City of Memphis

Full-Time Benefits 2027

Prepared by Total Rewards, Human Resources Division | **Updated September 2026**

TOTALREWARDS
Great People Deserve Great Rewards

Great People Deserve Great Rewards

Welcome to your 2027 Total Rewards Benefits Guide!

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

2027 OPEN ENROLLMENT DATES		
Full-Time Employees	Part-Time Employees	Retirees
September 12 - October 31, 2026		

This year's Open Enrollment period will be ACTIVE (mandatory). Employees must make benefit elections for the upcoming year in order to keep receiving benefits in 2027. **Medical Plan Design has changed.**

NOTE: **If you are currently enrolled in a Flexible Spending Account (FSA) or Dependent Care Flexible Spending Account (DCFSA), you MUST RE-ENROLL for 2027. These are annual enrollments, and participation does not automatically carry over year to year.**

To ensure only eligible dependents are covered under the City of Memphis healthcare plan, the Total Rewards Office is conducting a Dependent Eligibility Verification Audit (DEVA). **To keep your dependent/spouse's healthcare coverage active, you must submit all eligibility verification documents such as:** Social Security Card, Birth Certificate, Marriage License, etc.). If you have questions, contact the Total Rewards Office at 901-636-6800 or email us at: benefitsquestions@memphistn.gov

Employees are strongly encouraged to review and update their beneficiary designations during the 2027 Open Enrollment period to ensure their loved ones are properly protected in case of unforeseen circumstances.
We value you and your total well-being. That is why we offer convenient access to **FREE, quality healthcare, physical therapy, mental health, and nutrition services at our two City of Memphis Employee Wellness Centers.** You also have access to virtual care through the Employee Wellness Center.

Additionally, we are excited to announce three new benefits for all active employees: **Lifestyle Spending Account** via **Benepass**, **Family Care Benefit** via **UrbanSitters**, and **Pay On Demand** via **Express Wages.** In addition, our new vendors **Securian Financial** (life insurance), and **The Standard** (short-term, long-term, and absence leave) are here to support our employees needs.

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.

2027 Full-Time Benefits Rate Sheet

NOTE: Rates have increased for 2027. Please visit https://www.totalrewards.memphistn.gov for rate sheets. Medical Plan Design has changed.

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

% Weekly Pay	50%	60%	70%	
Cost per $10	$.16	$.16	$.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

Letter from the Mayor

Dear Colleague:

It's time for Open Enrollment for your 2027 Benefits!

Great people deserve great rewards, and our HR Division continues to lead with one goal in mind: to support you with competitive, high-quality benefits that make a real difference for you and your family.

This year, I am proud to share that we are introducing new programs designed to support the well-being of our employees. These efforts reflect our continued commitment to delivering comprehensive benefits options for our dedicated employees and their families who serve the citizens of Memphis every day.

Please take time to carefully review the enclosed materials and talk with your family about what makes the most sense for your needs in the year ahead. We want you to be confident in your choices and confident in the support you will receive from your City of Memphis HR team.

Thanks for all you do. Your work matters, and it makes a difference every day.

Paul A. Young
Mayor

Letter from the Chief of HR

City of Memphis Colleagues and Family Members,

It's Open Enrollment season! Time to Rock and Enroll!

This is the time of year to review your current benefits and consider your coverage needs for the year ahead. This year's Open Enrollment is mandatory (active).

Active enrollment means you must make your benefits elections for the upcoming year in order to continue receiving benefits. Please carefully review your current coverage and this year's Benefits Booklet to ensure you make the best decisions for you and your family.

Important: Any new elections or changes made during this mandatory enrollment period will become effective **January 1, 2027**.

The City of Memphis remains dedicated to building and investing in a culture of health and wellness that supports you and your family. To make Open Enrollment convenient, we are providing **five ways to review your options and complete your enrollment:**

- **Enroll Online:** Visit https://totalrewards.memphistn.gov - Click on the "Open Enrollment" tab to make your elections.
- **By Phone:** Call 901-636-6800 for assistance.
- **By Appointment:** Visit https://totalrewards.memphistn.gov to schedule an appointment.
- **In-Person Enrollment:** Visit https://totalrewards.memphistn.gov for enrollment locations, dates, and times.
- **Walk-ins:** Visit us at **2714 Union Extended, 4th Floor**, Monday–Friday, between **8:30 a.m. and 5:00 p.m.**

For more information about City of Memphis benefits programs and other employee benefits, please visit: https://totalrewards.memphistn.gov

Great People Deserve Great Rewards!

Thank you for your ongoing commitment to the City of Memphis and for all you do to help move Memphis forward.

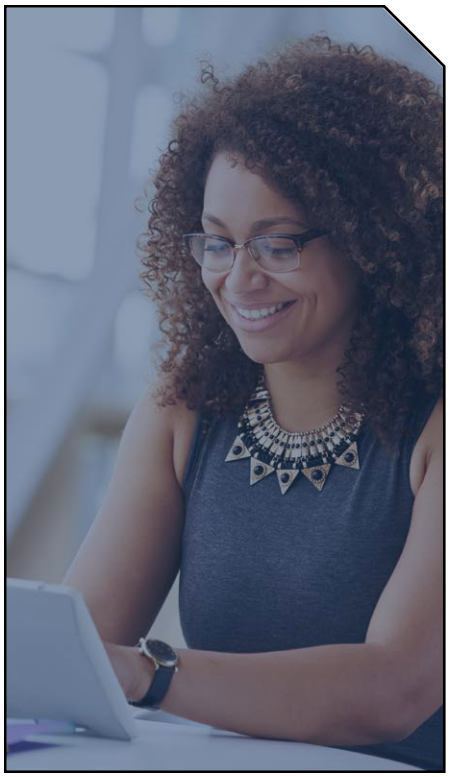
Sincerely,

Fonda Fouché

Chief Human Resources Officer

City of Memphis

Table of Contents



TOTALREWARDS
Great People Deserve Great Rewards

Important Contacts

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Benefit/Vendor	Phone Number/Website/Email	Role
Oracle Fusion Help Desk	901-636-6100	• Set up self-service account • Retirees can call to request access to view paystubs in EBS
Wellness Program	901-636-6800 https://totalrewards.memphistn.gov	• Provide information about the City's wellness programs and perks
Employee Healthcare	901-636-6800 benefitsquestions@memphistn.gov	• Administers the enrollment process for employee healthcare
Retirement & Disability Services	901-636-6800 retirementquestions@memphistn.gov	• Administers the enrollment process for retirement and disability insurance
Pension Payroll	901-636-6144 payroll-finance@memphistn.gov	• Final pension calculation • Pension payments DROP payout • Retirement payments within 60 days
Retiree Exchange Via Benefits Medicare	866-201-0367 My.ViaBenefits.com/Memphis	• Pays HRA claims for participants not on City insurance • Contracts with provider/preferred plans • Supports retiree communications, evaluation and enrollment • Manages employer subsidy via health reimbursement arrangement (HRA)
Via Benefits Pre-65	1-866-201-0437 Marketplace.ViaBenefits.com/Memphis	
Medical, Pharmacy and Dental BlueCross BlueShield	888-796-0609 BCBST.com	• Pays medical, pharmacy and dental claims • Issues insurance cards • Helps resolve claims issues
Vision BlueCross BlueShield of Tennessee	877-342-0737 BCBST.com	• Pays vision claims • Helps resolve claims issues
Securian Financial	1-866-293-6047 https://www.securian.com/	• Life insurance benefits
Standard Insurance Company (The Standard)	833-878-9034 www.standard.com	• Call to file an FMLA, ADAAA, STD or LTD claim
Health Advocacy	844-450-5543	• Health advocacy with Short-Term Disability (available when on claim)
Voluntary Benefits/EFP	Voluntary Benefits Support (833) 948-0162 https://flimp.live/CityofMemphis	• Accident, Life, Hospital Income, Cancer, Critical Illness, First Responder
Legal Insurance/ARAG	1-800-247-4184 www.araglegal.com	• Legal insurance to help address legal or financial issues such as wills, estate planning, family law, debt-related matters, and more.
Empower Retirement	1-866-816-4400 MemphisRetirement.empowermytime.com	• 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)	• Pays HRA and FSA claims for participants on City insurance
Social Security	socialsecurityoffices.info/city/tn-memphis 866-772-1213	• Pays Social Security benefits
Medicare	medicare.gov 800-633-4227	• Provides medical coverage for senior citizens ages 65 and over
Cushion Employer Services Corporation	866-218-0614 www.CushionCorp.com	• Assist with continuing health coverage after ending termination. Consolidated Omnibus Budget Reconciliation Act (COBRA)
Employee Wellness Center	901-636-0111 / 901-725-9055 www.careatc.com/patients	• Access to quality primary and preventative care.
Concern: EAP	901-458-4000 / 1-800-445-5011 www.myconcerneap.com	• Employee assistance program dealing with stress, health, marital, family, financial, alcohol and drug, legal, gambling, emotional and other problems.

