



City of Memphis Retired Employees Your 2014 Benefits & Enrollment Guide



ACTION REQUIRED (OPEN IMMEDIATELY)

Open Enrollment October 7-18, 2013

“Don’t wait in line, enroll online”

<http://openenrollment.memphistn.gov>

The City of Memphis is pleased to offer retiree coverage. This guide not only summarizes your benefits for 2014 but it gives you an overview of all the benefits available to you as a City of Memphis retiree. Reviewing the information will help you make informed decisions about your benefit elections.

As a reminder, if you decide to terminate your City of Memphis Medical insurance coverage, you can never get it back. This does not affect your dental and vision enrollment opportunity.

Health Wellness and Benefits has taken every effort to ensure the accuracy of the information provided in this guide. However, if there is a conflict with any plan or benefits policy, the plan policy will always govern.

City of Memphis reserves the right to amend, suspend or terminate the benefit plans at any time.

Important information for 2014 Open Enrollment:

- The 2014 open enrollment period starts **October 7, 2013** and will end at midnight **October 18, 2013**.
- No waiting in long lines with benefit online enrollment.
- Open enrollment is passive meaning if you choose not to make any changes to your current benefits for Medical, Dental, or Vision, your current elections will roll over to 2014.
- To make benefit changes for 2014, you must do so during Open Enrollment. You can enroll in one of three ways:
 - *Enroll online through the City's Open Enrollment web portal
 - *Mail your completed enrollment form along with required documentation
 - *Visit one of two Health Wellness and Benefits Offices
- Summaries of Benefits and Coverage (SBCs), as required by the Patient Protection Affordable Care Act (PPACA) are either available online or you can request a hardcopy by calling Health Wellness and Benefits.

Remember you can only make changes during open enrollment unless you have a qualifying life event such as the birth of a child or you get married or divorced. See the Medical Summary Plan Description for complete details of qualifying life events.

What's New for 2014?

- 1) City of Memphis plans are no longer considered Grandfathered under healthcare reform
- 2) Pre-Existing Condition Limits no longer apply to anyone regardless of age
- 3) Dependents covered to age 26 even if the child has access to his/her own employer coverage.
- 4) All copayments, coinsurances and deductibles now apply toward the Out of Pocket (OOP) Maximum
- 5) Coverage for Clinical Trials
- 6) Additional guidance for Women's Preventive Health/Contraceptive Coverage – No Cost Share
- 7) Vitamin D Coverage for prevention of falls in older adults
- 8) Medical Plans – Increase Employee/Retiree contribution to 30%
- 9) Increase in dental premiums
- 10) Increase to ER Copay – Medical Premier Plan Only
- 11) Notarized documents no longer required; instead you must provide your Oracle employee ID number (located on your pension paycheck stub) along with your signature.

HOW TO ENROLL

- ✚ Enrolling online is the ultimate choice for your 2014 enrollment elections. You can view your current benefits, make benefit changes or enroll in the available benefit options. During the open enrollment period, the online system is available 24/7 and can be accessed from work or any computer with internet access. Further, if your online enrollment confirmation states additional information is needed in order to finalize your enrollment, please fax the documentation to 901-636-8486. Remember to keep a copy of your benefits online confirmation statement and if you are faxing information, please keep a copy of your fax confirmation page for your records as well.
- ✚ Mail your completed enrollment form along with any required documentation to City of Memphis, Health Wellness and Benefits, 2714 Union Avenue Ext., 5th Floor, Room 100, Memphis, TN 38112 or 4225 Riverdale Road, Memphis, TN 38141. All mail must be postmarked no later than October 18, 2013. Or you can fax it to 901-636-8486. *NOTE: Please do not submit duplicate information to different enrollment locations. For example, if you submit information to the Riverdale office, do not submit the same information to the Union Ext. Office. Also, if you need to change information previously submitted during this Open Enrollment period, note the changes and submit to the same location.*
- ✚ Visit one of the offices listed above between 8:30 am and 4:30 pm

All 2014 changes will be reflected in your first paycheck in December. Please refer to the rates listed in this guide to determine the correct deductions. You must notify Health Wellness and Benefits immediately but no later than 30 days after your first paycheck in December if there are discrepancies. If you fail to do so, the City may not be able to remedy your problem until you re-enroll during the next open enrollment.

Who is Eligible for benefits?

<i>Eligible</i>	<i>Required Documentation</i>
Retirees with continuous medical coverage	N/A
Lawful Spouse of the opposite sex	<ul style="list-style-type: none"> • Copy of Marriage License, • Copy of Social Security Card • Date of Birth
Dependents to Age *26 (child who is married or unmarried and is your biological, legally adopted, or stepchild of you and/or your spouse.) <i>*life insurance plans cover dependents to age 19 (25 if a full-time student).</i>	<ul style="list-style-type: none"> ✓ Copy of Birth Certificate listing you as the parent, or ✓ Copy of the Adoption Agreement, or ✓ Copy of court papers showing custody/guardianship, or ✓ Copy of divorce decree showing the dependent, or ✓ Copy of Qualified Medical Court Support Order (QMCSO) and ✓ Copy of Social Security Card

