

CITY OF MEMPHIS



Retiree 2015 Benefits & Enrollment Guide



A GREAT PLACE TO WORK



A FUN PLACE TO PLAY

ACTION REQUIRED (OPEN IMMEDIATELY)

Open Enrollment {Retirees Age 65 & older}: November 3-14, 2014

Open Enrollment {Retirees under Age 65}: November 10-21, 2014

"Don't wait in line, enroll online"

<http://openenrollment.memphistn.gov>

The City of Memphis is offering a comprehensive benefits package to all qualified retirees. This guide not only summarizes your benefits for 2015 but it gives you an overview of all the benefits available to you as a City of Memphis retiree. Reviewing the information contained in this guide will help you make informed decisions about your benefit elections.

Health Wellness and Benefits has made 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.

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Important Information for 2015 Open Enrollment:

- The 2015 open enrollment period for **retirees 65 & older starts November 3, 2014 and ends at midnight on November 14, 2014**. The open enrollment period for **retirees under the age of 65 starts November 10, 2014 and ends at midnight on November 21, 2014**.
- All Retirees who choose to remain on the Basic or Premier Medical Plan offered by the City must submit the necessary Employment, Nicotine and Working Spouse Verifications. If you fail to submit the Verifications, you will incur the Nicotine Surcharge and your spouse will not be eligible for the plan.
- Additionally, if you are under the age of 65 and requesting a subsidy from the City for your health insurance coverage, you must also submit a copy of your most recent 2013 Tax Transcript with W-2 information for you and your spouse. If you fail to provide the necessary tax transcript with W-2 information, you will be ineligible for the subsidy toward the cost of the Basic or Premier Plan. Instructions on how to obtain a copy of your tax transcript with W-2 is located at the bottom of the form titled "Pre-65 Retiree Subsidy Verification" found in the forms section of this benefits guide.
- All Retirees who do not enroll in one of the City-sponsored medical plans by the end date of their respective open enrollment period will have their coverage terminated at 11:59 p.m. December 31, 2014. City sponsored coverage options include the Basic and Premier Medical Plans for all retirees and for retirees who are enrolled in Medicare A & B, options also include Medicare Surround, Medicare Advantage and Medicare Part D coverage.
- If no changes are made to your Dental, Vision, or Life Insurance, your current elections will roll over to 2015.
- To make benefit changes for 2015, 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 @ <http://openenrollment.memphistn.gov>.
 - Mail your completed enrollment form along with required documentation to the Health, Wellness and Benefits Office. Any enrollment forms submitted by mail must be post marked no later than the end date of your respective enrollment period.
 - Visit the Health, Wellness and Benefits Office at 2714 Union Ext., 5th Floor, Suite 100, Memphis, TN 38112.
- Summaries of Benefits and Coverage (SBCs), as required by the Patient Protection Affordable Care Act (PPACA) are either available online (<http://openenrollment.memphistn.gov>) or you can request a hardcopy by calling the Health, Wellness and Benefits office at (901) 636-6800.

Remember you can only make changes during open enrollment unless you have a qualifying life event. See the Medical Summary Plan Description for complete details of qualifying life events.

What's New for 2015?

- There are two (2) open enrollment periods for retirees:
 - Retirees Age 65 and Older: November 3, 2014 to November 14, 2014.
 - Retirees Under Age 65: November 10, 2014 to November 21, 2014.

These enrollment periods are based on the status of the primary member. *If more than one open enrollment period is applicable to you and your family, the appropriate open enrollment period is based on the status of the primary member.*

- For individuals enrolled in the Basic or Premier Medical Plans, there is now an annual Out of Pocket (OOP) Maximum for prescription drugs which all copays, coinsurance and deductibles count toward.
- There is an increase in dental premiums.
- For individuals enrolled in the Basic or Premier Medical Plans, the City is expanding the scope of the tobacco surcharge to include all nicotine products, including, cigarettes, chewing tobacco, snuff and vaporized cigarettes which contain nicotine. The Nicotine surcharge will increase from \$50 per month per family to \$120 per month per family. The City will implement a working spouse rule which excludes from participation in the City's medical plan any participant's spouse who has access to insurance through an employer, Medicare or a former employer.
- All participants who become eligible to enroll in Medicare Part A & B should enroll in both parts. If a participant fails to enroll or allows coverage to lapse, for any reason, the participant shall be treated as if Parts A & B are available.
- Effective January 1, 2015, retirees that elect to discontinue coverage with City of Memphis will be allowed to re-enroll in the plan during an open enrollment period or after a qualifying life event.

HOW TO ENROLL

➤ SELF SERVICE:

Enrolling online is the preferred choice for your 2015 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 as proof of completion of the Open Enrollment process.

➤ **MAIL/FAX/E-MAIL:**

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. All mail must be postmarked no later than the end date of your respective enrollment period. Enrollment forms can also be faxed to 901-636-8486 or 901-636-6442 or e-mailed to benefitsmemphis@memphistn.gov. If you are faxing information, please keep a copy of the fax confirmation page for your records.

NOTE: If you need to change information previously submitted during this Open Enrollment period, note the changes and submit the corrected information to the Health, Wellness and Benefits Office by the deadline associated with your enrollment period.

➤ **IN PERSON:**

Visit the Health, Wellness and Benefits Office, 2714 Union Avenue Ext., 5th Floor, Room 100, Memphis, TN 38112, Monday-Friday between 8:00 am and 5:00 pm.

All 2015 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?

As a Retiree of the City of Memphis you are eligible to participate in a City Sponsored Medical Plan. You may also enroll your spouse and dependent children who meet the definition of eligibility as defined below for health care and/or life insurance benefits.

- You may enroll your dependent children including legally adopted and step children up to age 26.

