or challenging health condition isn't easy. With the Chronic Care Management program from BlueCross, you have access to your own personal care manager who can help you learn to better manage your condition and live a healthier life.

With Chronic Care Management provides personalized advice and guidance based on your individual needs. Your care manager can help you manage: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Congestive Heart Failure and more.

BEHAVIORAL HEALTH – 800-818-8581 (OPTION 6, THEN OPTION 5)

Managing your mental health and substance use will help you better manage your other health conditions. Let us know if you'd like assistance dealing with a serious illness.

EMPLOYEE ASSISTANCE PROGRAM (EAP) ADMINISTERED BY CONCERN

The City of Memphis offers free EAP services to help you manage quality of life issues? This service is paid for by the City and is available to you, your dependents, or household members, even if you are not covered by a City of Memphis medical plan. Short-term professional assistance is available through CONCERN 24/7 by calling **901-458-4000** or **800-445-5011**.

BLUE OF TENNESSEE WITH SANITAS MEDICAL CENTER (CLINIC)

Care Right Around the Corner

BlueCross has partnered with Sanitas Medical Center to bring care just for BlueCross members close to home. Go to one of the centers in downtown Memphis, Germantown, Lakeland and Whitehaven for:

- Primary care, checkups and vaccinations for the whole family
- Urgent care for infections, cold, flus, cuts and sprains*
- Same-day appointments*
- Night and weekend hours*
- On-site labs

Plus, there's online scheduling, chat and telemedicine options at no extra cost to make it easier to get the care you need without leaving home. Call – **888-796-0609** for more information.

**For Retirees enrolled in the City of Memphis Select Plan*

Your Health Reimbursement Arrangement (HRA) is contributed to you by the City of Memphis each year to pay for health care expenses when enrolled in the Select Plan. If you don't use it all, the balance will "roll over" to the next year and build up over time.

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

ROLLOVER ACCRUAL

When selecting a plan, consider whether you have any HRA "rollover" money remaining from previous years. With that extra money, you may benefit financially from choosing a plan with a higher deductible and lower payroll contributions. Keep in mind that your HRA rollover accrual will be capped at maximum out-of-pocket amount.

HRA ELIGIBLE EXPENSES

- Medical Deductible expenses, Medical Coinsurance and Medical Copay
- Dental expenses
- Vision expenses
- Prescription Deductibles and Prescription Copay

For additional information, see HRA chart in the Full-Time section.



You May Be Eligible for Extra Funding for Healthcare



The City of Memphis has contracted Via Benefits a private health insurance exchange to assist eligible retirees and their families in securing health insurance coverage. Retirees purchasing coverage through Via Benefits enroll in individual plans, with the City contributing to the coverage through a health reimbursement arrangement (HRA) . The amount of the HRA is determined by the retiree and dependents age and Medicare status.

Note: Retirees who are enrolled in a City of Memphis Medical Plan are not eligible to participate in the HRA program with VIA-Benefits

Retiree Type	Retiree HRA/Amount	Spouse/Dependent Type	Spouse/Dependent
Pre- 65 Service, Ordinary Disability, or Medicare Disability Retiree	\$5,000	Pre-65 Spouse/Dependents	\$5,000
Pre-65 Line of Duty	\$10,000	Pre-65 Line of Duty Spouse/ Dependent	\$10,000
Post-65 Retiree w/ Medicare A&B	\$1,000	Spouse w/ Medicare A&B	\$500
Post-65 Line of Duty Retiree w/ Medicare A&B	\$2,000	Line of Duty Spouse w/ Medicare A&B	\$1,000

- Pre- 65 commissioned Fire and Police, Paramedics and Communications Dispatchers and Operators have the option to remain on the City of Memphis medical plan or enroll in a plan through VIA Benefits.
- Medicare eligibility requires enrollment in a Medicare supplement plan or Medicare Advantage plan through VIA Benefits
- Post-65 Retirees who are not eligible to enroll in Medicare, please call 901-636-6800 for enrollment options.

Via Benefits
 Non-Medicare: 866-201-0437
 Medicare: 866-201-0367

The City of Memphis offers a dental plan option for you and your family through BlueCross BlueShield of Tennessee. The chart below is an overview of the dental plan offered. Please visit BCBST.com or call 888-796-0609 for a list of network dental providers and complete plan details.

Note: Covered employees and spouses can receive a \$25 gift card after showing proof of one teeth cleaning during their plan year. Limit one gift card per person per year.

Retiree Employee Dental In Network and Out-of-Network Plan

Dental Plan		
Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A: Diagnostic & Preventative <i>(cleanings, exams, X-rays)</i>	100%	80%
Type B: Basic Restorative <i>(oral surgery, endodontics)</i>	80%	60%
Type C: Major Restorative <i>(crowns, bridges, dentures, implants)</i>	50%	40%
Type D: Orthodontia <i>\$1,000 lifetime orthodontia max benefit</i>	50%	50%
Deductible <i>\$1,000 Lifetime Orthodontia Max Benefit</i>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500

- Children's eligibility for dental coverage up to age 26.
- There is no 'missing tooth' exclusion.