Your Core Benefit Snapshot

<i>Benefit/Vendor</i>	<i>Funding</i>	<i>Options</i>
Medical (Cigna) Pharmacy (CVS/Caremark)	City Paid – 70% Employee Paid – 30%	Two Options: ❖ Premier ❖ Basic
Dental (UHC)	100% Employee Paid	Three Options: ❖ Primary Dental (In-Network Only) ❖ Premier Dental ❖ Basic Dental
Vision (UHC)	100% Employee Paid	Two Options: ❖ Exam and Materials ❖ Materials Only
Life Insurance – Death Benefit	100% City Paid	\$5,000 per retired employee

Medical Plan Options - Comparison Chart/Semi-Monthly Rates

The following are brief highlights of the major plan provisions for the City of Memphis medical plans administered by Cigna Healthcare. You must refer to the Summary Plan Description (SPD) for applicable benefit limits and details regarding the plans. Please note, the Value Plan is a new plan offering for 2014 and is not included in the SPD. Visit Cigna's website (listed in vendor contacts) for a listing of network providers.

	Basic Plan		Premier Plan	
	<u>Non Medicare</u>	<u>Medicare</u>	<u>Non Medicare</u>	<u>Medicare</u>
	Single: \$82.77	Single: \$76.28	Single: \$91.95	Single: \$84.28
	Family: \$173.99	Family: \$160.02	Family: \$182.37	Family: \$167.16
	In Network	Out of Network	In Network	Out of Network
ANNUAL DEDUCTIBLE	\$ 350 Sgl \$1,050 Fam	\$ 350 Sgl \$1,050 Fam	\$100 Sgl \$300 Fam	\$500 Sgl \$1,500 Fam
CO-INSURANCE (Hospital and Other Services)	You: 10% Plan: 90%	You: 30% Plan: 70%	You: 0% Plan: 100%	You: 40% Plan: 60%
ANNUAL OUT OF POCKET (OOP) MAXIMUM	You: \$1,500 sgl/\$3,000 fam	You: \$3,500 sgl/\$7,000 fam	N/A	You: \$3,000 sgl/\$7,000 fam
OFFICE VISIT AND HOSPITAL:				
Primary Care Physician (PCP)/ Specialist	You: 10% after Ded. Plan: 90%	You: 30% after Ded. Plan: 70%	You: \$20 copay PCP/\$40 Spec + Ded Plan: 100%	You: 40% after Deductible Plan: 60%
Inpatient Hospital Copay per Admission	You: \$100 copay + Ded. + 10% Plan: 90%	You: \$300 copay + Ded. + 30% Plan: 70%	You: \$100 copay + Ded. Plan: 100%	You: \$300 copay + Ded. + 40% Plan: 60%
Urgent Care Copayment	You: \$25 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70%	You: You pay \$30 + Ded. Plan: 100%	You: 40% after deductible Plan: 60%
*Emergency Room Copayment	You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70%	You: \$200 copay + Ded. Plan: 100%	You: 40% after deductible Plan: 60%
*Waived if Admitted				
PREVENTIVE CARE:				
*Well Child Office	You: \$0 Plan: 100%	NOT COVERED	You: \$0 Plan: 100%	Not Covered
*Well Adult Visit	You: \$0 Plan: 100%	NOT COVERED	You: \$0 Plan: 100%	Not Covered
*Ded/Copay does not apply				

Medical Plan Options – Cont'd

	Basic Plan		Premier Plan	
	In Network	Out of Network	In Network	Out of Network
OTHER CARE:				
Chiropractic Care (limited to 20 visits/cal yr)	You: 10% after deductible Plan: 90%	NOT COVERED	You: \$40 copay + Ded. Plan: 100%	Not Covered
Physical/Speech/ Occupation Therapy (limited to 60 days for all therapies)	You: 10% after deductible Plan: 90%	NOT COVERED	You: \$40 copay + Ded. Plan: 100%	You: 40% after plan deductible Plan: 60%
Durable Medical Equipment (DME)	You: 10% after deductible Plan: 90%	You: 30% after deductible Plan: 70%	You: Deductible Plan: 100%	Not Covered
Mental Health/Substance Abuse:	Same as office, medical, and hospital care.	Same as office, medical, and hospital care.	Same as office, medical, and hospital care.	Same as office, medical, and hospital care.

Prescription Drug Coverage

The City's pharmacy program is administered by CVS Caremark and is bundled with the medical plan. If you enroll in medical, you are automatically enrolled in pharmacy and cannot opt out of the program. Also, you cannot elect to enroll in pharmacy only.

The Pharmacy benefit includes both retail and voluntary mail order for maintenance drugs prescribed for 90 day therapy. These medications can be purchased at a more reasonable cost to you by offering a three month supply for two months in copayments. See below benefits:

	Generic	*Formulary Brand (PDL-Preferred Drug List)	Non-Formulary Brand
Copays apply after satisfying the \$25 annual deductible			
Retail (30 day supply)	\$10.00 copay	\$20.00 copay	\$40 copay
Retail or Mail Order (90 day supply)	\$20 copay	\$40 copay	\$80 copay
*The preferred drug list is updated quarterly and can be found on Caremark's website. See vendor contact listing in this guide. Additional pharmacy detail is listed on Benefit's website.			