- Spouse Coverage in the Medical Benefit Program - You may NOT insure your spouse with medical coverage if his or her current or former employer offers medical coverage or if your spouse is eligible for Medicare Parts A & B, unless your spouse is also an employee of the City of Memphis. In order for your spouse to remain an eligible participant of the Basic or Premier Medical plans, a Verification form (located in the form section of this benefits guide) must be signed by you and your spouse stating your spouse does not have access to health insurance coverage offered by a current or former employer or does not have access to Medicare Parts A & B. Even if you previously submitted an Affidavit attesting that your spouse does not have access to insurance through an employer, a new Verification signed by both you and your spouse must be received during Open Enrollment. Failure to submit a Working Spousal Verification form will result in your spouse being ineligible to participate in the City's medical plan in 2015.
- You may still insure your spouse under the dental, vision and life benefits.

Eligible	Required Documentation
Retirees under the age of 65 seeking the City 70% subsidy toward the cost of the Basic or Premier Plans	<ul style="list-style-type: none"> ✓ A Verification signed by you stating that you do not have access to health insurance coverage from a current employer or from your spouse's employer. ✓ A Copy of your 2013 Tax Transcript with W-2s.
Lawful Spouse of the opposite sex	<ul style="list-style-type: none"> ✓ A Verification signed by you and your spouse stating that your spouse does not have access to health insurance coverage from a current or former employer and does not have access to Medicare Parts A & B. ✓ Copy of Marriage License, (unless previously submitted). ✓ Copy of Social Security Card (unless previously submitted). ✓ Date of Birth (unless previously submitted).
Dependents up to Age *26 (child who is married or unmarried and is the biological, legally adopted, or stepchild of you and/or your spouse.) *Life insurance plans can cover dependents ages 19-25, if they are full-time students and proof is provided.	<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 ✓ Copy of Social Security Card

YOUR CORE MEDICAL BENEFIT SNAPSHOT

Retiree Category	Vendor/Options	Funding
Retirees Age 65 & Older with Medicare A & B coverage	*Cigna (Fully Insured Plans) -Medical Coverage --Medicare Surround --Three Choices ---Plan F	*City Pays 25% *Retiree Pays 75%

	<p>---Plan G ---Plan N Under any of the Medicare Surround Options, the Retiree may also select Pharmacy Coverage (Part D)-Four Options</p> <ul style="list-style-type: none"> - RX Plan 1 - RX Plan 2 - RX Plan 3 - RX Plan 4 <p>--Medicare Advantage – This option provides both Medical and Rx Coverage</p> <p>**The Basic or Premier Plan may also be selected by the Retiree</p>	<p>**For Retirees choosing to stay in the Basic or Premier plan, the Retiree will pay 100%</p>
Retirees Age 65 & Older without both Medicare A & B coverage	<p>Medical – Cigna --Two Options: Basic or Premier Pharmacy (CVS/Caremark)</p>	<p>City Pays 70% Retiree Pays 30%</p>
Survivors of Individuals Killed in the line of Duty	<p>Medical – Cigna --Two Options: Basic or Premier Pharmacy (CVS/Caremark)</p>	<p>City Pays 70% Retiree Pays 30%</p>
Retirees Under the Age 65 on Line of Duty Disabilities	<p>Medical – Cigna --Two Options: Basic or Premier Pharmacy (CVS/Caremark)</p>	<p>City Pays 70% Retiree Pays 30%</p>
Retirees Under the Age of 65	<p>Medical – Cigna --Two Options: Basic or Premier Pharmacy (CVS/Caremark)</p>	<p>If the retiree does not have access to insurance through a current employer or a spouse’s employer: City Pays 70% Retiree Pays 30%; otherwise retiree pays 100%</p>

Medical Plan Options - Comparison Chart/Post 65 Non-Medicare Retiree/LOD Non-Medicare Retiree/Widows and Eligible Dependents of Employees Killed in the LOD / Pre-65 Retirees without access to Insurance from a current employer or spouse’s employer

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.

Post 65 Non-Medicare Retirees (a non-Medicare Retiree is an individual who does not have Medicare Parts A & B) Line of Duty Pre-65 Non-Medicare Retirees Widows and Eligible Dependents of Employees Killed in the Line of Duty Pre-65 Retirees without access to insurance from a current employer or spouse's employer and Pre-65 surviving spouses of retirees without access to insurance from a current or former employer	<u>Basic Plan</u> Semi-Monthly Rates Single: \$102.64 Family: \$215.76		<u>Premier Plan</u> Semi-Monthly Rates Single: \$114.03 Family: \$226.14	
	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-MEDICAL	You: \$1,500 Sgl/\$3,000 Fam	You: \$3,500 sgl/\$7,000 fam	N/A	You: \$3,000 sgl/\$7,000 fam
ANNUAL OUT OF POCKET RX (OOP) MAXIMUM-RX	\$2000 Sgl \$4000 fam	\$4000 Sgl \$8000 fam	\$2000 Sgl \$4000 fam	N/A
OFFICE VISIT AND HOSPITAL: Primary Care Physician (PCP)/ Specialist Inpatient Hospital Copay per Admission Urgent Care Copayment *Emergency Room Copayment *Waived if Admitted	You: 10% after Deductible Plan: 90% You: \$100 copay + Deductible + 10% Plan: 90% You: \$25 copay + Ded. + 10% Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Deductible Plan: 70% You: \$300 copay + Ded. + 30% Plan: 70% You: 30% after Ded. Plan: 70% You: 30% after Ded. Plan: 70%	You: \$20 copay PCP/\$40 Spec + Ded Plan: 100% You: \$100 copay + Ded. Plan: 100% You: You pay \$30 + Ded. Plan: 100% You: \$200 copay + Ded. Plan: 100%	You: 40% after Deductible Plan: 60% You: \$300 copay + Ded. + 40% Plan: 60% You: 40% after deductible Plan: 60% You: 40% after deductible Plan: 60%
PREVENTIVE CARE: *Well Child Office *Well Adult Visit *Deductible/Copay does not apply	You: \$0 Plan: 100% You: \$0 Plan: 100%	NOT COVERED NOT COVERED	You: \$0 Plan: 100% You: \$0 Plan: 100%	Not Covered Not Covered
OTHER CARE: Chiropractic Care (limited to 20 visits/cal yr) Physical/Speech/ Occupation Therapy (limited to 60 days for all therapies) Durable Medical Equipment (DME)	You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90%	NOT COVERED NOT COVERED You: 30% after deductible Plan: 70%	You: \$40 copay + Deductible Plan: 100% You: \$40 copay + Deductible Plan: 100% You: Deductible Plan: 100%	Not Covered You: 40% after plan deductible Plan: 60% 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.

