

City of Memphis 2025 Benefits Rate Sheet

(*Full-Time Active Employees*)

Medical insurance – BCBST							
	Employee	EE + Spouse	EE + Child(ren)	EE + Family			
Select Plan	\$47.50	\$104.50	\$85.50	\$142.50			
Choice Plan	\$94.50	\$214.50	\$170.50	\$314.50			
Dental insurance – BCBST							
	Employee	EE + 1 Dependent	EE + Family				
Premier Plan	\$10.25	\$21.08	\$30.67				
Vision insurance – BCBST							
	Employee	EE + 1 Dependent	EE + Family				
Exam and materials	\$1.94	\$3.71	\$6.73				
Short-term disability – MetLife							
% of Weekly Pay	50%	60%	70%				
Cost per \$10	\$0.16	\$0.16	\$0.16				
Contributory Life (Rasic) Insurance MotLife							

Contributory Life (Basic) Insurance - MetLife

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

Voluntary Life Insurance - MetLife							
Coverage Type	Coverage Options		Additional Information				
Employee Voluntary Life	All full-time employees choice of \$10,000 increments not to exceed 5 times your annual salary. Benefits will begin to reduce at age 65 All full-time employees choice of Guanrantee issue for N only. All existing emploration required to complete a		employees are				
Spouse Voluntary Life	\$5,000 increments to maximum of \$250,000		Employee must elect Voluntary 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 life birth until age 25				
Legal insurance – ARAG							
Family Coverage	\$7.25						