FULL-TIME

Top Ten

14 paid Holidays
Total number of company-recognized days off each year.

Student Loan Reduction
Offers student loan assistance to eligible full-time employees after one year of service

Fitness Your Way
A wellness program offering full-time and part-time employees access to thousand of gyms nationwide

Access Perks
30-50% off discounts on goods and services

Free Employee Wellness Center
Provides FREE healthcare, labs, and some medications to full and part-time employees, their dependents, and retirees.

Public Service Loan Forgiveness
Employees working in public service, including all City staff may qualify for a federal program that forgives consolidated student loans

Pet Insurance
Pet Partners through the EFP and LifeMart's discount plan, making care more affordable and stress-free

Mental Health and EAP Resources
Providing employees with confidential support for personal challenges and experiences to enhance well-being and productivity

Wellness Incentives
A wellness incentive to help you learn more about your personal health and motivate you to improve your overall well-being

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

Employee Wellness Center

FREE EMPLOYEE WELLNESS CENTER

City of Memphis employees (full-time and part-time), retirees, and their covered dependents do not have to pay a co-payment or a deductible when visiting the wellness center. Additionally, the Employee Wellness Center 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.

Access to quality primary and preventive care just got easier!

Available Services:

- RN Care Coordination
- Physical Therapy
- Mental Health Support
- Health Education
- X-Ray Services

What's Included:

- $0 Primary, preventive, illness, and injury care
- $0 Chronic disease management
- $0 Labs and medications provided at your visit
- Fast and easy appointment scheduling
- More face time with your provider

New here? Activate your account.

Create your patient account in minutes to get full access to the CareATC benefits. Visit www.careatc.com/activate or download the CareATC app and follow the registration prompts.

Show Me The App!

MEMP-00036

City of Memphis Employee Wellness Center
125 N Main St, Memphis
901.636.0111
Mon - Fri 8am - 12pm / 12:30 - 4:30pm

City of Memphis Employee Wellness Center
3295 Poplar Ave, Ste 105, Memphis
901.725.9055

Mon / Fri	8am - 4:30pm
Tue / Thu	9:30am - 6pm
Wed	9:30am - 6pm

Select Saturday Appointments Now Available.
Please call the clinic or schedule via the CareATC app.

City of MEMPHIS EMPLOYEE WELLNESS CENTER | CareATC

NOTE:
The last appointment time will be 30 minutes before closing.Select Saturday appointments now available.

WHAT'S NEW

Employee Wellness Center (Poplar location)

- Is now open two Saturdays a month for your convenience
- Enhanced our physical therapy services

Full-Time Benefits

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. Full-Time employees can add and make changes to their benefits during the new hire benefit enrollment period, 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

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.

WAYS TO ENROLL

You have several enrollment options:

- **Enroll Online:** Visit https://totalrewards.memphistn.gov Click on the "Open Enrollment" tab to make your elections.
- **By Phone:** Call 901-636-6800 for assistance.
- **By Appointment:** Visit https://totalrewards.memphistn.gov to schedule an appointment.
- **In-Person Enrollment:** Visit https://totalrewards.memphistn.gov for enrollment locations, dates, and times.
- **Walk-ins:** Visit us at **2714 Union Extended, 4th Floor**, Monday–Friday, between **8:30 a.m. and 5:00 p.m.**

Log in to enroll:

BENEFICIARY DESIGNATION

IMPORTANT: Please prioritize reviewing and updating your beneficiary designations during Open Enrollment.

The designation of a beneficiary ensures your life insurance (i.e. death benefit or disability benefit) will be distributed according to your wishes. Ensuring your beneficiary's information is updated and accurate is crucial for the smooth administration of your benefits in case of an unforeseen event.

The simple decision can save your loved ones time and money, and also prevent the stress of going to probate court.

Review your beneficiary information annually and when there is a life-changing event, such as divorce or the death of a beneficiary. There are several simple ways to add, update or review your beneficiary designations.

To make changes to your beneficiary, please log into: https://memphistn.gov/fusion

Full-Time Benefits

BENEFIT BASICS

Annually, during the fall Open Enrollment period, employees can enroll in or make changes to their benefits for the following plan year. Changes made during open enrollment are effective January 1st.

NOTE: Rates have increased for 2027. Please visit https://totalrewards.memphistn.gov for rate sheets.

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

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: If you are adding a spouse or dependent you must provide documentation as proof such as marriage license or divorce decree, social security card, birth certificate, and court order awarding guardianship (if applicable).

- 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.
- Your natural children or stepchildren who are deemed incapacitated.
- 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 medical/dental/vision insurance and adding dependents to the plan, employees must submit a copy of a marriage license or children's birth certificates and include a copy of the Social Security card(s) 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 depenedent you must provide documentation as proof such as marriage license or divorce decree, social security card, birth certificate, and court order awarding guardianship (if applicable).

QUALIFIED LIFE EVENTS/CHANGES IN FAMILY STATUS

Generally, employees can only change benefit elections during the annual open enrollment period. However, employees may change their benefit elections during the year if they experience any of the below qualified life events or changes in their family status:

- 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

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 any type of unpaid leave your insurance is subject to cancellation due to non-payment. To make missed premium payments, please contact the Benefits department at 901-636-6800 or benefitsquestions@memphistn.gov.

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). COBRA 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.

HEALTHCARE & INSURANCE PLANS

Medical Insurance

The City of Memphis offers two medical plan options (Select Plan and Choice Plan) for you and your family through BlueCross BlueShield of Tennessee. Both plans have copays for certain services and require you to meet an annual deductible before the plan pays part of your expenses. However, the Select Plan includes a Health Reimbursement Arrangement (HRA) which is funding to help pay your deductibles, copays, and other eligible medical expenses.

NOTE: Rates have increased for 2027. Please visit https://www.totalrewards.memphistn.gov for rate sheets. Medical Plan Design has changed.

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.

Medical Insurance

2027 MEDICAL PLAN DESIGNS					
Plan Features	**Choice Plan**			**Select Plan**	
Network	20% Coins.	40% Coins. + $100 Admit Copay★	Out-of-Network	BCBST Network S	Out-of-Network
In-Network Hospital	Baptist, Le Bonheur & Regional One	Methodist & St. Francis	Other	Baptist, Le Bonheur, Regional One & St. Francis	Other
Annual Medical Deductible					
Single	$1,000		$2,000	$1,750	$3,500
Family	$2,000		$4,000	$3,500	$7,000
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 Plan			Select Plan	
PCP Office Visit***	$25 Copay		Ded. / Coins. apply	$25 Copay	Ded. / Coins. apply
Specialist Office Visits	$40 Copay		Ded. / Coins. apply	$40 Copay	Ded. / Coins. apply
MHSA Office Visit**	$10 Copay		Ded. / Coins. apply	$10 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	Ded. / Coins. 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).
- BlueCross in-network providers not specifically identified in the Choice plan design are subject to the 20% coinsurance.

