

City of Memphis

Retiree Benefits 2027

Prepared by Total Rewards, Human Resources Division | **Updated November 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). Retirees must make benefit elections for the upcoming year in order to keep receiving benefits in 2027.

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

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

We hope you use this guide as a reference and find it useful as you review your benefit options and the many programs available to take care of YOU. For more information, please visit the Total Rewards Benefits website at https://totalrewards.memphistn.gov.

Thank you for your service, commitment, and lasting contributions to the City of Memphis.

2027 Retiree 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	$113.50	$224.00	$224.00	$224.00
Choice Plan	$162.00	$322.50	$322.50	$322.50

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	

Voluntary Life Insurance

Coverage Type	Coverage Options	Additional Information
Retiree Voluntary Life	If you retire before age 65, you may continue your Voluntary Life Insurance at 50% of your current coverage and pay 50% of the current premium. This continued coverage will end when you reach age 65.	**Example:** As an active employee, you have a Voluntary Life Insurance policy of $50,000 with a $9.50 premium. When you retire, you may continue the policy at $25,000 with a reduced premium of $4.75. This policy will end when you reach age 65.

Death Benefit

The City of Memphis pays a $5,000 death benefit policy for all City of Memphis Retirees

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.

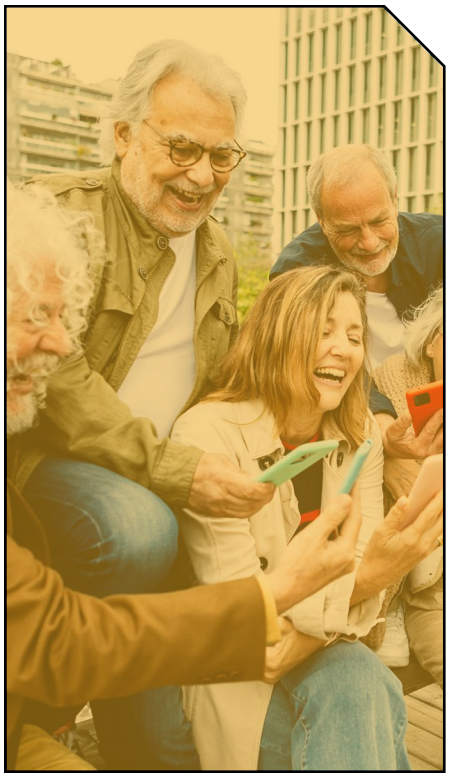
Sincerely,

Fonda F. Fouché

Fonda Fouché
Chief Human Resources Officer
City of Memphis



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Important Contacts

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
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)
Voluntary Benefits (Aflac, Colonial Life)	**Aflac** 1-800-992-3522 **Colonial** 1-800-325-4368	• Accident life, hospital income, cancer, critical illness, first responder
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.


RETIREES

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

CITY OF MEMPHIS MEDICAL ELIGIBILITY

- Line of Duty Retirees
- Non-Medicare eligible participants (These are retirees that did not pay into Social Security and do not qualify for Medicare.)
- Commissioned Fire and Police
- Fire Paramedics
- Communication Dispatchers and Operators

WHAT DOES ACTIVE ENROLLMENT MEAN?

Active (mandatory) enrollment means you are required to re-enroll.

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:

WHAT'S NEW

Employee Wellness Center (Poplar location)

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

Retiree HRA Through Via Benefits

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

NOTE: Retirees who are enrolled in a City of Memphis Medical Plan are not eligible to participate in the HRA program with Via Benefits.

Retiree Status	Retiree HRA Amount	Spouse / Dependents	Spouse / Dependent Amounts
Pre-65 service, ordinary disability, or Medicare Disability Retiree	$5,000	Pre-65 spouse/dependents	$5,000
Pre-65 line of duty	$10,000	Pre-65 line of duty spouse/dependents	$10,000
Post-65 retiree w/ Medicare A&B	$1,250	Spouse w/Medicare A&B	$500
Post-65 Line of Duty Retiree w/ Medicare A&B	$2,000	Line of duty spouse w/Medicare A&B	$1,000

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

Via Benefits

Pre-65: (866) 201–0437
Post-65: (866) 201–0367

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.

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

Retired 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.

Retired 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

Medical Insurance

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

NOTE: New medical rates for 2027. 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.