Medical Plan Options - Comparison Chart/Semi-Monthly Non-Line of Duty Pre-65 Retirees with access to insurance from a current employer or a spouse's employer

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.

Non-Line of Duty Pre-65 Retirees with access to insurance from a current employer or spouse's employer	Basic Plan		Premier Plan	
	Semi-Monthly Rates Single: \$327.27 Family: \$582.54		Semi-Monthly Rates Single: \$418.07 Family: \$827.76	
	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 (<i>Hospital and Other Services</i>)	You: 10% Plan: 90%	You: 30% Plan: 70%	You: 0% Plan: 100%	You: 40% Plan: 60%
ANNUAL OUT OF POCKET (OOP) MAXIMUM-MEDICAL	You: \$1,500 Sgl/\$3,000 Fam	You: \$3,500 sgl/\$7,000 fam	N/A	You: \$3,000 sgl/\$7,000 fam
ANNUAL OUT OF POCKET RX (OOP) MAXIMUM-RX	\$2000 Sgl \$4000 fam	\$4000 Sgl \$8000 fam	\$2000 Sgl \$4000 fam	N/A
OFFICE VISIT AND HOSPITAL: Primary Care Physician (PCP)/ Specialist Inpatient Hospital Copay per Admission Urgent Care Copayment *Emergency Room Copayment *Waived if Admitted	You: 10% after Ded. Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90% You: \$25 copay + Ded. + 10% Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70% You: \$300 copay + Ded. + 30% Plan: 70% You: 30% after Ded. Plan: 70% You: 30% after Ded. Plan: 70%	You: \$20 copay PCP/\$40 Spec + Ded Plan: 100% You: \$100 copay + Ded. Plan: 100% You: You pay \$30 + Ded. Plan: 100% You: \$200 copay + Ded. Plan: 100%	You: 40% after Deductible Plan: 60% You: \$300 copay + Ded. + 40% Plan: 60% You: 40% after deductible Plan: 60% You: 40% after deductible Plan: 60%
PREVENTIVE CARE: *Well Child Office *Well Adult Visit *Ded/Copay does not apply	You: \$0 Plan: 100% You: \$0 Plan: 100%	NOT COVERED NOT COVERED	You: \$0 Plan: 100% You: \$0 Plan: 100%	Not Covered Not Covered
OTHER CARE: Chiropractic Care (limited to 20 visits/cal yr) Physical/Speech/ Occupation Therapy (limited to 60 days for all therapies) Durable Medical Equipment (DME)	You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90%	NOT COVERED NOT COVERED You: 30% after deductible Plan: 70%	You: \$40 copay + Ded. Plan: 100% You: \$40 copay + Ded. Plan: 100% You: Deductible Plan: 100%	Not Covered You: 40% after plan deductible Plan: 60% 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.

Medical Plan Options - Comparison Chart/Semi-Monthly Post 65 Medicare A & B Retirees

Medicare Surround Plans

The City is offering guaranteed issue Medicare Supplemental and Medicare Advantage (MA) Plans through Cigna* to Post 65 retirees enrolled in Medicare Parts A & B. Post 65 Retirees enrolled in Medicare Parts A&B will receive a separate open enrollment materials from Cigna* providing more specific information including Summary Benefit information.

For those Retirees selecting a Medicare Supplemental Plan, the Retiree may also choose a Part D plan to cover prescription drug costs if the Retiree chooses. The Semi-Monthly Supplemental Rates are as follows:

Medicare Supplemental Plans:

	Plan F	Plan G	Plan N
Single	\$76.48	\$69.71	\$59.60
Two-Party	\$152.90	\$139.42	\$119.19
*Family-3 members	\$229.34	\$209.13	\$178.78

*For families with more than three (3) Medicare eligible recipients multiply the Single rate by the number of family members to determine total premium.

Medicare Part D Prescription Plans:

	Rx Plan 1 \$10/20/40/40 (coverage through the donut hole)	Rx Plan 2 \$10/30/50/70 (coverage through the donut hole)	Rx Plan 3 \$10/20/40/40 (no coverage through the donut hole)	Rx Plan 4 \$10/30/50/70 (no coverage through the donut hole)
Single	\$88.72	\$85.94	\$50.75	\$49.73
Two-Party	\$177.45	\$171.88	\$101.50	\$99.45
*Family- 3 members	\$266.17	\$257.82	\$152.25	\$149.17

*For families with more than three (3) Medicare eligible recipients multiply the Single rate by the number of family members to determine total premium.

**Cigna Medicare Surround Plan Comparison Guide
Effective January 1, 2015**

Benefit Highlights	Medicare Pays – Informational Only	Surround Plan F	Surround Plan G	Surround Plan N
Individual OOP Maximum	None	None	None	None
Individual Deductible (Same as Part B Deductible)	None	None	\$147	\$147
<u>Part A - Inpatient Hospital</u>				