Medical Insurance

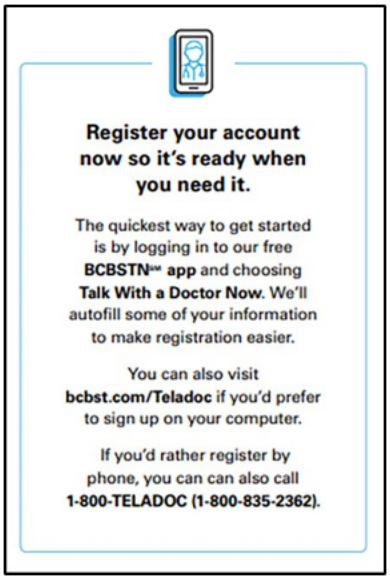
You can save on healthcare costs by visiting in-network doctors and hospitals where you will pay lower copays and avoid other out-of network costs. If you use a doctor or hospital outside your network, you'll pay more, including higher copays, coinsurance and/or deductibles. A list of hospitals can be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

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 – The Standard
- Contributory Basic / Voluntary Life – Securian Financial
- Legal Insurance Protection – ARAG



Dental Insurance

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 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 *(cleanings, exams, X-rays)*	100%	80%
Type B: Basic Restorative *(oral surgery, endodontics)*	80%	60%
Type C: Major Restorative *(crowns, bridges, dentures, implants)*	50%	40%
Type D: Orthodontia *$1,000 lifetime orthodontia max benefit*	50%	40%
Deductible *$1,000 Lifetime Orthodontia Max Benefit*		
Individual	$50	$100
Family	$150	$300
Annual Maximum Benefit		
Per Person	$1,500	$1,500

- Dependents are eligible for dental coverage up to age 26.
- There is no missing tooth exclusion.

Vision Insurance

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 **877-342-0737**. Please note routine eye exams are not covered under the medical plans.

Active Employee Vision In-Network and Out-of-Network Plan

Benefit Category	In-Network	Out-of-Network
Exams (Limited to one exam and one contact lens fitting/ follow-up within a calendar year period)	$15 Co-pay	Up to $45
Comprehensive eye exam	Up to $40 Co-pay	
Contact Lens Fitting and Follow-Up-Standard	Premium Contact Lens Fit and Follow Up: 10% off retail	Not Covered
Vision Materials	**In-Network**	**Out-Network**
Standard Plastic Lenses (Limited to one set of lenses or contact lenses each calendar year)	$15 Co-pay	50%
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

BlueHealth Rewards

Full-time employees enrolled in our health plans — and their covered spouses — can earn Wellness Rewards by completing eligible wellness activities by **December 31, 2027**. Please remember that all 2027 rewards must be redeemed by **February 28, 2028**.

To redeem your reward, log in to your BlueCross BlueShield account at www.bcbst.com. Select My Health, then Wellness Rewards to view and claim your incentive.

If you have questions about your reward, call 1-833-982-7744 or email bcbst@personifyhealth.com.

Wellness Activities and Rewards

			To schedule an appointment for any of the wellness activities below, please call the City Hall Center at **901-636-0111** or Poplar Center at **901-725-9055** or visit www.careatc.com/patients		
Wellness Activity (Complete any of these activities to earn your incentive.)	**Reward**	**When Will I See My Reward?**	**Your Choice — Pick ONE of the following activities at the COM Employee Wellness Center**	**Reward**	**When Will I See My Reward?**
Biometric Screening (at a city event or with the online physician form at your doctor's office	$50 Employee $25 Spouse	10–15 business days after the event or after receipt of the physician form	**Physical Care Visit** See a provider when you need support managing chronic diseases like diabetes, high cholesterol and more.	**$50 Employee** **$25 Spouse**	**6-8 weeks following the visit**
Annual Wellness or Well-woman Exam* * Covered at 100%	$50 Employee $25 Spouse	4–6 weeks after provider submits claim	**Physical Therapy** Convenient onsite therapy to help you heal and strengthen your body to address common conditions like back and neck pain and x-ray services.		
Behavioral Health Checkup* To find a provider: 1. Visit bcbst.com/findcare. 2. Type "Behavioral Health" in the search field or 3. Call us at 1-800-818-8581 and choose case management * First 10 visits covered at 100%	$50 Employee $25 Spouse	4–6 weeks after provider submits claim	**Nutritional Coaching** Receive convenient onsite expert nutrition coaching from a Registered Dietitian that considers your goals and unique nutrition needs.		
Dental Cleaning (if enrolled in dental plan) To find a provider 1. Log in at bcbst.com/memphistn 2. Type "Dental" in the search field or 3. Call us at 1-800-818-8581	$25 Employee $25 Spouse	4–6 weeks after provider submits claim	**Healthy Living Program** Improve your overall health and weight management, jumpstart your journey and establish your independence with healthy living.		
Flu Shot* (Show your Member ID when you get your shot)	$25 Employee $25 Spouse	4–6 weeks after provider submits claim	**Diabetes Management Program** Manage your diabetes, as well as get the education and help that you need to improve your health and wellbeing.		
			Care Coordinator Visit Your RN Care Coordinator helps you navigate all of the resources available to you to help you achieve optimal health and wellness.		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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	Other
		$14,000
Out-of-Pocket Maximum At this point, you'll reach your $5,000 out-of 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. Effective 1/1/2027, if you are taking a maintenance medication to treat certain long-term conditions like high blood pressure or high cholesterol, you will save time and money with our new required 90-day fill program through retail or mail order. Once the pharmacy receives the 90-day prescription from your doctor, you can expect to pay 2x your normal copay instead of a copay for each single month refill during a 3-month period. Note: In some instances, your deductible may apply first. Current members taking maintenance medications will receive a letter from BCBST with additional details.

Also, effective 1/1/2027, if you are taking a specialty medication you will receive detailed instructions from BCBST on how to get started with filling your prescription through the Exclusive Specialty Pharmacy Network.

2027 PRESCRIPTION DRUG PLANS				
Annual Pharmacy Decuctible	**Choice Plan**		**Select Plan**	
Single	$250	$500	$250	$500
Family	$500	$,1000	$500	$1,000
Generic				
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.
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.
Mail Order	Ded. then $100 Copay		20% Coins. ($100 min / $200 max)	

NOTE:

- 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 MOOP (no crossover)
- The above exhibit is meant to be a summary of key selected plan design components for comparison and convenience, and is not meant to be an exhaustive summary of all plan provisions
- To the extent there is discrepancy between the above summary and the formal plan provisions, the plan provisions as disclosed in the plan’s governing documents will prevail

Your Health Reimbursement Arrangement

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.

NOTE: For Employees enrolled in the Select Plan only

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:

The City 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.

Flexible Spending Accounts (FSA) Benefit

HOW A 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/FSAworksheet.

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. However, you may submit a reimbursement claim on unused funds by March 31. 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.

Flexible Spending Account Benefit

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.

Dependent Care Flexibile Spending Account (DCFSA)

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 a 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.