The vision plan is provided by BlueCross BlueShield of Tennessee. It provides coverage for you and your eligible dependents for eye examinations, frames, lenses, contact lenses, and out-of-network reimbursement. You can find network providers and locations by logging in to your account at bcbst.com/findcare. You can also get help by calling **888-796-0609**. Medical Plans do not cover a routine eye exam visit.

Retiree Employee Vision In Network and Out-of- Network Chart

Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/follow-up within a calendar year period)		
Comprehensive eye exam	\$15 Co-pay	Up to \$45
Contact Lens Fitting and Follow-Up-Standard	Up to \$40 Co-pay Premium Contact Lens Fit and Follow Up: 10% off retail	Not Covered
Vision Materials	In-Network	Out-of-Network
Standard Plastic Lenses (Limited to one set of lenses or contact lenses each calendar year)		
Single	\$15 Co-pay	Up to \$40
Bifocal	\$15 Co-pay	Up to \$65
Trifocal	\$15 Co-pay	Up to \$75
Lenticular	\$15 Co-pay	Up to \$100
Frames (Limited to one pair of frames every other calendar year)	\$0 Co-pay up to \$150 Allowance	Up to \$82
Contacts (Limited to one set of lenses every calendar year)		
Conventional	\$0 Co-pay up to \$150 Allowance 15% discount off balance over the allowance	Up to \$120
Disposable	\$0 Co-pay up to \$150 Allowance	Up to \$120
Medically necessary	Covered at 100%	Up to \$210

FREE HEALTH CLINIC

City of Memphis Retirees and their dependents who were on the City’s Healthcare Plan on October 1, 2014 are eligible to be treated at the Union Avenue Employee Clinic. Additionally, the clinic has a limited supply of medications in stock at no cost to you or your dependents.



1520 Union Ave.
Mondays and Fridays 8 a.m.-4 p.m.
Tuesdays - Thursdays 10 a.m.-6 p.m.
901-725-9055

The City of Memphis offers FREE access to Fitness Centers at Community Centers. Most centers are equipped with weights, power rowers, elliptical machines, treadmills, stair climbers, and much more! Contact wellness.questions@memphistn.gov for additional information.



170 N. Main



**Bert Ferguson
Community Center**

COM Fitness Centers	Location	Hours
Bert Ferguson CC	8505 Trinity Road	M-F (11a.m. - 8p.m.) Sat. (9a.m. - 5p.m.)
Bickford CC	233 Henry Street	M-F (8 a.m. - 8 p.m.) Sat. (9a.m. - 5p.m.)
Glenview CC	1141 S. Barksdale	M-F (12p.m. - 8pm) Sat. (9a.m. - 5p.m.)
Hickory Hill CC	3910 Ridgeway Rd.	MWF (12p.m. - 8p.m.) Tu & Th (12p.m. - 8p.m.) Sat. (9a.m. - 5p.m.)
Kate Sexton CC	235 Brown Ave.	M-F (12p.m. - 8pm) Sat. (9a.m. - 5p.m.)
Orange Mound C&SC	2590 Park, 38114	M-F (8 a.m. - 4 p.m.)

THIS NOTICE DESCRIBES THE PRIVACY PRACTICES OF THE CITY OF MEMPHIS. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The City of Memphis is required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI) WE CAN MAKE WITHOUT YOUR AUTHORIZATION

Treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Payment. This includes any activities we must undertake in order to get reimbursed for the services that we provide to you, including such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third party billing company), managing billed claims for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts.

Healthcare Operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

Business Associates. We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

WE MAY ALSO USE AND DISCLOSE YOUR PHI WITHOUT YOUR PRIOR AUTHORIZATION FOR THE FOLLOWING PURPOSES

- To a public health authority in certain situations (such as reporting a birth, death or disease, as required by law), as part of a public health investigation, to report child or adult abuse, neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease, as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- For judicial and administrative proceedings, as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For research projects, where there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- Where the health care information that we disclose does not personally identify you;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ donation and transplantation; and

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

YOUR RIGHTS REGARDING YOUR PHI

- **Right to access, copy or inspect your PHI.** You have the right to inspect and copy most of the medical information that we collect and maintain about you. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We will provide a written response if we deny you access and let you know your appeal rights.

Continued ...