Initial Hospital Inpatient Deductible	All but \$1,216 Part A Deductible	100%	100%	100%
Inpatient Days 61 - 90 Coinsurance	All but \$304 per day	100%	100%	100%
Inpatient Days 91 - 150 (lifetime reserve) Coinsurance	All but \$608 per day	100%	100%	100%
Inpatient Days > 150	\$0	100%	100%	100%
SNF Days 21 - 100 Coinsurance	All but \$152 per day	100%	100%	100%
SNF Days > 100 Coinsurance	\$0	0%	0%	0%
Hospice	All but \$5 per outpatient prescription and 5% of inpatient respite care	100%	100%	100%
Part B - Outpatient and Physician				
Part B Deductible	\$0 for the first \$147	100%	0%	0%
Part B Coinsurance	80%	100%	100%	100%
Physician Office Visit	80%	100%	100%	\$20 copay for office visits; 100% for all other services rendered in the office
Preventive Care (including Early Cancer Detection Services)	Generally 100%	100%	100%	100%
Emergency Room	80%	100%	100%	\$50 copay waived if admitted to the hospital
All other Medicare Part B expenses	80%	100%	100%	100%

Cigna-HealthSpring Rx (PDP) Plan Comparison Guide

Benefit Highlights	Rx Plan 1	Rx Plan 2	Rx Plan 3	Rx Plan 4
Individual Deductible	None	None	None	None
Initial Coverage Level	\$2,960	\$2,960	\$2,960	\$2,960
Retail Copay (30 Day Supply)				
Tier 1 - Generic Drugs	\$10	\$10	\$10	\$10
Tier 2 - Preferred Brand Drugs	\$20	\$30	\$20	\$30
Tier 3 - Non Preferred Brand Drugs	\$40	\$50	\$40	\$50
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$40	\$70	\$40	\$70
Retail Copay (90 Day Supply)				
3x copay for 90 day supply				
Tier 1 - Generic Drugs	\$30	\$30	\$30	\$30

Tier 2 - Preferred Brand Drugs	\$60	\$90	\$60	\$90
Tier 3 - Non Preferred Brand Drugs	\$120	\$150	\$120	\$150
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$120	\$210	\$120	\$210
Out of Network Coverage	40%	40%	40%	40%
Mail Order Copay - 90 Day Supply				
Tier 1 - Generic Drugs	\$10	\$10	\$10	\$10
Tier 2 - Preferred Brand Drugs	\$20	\$30	\$20	\$30
Tier 3 - Non Preferred Brand Drugs	\$40	\$50	\$40	\$50
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$40	\$70	\$40	\$70
Coverage Gap - Retail <i>From \$2960 - \$4700</i>				
Tier 1 - Generic Drugs	\$10	\$10	72%	72%
Tier 2 - Preferred Brand Drugs	\$20	\$30	47.5%	47.5%
Tier 3 - Non Preferred Brand Drugs	\$40	\$50	47.5%	47.5%
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$40	\$70	47.5%	47.5%
Coverage Gap - Mail Order <i>From \$2960 - \$4700</i>				
Tier 1 - Generic Drugs	\$10	\$10	72%	72%
Tier 2 - Preferred Brand Drugs	\$20	\$30	47.5%	47.5%
Tier 3 - Non Preferred Brand Drugs	\$40	\$50	47.5%	47.5%
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$40	\$70	47.5%	47.5%

Effective January 1, 2015

Medicare Advantage (MA) Plans including Prescription Drug Coverage

Alternatively, where available Cigna* will also offer Cigna-HealthSpring Preferred Rx (HMO) Cigna-HealthSpring Preferred Rx (HMO) is a Medicare Advantage Health Maintenance Organization (HMO) with Part D prescription drug coverage. The Semi-Monthly Rates for the Medicare Advantage Plans are as follows:

	Mid plan MA w/ \$10/25/50 Rx	High Plan MA w/ \$5/10/25 Rx
Single	\$84.38*	\$97.50*
Two-Party	\$168.75	\$195.00
Family-3 members	\$253.13	\$292.50

*For families with more than three (3) Medicare eligible recipients multiply the Single rate by the number of family members to determine total premium.

Cigna-Health Spring Medicare Advantage Plan Comparison Guide Effective January 1, 2015

Benefit Highlights	Medicare Advantage- Mid Plan	Medicare Advantage High Plan
Medical Benefits		
Plan Deductible	\$0	\$0
Plan OOP Maximum	\$1,500	\$1,500
Lifetime Coverage Maximum	None	None
Annual Maximum	None	None
Inpatient		
Inpatient Acute (including Substance Abuse and Rehab) – copay per admission	\$0	\$0

Inpatient Acute – Coverage Limit (days)	None	None
Inpatient Psychiatric – copay per admission	\$0	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190	190
Skilled Nursing Facility		
Benefit Period – 1-20 days	\$0	\$0
Benefit Period – 21-100 days	\$0	\$0
Coverage Limit (days)	100	100
Hospital Stay Required?	No	No
Home Health Care		
Benefit	\$0	\$0
Coverage Limit	None	None
Outpatient		
Ambulance	\$0	\$0
Outpatient Surgery	\$0	\$0
Renal Dialysis	\$10	\$10
Outpatient Non-Surgical	\$10	\$10
Emergency Room (waived if admitted)	\$50	\$50
Urgent Care (PCP/SCP office)	\$10	\$10
PCP Office Visit	\$5	\$5
SCP Office Visit	\$10	\$10
MHSA Individual Visit	\$10	\$10
MHSA Group Visit	\$5	\$5
Chiro Visit – Medicare covered services	\$10	\$10
Podiatrist Visit – Medicare Covered Services	\$10	\$10
Advanced Imaging & Radiation Therapy	10%	10%
X-Ray	10%	10%
Lab Services (Pathology)	\$0	\$0
Short Term Rehabilitation Service	\$10	\$10
Short Term Rehabilitation Max Per Year	same as standard Medicare	same as standard Medicare
DME	10%	10%
Supplies	10%	10%
Prosthetics	10%	10%
Part B Drugs	10%	10%
Medicare covered diagnostic Hearing Exams	\$10	\$10
Medicare covered diagnostic Vision Exams	\$10	\$10
Part D (Rx) Benefits Initial Coverage Level	\$2,960	\$2,960
Retail Copay (30 Day Supply)		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25
Retail Copay (90 Day Supply)		
3x copay for 90 day supply		
Tier 1 - Generic Drugs	\$30	\$15
Tier 2 - Preferred Brand Drugs	\$75	\$30
Tier 3 - Non Preferred Brand Drugs	\$150	\$75
Out of Network Coverage	30%	30%
Mail Order Copay - 90 Day Supply		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25