Dependent Care Flexibile Spending Account

HealthEquity

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		
Sick childcare center (licensed facility providing care for children with health needs)	Custodial childcare for a qualifying dependent (child or dependent adult) due to illness or disability	Before and after school or extended day programs that include sick childcare services
Day camps that provide care for children with medical needs	Transportation to and from eligible care (provided by the care provider)	Late pick up fees for eligible sick childcare services
Looking for work expenses related to sick childcare (while actively seeking employment)	Care that enables you or your spouse to work or look for work	Care for a child under age 13 or a tax qualified dependent

Non-Qualified Expenses	
General activity fees, dance lessons, sports, or entertainment	Food, clothing, or entertainment expenses
Transportation not provided by the care provider	Care while on vacation, maternity leave, or other non work-related leave
Payments for care not yet provided	Expenses that do not enable you or your spouse to work or look for work
Care for a child who is not a tax qualified dependent	Any expenses incurred after the plan year ends or using forfeited funds

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

FERTILITY TREATMENT

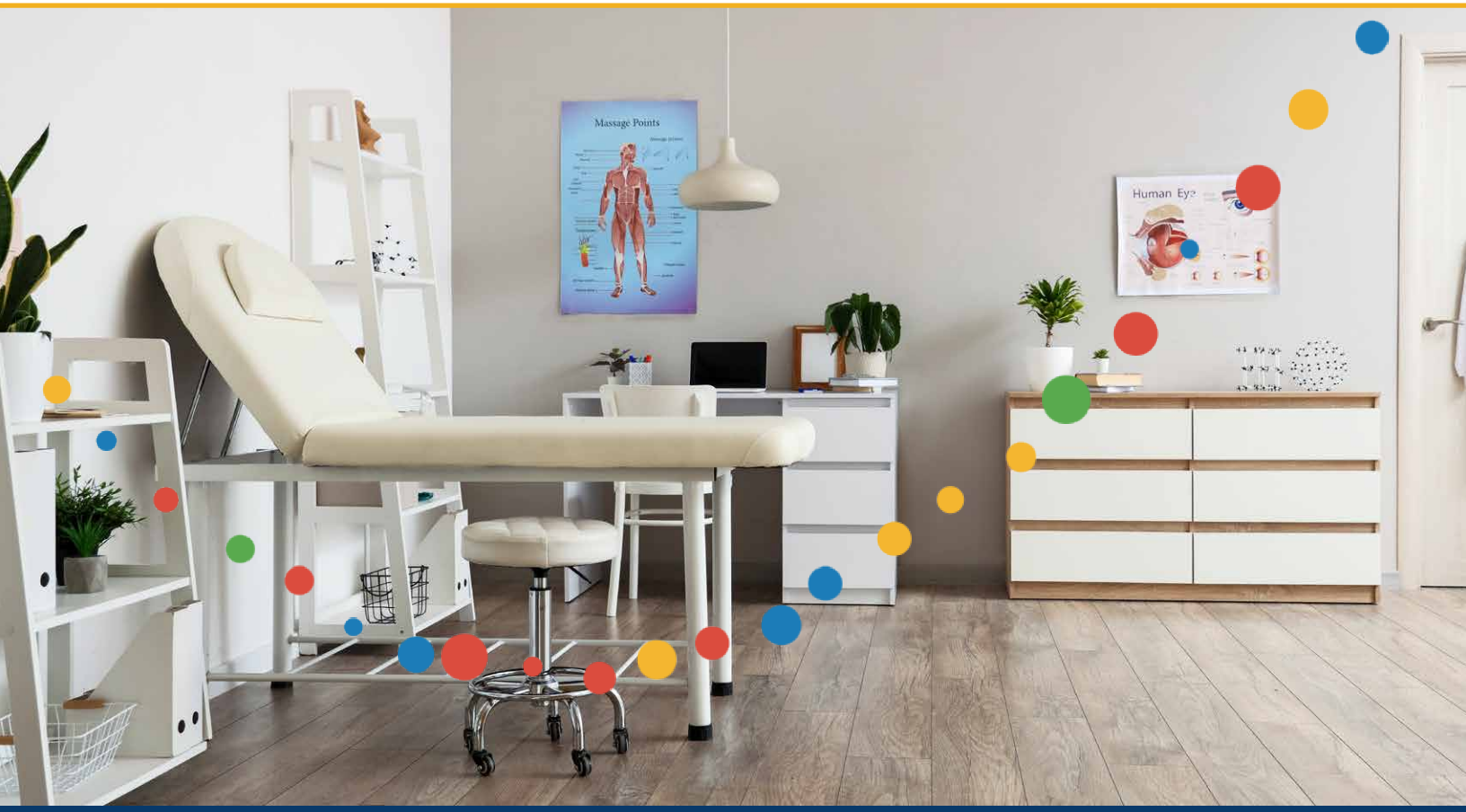
One of the most significant additions to our benefits package is the Fertility Treatment benefit provided by Blue Cross Blue Shield of TN. This comprehensive benefit covers services and supplies that can help you become pregnant, boost fertility, or improve conception quality. Your share of the cost is based on your health plan. Using an in-network provider can help you save on this type of care.

To be eligible for medical expenses for fertility treatments, members and their spouses must be enrolled in a City of Memphis medical plan.

Here are a few examples of what we cover:

1. Artificial insemination
2. In vitro fertilization (IVF)
3. Fallopian tube and uterine reconstruction
4. Assisted reproductive technology (ART) including, Gamete and Zygote Intrafallopian Transfer GIFT and ZIFT)
5. Fertility injections and drugs

Your lifetime maximum for this benefit is $30,000. This includes $15,000 for medical care and $15,000 for pharmacy coverage.



COM/HR-Total Rewards and BCBST have partnered with Maven to enhance the family care benefit. Effective January 1, 2027, we will be offering the following two new enhancements to our benefits offering. This partnership will support you and your families through fertility, family building, and menopause & midlife health to improve outcomes and support. You can use these benefits at no extra cost, with no copays or out-of-pocket costs.

Maven is one of the primary vendors leading these services.

MAVEN FAMILY BUILDING SUPPORT

Planning for your family's future? Maven provides confidential, personalized support for every step of your family-building journey at no additional cost. Employees have 24/7 virtual access to specialists and resources for:

- Unlimited virtual appointments and consultations
- Emotional and mental health support
- Educational tools and resources to help you make informed decisions

MAVEN MENOPAUSE SUPPORT

Maven offers personalized menopause support to help employees manage symptoms, improve well-being, and maintain long-term health, all with no copays or out-of-pocket costs. Employees can access:

- A team of experts, including OB-GYNs, nutritionists, mental health providers, and career coaches
- Unlimited virtual appointments and 24/7 access to care
- Guidance on symptom management, hormone therapy, and healthy habits
- One-on-one emotional and mental health support throughout the menopause journey

Effective January 1, 2027, Start your family planning support today by contacting and registering at: mavenclinic.com/register

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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.

You may also sign up by calling Experian at 1-866-926-9803. You'll need the activation code, which you can get from BlueAccess or by calling the member service number on your Member ID card.

HINGE HEALTH

Hinge Health, a digital-based Health Management solution for back, knee, hip, shoulder, neck, and pelvic health. The program offers a complete clinical model with the objective of supporting members achieve pain reduction without high-cost treatment such as imaging, surgical intervention and/or opioid prescriptions.

What's your pelvic floor and why should you care?

Your pelvic floor is the group of muscles and tissues attached to the bottom of your pelvis. It supports your pelvic organs, controls your bladder, and is one of the hardest working muscle groups in your body.

Why join?

- Get personalized, virtual exercise therapy for pregnancy and postpartum, bladder control, pelvic muscle strengthening, or pelvic muscle relaxation.
- Work 1-on-1 with a clinical care team that specializes in pelvic floor care.
- Exercise from the privacy of your own home, on your schedule.

Visit hinge.health/cityofmemphis-wph or call 855.902.2777 to learn more or apply.

24 HOUR NURSELINE – 1-800-818-8581 (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 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 – 1-800-818-8581 (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**.

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 BlueShield pharmacy network.**

Live healthier at no cost to you

$0 cost to you

When you join you'll have access to connected condition management devices and the support you need. It's all available to you and 100% paid for by your plan sponsor.