Your Health Reimbursement Arrangement

For Retirees enrolled in the City of Memphis Select Plan

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

Amount of your HRA	
Health Care Options	**HRA Amount**
Retiree Only	$750
Retiree + Family	$1,500

ROLLOVER ACCRUAL

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

HRA ELIGIBLE EXPENSES

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

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




RAYMOND JAMES
ORPHEUM

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-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				
	Choice Plan		Select Plan	
Annual Pharmacy Decuctible	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Single Deductible	$250	$500	$250	$500
Family Deductible	$500	$,1000	$500	$1,000
Generic				
Generic Brand Retail (30-day fill)	$7 Copay	Deductible, then 50% coinsurance	$7 Copay	Deductible, then 50% coinsurance
Generic Brand Mail Order (90-day fill)	$14 Copay		$14 Copay	
Brand Formulary				
Retail (30-day fill)	Ded. then $30 Copay	Deductible, then 50% coinsurance	Ded. then $30 Copay	Deductible, then 50% coinsurance
Mail Order (90-day fill)	Ded. then $60 Copay		Ded. then $60 Copay	
Brand Non-Formulary				
Retail (30-day fill)	Ded. then $50 Copay	Deductible, then 50% coinsurance	Deductible, then 20% Coins. ($50 min / $100 max)	Deductible, then 50% coinsurance
Mail Order (90-day fill)	Ded. then $100 Copay		20% Coins. ($100 min / $200 max)	
Weight Loss Drugs				
Retail (30-day fill)	Ded. then minimum of $200 Copay or drug cost	Ded. then minimum of $400 Copay or drug cost	Ded. then minimum of $200 Copay or drug cost	Ded. then minimum of $400 Copay or drug cost
Mail Order (90-day fill)	90 day fills not permitted		90 day fills not permitted	

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

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

Use Teladoc Health for:

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

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

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

Once you register, you can use it anytime.

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



IDENTITY PROTECTION SERVICES

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

- Credit 1B provides credit monitoring, credit reports, fraud protection and fraud resolution support for covered adults. Each covered member age 18 or older will need to enroll separately.

- Minor Plus provides credit and Social Security number monitoring for dependents under 18 years old.

TO ENROLL :

- Log in to your 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.

Additional Medical Coverage Benefits

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**.

FERTILITY TREATMENT

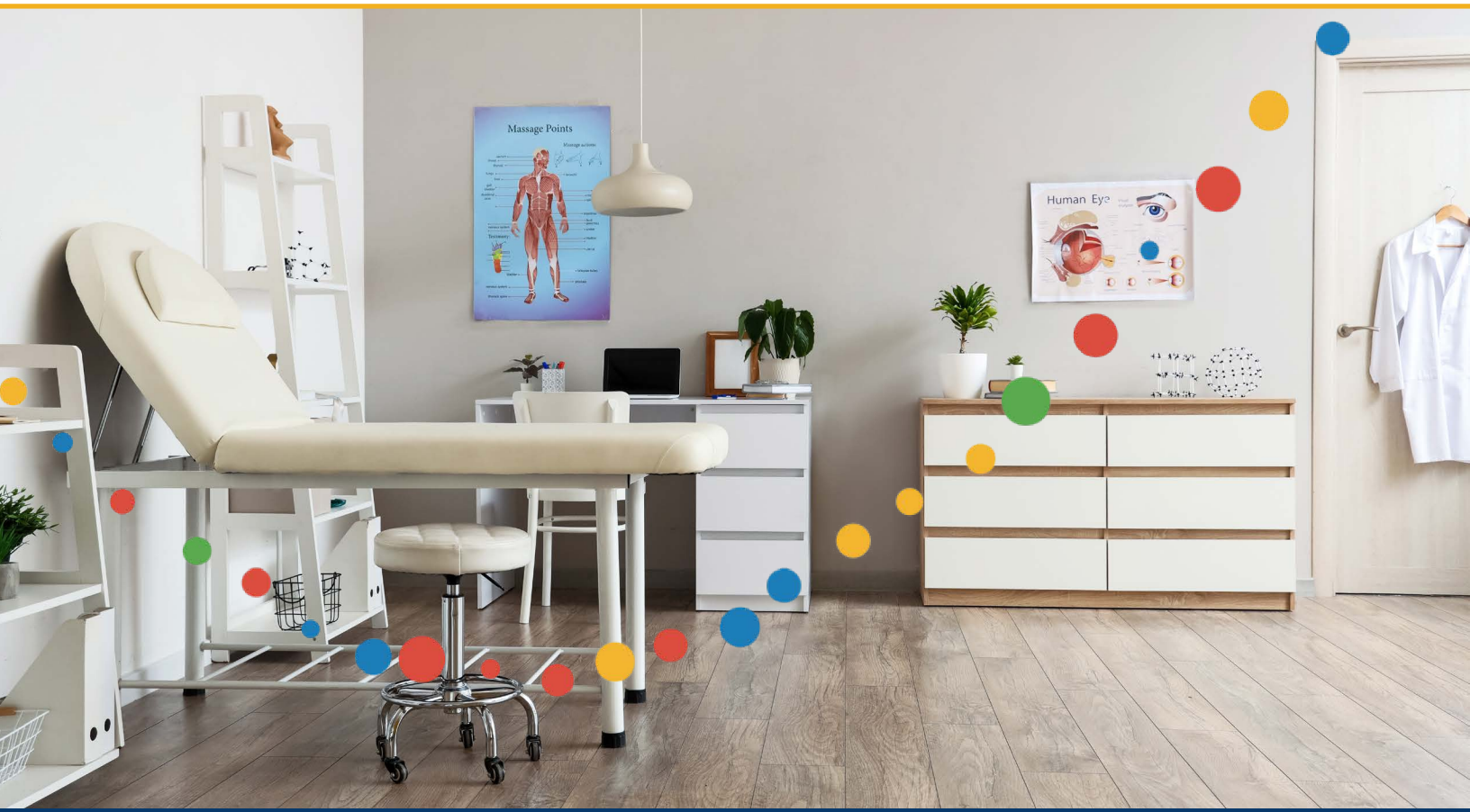
One of the most significant additions to our benefits package is the Fertility Treatment benefit provided by Blue Cross Blue Shield of TN. This comprehensive benefit covers services and supplies that can help you become pregnant, boost fertility, or improve conception quality. Your share of the cost 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