Coverage Gap - Retail From \$2850 - \$4550		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25
Coverage Gap - Mail Order From \$2850 - \$4550		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

Remaining in the City Basic or Premier Medical Plans

Post 65 retirees with Medicare Parts A & B coverage may choose to remain in the City's Basic and Premier Medical Plan on an "Access Only basis" as their Supplemental coverage. 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. Post 65 Medicare A & B Retirees	Basic Medical Plan Including Pharmacy Semi-Monthly Rates Single: \$321.11 Family: \$571.58		Premier Medical Plan Including Pharmacy Semi-Monthly Rates Single: \$411.74 Family: \$823.48	
	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
CO-INSURANCE (<i>Hospital and Other Services</i>)	You: 10% Plan: 90%	You: 30% Plan: 70%	You: 0% Plan: 100%	You: 40% Plan: 60%

ANNUAL OUT OF POCKET (OOP) MAXIMUM-MEDICAL	You: \$1,500 Sgl/\$3,000 Fam	You: \$3,500 sgl/\$7,000 fam	N/A	You: \$3,000 sgl/\$7,000 fam
ANNUAL OUT OF POCKET RX (OOP) MAXIMUM-RX	\$2000 Sgl \$4000 fam	\$4000 Sgl \$8000 fam	\$2000 Sgl \$4000 fam	N/A
OFFICE VISIT AND HOSPITAL: Primary Care Physician (PCP)/ Specialist Inpatient Hospital Copay per Admission Urgent Care Copayment *Emergency Room Copayment *Waived if Admitted	You: 10% after Ded. Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90% You: \$25 copay + Ded. + 10% Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70% You: \$300 copay + Ded. + 30% Plan: 70% You: 30% after Ded. Plan: 70% You: 30% after Ded. Plan: 70%	You: \$20 copay PCP/\$40 Spec + Ded Plan: 100% You: \$100 copay + Ded. Plan: 100% You: You pay \$30 + Ded. Plan: 100% You: \$200 copay + Ded. Plan: 100%	You: 40% after Deductible Plan: 60% You: \$300 copay + Ded. + 40% Plan: 60% You: 40% after deductible Plan: 60% You: 40% after deductible Plan: 60%
PREVENTIVE CARE: *Well Child Office *Well Adult Visit *Ded/Copay does not apply	You: \$0 Plan: 100% You: \$0 Plan: 100%	NOT COVERED NOT COVERED	You: \$0 Plan: 100% You: \$0 Plan: 100%	Not Covered Not Covered
OTHER CARE: Chiropractic Care (limited to 20 visits/cal yr) Physical/Speech/ Occupation Therapy (limited to 60 days for all therapies) Durable Medical Equipment (DME)	You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90% You: 10% after deductible Plan: 90%	NOT COVERED NOT COVERED You: 30% after deductible Plan: 70%	You: \$40 copay + Ded. Plan: 100% You: \$40 copay + Ded. Plan: 100% You: Deductible Plan: 100%	Not Covered You: 40% after plan deductible Plan: 60% 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-CVS Caremark

(This section is only applicable to individuals remaining in the City's Basic or Premier Medical Plans)

The City's pharmacy program applicable to the Basic and Premier medical plans 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:

	<u>Generic</u>	<u>*Formulary Brand</u> (PDL-Preferred Drug List)	<u>Non-Formulary Brand</u>
	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			

Nicotine Surcharges

(This section is only applicable to individuals remaining in the City's Basic or Premier Medical Plans)

In addition to the medical premium for those Retirees choosing to enroll in the City's Basic or Premier Medical Plans, a nicotine surcharge will apply if you or any of your covered family members use nicotine products.

To have the nicotine surcharge waived, you must complete and sign Verification during open enrollment attesting that neither you or any of your covered family members is a nicotine user. **Even if you previously submitted an Affidavit attesting to the non-use of tobacco products by your covered family members, a new Verification must be received during Open Enrollment. Failure to do so will result in the assessment of the surcharge until you and your appropriate family members can provide negative test results.**

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 the Health, Wellness and Benefits website.

	<u>Exam and Materials</u> Retiree: \$2.30 Retiree + 1: \$4.21 Retiree + Family: \$7.15	<u>Materials Only</u> Retiree: \$1.70 Retiree + 1: \$3.13 Retiree + 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 United Healthcare (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.

	<u>Primary Dental Plan</u> Retiree: \$8.53 Retiree + 1: \$16.96 Retiree + Fam: \$31.38		<u>Basic Dental Plan</u> Retiree: \$9.72 Retiree +1: \$20.00 Retiree + Fam: \$29.11		<u>Premier Dental Plan</u> Retiree: \$14.64 Retiree +1: \$30.11 Retiree + Fam: \$43.81	
	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 (combined for both In Network and Out of Network Services).	\$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 (combined for both In Network and Out of Network Services)	\$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 (<i>Minor Restorative, Endodontics and Oral Surgery</i>)						
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 (<i>Including Periodontics</i>)						
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

If you continued your contributory life enrollment at retirement, please see the below information regarding beneficiaries.

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

Onsite Clinic

Did you know the City has an onsite Clinic, operated by Methodist Healthcare, to provide wellness and urgent care services? If you are enrolled in one of the City's medical plans as of October 1, 2014, you may seek services at the clinic with no cost to you, your spouse or any of your eligible dependents. The clinic will also have a limited supply of medications in stock at no cost to you, your spouse or your eligible dependents. ***If you are not currently enrolled in the City's Medical Plan or were not enrolled on October 1, 2014, this benefit is not available to you.*** The new onsite clinic is located at 1803 Union Ave. and is open Monday & Friday from 8:00 am to 4:00 pm and Tuesday, Wednesday & Thursday 11:00 am to 7:00 pm. The clinic will open for operations on October 1, 2014. Walk-ins at the clinic will be accepted however, appointments are preferred. The clinic can be reached at (901) 722-3177.

