

CITY OF MEMPHIS



Retiree 2016 Benefits & Enrollment Guide

A GREAT PLACE TO WORK.

A FUN PLACE TO PLAY.



ACTION REQUIRED (OPEN IMMEDIATELY)
Open Enrollment: October 12-23, 2015

“Don’t wait in line, enroll online”
<http://openenrollment.memphistn.gov>

The City of Memphis is offering a comprehensive benefits package to all retirees. This guide summarizes your benefits for 2016 and 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.

All Enrollment and Change forms are located in the back of this booklet.

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 benefit plans at any time.

WHAT IS IN THIS DOCUMENT?

• Important Information for 2016 Open Enrollment	Page 3
• What's New for 2016, Reminders	Page 5
• How to Enroll	Page 5
• Medical Plan Eligibility	Page 6
• Medical Benefit Snapshot & Plan Option.....	Page 7
• Cigna Medicare Surround Plan Guide.....	Page 11
• Cigna-HealthSpring Rx Guide	Page 12
• Medicare Advantage Plan Options	Page 12
• City Medical Plan Options	Page 16
• Prescription Drug Coverage	Page 16
• Nicotine Surcharge	Page 16
• Vision Plan and Rates	Page 16
• Dental Plan and Rates	Page 17
• Life Insurance	Page 17
• Wellness Works	Page 17
• Vendor Contact Information	Page 20
• Notices: HIPAA, COBRA Information	Page 21
• Forms	Page 29

Important Information for 2016 Open Enrollment:

- The 2016 open enrollment period for **all active employees and retirees starts October 12, 2015 and ends at midnight on October 23, 2015.**
- There are no premium increases for medical coverage in plan year 2016.
- The Nicotine surcharge will remain in effect at \$120 per month. To avoid the nicotine surcharge, you must have a **Nicotine Usage Statement** on file.
- For retirees who are enrolled in Medicare Parts A & B, options include Medicare Surround and Medicare Part D coverage or Medicare Advantage Plans. If you **do not** wish to make any changes to your current Medicare supplemental coverage you do not need to participate in the open enrollment process. Your coverage will remain the same.
- All retirees must provide any Medicare enrollment information to the Health, Wellness & Benefits Office; this includes Medicare A Only, Medicare B Only and/or enrollment in any other RX Plans.
- If you are a retiree **under the age of 65** and choose to remain on the City's Basic or Premier Medical Plan, you will be responsible for paying 100% of your medical premiums; this is "Access Only" coverage. No subsidy will be provided unless you are grandfathered, which means that you retired on a Line of Duty Disability, are a qualifying survivor of an individual killed in the Line of Duty or retired on an Ordinary Disability retirement and have a pending application or appeal on file to qualify for a Social Security or Medicare disability. All non-grandfathered retirees under the age of 65 must participate in open enrollment to remain in the City-sponsored plans.
- Grandfathered individuals will continue to receive the 70% subsidy.
- **Except for Line of Duty and Eligible dependents of Individuals killed in the Line of Duty, all Retirees under the age of 65 who do not enroll in one of the City-sponsored medical plans by the end of the open enrollment period will have their coverage terminated at 11:59 p.m. December 31, 2015.**
- Effective January 1, 2016, the dental provider for the City of Memphis will be Cigna Healthcare. Please visit Cigna's website, as listed in the vendor contact section of this guide, for a listing of network dental providers, the **Patient Charge Schedule (PCS)** and complete plan details. **If you are currently enrolled in a dental plan and do not make changes during the Open Enrollment period you will be enrolled into a similar dental plan design. If you are currently enrolled in the Premier or Basic Dental Plans you will be enrolled in the new Premier-DPPO Dental Plan. If you are currently enrolled in the Primary Dental Plan you will be enrolled in the new Basic-DHMO Dental Plan.**
- Please update your beneficiary form. **Beneficiary forms not submitted in person must be notarized!** It is important that you ensure you have all the appropriate Beneficiary Forms completed to ensure prompt payment of any proceeds.

- Due to ACA reporting, the City of Memphis is required to have an accurate social security number on the health insurance file for each covered member. Please assure we have you and your covered members correct social security number.