Diabetes Management
- ✓ Connected meter
- ✓ Unlimited strips

Hypertension Management
- ✓ Connected monitor
- ✓ One-on-one coaching

Weight Management and Diabetes Prevention Program
- ✓ Connected scale
- ✓ Expert guidance

... And more programs!
- ✓ Health experts
- ✓ Personalized plans

Additional details coming soon.

Program includes trends and support for your secure TelaDoc Health account and mobile app but does not include a phone tablet or smartwatch. The program is provided to you and your family members with diabetes and coverage through BlueCross BlueShield of Tennessee.

El programa incluye seguimiento de tendencias y soporte para su cuenta segura de TelaDoc Health y la aplicación móvil, pero no incluye un teléfono, tableta ni reloj inteligente.
El programa se le proporciona a usted y a los miembros de su familia que tienen diabetes y cobertura a través de BlueCross BlueShield of Tennessee.

Beneficiary

F

ATTENTION: Please prioritize reviewing and updating your beneficiary designations during Open Enrollment 2026.

Ensuring your beneficiaries are accurate is crucial for the smooth administration of your benefits in case of an unforeseen event. The designation of beneficiary ensures your life insurance (Death Benefit/Disability) will be distributed according to your wishes. The simple decision can save your loved one's time, and money, and also prevent 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 located on the Total Rewards website or in office.

You can complete the form and return it by :

Email: benefitsquestions@memphistn.gov

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

Group Life Insurance

The City of Memphis offers life insurance through Securian Financial.

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. Round earnings to the next higher $1,000, then apply coverage multiple of 1.5. 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, 2027 or whenever SOH is approved, whichever is later.

Active Full-time Employee Group Life Insurance

Coverage Type	Coverage Options	Additional Information
Employee Voluntary Life	Voluntary Life is offered in **$10,000** increments, subject to the maximum of the lesser of 5 times annual earnings or **$500,000**.	Guarantee Issue (For New Hires only. All existing employees require SOH): The lesser of 5 time annual earning or $500,000.
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	$10,000	Child is covered from live birth to age 26.

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

Summary of life insurance coverage options and cost

Life insurance benefits through your employer can help your family navigate the financial challenges that may arise from the loss of a loved one.

Term life insurance provides a budget-friendly way to help protect your family's financial future.

- **Income replacement:** Can help your family maintain their lifestyle by covering essential daily living expenses like mortgage/rent payments, child care, groceries and more
- **Final expenses:** May ease the burden of funeral costs, medical bills and other end-of-life expenses
- **Cost-effective:** Employer-based life insurance is generally less expensive than other life insurance solutions. It can allow you to temporarily supplement your outside coverage, to increase your total protection during your working years when your family depends on your income

Act now to protect your family through the unexpected.

Learn more

Visit Securian's educational microsite to learn more about your insurance program, naming beneficiaries, applying for coverage that requires health questions and much more.

Visit **securian.com/city-of-memphis-insurance**

Monthly cost of coverage

Employee/spouse partner voluntary life

(rates/$1,000/month)

Age	Rate
Under 25	$0.050
25-29	0.060
30-34	0.060
35-39	0.080
40-44	0.090
45-49	0.120
50-54	0.210
55-59	0.300
60-64	0.450
65-69	0.740
70-74	1.270
75 and over	2.060

Dependent package

$10,000	$2.11 per month

Child voluntary life

One premium provides coverage for all eligible children

$10,000	$2.00 per month

Please note, employee and spouse rates increase with age and are subject to change.

Calculate premium:

Coverage amount	$
divided by 1,000	$
times rate based on age	$
Monthly premium	**$**

This is a summary of plan provisions related to the insurance policy issued by Securian Life Insurance Company to City of Memphis. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively-at-work requirement of the policy.

In certain circumstances the coverage you elect may require us to approve Evidence of Insurability (EOI) before coverage takes effect. If EOI is required, you should receive correspondence from us indicating we have approved your EOI before your employer deducts or submits premiums for the portion of coverage requiring EOI. If you have questions about whether EOI is required for coverage or has been approved, contact us at 866-889-6221.

Insurance products are issued by Securian Life Insurance Company, a New York authorized insurer. The company is headquartered in St. Paul, MN. Securian Life Insurance Company is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series 14-31700.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Securian Life Insurance Company is a subsidiary of Securian Financial Group, Inc.

Short-Term/Long-Term Disability Benefits

The City of Memphis offers disability insurance through The Standard.

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: All Full-Time City of Memphis employees, 18 years or older, actively working at least 30 hours or more per week.

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.

Employees who do not elect STD during initial eligibility will be subject to a 60-day extended benefit waiting period (EBWP) for sickness, accident or pregnancy during the first 12 months of the plan.

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

POTENTIAL COST SAVINGS OPPORTUNITY

Employees who have 1,328 hours (approximately 5 months) or more of accrued Sick Leave are encouraged to evaluate whether Short-Term Disability (STD) benefits are necessary.

Depending on individual circumstances, this could present an opportunity for cost savings during benefits enrollment.

LONG-TERM DISABILITY (LTD)

- **Eligibility:** All full-time City of Memphis employees, 18 years or older, actively working at least 30 hours or more per week.
- **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 The Standard.

Short-Term/Long-Term Disability Benefits

Short-Term Disability Plan Options

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	$25 or 10%	$25 or 10%	$25 or 10%
Benefit Waiting Period Accident & Sickness	14 Days	14 Days	14 Days
Maximum Benefit Period	166 Days	166 Days	166 Days

Short-Term Disability Benefits and Cost

Employee Earnings	Plan 1		Plan 2		Plan 3	
	Weekly	Biweekly	Benefit	Cost	Benefit	Cost
$25,000/year ($480/week)	$240.38	$4.77	$288.46	$5.73	$336.54	$6.68
$50,000/year ($962/week)	$480.77	$9.54	$576.92	$11.45	$673.08	$13.36
$75,000/year ($1,442/week)	$721.15	$14.31	$865.38	$17.18	$1,09.62	$20.04
$100,000/year ($1,923/week)	$961.54	$19.09	$1,153.85	$22.90	$1,346.15	$26.72
$125,000/year ($2,403/week)	$1,201.92	$23.86	$1,442.31	$28.63	$1,500	$29.78
$150,000/year ($2,885/week)	$1,442.31	$28.63	$1,500.00	$29.78	$1,500	$29.78
$175,000/year ($3,365/week)	$1,500.00	$29.78	$1,500.00	$29.78	$1,500	$29.78

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

Sample Weekly Benefits Calculations with Per-Pay-Period Cost by Plan for Full-Time Employees

Employee Earnings	Plan 1	
	Weekly Benefit	Biweekly Cost
$15,000/year ($288/week)	$144	$2.86
$20,000/year ($384/week)	$192	$3.82
$25,000/year ($480/week)	$240	$4.77
$30,000/year ($578/week)	$289	$5.73
$35,000/year ($673/week)	$337	$6.68

Health Advocacy

When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.

HELP IS ONLY A PHONE CALL AWAY

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through Standard Insurance Company (The Standard).

AN EXPERT BY YOUR SIDE

At no additional cost, you can contact Health Advocate and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

SOME WAYS THEY CAN HELP YOU ARE:

- **Understand** and take maximum advantage of your medical benefits.
- **Make sense** of your diagnosis and research treatment options.
- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- **Locate specialists** for high-risk pregnancies and find pediatricians.
- **Manage your out-of-pocket expenses** by finding alternative services and cost information.
- **Locate** necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- **Resolve** medical claims and billing issues.
- **Find resources** for services that may not be covered through your employer's health benefits program.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.

Personal Health Advocates available Monday – Friday, 8 a.m. – 10 p.m., EST. at: 844.450.5543

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204
standard.com

1 Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

More Protection with Legal insurance

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.