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.

Onsite Total Wellness Center

Have you been thinking of increasing your physical activity? Dreaming of shedding a few pounds or toning your physique? Stop dreaming and get moving..... You can become a member of the Total Wellness Center located at 125 North Main, on 2B in room 22. The center is equipped with free weights, elliptical machines, treadmills, exercise bikes and much more. The center is open for Retirees on Monday-Friday during the hours of 8:00 am – 5:00 pm. The center is closed on the weekends and all City of Memphis holidays. To become a member of the Wellness Center, you must complete an enrollment application that includes health history, waiver forms and the policy and procedures. The next step is to schedule an appointment with the Wellness Coordinator for a health assessment and fitness center orientation. You may contact Health, Wellness and Benefits at (901)636-6800, if you have questions or need additional information.

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
General/Wellness		
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
Medical		
Cigna Basic and Premier Medical Plans	1-800-Cigna24	www.mycigna.com
Cigna Medicare Surround Products	1-855-867-4901	
Pharmacy		
Caremark-Basic and Premier Plans	1-866-722-2001	www.caremark.com
Dental		
United Healthcare Dental	1-866-540-5933	www.myuhcdental.com
Vision		
United Healthcare Vision	1-800-638-3120	www.myuhcvision.com

Legislative Notices

COBRA Rights for Employees and Dependents

Introduction

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [after the qualifying event occurs. You must provide this notice to: Health Wellness and Benefits Office of the City of Memphis.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

City of Memphis, Health Wellness and Benefits Office at 2714 Union Ext., 5th Floor, Suite 100, Memphis, TN 38112

How much does COBRA cost for City-Sponsored plans?

	2015 Monthly Cobra Medical Plan Rates for Basic and Premier Plan			
	Basic Plan		Premier Plan	
	Non-Medicare	Medicare	Non-Medicare	Medicare

Single	\$667.62	\$644.22	\$852.85	\$839.94
Family	\$1,188.38	\$1,166.02	1655.52	\$1,679.90

	2015 MONTHLY COBRA DENTAL RATES		
	Primary Plan	Basic Plan	Premier Plan
Retiree	\$17.40	\$19.83	\$29.87
Retiree + 1	\$34.60	\$40.80	\$61.42
Retiree + Family	\$64.02	\$59.38	\$89.37

	2015 MONTHLY COBRA VISION RATES	
	Exam and Materials	Materials Only
Retiree	\$4.70	\$3.47
Retiree + 1	\$8.59	\$6.39
Retiree + Family	\$14.68	\$10.84

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).

Important Notice 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).

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 Ext., 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:

**Benefits Manager
COM Employee Group Health Plan
2714 Union Avenue Ext., 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 is 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 discloses 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 discover 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.org.

FORMS

MEDICAL PLAN ENROLLMENT/CHANGE FORM

DENTAL AND VISION ENROLLMENT/CHANGE FORM

RETIREE LIFE INSURANCE FORM/UPDATE

**ACKNOWLEDGEMENT AND AUTHORIZATION
OF INSURANCE DEDUCTIONS**

PRE- 65 RETIREE SUBSIDY VERIFICATION

WORKING SPOUSE VERIFICATION

**NICOTINE USAGE/NON-USAGE STATEMENT
(ONLY APPLICABLE TO RETIREES ENROLLED IN THE BASIC OR PREMIER MEDICAL PLANS)**



CITY OF MEMPHIS 2015 RETIREE MEDICAL PLAN ENROLLMENT/CHANGE FORM

Retiree Information

Social Security No. ____-____-____	City Oracle ID No. _____	Gender: ____ Male ____ Female	Effective Date of Enrollment/Change: ____/____/____
**Last name: If Applicable Name must match Medicare Health Insurance Card		First name:	Middle initial
Permanent residence street address (P.O. box is not allowed): _____			
City:	State:	ZIP code:	County:
Email address: _____			

A. REASON FOR ENROLLMENT/CHANGE:

I am enrolling during Annual Enrollment
 Qualifying Life Event (QLE)*

*You must submit this form along with required documentation within 60 days of the event date. Please Provide QLE and date of event:

B. BENEFIT ELECTION – MEDICAL PLAN

I Decline City Medical Coverage

I Elect to keep my City of Memphis Coverage with NO changes, but agree to pay the full premium under "Access Only" coverage.

Retiree Section	Spouse Section	Dependent Section
____ Basic ____ Premier ____ Check here if Retiree is entitled to City Subsidy	____ Basic ____ Premier ____ Check here if Spouse is entitled to City Subsidy	____ Basic ____ Premier ____ Check here if Dependent is entitled to City Subsidy
Medicare Supplement: ____ Plan F ____ Plan G ____ Plan N	Medicare Supplement: ____ Plan F ____ Plan G ____ Plan N	Medicare Supplement: ____ Plan F ____ Plan G ____ Plan N
Medicare Part D: ____ Rx Plan 1 -\$10/20/40/40 (w/ donut hole coverage) ____ Rx Plan 2 -\$10/30/50/70 (w/donut hole coverage) ____ Rx Plan 3 -\$10/20/40/40 (w/out donut hole coverage) ____ Rx Plan 4 -\$10/30/50/70 (w/out donut hole coverage)	Medicare Part D: ____ Rx Plan 1 -\$10/20/40/40 (w/ donut hole coverage) ____ Rx Plan 2 -\$10/30/50/70 (w/donut hole coverage) ____ Rx Plan 3 -\$10/20/40/40 (w/out donut hole coverage) ____ Rx Plan 4 -\$10/30/50/70 (w/out donut hole coverage)	Medicare Part D: ____ Rx Plan 1 -\$10/20/40/40 (w/ donut hole coverage) ____ Rx Plan 2 -\$10/30/50/70 (w/donut hole coverage) ____ Rx Plan 3 -\$10/20/40/40 (w/out donut hole coverage) ____ Rx Plan 4 -\$10/30/50/70 (w/out donut hole coverage)
Medicare Advantage: ____ MA- Mid-Plan with \$10/25/50 rx ____ MA High- Plan with \$5/10/25 rx	Medicare Advantage: ____ MA- Mid-Plan with \$10/25/50 rx ____ MA High- Plan with \$5/10/25 rx	Medicare Advantage: ____ MA- Mid-Plan with \$10/25/50 rx ____ MA High- Plan with \$5/10/25 rx