- You can enroll in **one** of five ways:
 - Enroll online at <http://openrollment.memphistn.gov>
 - Visit the Health, Wellness and Benefits Office at 2714 Union Ext., 5th Floor, Suite 100, Memphis, TN 38112
 - E-mail completed forms to benefitsmemphis@memphistn.gov
 - Mail your completed enrollment forms along with required documentation to the Health, Wellness and Benefits Office. Any enrollment forms submitted by mail must be postmarked no later than October 23, 2015
 - Fax to the Health, Wellness and Benefits Office at **901-636-8486**.

- **Summaries of Benefits and Coverage (SBCs), as required by the Patient Protection Affordable Care Act (PPACA) are either available online (<http://openrollment.memphistn.gov>) or you can request a hardcopy by calling the Health, Wellness and Benefits Office at (901) 636-6800.**

What's New for 2016?

- Effective January 1, 2016, Cigna Healthcare will be the dental, vision and pharmacy carrier for the City of Memphis.
- Spouses are only eligible to participate in the City's medical plans if the spouse does not have access to insurance through an employer or former employer, including group Medicare Supplemental Coverage. There will be no Spousal Surcharge.
- As of July 1, 2015, the City of Memphis now requires all retirees and enrolled dependents to enroll in Medicare Parts A & B when they first become eligible for Medicare, usually at the age of 65, regardless of the date of retirement. If you choose not to enroll in Medicare, the City will treat all claims as if you have Medicare Parts A & B. You are obligated to enroll in Medicare Parts A & B under your spouse record if you do not qualify under your own record.
- Regardless of your age, if you failed to participate or were notified and you failed to provide the required information during the Dependent Audit conducted by BMI, your coverage will terminate effective 12/31/2015. To appeal the termination of coverage decision and request to remain on the City sponsored medical plans all of the documentation that you were required to submit to BMI will be required at enrollment for review. You must provide the documentation during the open enrollment period ending October 23, 2015.
- Pre-65 retirees, who enroll in the COM Basic or Premier plans during the 2015 open enrollment period at "Access Only" premium rates, may terminate coverage until November 30, 2015, if they find another plan on Healthcare.gov or in the private Marketplace. Retirees may not enroll after the 2015 open enrollment period has ended on October 23, 2015.
- Except for Line of Duty and Eligible dependents of Individuals killed in the Line of Duty, all Retirees under the age of 65 who do not enroll in one of the City-sponsored medical plans by the end of the open enrollment period will have their coverage terminated at 11:59 p.m. December 31, 2015.

Reminders:

- Effective **October 1, 2014**, retirees who elected to discontinue coverage with City of Memphis will continue to be allowed to re-enroll in the plan during an open enrollment period or after a qualifying life event.
- All retirees who had coverage on a City of Memphis medical plan as of **October 1, 2014** have access to the Methodist Wellness Clinic, 1803 Union Avenue, Memphis, TN.

Open enrollment is the time for you to make changes of your choice to your benefit plans. If you have a qualifying life event, you may make changes during other times of the year. See the Medical Summary Plan Description for complete details of qualifying life events.

HOW TO ENROLL

➤ SELF SERVICE:

Enrolling online is the preferred choice for your 2016 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 the enrollment period. Enrollment forms can also be faxed to 901-636-8486 or 901-636-6442 or e-mail completed forms 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 8:30 am and 4:30 pm. Additional resources will be available to assist you with your questions.

All 2016 changes will be reflected on your first paycheck in December. Please refer to the rates listed in this guide to determine the correct deductions. You must notify the Health, Wellness and Benefits Office 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. Also, it is imperative that you ensure you have sufficient funds available from your paycheck to pay the semi-month premiums.

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.