MAVEN

BlueHealth Rewards

Retirees 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

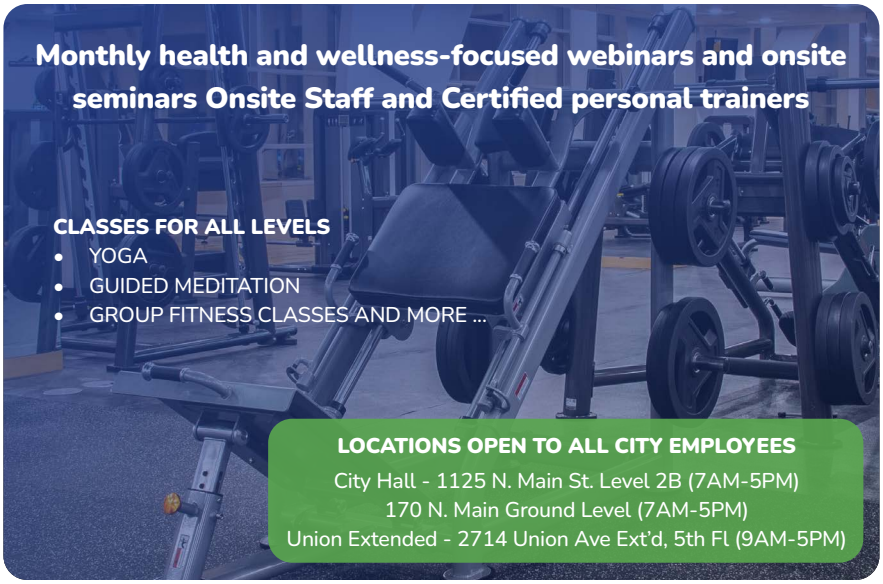
Retirees enrolled in our dental plan only will be eligible for the dental incentive only. Retirees enrolled in Medical and Dental will be eligible for all incentives.			To schedule an appointment for any of the wellness activities below, please call the City Hall Center at **901-636-0111** or Poplar 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.		

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
Bert Ferguson CC	Retirees	8505 Trinity Road	M-F (11a.m.-8p.m.) Sat. (9a.m.-5p.m.)
Bickford CC	Retirees	233 Henry Street	M-F (8 a.m.-8 p.m.) Sat. (9a.m.-5p.m.)
Glenview CC	Retirees	1141 S. Barksdale	M-F (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Hickory Hill CC	Retirees	3910 Ridgeway Rd.	MWF (12p.m.-8p.m.) Tu & Th (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Katie Sexton CC	Retirees	1235 Brown Ave	M-F (12p.m.-8p.m.) Sat. (9a.m.-5p.m.)
Orange Mound C&SC	Retirees	2590 Park Ave	M-F (8 a.m.-4p.m.)

Retirement Assistance

EMPOWER REPRESENTATIVES

For Empower accounts, please contact Jonathan and Coty. They have extensive backgrounds in educating retirement plan participants.