Please provide the information below for the Retiree and/or Spouse enrolling in the Medicare Plans

Retiree Medicare Claim Number: ____-____-____	Hospital Part A effective date: Medical Part B effective date: Primary Doctor's Name & ID. NO.:
Spouse's Name:	Spouse's Social Security Number: ____-____-____
Spouse Medicare Claim Number: ____-____-____	Hospital Part A effective date: Medical Part B effective date: Primary Doctor's Name & ID. NO.:

Please list the information below for each Dependent enrolling:

Name	Gender	Social Security No.	Medicare Claim No.	Primary Doctor's Name & ID. NO. (Listed in Cigna Directory)
1. _____	_____	1. _____	1. _____	1. _____
2. _____	_____	2. _____	2. _____	2. _____

Retiree /Surviving Spouse Signature: _____ Date: _____

Spouse Signature: _____ Date: _____



CITY OF MEMPHIS 2015 RETIREE DENTAL AND VISION ENROLLMENT/CHANGE FORM

Retiree Information

Social Security No. ____ - ____ - ____	City Oracle ID No.	Gender: __ Male __ Female	Effective Date of Enrollment/Change:
**Last name: If Applicable Name must match Medicare Health Insurance Card		First name:	Middle initial
Permanent residence street address (P.O. box is not allowed):			
City:	State:	ZIP code:	County:
Email address:			

C. REASON FOR ENROLLMENT/CHANGE:

I am enrolling during Annual Enrollment
 Qualifying Life Event (QLE)*

*You must submit this form along with required documentation within 60 days of the event date. Please Provide QLE and date of event:

D. BENEFIT ELECTION – Check One Per Benefit

Dental Plan	Enroll: <input type="checkbox"/> Basic <input type="checkbox"/> Premier <input type="checkbox"/> Primary <input type="checkbox"/> Waive <input type="checkbox"/> Cancel <input type="checkbox"/> No Change	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree +1 <input type="checkbox"/> Retiree + Family
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Family Members to be Covered in Dental Plan:

Name	Social Security Number	Date of Birth	Gender	Relationship

Vision Plan	Enroll: <input type="checkbox"/> Exam and Matierals <input type="checkbox"/> Materials Only <input type="checkbox"/> Waive <input type="checkbox"/> Cancel <input type="checkbox"/> No Change	<input type="checkbox"/> Retiree Only <input type="checkbox"/> Retiree +1 <input type="checkbox"/> Retiree + Family
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Family Members to Be Covered In Vision Plan:

Name	Social Security Number	Date of Birth	Gender	Relationship

Retiree Signature: _____ Date: _____



CITY OF MEMPHIS LIFE INSURANCE RETIREE BENEFICIARY CHANGE FORM



DEATH BENEFIT



**LIFE CONTRIBUTORY
UPDATE BENEFICIARY**



VOLUNTARY LIFE

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

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT

▲ Death Benefit

A total amount of **\$5,000.00** is provided to all City of Memphis Retirees.

*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 RETIREE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	

Life Contributory Primary:

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

Voluntary Life Primary:

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

Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. 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 the City of Memphis Death Benefit, Contributory and/or Voluntary Life upon death.

RETIREE SIGNATURE

DATE

TIME

BENEFITS REPRESENTATIVE

DATE



Acknowledgement and Authorization of Insurance Deductions

I, _____, hereby certify under penalty of perjury that the information provided in this application for Retiree Medical benefits, including social security numbers, addresses, spouse and/or dependant 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. I authorize the release of information to my employer, the City of Memphis and insurance carriers. In addition:

- I authorize the City to reduce my pension benefits for my elected benefits.
- I agree that it is my responsibility to check my earnings statement each month to verify my current benefit enrollments and deductions are correct and to alert the Health, Wellness and Benefits office of the City immediately of any errors. Further, I understand that the City 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 the Health, Wellness and Benefits office within 60 days of a qualified life event.
- I understand it is my responsibility to notify the Health, Wellness and Benefits office within 60 days to remove my ex-spouse from all benefit plans if I divorce or become legally separated.
- I understand that 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 that I have read and understand the above:

Signature

Date

Printed Name

City of Memphis Use Only:

Retiree Enrollment Date:	Termination Date:	Employment Status:	Received By Date:	Entered By/Date:



Pre- 65 Retiree Subsidy Verification 2015 Plan Year

Retirees under the age of 65 are entitled to a subsidy from the City toward the cost of their medical insurance premiums, if the Retiree did not have access to insurance from a current employer as of September 16, 2014, nor have access to insurance from a spouse's employer. In order to qualify for the City subsidy toward the cost of the City's Basic and Premier Plans, please complete the following:

Retiree Name: _____ Employee Last 4 of SSN: _____
(Last, First, MI)

Spouse Name: _____ Spouse Last 4 of SSN: _____
(Last, First, MI)

Please read all options and **initial** the appropriate response(s):

_____ I **do not** currently work.

_____ I **do** currently work.

_____ I **do not** have access to group medical insurance through my current employer.

My current employer is: _____

_____ My spouse **does not** currently work.

_____ My spouse **does** currently work.

_____ My spouse listed above is **not** eligible for group medical insurance through his/her employer.

My spouse's current employer is: _____

As verification of the foregoing, attached is a copy of our/my 2013 Tax Transcript(s) with W-2(s). The undersigned do hereby attest that information contained above and the information contained on my 2013 Tax Transcript with W-2s is true and accurate.