Voluntary Benefits at a Glance

Meet with a Benefit Counselor on-site during Open Enrollment

AVAILABLE VOLUNTARY BENEFITS:

Critical Health Events can pay money directly to you if you're diagnosed with a covered serious health condition. You can use the lump-sum payment to help with co-pays and deductibles or any of your other expenses. Your children are automatically covered and your spouse can also get coverage.

Accident Insurance can pay money directly to you if you get hurt and need medical attention. It covers things like ER treatments, fractures, stitches, benefits for qualified health screening tests, and more. The amount you receive is based on your injury and treatment. You can use the money however you choose.

Hospital Indemnity Insurance pays a benefit when you're admitted to the hospital for a covered injury or illness. It can help with the out-of-pocket expenses medical insurance may not cover, such as co-pays and deductibles. This coverage is a supplement to medical insurance and available to your spouse and children. You decide how to spend the money you receive.

Pet Insurance takes the stress out of unexpected vet bills. Pet Insurance reimburses you for the cost of accidents and illnesses throughout your pet's life. With an easy claims process and no networks, you can take your pet to any licensed veterinarian within the United States.

As an employee of the City of Memphis, you are eligible to enroll in Voluntary Benefits offered by Trustmark and Petpartners. These payroll deduction benefits are designed to support you through some of life's most unexpected events, such as sickness or injury.

You can reach EFP's Benefit Service Center directly at the number below.

(833) 948-0162

Monday-Friday

SCAN THE CODE TO LEARN MORE

HOW TO ENROLL:

Speak with an EFP Benefit Counselor in person during Open Enrollment or over the phone via the Benefit Service Center, (833) 948-0162, Monday-Friday 7am to 6 pm.

RETIREMENT PLANNING

DEFINE BENEFITS PLAN

The Defined Benefit Plan is the legacy 1948 and 1978 pension plans. Retirees and employees with at least 7.5 years of full-time employment with the City of Memphis (as of July 1, 2016) who participated in the City of Memphis retirement plan will remain under the Defined Benefits Plan. (Also, eligible participants hired on or after July 1, 2023, can elect to participate in the 1978 or the 2016 Hybrid Pension Plan.)

- Employee contributions remain at 8% (General) and 6.5%, 7%, 7.35% and 8% (Fire and Police Commissioned) of salary
- The City of Memphis will continue to contribute 6% of salary

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

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 July 1, 2016 on the previous Defined Benefit Plan with benefits earned after July 1, 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.

TWO RETIREMENT EARNING OPPORTUNITIES ROLLED INTO ONE:

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

- Pension benefits accrued before July 1, 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 July 1, 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) Defined Contribution 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) Defined Contribution 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 retirementquestions@memphistn.gov and/or 901-636-6800.

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

Social Security Supplemental Benefits

WHO IS ELIGIBLE

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

SOCIAL SECURITY SUPPLEMENTAL BENEFITS

The City of Memphis funds 2.35% to the 457(b) deferred compensation plan for all full-time employees who are not eligible for the City's pension plan due to Social Security coverage.

401(A) MATCHING RETIREMENT BENEFIT

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

HOW IT WORKS

For every dollar an eligible employee contributes to the City's 457(b) Deferred Compensation 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 employees' years of service.

HOW TO GET STARTED

If you already make contributions to the 457(b) Deferred Compensation 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
0-14	$.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)

COM 457(b) Deferred Compensation Plan

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:

Jonathan Paul - Jonathan.Paul@empower.com

Your Empower Educational Specialist

Jonathan and Coty have extensive backgrounds in educating retirement plan participants. Contact them for personal one-on-one assistance on any of the following and much more.

- Answer questions about your Plans.
- Enrolling in the Plans.
- Reviewing your account to determine retirement readiness.
- Getting help with diversification, asset allocation and dollar cost averaging concepts.
- Participant website tools and resources.
- Pre-, and post-retirement planning assistance (DROP, RMD).
- Consolidating outside retirement assets within the Plan.

Consolidation may not be right for everyone – individual situations vary. Investors should consider the impact of transfer fees, the loss of vested benefits and/or surrender charges that may be imposed by their current plan when funds are rolled over. Consider seeking consultation from your own independent financial and/or tax advisor before consolidating.

Jonathan Paul
Jonathan.Paul@Empower.com
901-290-4857

Coty Barker
Coty.Barker@Empower.com
901-290-4858

Visit MemphisRetirement.empowermytime.com or scan the QR code to schedule a meeting with Jonathan or Coty today!

WELLNESS & INCENTIVES

Sick Leave Bank

F

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 (48 hours for Fire employees) of sick pay to the program. The membership will become effective January 1st.

REQUIREMENTS TO ENROLL IN SICK LEAVE BANK

- 12 continuous months as a full-time employee.
- Have a current sick time balance of 48 hours as of the beginning of the enrollment period.
- Complete enrollment during the designated enrollment period.
- 8 hours (24 hours for Fire Employees) of sick leave will be assessed to each Banks Member's personal sick leave balance each year.
- Transfer 16 hours (48 hours for Fire employees) of sick pay to the Sick Leave Bank during enrollment.

NOTE: Fire employees will be compatible with the fire division's sick leave conversion.

QUALIFICATIONS TO ACCESS SICK LEAVE BANK

You must have exhausted all your sick days and all other personal leave including vacation and other approved leave, 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.

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 a rolling calendar year
- Grant approval amounts contingent on any received STD or LTD benefits.

If you meet all of the qualifications and have donated the initial 16 hours (48 hours for Fire employees) 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 totalrewards.memphistn.gov/full-time/sick-leave-bank/.

TOTALREWARDS
Great People Deserve Great Rewards

How to Apply

Employees can submit a request using the application below:

Parental Leave Sick Leave Bank Application

This enhancement is part of our continued commitment to supporting you and your family during life's most meaningful moments

TOTAL REWARDS
HUMAN RESOURCES
CITY OF MEMPHIS

New Parental Leave Support Through the Sick Leave Bank

Because great people deserve great rewards, we're excited to announce an enhancement to the City of Memphis Sick Leave Bank.
Effective July 1, 2026, employees on approved leave for pregnancy, the birth of a child, adoption, and/or child bonding who do not have at least six weeks of accrued sick leave may be eligible for additional support through the enhanced Sick Leave Bank, providing extra peace of mind during these important life events

1 What this means

- If you have less than 6 weeks of sick leave, you may request a grant of up to 6 weeks from the Sick Leave Bank to care for and bond with your child.
- Pregnancy, birth of a child and adoption are now recognized as qualifying life events for entry into the Sick Leave Bank.
- You will not be required to exhaust your vacation time before requesting this benefit.
- You will not be required to make the initial 16-hour Sick Leave Bank donation at the time of your request.

2 Imporant to Know

A 16-hour contribution to the Sick Leave Bank will be deducted from your sick leave balance after you return to work and begin accruing sick time.

For questions or to learn more about eligibility and how to apply, please contact the Leave of Absence Office at sickleavebank@memphistn.gov

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). Employees and now, dependents ages 13 and up, can be matched with a dedicated provider.

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

Concern Employee Assistance Program

WHAT IS CONCERN?

CONCERN Employee Assistance Program (EAP) is a workplace program designed to identify and resolve production or operational problems associated with employees who are affected by personal problems such as stress, health, marital, family, financial, alcohol and drug, legal, gambling, emotional and other problems.

CONCERN EAP serves a wide range of customers in the Memphis metro and Mid-South region that represent manufacturing, distribution, government, health care, education, legal, transportation, hi-tech, law enforcement, retail sales, gaming and banking work sites.

WHO HAS ACCESS TO IT?