Healthcare Surcharges

Spouse Surcharge - \$25 per pay period	Tobacco/Nicotine Surcharge - \$25 per pay period
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In addition to the medical premium, a spouse surcharge and/or tobacco surcharge will apply if you are covering a spouse and/or if you or any of your family members age 16 or over use tobacco or nicotine products.

To have the tobacco surcharge waived, you must complete and sign an affidavit during open enrollment attesting that you, nor anyone in your family age 16 or over is a tobacco or nicotine user. Failure to do so will result in the assessment of the surcharge until you and your appropriate family members can provide negative test results.

The spouse surcharge is assessed if you choose to cover a spouse on your plan who has access to, but opted out of medical coverage through his/her employer. With a signed affidavit, the spouse surcharge is waived if the spouse has no access to medical care or if the spouse is enrolled in his/her employer's medical plan that pays as primary to the City of Memphis medical plan.

Please refer to the City of Memphis Summary Plan Description (SPD) for full details of the healthcare surcharges. The SPD can be found online or you can contact Health Wellness and Benefits to request a copy.

Important Note: Signed affidavits waiving spouse and/or tobacco surcharges are subject to random audits that can result in disciplinary action including termination of healthcare coverage if findings show document falsification.

Vision Comparison Chart/Semi-Monthly Rates

The City of Memphis vision plans are administered by UnitedHealthcare (UHC). The below chart is a summary of the benefits offered. Visit UHC's website at www.myuhc.com for a listing of the vision providers or you may contact their customer service at the phone number listed in the vendor contact section of this guide. For complete vision plan details, visit Health Wellness and Benefits website.

	Exam and Materials Employee: \$2.30 Employee + 1: \$4.21 Employee + Family: \$7.15	Materials Only Employee: \$1.70 Employee + 1: \$3.13 Employee + Family: \$5.30
Comprehensive Vision Exam	\$15 Copay (once every 12 months)	Not Covered
Materials (The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses).	\$15 Copay <ul style="list-style-type: none"> Pair of <u>lenses</u> for eyeglasses (Once every 12 months) <u>Frames</u> (Once every 24 months) <u>Contact Lenses</u> in lieu of Eyeglasses (Once every 12 months) 	\$15 Copay <ul style="list-style-type: none"> Pair of <u>lenses</u> for eyeglasses (Once every 12 months) <u>Frames</u> (Once every 24 months) <u>Contact Lenses</u> in lieu of Eyeglasses (Once every 12 months)

Dental Comparison Chart/Semi-Monthly Rates

The chart below is an overview of the dental plans offered by UnitedHealthcare (UHC). Complete plan details can be found online. Please visit UHC’s website, as listed in the vendor contact section of this guide, for a listing of network dental providers.

	Primary Dental Plan Employee: \$8.12 Employee + 1: \$16.14 Employee + Fam: \$29.87		Basic Dental Plan Employee: \$9.26 Employee +1: \$19.04 Employee + Fam: \$27.71		Premier Dental Plan Employee: \$13.93 Employee +1: \$28.66 Employee + Fam: \$41.70	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Individual Ded.	None	None	\$50	\$100	\$50	\$50
Annual Family Ded.	None	None	\$150	\$300	\$150	\$150
Annual Ind Orthodontics Ded.	None	None	\$50	\$100	\$50	\$50
Annual Fam Orthodontics Ded.	None	None	\$150	\$300	\$150	\$150
Maximum Non-Orthodontics <i>(combined for both In Network and Out of Network Services).</i>	\$1500 per person per calendar year	\$1500 per person per calendar year	\$1000 per person per calendar year	\$750 per person per calendar year	\$1000 per person per calendar year	\$1000 per person per calendar year
Maximum Orthodontics <i>(combined for both In Network and Out of Network Services)</i>	\$1000 per person per lifetime	\$1000 per person per lifetime	\$500 annual max; \$1000 per person per lifetime	\$375 annual max; \$750 per person per lifetime	\$500 annual max; \$1000 per person per lifetime	\$500 annual max; \$1000 per person per lifetime
COVERED SERVICES	You Pay	You Pay	Plan Pays	Plan Pays	Plan Pays	Plan Pays
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES						
Periodic Oral Examinations	\$0	100%	100%	80%	100%	100%
Bitewing X-rays	\$0	100%	100%	80%	100%	100%
Complete Series or Panorex X-rays	\$0	100%	100%	80%	100%	100%
Dental Prophylaxis (Cleanings)	\$0	100%	100%	80%	100%	100%
Fluoride Treatments	\$0	100%	100%	80%	100%	100%
Sealants	\$0	100%	100%	80%	100%	100%
BASIC DENTAL SERVICES (Minor Restorative, Endodontics and Oral Surgery)						
Space Maintainers	\$100	100%	80%	60%	80%	80%
Palliative Treatment (Pain Relief)	\$35	\$35	80%	60%	80%	80%
General Anesthesia	\$115	100%	80%	60%	80%	80%
Amalgam Restorations (Fillings)	\$40	100%	80%	60%	80%	80%
Composite Restorations (Fillings)	\$47	100%	80%	60%	80%	80%
Surgical Extractions including Impacted Wisdom Teeth	\$145	100%	80%	60%	80%	80%
Root Canal Treatment	\$235	100%	80%	60%	80%	80%
Scaling and Root Planning	\$70	100%	50%	40%	50%	40%
Periodontal Surgery	\$339	100%	50%	40%	50%	50%
MAJOR DENTAL SERVICES (Including Periodontics)						
Crowns	\$380	100%	50%	40%	50%	50%
Inlays	\$310	100%	50%	40%	50%	50%
Fixed Bridges	\$380	100%	50%	40%	50%	50%
Full Dentures	\$440	100%	50%	40%	50%	50%
Partial Dentures	\$440	100%	50%	40%	50%	50%
Replacement Crowns	\$25	100%	50%	40%	50%	50%
Relining Dentures	\$100	100%	50%	40%	50%	50%
Repairs to Full Dentures	\$65	100%	50%	40%	50%	50%
ORTHODONTIC SERVICES						
Diagnose or correct misalignment of the teeth or bite	50%	50%	50%	40%	50%	50%