- We will normally provide you with access to this information within 30 days of your written request. If we maintain your medical information in electronic format, then you have a right to obtain a copy of that information in an electronic format. In addition, if you request that we transmit a copy of your PHI directly to another person, we will do so provided your request is in writing, signed by you (or your representative), and you clearly identify the designated person and where to send the copy of your PHI.
- We may also charge you a reasonable cost-based fee for providing you access to your PHI, subject to the limits of applicable state law.
- **Right to request an amendment of your PHI.** You have the right to ask us to amend protected health information that we maintain about you. When required by law to do so, we will amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information in certain circumstances, such as when we believe that the information you have asked us to amend is correct or if we are not the author of PHI you wish to amend.
- **Right to request an accounting of uses and disclosures of your PHI.** You have the right to receive an accounting of certain disclosures of your PHI made within six (6) years immediately preceding your request. But, we are not required to provide you with an accounting of disclosures of your PHI: (a) for purposes of treatment, payment, or healthcare operations; (b) for disclosures that you expressly authorized; (c) disclosures made to you, your family or friends, or (d) for disclosures made for law enforcement or certain other governmental purposes.
- **Right to request restrictions on uses and disclosures of your PHI.** You have the right to request that we restrict how we use and disclose your medical information for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so.

The City of Memphis is required to abide by a requested restriction when you ask that we not release PHI to your health plan (insurer) about a service for which you (or someone on your behalf) have paid the City of Memphis in full. We are also required to abide by any restrictions that we agree to. Notwithstanding, if you request a restriction that we agree to, and the information you asked us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a healthcare provider to provide you with emergency treatment.

A restriction may be terminated if you agree to or request the termination. *Continued ...*

Most current restrictions may also be terminated by the City of Memphis as long we notify you. If so, PHI that is created or received after the restriction is terminated is no longer subject to the restriction. But, PHI that was restricted prior to the notice to you voiding the restriction must continue to be treated as restricted PHI.

- **Right to request confidential communications.** You have the right to request that we send your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). However, we will only comply with reasonable requests when required by law to do so.
- **Notification of a Breach your Health Information.** You have the right to be notified if your health information is breached. If we discover that there has been a breach of your unsecured PHI, we will notify you immediately no later than 60 days as required by law.

We do not participate in the following activities. Therefore, we do not use or disclose your health information in these instances: fundraising or marketing, psychotherapy notes, or sale of PHI.

REVISIONS TO THE NOTICE

The City of Memphis is required to abide by the terms of the version of this Notice currently in effect. However, the City of Memphis reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and on our web site, at <https://totalrewards.memphistn.gov>.

EXERCISING YOUR RIGHTS

You may make a written request for information regarding your health information listed in the section entitled Your Rights in this notice. You may also obtain a paper copy of this notice. Please send a description of your request to: Division of Human Resources, 2714 Union Avenue Extd. 4th Floor, Memphis, TN 38112. You may also reach our Total Rewards Officer by calling (901) 636-6800.

FILING A COMPLAINT

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer by writing to ATTN: HIPAA Privacy Officer, City Attorney Division, 170 N. Main St., 3rd Floor, Memphis, TN. 38103. You may also reach our Privacy Officer by calling (901) 636-6800.

You may also file a complaint with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint with the City of Memphis Human Resources Division or the Secretary of Health and Human Services Department.

Effective Date: 8/19/2020

Date of Revision: 08/19/2020

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.sakchba.dol.gov or call **1-866-444-ERISA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarkhisp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.flmedicaidrecovery.com/flmedicaidrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.ga.gov/health-insurance-premium-payment-program-hipp Phone: 678-584-1162, Press 1 GA CHIPRA Website: https://medicaid.ga.gov/coverage/child-study-ability/childrens-health-insurance-program-authorization-act-2009-chipra Phone: (678) 584-1162, Press 2</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/maschealth/for Phone: 1-800-852-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/issa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://www.psofiles/people-we-serve/children-and-families/health-care/health-care-services/insurance-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://ihsa.iowa.gov/mae/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://ihsa.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://ihsa.iowa.gov/mae/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dhs.mo.gov/mhdp/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kanstateksa.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HIHSHIPPProgram@mt.gov</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/insurance/kihipp/members/kihipp/kihipp.asp Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kchipshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCROSSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.lhb.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://ihsa.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhs/ehfi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhs/ehfi/ehfi-private-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/coverage-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-831-2392 CHIP Website: http://www.njfamilycare.nj.gov/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://fastintstate.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/CHIP Phone: 1-877-543-7689</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/its/services/medicaid/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.governor.vermont.gov/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/kin Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-en.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7482</p>	<p>Website: https://dhhr.wv.gov/bms/ http://www.wv.gov/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct R.I. State Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/fundgrc/careplus/p-10095.htm Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: https://www.scdhhs.org/ Phone: 1-888-549-0820</p>	<p>Website: http://health.wyo.gov/healthcare/fm/medicaid/programs-and-eligibility/ Phone: 1-800-251-1289</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it

displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opa@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



City of
MEMPHIS
HUMAN RESOURCES