Any employee or anyone in the household who is experiencing emotional or mental distress that would not require inpatient care is likely appropriate for EAP counseling. Typically seen are people who have significant stress, relationship problems, anger issues, parenting and couples concerns, the loss of a loved one, life transitions, or depressive symptoms. Others may be seen for substance abuse issues, anxiety, lack of motivation, and other difficulties in the workplace. A growing segment of clients includes people who are managing chronic health conditions and seek assistance for weight loss and other changing lifestyle options.

HOW MUCH DOES IT COST?

The use of Concern is completely free to the employee and/or those in the household for the unlimited number of sessions. We do not want there to be any barriers such as the numbers of times allowed, to keep you from using this amazing service.

REFERRAL/RESOURCE SERVICE "JUST ASK":

This is an additional service that is provided to clients. There are many times when an individual needs help accessing a resource or attaining information. Our aim is to serve as a conduit to help you with that need. If you are looking for child care providers in your area or long term care facilities for a loved we will do the research for you so you have some options to choose from. We do not make any guarantees about the providers of the service, you must still do your own due diligence and vet whatever entity you select. If you are not sure we can help we say "Just Ask" by emailing Concern@bmhcc.org or complete a form on the website. We will respond within 24 to 72 hours. This is our baseline service. Other resource and referral services are offered for an additional cost.

ADDITIONAL SERVICES OFFERED:

Problem assessment, unlimited problem-solving sessions (affiliate providers need authorizations)

- Critical Incident Stress Debriefings/Management, as needed
- 24/7 licensed counselor on-call via phone for crisis or urgent situations
- Management consultations available
- Employee education programs, including drug-free workplace, harassment trainings, diversity training, and leadership development

Continued ...

Concern Employee Assistance Program

- Conflict resolution sessions
- Workplace violence prevention training and interventions, participate in health fairs and orientations
- Newsletter

The CONCERN Connection, links to current health care information via social media.

www.myconcerneap.com

HOW DO I ACCESS THE SERVICE?

Start by going to our website www.myconcerneap.com, click on "Client" and fill out the "New Client Intake" form online. You can always scan the QR code below to be taken to this paperwork. Call Concern at 901-458-4000 or 1-800-445-5011 then, let us know you have completed your online paperwork and would like to schedule an appointment. Once you give them some of your basic demographics, we will coordinate with you to schedule you and/or your household members for a phone or a video telehealth session.

WHERE ARE WE LOCATED?

Concern Midtown (Main Office)	2670 Union Avenue Extended, Suite 610, Memphis TN 38112
Concern Bartlett, TN	2996 Kate Bond Rd, Suite 207, Bartlett, TN 38133
Concern Germantown, TN	2010 Exeter Road, Suite 1, Germantown TN 38138
Concern Jackson, MS	1225 North State Street, Jackson, MS 39202
Concern Southaven, MS	7535 Airways Road, Suite 210, Southaven, MS 38671
Concern Covington, TN	1995 Highway 51 S, Suite 203B, Covington, TN 38019

Contact us at: 901-458-4000 or **1-800-445-5011**
CONCERN: EAP is a member of the International Employee Assistance Professionals Associations (EAPA)
www.myconcerneap.com

Financial Wellness

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 (PSLF)

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

Email your Employment Certification form to wellness@memphistn.gov

If you have questions about the PSLF program, call the Federal Aid Information Center at 1-800-433-3243.

Pet Insurance

PetPartner Advantage enrollment is through EFP (See snippet of plan below). You can contact EFP at (833} 948-0162 Monday- Friday, 7am - 6pm.

$67.72/month with 80% co-insurance on 0-10 years old, Pre-existing condition coverage options, Prior coverage	• Wellness benefits (best class coverage for cats and dogs, any license vet, • Accident & Illness Coverage, Accident Only Coverage
• Reimbursement Option 50% to 100%, all pre-existing is covered after 12 months of coverage 2 years guaranteed options	• Waiting periods injury (2 days) illness (14 days) pre-existing (365 days) Payroll deduction 24/7 help line • Rx discounts, No age limit/breed

We're paws-itively thrilled to share the news with you!

Your pets are family, and their care matters. We're excited to offer two Pet Wellness options: Pet Partners Advantage through the EFP and LifeMart's discount plan, making care more affordable and stress-free!

PetInsuranceCare.com - 10% Discount Pet Insurance	**Embrace** - Up to 25% off Every Vet Visit	**MetLife** - 30% Saving on Pet Insurance
Healthy Paws Pet Insurance - 90% back on vet bills	**Spot** - Up to 20% Discount & Up to 90% on Vet Bills	**Pet Partners** - Save 15% for being a member
Pet Best - Up to 10% off for your pet	**Nationwide** - 1st choice in America for Pet Insurance	**Liberty Mutual** - 20% on Pet Insurance

Lifestyle Spending Account (LSA)

The LSA is a wellness benefit funded by the City of Memphis to help active employees offset the cost of everyday health, wellness, and lifestyle expenses through **Benepass**.

BENEFIT LAUNCH - JULY 1, 2026

ELIGIBILITY CRITERIA:

- 1-year of employment
- Must maintain a minimum of 20 hours per week (~1,040 hours annually)

FUNDING

- $300 annually ($75/Quarter) - No annual rollover. **Unused funding is forfeited on Dec. 31**
- Virtual Card available immediately | Must order a physical card via Benepass platform
- Submit reimbursement claims via the Benepass platform

Example of Eligible Expenses
Gym memberships & fitness classes
Fitness equipment and athletic apparel
Health trackers & wearables (e.g. FitBit, Oura Ring)
Weight-management & nutrition programs
Mental health & wellness apps (e.g. meditation, sleep)
Financial planning or professional coaching
Stress mangement and personal care (e.g. massage, spa)

Family Care Benefit

urbansitter Corporate Care

This is a family care benefit funded by the City of Memphis to provide active employees with access to trusted, background-checked caregivers for childcare, senior care, pet care, household services, and daycare and pre-school resources via **UrbanSitter**.

BENEFIT LAUNCH - JULY 1, 2026

ELIGIBILITY CRITERIA:

- 1-year of employment
- Must maintain a minimum of 20 hours per week (~1,040 hours annually)

FUNDING

- $200/Annually ($50/Quarter) – No annual rollover. **Unused funding is forfeited on Dec. 31**
- Use the UrbanSitter platform (via website or mobile app) to request, book, and pay for eligible family caregiver needs.

Example of Eligible Explenses
Child Care – find a trusted sitter or nanny for afterschool care, weekdays, weekends, anytime or short-notice backup care
Senior Care – find compassionate care for an aging parent or loved one who needs help with errands, appointment escorting, meal prep and more
Pet Care – find a trusted sitter and/or walker you can count on
Household assistance – Get help with cleaning, running errands and more
Day Care/Preschool resources – access to 200,000+ verified school programs

Pay on Demand

Express Wages

Pay On Demand allows employees to access a portion of their earned wages prior to payday, which provides greater financial flexibility administered by **Express Wages**.

BENEFIT LAUNCH - JULY 1, 2026

ELIGIBILITY CRITERIA:

- 6 months of employment
- Must maintain a minimum of 20 hours per week (~520 hours annually)

FEES FOR EMPLOYEES ONLY:

- $4.95 for instant use
- $3.95 for ACH (1-2 Days)
- Free ACH deposit (3-5 Days)
- Free debit card launching Q2 of 2027 calendar year

Benefits of Pay On Demand
Access a portion of your wages before pay day
Not a loan, no interest, and no credit checks
Access 60% of earned wages at a maximum of $200.00 per day
Cover unexpected expenses, avoid overdraft fees and gain financial flexibility
The amount you access is automatically settled on the next payday
Financial planning or professional coaching
Transfer funds to your bank account in minutes

Purchasing Power

Purchasing Power is an employee purchase program that provides access to products from top brands, which is paid over time through payroll deduction with no interest.