Life Insurance

The City of Memphis offers a \$5,000 death benefit to all retired employees at no cost to you.

Beneficiary for Life Insurance

Some insurance companies require an original signed beneficiary form in order to pay benefits should you die. Because of this requirement, beneficiary updates are no longer available online. You can however, print the form, complete and return it to City of Memphis Health Wellness and Benefits. Please make sure there is a signed form in Health Wellness and Benefits to ensure the person you planned to designate as your beneficiary receives the proceeds should something happen to you. **Important Note:** If you do not name a beneficiary, your life insurance proceeds will either go to your estate or the insurance company will follow their standard procedure for payouts. It is also important to note that the insurance company **will not make a payment to a minor (anyone under the age of 18)** who is named as the beneficiary. If you intend to list a minor, you should seek advice on estate planning before you complete this step.



WELCOME TO WELLNESS WORKS – The Employees Suite of Wellness Services

Online Health Risk Assessment

REMINDER: Don't forget you can earn a \$50 gift card by completing Cigna's online Health Risk Assessment. Simply complete the assessment including your biometric numbers (i.e.-Blood Pressure, Glucose, Cholesterol, BMI, etc.) between September 1, 2013 and October 31, 2013. All participants are encouraged to complete the online assessment to learn how to become the champion of your own healthcare. However, only employees and retirees who complete the assessment will be rewarded the gift card. The cards will be issued in December 2013.

Onsite Clinic

Are you enrolled in the City's Medical Plan? Did you know the City has an onsite Clinic, operated by Methodist Healthcare, to provide wellness and urgent care services? The good news is that if you are enrolled in one of the City's medical plans, you only pay a \$15 copayment and there is no charge for medications dispensed on site. If you are not enrolled in the City's Medical Plan, this benefit is not available to you. The onsite clinic is located at 2714 Union Ave. Ext., 5th Floor, Room 114 and is open Monday, Wednesday and Friday from 9:00 am to 1:00 pm. You may contact the clinic at 901-636-6010. **NOTE: Take comfort in knowing your medical information is protected by HIPAA privacy laws and is not shared with The City of Memphis.**

24 Hour Nurseline – Cigna

What do you do when your child spikes a fever in the middle of the night? Or when you go jogging and twist your ankle? Don't worry, wonder or wait – whenever there's a question about health just call the Health Information Line and talk directly with a specialist trained as a nurse, 24 hours a day, 7 days a week. Dial the toll-free number on your Cigna ID card and speak one-on-one with a nurse for personalized attention and help answering your health questions.

Cigna Wellness and Disease Management Programs

Why is Cigna calling me and should I answer? Through the medical benefits plans, various programs are included to help you get healthy and live well. Programs like Stress Management Weight Management, Tobacco Cessation, Case Management and Disease Management (Diabetes, Asthma, COPD, Low Back Pain, Hypertension, Heart, etc.) are designed to help you better manage your health. Cigna receives information about you from multiple sources such as claims, your health risk assessment, as well as alerts if you have missed your preventive care visit. At this point, Health Advocates are deployed to reach out to you. It is okay to answer the call as the conversations you have with your Health Advocates are completely private and confidential and is not shared with anyone at the City of Memphis. The Health Advocate will talk to you about the program(s) that will best benefit you in managing your health. ***Who are Health Advocates?*** These are professionals trained as registered nurses, behavioral specialists, health educators, exercise specialists or nutritionists and they are all supported by doctors and pharmacists. ***What if I don't receive a call, can I still join a program?*** Yes. You can call Cigna or go to their website. See contact information listed in the Vendor Contact section of this guide.

Vendor Contact Information

Benefit/Vendor	Phone	Website
<i>General/Wellness</i>		
Health Wellness and Benefits	901-636-6800 or Toll Free 1-866-543-4367	http://www.memphistn.gov (Click on Government Click on Human Resources Click on Health, Wellness, and Benefits) or http://openenrollment.memphistn.gov
<i>Medical</i>		
Cigna Medical	1-800-Cigna24	www.mycigna.com
<i>Pharmacy</i>		
Caremark	1-866-722-2001	www.caremark.com
<i>Dental</i>		
United Healthcare Dental	1-866-540-5933	www.myuhcdental.com
<i>Vision</i>		
United Healthcare Vision	1-800-638-3120	www.myuhcvision.com

Legislative Notices

COBRA Rights for Employees and Dependents

What is COBRA?