I acknowledge the City of Memphis reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this Verification. The undersigned also understand that if my access to group medical insurance status changes, it is my responsibility to notify the Benefits Office within 30 days of such change. It is further acknowledged that if the subsidy is received from the City of Memphis for the cost associated with the Basic and Premier medical plan and if it is later determined that I was eligible for other group medical coverage through my or my spouse's employer, that I may be required to repay the cost of any claims incurred or paid under the City's Medical Plan.

Signature: _____ Date: _____
Retiree

Signature: _____ Date: _____
Spouse

To obtain a copy of the 2013 Tax Transcript with W-2 information, you may request it by calling 800-908-9946, visiting your local IRS office and/or requesting a copy online at <http://www.irs.gov/Individuals/Get-Transcript>. You may also request a transcript using IRS Form 4506-T.



Working Spouse Verification 2015 Plan Year

Participation in the City of Memphis Medical Plan is limited to full time employees, retirees and eligible dependents. In order for a spouse to be an eligible participant in the plan, the spouse may not have access to medical insurance through his/her current employer (except through the City of Memphis), previous employer (except through the City of Memphis) or Medicare. You are still able to enroll your dependent children in the City's medical plan regardless of your spouse's status under this restriction. Please contact the Benefits Division if you have any questions.

If, at any point, your spouse ceases to be eligible for his/her employer's medical coverage, he/she may be enrolled under your City of Memphis medical plan coverage. You will have 30 days from the loss of eligibility to enroll your spouse under our plan.

Please complete this Verification and return it with your enrollment materials. If you do not return the Verification, your spouse will not be eligible for coverage. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.

Employee Name: _____ Employee Last 4 of SSN: _____
(Last, First, MI)

Spouse Name: _____ Spouse Last 4 of SSN: _____
(Last, First, MI)

Please read all options and initial the appropriate response:

- _____ The spouse listed above is employed by the City of Memphis. (Spouse is an eligible participant)
- _____ The spouse listed above is not employed, does not have medical insurance available through a current employer, a previous employer and is not currently eligible for Medicare. (Spouse is an eligible participant)
- _____ The spouse listed above is employed/retired but not eligible for group medical coverage through his/her own employer. (Spouse is an eligible participant)
- _____ The spouse listed above is employed or retired and eligible for medical coverage through his/her own employer or Medicare. (Spouse is not an eligible participant)

The undersigned do hereby attest that the above information is true and correct to the best of my knowledge. We acknowledge the City of Memphis reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this Verification. The undersigned also understand that if my spouse's group medical insurance status changes, it is my responsibility to notify the Benefits Office within 30 days of such change. We further acknowledge that if the spouse listed above is covered under the City of Memphis medical plan and it is later determined that the was eligible for other group medical coverage through his/her employer, that we may be required to repay the cost of any claims incurred or paid under the City's Medical Plan. We further understand that falsifying this form or making any false statement or representation in connection with this form may result in disciplinary action up to and including termination of employment.

Signature _____ Date _____
Employee

Signature _____ Date _____
Spouse

An open enrollment under another employer's benefit plan is considered a permitted mid-year change in status event under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible for, he/she should contact his/her employer and request to enroll in their employer's benefit plan.



Nicotine Usage/Non-Usage Statement RETIREE

Beginning January 1, 2015, the surcharge on the medical plan imposed for the use of Nicotine Products is \$120 per month per family. To avoid the surcharge, covered participant must not use nicotine products or those who do must enroll in a cessation program offered by Cigna or another approved program by June 30, 2015.

If you do not complete and submit this affidavit by your respective annual enrollment deadline, November 14, 2014 for retirees age 65 & older or November 21, 2014 for retirees under age 65, a surcharge will be added to your retiree contributions if you enroll in the City's medical plan for 2015.

- Please complete this form and return it with your annual enrollment forms.

I, _____, hereby certify that: Please check the applicable box:
(Employee's Full Name)

I and all of my insured dependents do not use nicotine products. I also certify that I have not used any nicotine products in the last 60 (sixty) days including, but not limited to, pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco (i.e., one usage of any tobacco product in the last 60 days is tobacco use). By completing this Verification and certifying my non-tobacco user status, I know that I will not be subject to the \$120 per month "Nicotine Surcharge" on my medical plan contributions.

I or a covered dependent has used nicotine products in the 60 (sixty) days including, but not limited to, pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco (i.e., one usage of any tobacco product in the last six months is tobacco use). I understand that I will be subject to the \$120 "Nicotine surcharge" on medical plan contributions. To avoid the Nicotine Surcharge I understand that any nicotine users covered under my medical plan must complete a Cessation Program through Cigna, another approved program by June 30, 2015 or obtain the appropriate medical certification. I understand the nature and content of this document, I am aware that if I or a covered dependent uses, or begins the use of nicotine products, from the date this statement is signed through December 31, 2015, and I do not advise the Company of this use within two weeks after it occurs, I will be considered to have falsified information and I may be subject to disciplinary action, up to and including termination, subject to repaying all claims paid under the medical plan and/or I will be subject to the Nicotine Surcharge.

Employee Name: _____ Employee ID: _____ Last 4 of Employee SSN: _____
Please print full name

Employee Signature: _____ Date: _____

Names of covered dependent(s) that use Nicotine Products:

NAME	RELATIONSHIP



DIVISION OF HUMAN RESOURCES
Health, Wellness and Benefits
2714 Union Ave Ext., 6th Floor - Suite 100
Memphis, Tennessee 38112

City of Memphis Retirees

2015 Benefits & Enrollment Guide

November 3, 2014 – November 14, 2014 (Retirees Age 65 & Older)

November 10, 2014 – November 21, 2014 (Retirees Under Age 65)

Time Sensitive:

**Please read this information booklet to learn about
upcoming changes and what is new for 2015**