BENEFIT LAUNCH - OCTOBER 1, 2025

ELIGIBILITY CRITERIA:

- 1 year of employment
- Must maintain a minimum of 20 hours per week (~1,040 hours annually)

SPENDING LIMIT

- Spending limits vary and are based on salary.

Examples of Eligible Expenses
Computers & Electronics
TV & Entertainment
Appliances
Travel
Furniture
Jewelry
Auto & Home Improvement

Group Fitness Classes

CLASS SCHEDULES

HIIT Class
2714 Union Ave Ext
5th Floor training room
Every Mon & Wed
4pm-5pm

Group Classes

125 N. Main Room 2B
Every Wed & Thurs
2pm-3pm & 4pm-5pm

Benjamin Hooks Library Break Room
Every Mon & Fri
11am-12pm & 12pm-1pm

125 N. Main Room 2B
Every Tues & Thurs
5pm-6pm

COM Fitness Centers

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.

You must complete a request form to access the fitness center.

Scan the QR Code below to complete the request form.

COM Fitness Centers	Who is eligible?	Locations	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.)
Katie Sexton CC	Active employees	1235 Brown Ave	M-F (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Orange Mound C&SC	Active employees	2590 Park Ave	M-F (8 a.m.-4p.m.)
Benjamin L. Hooks Library	Active employees	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	Most Stations	24 Hours
Office of EMA	Active employees on site	2668 Avery	24 Hours

CITY OF MEMPHIS PERKS

Services	Discount (show employee ID)
Employee Wellness Centers • City Hall - 125 N. Main Street Level 1B • 3292 Poplar Ave., Ste. 105	• FREE primary and acute healthcare • Nutrition, mental health, physical therapy, and care coordination services • Call (901) 636-0111 to schedule an appointment
Raleigh Tire	• 5% for mechanical, oil, and brake services

Fitness	Discount (show employee ID)
Blue Cross Blue Shield – Fitness Your Way	• Access to 10,000 fitness locations nationwide • One-time enrollment fee- $19.00 Monthly membership fees from $19-$99 • Use codes **MEMPHIS19OFF** & **MEMPHISENROLLOFF** • No membership fees
City of Memphis Fitness Centers & Community Centers	• Contact Total Rewards-Wellness at wellness.questions@memphistn.gov or (901) 636-6592 for more information
YMCA	• Joining fee waived • 50% off monthly membership • 15% off regularly priced classes & membership
Your Inner Yogi 10 N. 2nd Street Ste. 102	• 15% off Private Personal Session • 10% off Online Classes. For discount code, email: wellness.questions@memphistn.gov

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

CITY OF MEMPHIS PERKS

Attractions/Entertainment/Quality of Life	Discount (show employee ID)
Access Perks	• 30-50% off discounts on goods/services • Visit totalrewards.memphistn.gov/wellness and see Employee Perks under Resources
LifeCare - LifeMart	• Up to 40% off discounts on goods/services • Visit totalrewards.memphistn.gov/wellness and see Employee Perks under Resources
Magic Springs Water Park	• Discounts on Daily and Season Passes • 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
Working Advantage (Formerly Tickets At Work)	• Up to 50% off discounts on goods/services • No cost to employees • Visit totalrewards.memphistn.gov/wellness and see Employee Perks under Resources

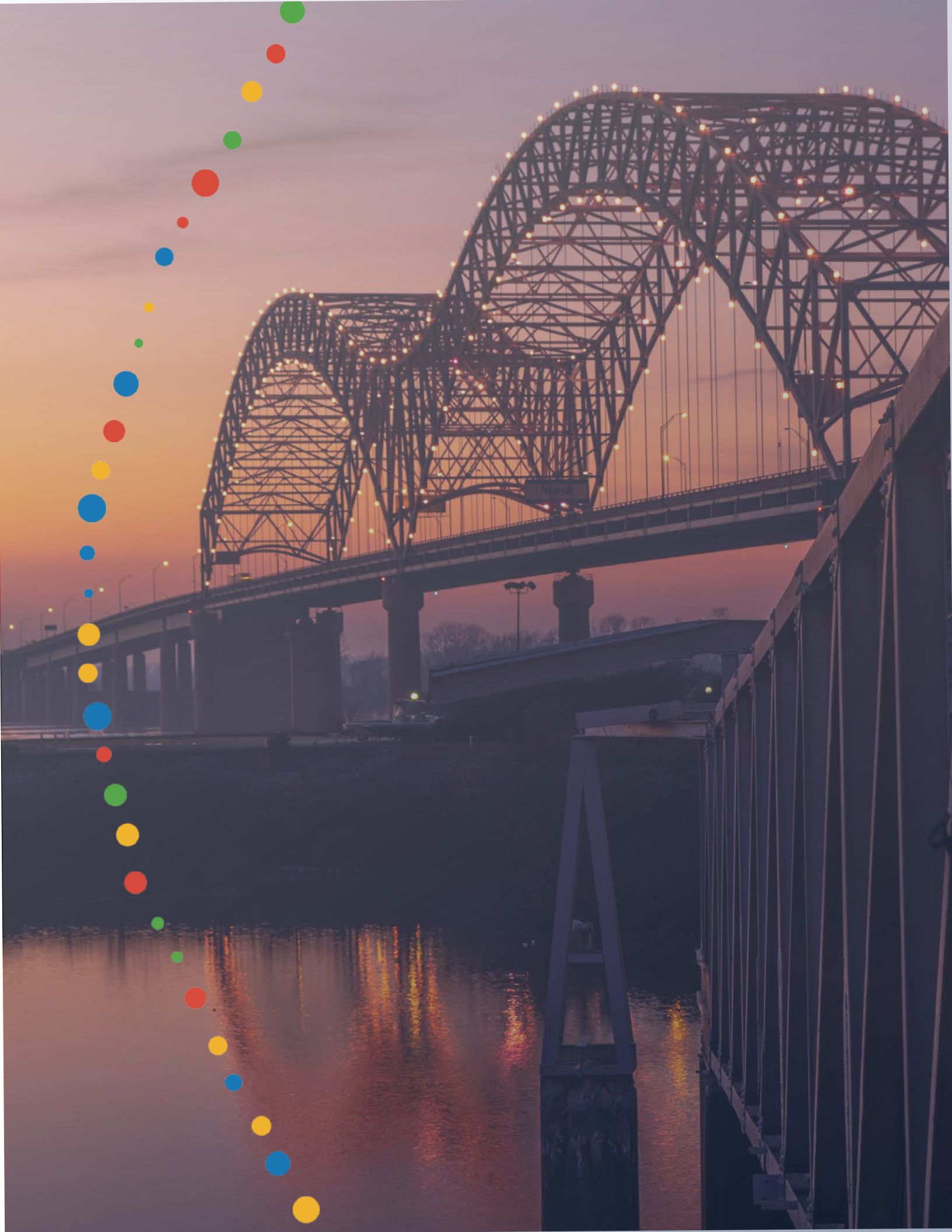
Wireless	Discount (show employee ID)
AT&T Signature Program	• 17% off the monthly service charges of qualified wireless plans, including mobile Share Flex • Waived activation fees with select activations and waived upgrade fees with select upgrades
T-Mobile	• 15% off monthly service charges, must call **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, Poplar, Winchester, Raleigh Lagrange, 1327 Germantown, Memphis Arlington locations)*	10% off entire purchase
Firehouse Subs	Free drinks w/ meal purchase
Lenny's Subs	10% off entire purchase
One & Only BBQ	10% with ID/50% for officers on duty (in uniform)



Notice of Privacy Practices

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.

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 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

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 gener-ally 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.

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.askebsa.dol.gov** or call **1-866-444-EBSA (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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

City of MEMPHIS
2714 Union Ave Extd, 4th Floor
Memphis, TN 38112