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X), requiring that most employers sponsoring Group Health Plans offer employees and their families the opportunity for a temporary extension of health coverage called “**Continuation Coverage**” at group rates in certain instances where coverage under the plan would otherwise end.

If you are an employee of the City of Memphis covered by the Medical, Dental and/or Vision plan, you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment, the termination of your employment (for reason other than gross misconduct) or layoff.

A spouse and/or dependent covered by the City of Memphis Medical, Dental and/or Vision plan is eligible to continue coverage should any of the following occur:

1. Death of the Employee
2. Layoff or termination of Employee or reduction in Employee’s work hours
3. ***Divorce or legal separation from Employee**
4. Dependent reaches the limiting age

***It is the employee or family member’s responsibility to notify City of Memphis Health Wellness and Benefits Office of a divorce or legal separation within 60 days of the event.**

Refer to the Medical Summary Plan Description for further details of the COBRA Law.

SPECIAL NOTICE: Under the Patient Protection Affordable Care Act (PPACA), in addition to the COBRA option, there may be other coverage options for you and your family through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

How much does COBRA cost for City-Sponsored plans?

	2014 MONTHLY COBRA MEDICAL RATES			
	Basic Plan		Premier Plan	
	Non-Medicare	Medicare	Non-Medicare	Medicare
Single	\$538.41	\$528.28	\$687.79	\$677.37
Family	\$958.37	\$940.34	\$1,361.80	\$1,354.75

	2014 MONTHLY COBRA DENTAL RATES		
	Primary Plan	Basic Plan	Premier Plan
Employee	\$16.56	\$18.88	\$28.42
Employee + 1	\$32.93	\$38.84	\$58.47
Employee + Family	\$60.93	\$56.52	\$85.07

	2014 MONTHLY COBRA VISION RATES	
	Exam and Materials	Materials Only
Employee	\$4.70	\$3.47
Employee + 1	\$8.59	\$6.39
Employee + Family	\$14.68	\$10.84

PATIENT PROTECTION AFFORDABLE CARE ACT

Under the Healthcare Reform Patient Protection Affordable Care Act, The City of Memphis has maintained 'Grandfathered' status but because of a change/correction in the premium contribution strategy and the addition of a third plan option, **effective January 1, 2014, the City's plans will change to "Non-Grandfathered" status.** Although, grandfathered status allowed the City exemption from some of the provisions of PPACA, the City's medical plans already included many of the mandates as required by PPACA. From PPACA's inception, the City has implemented all mandates set forth to date. To comply with additional mandates of PPACA, the City as "non-grandfathered," will make the following changes that become effective for the plan year 2014:

Pre-existing condition limitations

- No longer applies to anyone, regardless of age.

Dependent Coverage to Age 26

- All children are now covered to age 26, even if the child has access to his/her own employer coverage.

Cost Sharing

- In-network out-of-pocket (OOP) maximums cannot exceed \$6,350 individual and \$12,700 family.
- All copayments, deductibles and coinsurance (including mental health/substance abuse) must count toward the (OOP) maximum.

Coverage for Clinical Trials

A qualified clinical trial is defined as a phase I, phase II, phase III or phase IV clinical trial conducted in relation to the prevention, detection or treatment of cancer or another life-threatening disease or condition. An individual may qualify to participate in a clinical trial based on a referral from a healthcare professional participating in the trial or by providing medical and scientific information establishing that participation would be appropriate. Routine patient care services generally include items and services that typically would be covered under the plan for an individual not enrolled in a clinical trial such as radiological services, laboratory services, intravenous therapy, anesthesia services, hospital services, physician services, office visits, room and board, and medical supplies. Plans do not have to pay for:

- The actual clinical trial or the investigational item, service or device itself
- Items and services that are provided solely for data collection and analysis and that are not used in the direct clinical management of the patient.
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis

Women’s Preventive Services/Contraceptive Coverage – No Cost Share –

“Further Guidance issued”

- Contraceptive methods that are generally available over the counter (OTC) should be covered without member cost share if it is both FDA-approved and prescribed for a woman by her health care provider.
- Medical review process to evaluate brand penalties exception requests “if a generic version is not available or would not be medically appropriate for the patient as prescribed brand name contraceptive method (as determined by the attending provider, in consultation with the patient).”

Vitamin D

- Coverage of Vitamin D to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.

Health Insurance Market Place (Exchange) Notice

- As required by PPACA, the following is the City of Memphis’ notification to you regarding the New Health Insurance Marketplace Coverage Options.
- Open enrollment for health insurance coverage through the marketplace begins in October 2013 for coverage starting as early as January 1, 2014.
- The affordable option and the minimum value standard apply to employees only.
- If you decide to terminate your City of Memphis Medical insurance coverage, you can never get it back.
- Read the below notification carefully and visit HealthCare.gov for more information.
- Should you become eligible to continue coverage through COBRA, you may be eligible for other coverage options through the Marketplace. See additional notification information in the COBRA section of this guide.

