# 2027 Benefits Rate Sheet
# City of Memphis
# ACTIVE EMPLOYEES

TOTALREWARDS
Great People Deserve Great Rewards

Costs per pay period

## Medical Insurance – BCBST

| | Employee | EE + Spouse | EE + Child(ren) | EE + Family |
|---|---|---|---|---|
| **Select Plan** | $54.50 | $120.00 | $98.00 | $163.50 |
| **Choice Plan** | $108.50 | $246.50 | $196.00 | $361.00 |

## Dental Insurance – BCBST

| | Employee | EE + 1 Dependent | EE + Family |
|---|---|---|---|
| **Premier Plan** | $13.78 | $27.79 | $41.22 |

## Vision Insurance – BCBST Eye Med

| | Employee | EE + 1 Dependent | EE + Family |
|---|---|---|---|
| **Exam and materials** | $2.12 | $4.05 | $7.35 |

## Short-Term Disability

| **% of Weekly Pay** | **50%** | **60%** | **70%** |
|---|---|---|---|
| **Cost per $10** | $0.16 | $0.16 | $0.16 |

## Contributory Life (Basic) 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. Basic dependent life is also available.**

## Voluntary Life Insurance

| Coverage Type | Coverage Options | Additional Information |
|---|---|---|
| **Employee Voluntary Life** | Choice of $10,000 increments, not to exceed 5 times your annual salary Benefits will reduce at age 65 | All existing employees are required to complete an EOI or SOH. Guarantee issue (no EOI or SOH required) for New Hires only. |
| **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. Same EOI and SOH requirements applies. |
| **Child Voluntary Life** | $10,000 | Child is covered from birth until age 25. Same EOI and SOH requirements apply. |

**EOI: Evidence of Insurability SOH: Statement of Health**

## Legal Insurance - ARAG

| | |
|---|---|
| **Family Coverage** | $7.25 |

## Death Benefit

**The City of Memphis pays a $10,000 death benefit policy for all Active employees**