- Answer questions about your Plans.
- Getting help with diversification, asset allocation and dollar cost averaging concepts.
- Participant website tools and resources.
- Consolidating outside retirement assets within the Plan.

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



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



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

CITY OF MEMPHIS REPRESENTATIVE

Total Rewards

For general questions please call, 901-636-6800 or email:
retirementquestions@memphistn.gov

Finance Payroll

For questions about payout or verification letters, call 901-636-6144.

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.

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

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.

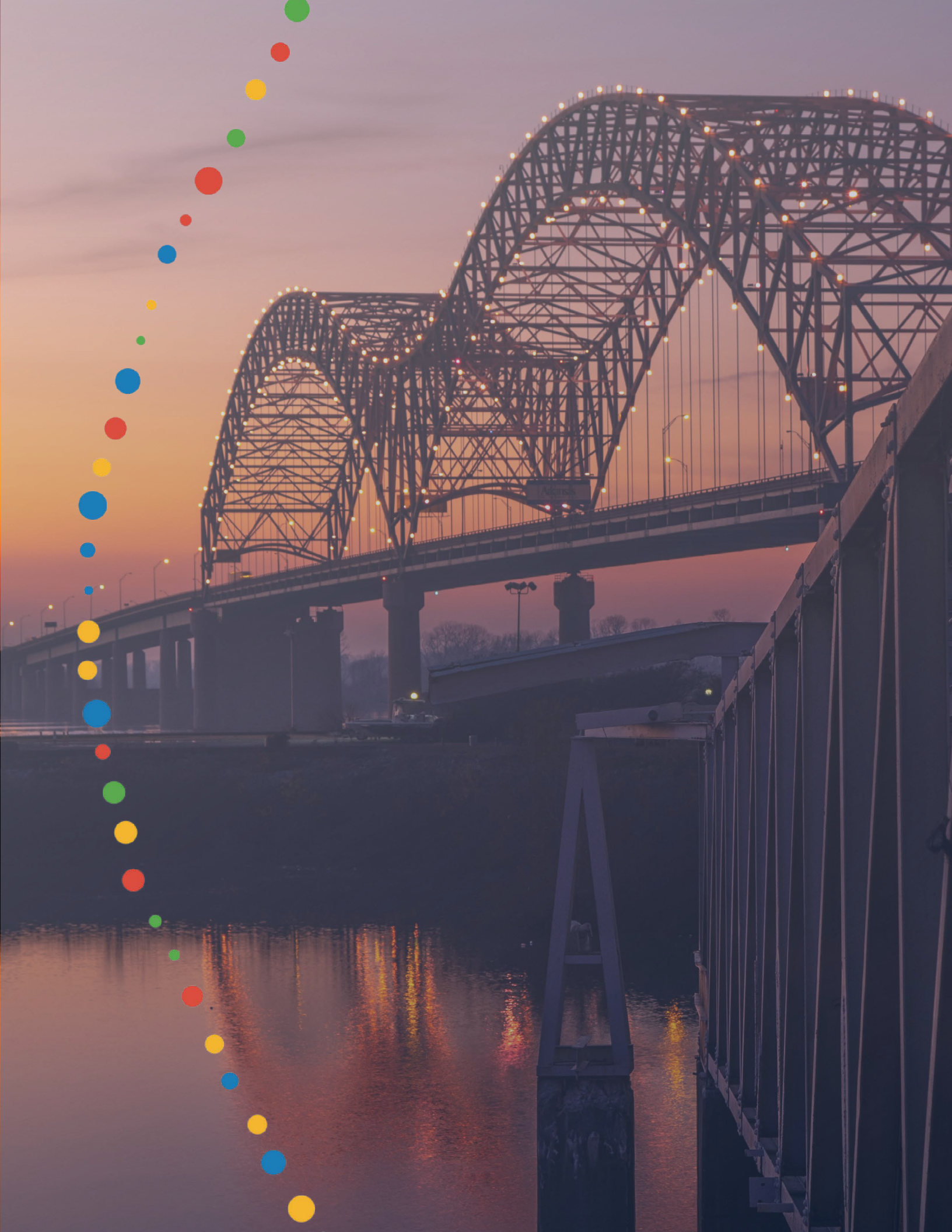
- **RIGHT TO REQUEST AN AMENDMENT OF YOUR PHI.** You have the right to ask us to amend protected health information that we maintain about you. When required by law to do so, we will amend your information within 60 days of your request and will notify you when we have amended the information. We are 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 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.



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)

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