NOTICE: New Health Insurance Marketplace Coverage Options and Your Health Care

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by the City of Memphis.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of Memphis, Health Wellness and Benefits at 901-636-6800.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by the City of Memphis. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name City of Memphis		4. Employer Identification Number (EIN) 62-6000361	
5. Employer address 2714 Union Avenue Ext., 5th Floor, Room 100		6. Employer phone number (901) 636-6800	
7. City Memphis		8. State TN	9. ZIP code 38112
10. Who can we contact about employee health coverage at this job? Health Wellness and Benefits			
11. Phone number (if different from above)		12. Email address – N/A	

Important Notice from the City of Memphis Health Plan About Your Prescription Drug Coverage and Medicare

The key purpose of this notice is to advise you that the prescription drug coverage you have under your City of Memphis medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay (This is known as “creditable coverage.”). The reason this is important is that if you or a covered dependent are or become eligible for Medicare and you decide to enroll in a Medicare prescription drug plan during a subsequent annual enrollment period; you will not be subject to a late enrollment penalty as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment.

You should keep this notice with your important records.

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Memphis and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Memphis has determined that the prescription drug coverage offered by the health plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, you and your dependents will no longer be eligible for the City of Memphis drug plan. Be aware eligibility for the City of Memphis drug plan is lost forever; you will not be able to get the coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Memphis and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

City of Memphis Health, Wellness & Benefits Office
2714 Union Avenue Ext. 5th Floor Room 100
Memphis, TN 38112
(901) 636-6800 or (866)-543-4367

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Memphis changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. **For more information about Medicare prescription drug coverage: Visit www.medicare.gov; Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Women’s Health and Cancer Rights Act (WHCRA)

As required by the Women’s Health and Cancer Rights Act of 1998, the City of Memphis benefits plans provides for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Benefits are payable the same as any other medical or surgical benefit covered by your plan.

Newborns and Mother’s Health Protection Act of 1996

Under federal law, group health plans and health insurance issuers offering health insurance coverage generally may not restrict benefits for hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after conclusion with the mother, discharges the mother or newborn earlier.

Medicaid and the Children’s Health Insurance Program (CHIP)

Offer Free or Low-Cost Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

Notice of Privacy Practices

Changes to this Notice

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for health information the Plan receives in the future. If the Plan changes its policies and practices, the Plan will revise this Notice and will provide a copy of the revised Notice to you within 60 days of the change. The Plan will post a copy of the current Notice on the City of Memphis Human Resources webpage.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a written complaint with our Compliance Official at the address below.

**HIPAA Compliance Officer
Human Resources Division
2714 Union Avenue Extended 5th Floor Suite 100
Memphis, TN 38112
901-636-6574**

Complaint forms are available on the COM intranet. You may also file a complaint with the Secretary of Health and Human Services within 180 days of when the act or omission complained occurred. There will be no retaliation for filing a complaint with the COM or the Secretary of Health and Human Services.

Contact Information

To obtain access, amend, or receive an accounting of disclosures of your PHI or receive a paper copy of this Notice you may contact the Plan's Benefit Manager at the address below:

**Benefit Manager
COM Employee Group Health Plan
2714 Union Avenue Extended 5th Floor Suite 100
Memphis, TN 38112
901-636-6479**

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS
TO YOUR HEALTH INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the City of Memphis (COM) Employee Benefit Health Plan (medical/surgical and mental health/substance abuse programs and prescription programs, collectively referred to as the Plans') to notify plan participants about its practices to protect the confidentiality of their protected health information (PHI). PHI is any information that may identify you and that relates to your past, present, or future physical or mental health condition and any related health care services and payment for those health care services. This Notice describes how the Plans may use and disclose PHI to carry out treatment, payment, or health care operations or other specified purposes permitted or required by law. The Notice also provides you information about your rights to access, to amend, and control the disclosure of your PHI.

The City of Memphis Health Plan is required to abide by the terms of this Notice, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that the Health Plan maintains at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the Health Plan at that time.

Effective Date: April 14, 2003

Revised: January 26, 2013

**USES AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN
AUTHORIZATION**

For Treatment. The Plans may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plans may advise an emergency room physician about the types of prescription drugs you currently take.

Uses and Disclosure for Payment. The Plans may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plans may receive and maintain information about a surgery you received to enable the Plans to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf, or the Plans may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

Uses and Disclosure for Health Care Operations. The Plans may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plans may use and disclose your PHI for the Plans' administration activities such as quality assessments, case management, disease management programs, care coordination and other Plan-related activities including audits of claims.

Use and Disclosure to the Plan Sponsor. The Plans may disclose health information to City of Memphis, but City of Memphis has put protections in place to assure that the information will only be used for plan administration purposes, and never for employment purposes.

Individual Involved in Your Care or Payment. In limited circumstances, the plans may disclose your PHI to a close friend or family involved in or who helps pay for your health care. The Plans may also, upon request, advise a family member or close friend about your condition, your location (for example, inform an individual that you are in the hospital), or death. If you do not want such information to be shared with these individuals, you may request that these disclosures be restricted as provided in the section of this notice dealing with your rights.

Business Associate. Certain services are provided to the Plans by third party administrators or other vendors who are known as “business associates.” The Plans may disclose your PHI to these business associates in connection with their services for the Plan. For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan’s business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment functions. However, the Plans will require its business associates, through contract, to appropriately safeguard the privacy of your health information. As well, HIPAA requires business associates to comply directly with many of the HIPAA provisions for safeguarding PHI.

USES AND DISCLOSURES PERMITTED AND REQUIRED BY THE PLANS

The Plans may use or disclose your PHI for any purpose required by law. The Plans are required or permitted to use or disclose your PHI without your authorization under the following circumstances:

Public Health Risk. The Plans may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify participants of recalls of products they have been using.

Health Oversight Activities. The Plans may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.

Judicial and Administrative Proceedings. If you become involved in a lawsuit or other legal action, the Plans may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.

Law Enforcement Purposes. The Plans may release your PHI if asked to do so by a law enforcement official. For example, to identify or locate a suspect, material witness, or missing person, or to report a crime, the crime’s location or victims, or the identify, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. The Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plans may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Organ/Eye/Tissue Donation. If you are an organ donor, the Plans may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Certain Limited Research Activities. The Plans may disclose information to researchers when an Institutional Review Board has reviewed and approved the research proposal, established protocols to ensure the privacy of your health information and granted a waiver of the authorization requirement.

Health and Safety. The Plans may consistent with applicable law and standards of ethical conduct disclose your PHI if the Plans, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Government Functions. The Plans may use and disclose your PHI for specialized government functions. For example, if you are in the Armed Forces or a veteran for purposes of certain national security; Presidential protection and intelligence activities.

Work-Related Illness and Injuries. The Plans may disclose your PHI to the extent authorized by and to the extent necessary to comply with City's On-the-Job Injury Program or others for the purposes related to employer occupational health and safety laws.

Communication related to your health. The Plans may use and disclose your PHI to provide information to you about disease management programs, treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising and Marketing. The Plan will NOT use or disclose your PHI for fundraising or marketing purposes, as defined by HIPAA and its implementing regulations.

All other uses and disclosures of your protected health information will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. Certain uses and disclosures of psychotherapist notes will also require your written authorization.

YOUR INDIVIDUAL RIGHTS

Your rights regarding the health information the Plans maintain about you are as follows:

Right to Inspect and Copy. You have the right to inspect and copy your PHI maintained in a "designated record set", generally with thirty (30) days of your request. The designated record set consists of records used in making payment, claims adjudication, medical management and other decisions, but does not include psychotherapy notes. If your PHI is maintained by the Plans in electronic format, you have the right to obtain a copy in electronic format and to direct that the Plan transmit the copy to an entity or person that you designate. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

Right to Amend. If you believe that health information is incorrect or incomplete, you may ask the plans in writing to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plans. You must provide the reason (s) to support your request. Generally, the Plans have sixty (60) days to respond to your request, advising you of whether the amendment has been accepted or denied and informing you of details relevant to the acceptance or denial of your request. The Plans may deny your request if you ask the Plans to amend health information that was: (1) accurate and complete; (2) not created by the Plan; (3) not part of the health information kept by the Plan; or (4) not information that you would be permitted to inspect or copy. If your request is denied, you have the right to submit a statement disagreeing with the denial. The Plans must keep a copy of your request for amendment and any statement disagreeing with the denial of the amendment with your PHI and must disclose such documents when it discloses the PHI that is the subject of the requested amendment.

Right to an Accounting of Disclosures. You have the right to request in writing an "accounting of disclosures." This is a list of disclosure of your PHI that the Plans has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations in accordance with HIPAA law and regulations. Your request must state a time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. Generally, the Plans have sixty (60) days to respond to your request. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable. If the Plans uses or maintains your PHI in an electronic health record (created by health care clinicians or staff and transferred to the Plan), you may have a right to an additional, limited accounting of disclosures of health records, in accordance with the amendments to HIPAA under the HITECH Act of 2009.

Right to Request Restrictions. You have the right to request in writing a restriction on the health information the Plans use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plans disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plans not use or disclose information about a surgery you had. You must advise the Plan: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. **Note:** The Plans are not required to agree to your request, except in circumstances after February 2010 where you are requesting that PHI not be disclosed to a health plan for payment or health care operations if the PHI relates solely to a service or item for which you have paid for in full out of pocket.

Right to Request Confidential Communication. You have the right to request in writing that the Plans communicate with you regarding your health matters by alternative means or at alternative locations. For example, you can ask that messages not be left on voice mail or sent to a particular address. Your request must specify that disclosure of all or part of the information could endanger you, how or where you wish to be contacted and, where applicable, how payment for this service will be handled. The Plan will accommodate all reasonable requests.

Breach Notification. You have a right to receive notification in the event the Plans discovers a breach of your unsecured Protected Health Information and determine notification is required by HIPAA.

Right to a copy of this Notice. You have the right to request a paper copy of this Notice at any time by sending a written request to the Benefit Manager at the address on the last page of this Notice. You may also read and download a copy from our website: www.cityofmemphis.gov

FORMS

ALL-IN-ONE ENROLLMENT/CHANGE FORM

(Medical, Dental, Vision, Spouse & Tobacco Affidavit)

&

All-IN-ONE BENEFICIARY FORM

(Death Benefit, Contributory Life, Voluntary Life)

D. FAMILY MEMBERS TO BE COVERED - List all dependents to be covered. If you do not list a dependent, they will not be covered

LAST NAME	FIRST	M.I.	Social Security Number (Required)	Date Of Birth	Check desired Action			Employer Use Only:
					Medical	Dental	Vision	
Spouse:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:
Child:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:
Child:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:
Child:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:
Child:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:
Child:					<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Effective Date:

E. OTHER INSURANCE COVERAGE INFORMATION (PLEASE COMPLETE THE SECTION BELOW)

<p>Do you or any of your covered dependents have other Medical/Medicare coverage that is primary to the City's Medical Plan? Yes or No If Yes, Name of Insured: _____ Place of Employment: _____ Insurance Company: _____ Policy #: _____ Insurance Company Phone #: _____ Insurance Company Address: _____</p>	<p>If covered by Medicare, please check what type(s): <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Both A&B Reason for Medicare Entitlement: <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease Medicare HIC #: _____ Medicare Part A Effective Date: _____ Medicare Part B Effective Date: _____</p>
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ACKNOWLEDGEMENT AND AUTHORIZATION:

I, _____, hereby certify under penalty of perjury that the information provided in this application for Retiree benefits, including social security numbers, addresses, spouse and or dependent child(ren) information, is true and correct. I further acknowledge that I understand that providing false information may subject me to a denial of Retiree benefits, disciplinary action including termination of employment from City of Memphis. I authorize the release of this information to my employer, the City of Memphis, and insurance carriers. In addition:

- I authorize my employer to reduce my salary by pre-tax or after-tax deductions, either prospectively or retroactively, for my elected benefits.
- I agree it is my responsibility to check my earnings statement each month to verify my current benefits enrollments and deductions and to alert Health Wellness and Benefits immediately of any errors. Further, I understand that the City of Memphis may not be able to remedy problems identified beyond 30 days.
- I understand that my benefits can only be changed during the designated annual Open Enrollment period or by written notification to Health Wellness and Benefits within 60 days of a qualified life event.
- I understand it is my responsibility to contact Health Wellness and Benefits within 60 days to remove my ex-spouse from all benefits plans if I divorce or become legally separated.
- I understand that while on an unpaid leave of absence or any unpaid status, I am responsible for paying my benefits premiums. Failure to pay premiums timely may result in cancellation of my benefits and reimbursement of any claims paid to my provider(s) for healthcare, etc.

My signature below indicates I have read and understand the above:

Print Name:	Signature:	Date:	Oracle Retiree ID #(Required):

EMPLOYER USE ONLY:

Retiree Enrollment Date:	Termination Date:	Employment Status: <u>Active</u> <u>COBRA</u> <u>NEMP</u>
		Received By/Date:
Received By/Date:	Entered By/Date:	



CITY OF MEMPHIS INSURANCE AFFIDAVIT

If you or a member of your family age 16 or older uses tobacco or nicotine products, you will have to pay the tobacco surcharge.

If your spouse has access to medical insurance through his/her employer but has declined coverage, you will pay the spouse surcharge if you choose to enroll him/her in the City of Memphis medical plan.

To determine if you will be subject to either or both surcharges per pay period, you must answer all of the following questions. Any questions left blank could result in the assessment of the surcharge(s):

yes or no 1) Do you or your family members age 16 or over who are enrolled/enrolling in the medical plan use nicotine products including, but not limited to cigarettes, snuff, chewing tobacco, etc.?

If so, please list all family members who use tobacco/nicotine: _____, _____
 _____, _____

yes or no 2) Are you enrolling your spouse in medical? (If no, skip to signature section)

yes or no a) Is your spouse employed?

yes or no b) Does your spouse have medical insurance through his/her employer or is he/she enrolled in Medicare? (If your spouse has other insurance that is primary, the surcharge will not apply).

yes or no c) Does your spouse have access to other medical insurance but chooses not to enroll? (If so, a spouse surcharge will be added to your medical premium.)

Please provide your spouse's name, spouse's employer name and telephone number:

Spouse Name: _____ Employer Name: _____

Employer Telephone Number: _____ Insurance Company Name: _____

Group Number: _____ Subscriber ID #: _____

By signing this affidavit, I am certifying that I have answered the questions regarding tobacco/nicotine usage and my spouse's access to medical coverage honestly and completely under the penalties of perjury. If I am found guilty of perjury, I will be held liable to repay all claims and the City of Memphis has the right to terminate my benefits as well as my employment.

Retiree Signature:	Retiree Oracle ID #:
Retiree Printed Name:	Date:





**CITY OF MEMPHIS LIFE INSURANCE
BENEFICIARY FORM
(Please check all that apply)**

Death Benefit

Contributory Life

Voluntary Life

SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
	EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

**If a beneficiary is a minor, or if the benefit is payable to the estate, it is required that a guardian or a legal representative be appointed prior to payment of the benefit.*

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Contributory Life Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Voluntary Life Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Final Pay Primary

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Note: If you wish to designate additional primary beneficiaries or designate contingent beneficiaries, please attach a separate sheet of paper and include your name, social security number and your date of birth.. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for City of Memphis Life Insurance Polic(ies) and Final Pay Benefit.

SIGNATURE

DATE

TIME

SIGNATURE OF BENEFITS REPRESENTATIVE

DATE





DIVISION OF HUMAN RESOURCES
Health, Wellness and Benefits
2714 Union Ave Ext., 5th Floor - Suite 100
Memphis, Tennessee 38112

City of Memphis Retired Employees
2014 Benefits & Enrollment Guide
October 7, 2013 - October 18, 2013

Time Sensitive:

**Please read this information booklet to learn about
upcoming changes and what is new for 2014**