- Dependent Eligibility follows the primary plan member eligibility.
 - You may enroll your dependent children including legally adopted and step children up to age 26.
 - Spousal Coverage:
 - Effective January 1, 2015 retiree spouses are not eligible to have health insurance coverage through the City of Memphis if they have access to any employer-sponsored health plan.
 - If you are a Pre 65 retiree and a spouse of an active employee you may enroll as a dependent on your spouse's medical plan as long as you do not have access to insurance through another employer.
 - Spouses who are eligible for Medicare Parts A & B must enroll when they first become eligible for coverage, usually at age 65.
 - Spouses are eligible for City of Memphis dental and vision benefits, only if the retiree is enrolled in a City of Memphis dental and vision plans.

Documentation required to add a dependent to your coverage:

<i>Eligible</i>	<i>Required Documentation</i>
Lawful Spouse	<ul style="list-style-type: none"> ✓ A spousal verification form 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 ✓ Copy of Social Security Card ✓ Date of Birth
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 ✓ Copy of the Adoption Agreement ✓ Copy of court papers showing custody/guardianship ✓ Copy of Social Security Card

YOUR CORE MEDICAL BENEFIT SNAPSHOT

Retiree Category	Vendor/Options	Funding
<p>Retirees Age 65 & Older with Medicare A & B coverage</p>	<p>*Cigna (Fully Insured Plans) -Medical Coverage</p> <p>--Medicare Surround --Three Choices ---Plan F ---Plan G ---Plan N</p> <p>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 – These options provides both Medical and Rx Coverage. There are two plan options.</p> <ul style="list-style-type: none"> • High Plan • Mid Plan <p>--Access Only</p>	<p>*City Pays 25% *Retiree Pays 75%</p> <p>Retiree pays 100% premium</p>
<p>Retirees Age 65 & Older without both Medicare A & B coverage</p>	<p>Medical – Cigna Healthcare --Two Options: Basic or Premier</p> <p>Pharmacy (Cigna)</p>	<p>City Pays 70% Retiree Pays 30%</p>
<p>Survivors of Individuals Killed in the line of Duty</p>	<p>Medical – Cigna Healthcare --Two Options: Basic or Premier</p> <p>Pharmacy (Cigna)</p>	<p>City Pays 70% Retiree Pays 30%</p>
<p>Retirees Under the Age 65 on Line of Duty Disabilities</p>	<p>Medical – Cigna Healthcare --Two Options: Basic or Premier</p> <p>Pharmacy (Cigna)</p>	<p>City Pays 70% Retiree Pays 30%</p>
<p>Retirees Under the Age of 65</p>	<p>“Access Only” coverage</p>	<p>Retiree pays 100%</p>

Medical Plan Options Comparison Chart – Post-65 Non-Medicare Retirees/LOD Pre-65 Non-Medicare Retirees/LOD Widows and Eligible Dependents/ Grandfathered Ordinary Disability Retirees

Below 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 Grandfathered Ordinary Retirees	Basic Plan		Premier Plan	
	Semi-Monthly Rates Single: \$102.64 Family: \$215.76		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	You: \$3,000 sgl/\$7,000 fam	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	\$4000 Sgl \$8000 fam
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: 10% after Ded Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70% You: \$300 copay + Ded. + 30% Plan: 70% You: 10% after Ded Plan: 90% *U&C You: \$100 copay + Ded. + 10% Plan: 90% *U&C	You: \$20 copay PCP/\$40 Spec + Ded Plan: 100% You: \$100 copay + Ded. Plan: 100% You: You pay \$30 copay+ Ded. Plan: 100% You: \$200 copay + Ded. Plan: 100%	You: 40% after Deductible Plan: 60% You: \$300 copay + Ded. + 40% Plan: 60% You: You pay \$30 copay + Ded. Plan: 100% *U&C You: \$200 copay + Ded. Plan: 100%*U&C
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.

***Subject to Usual & Customary Rates**

The City Basic or Premier Medical Plans "Access Only/ 100% Premium"

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.

<u>"Access Only/100% Premium"</u>	<u>Basic Plan</u>		<u>Premier Plan</u>	
	Semi-Monthly Rates Single: \$327.27 Family: \$582.54		Semi-Monthly Rates Single: \$418.07 Family: \$827.76	
Non-Line of Duty Pre-65 Retirees Post-65 Retirees with Medicare A & B	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	You: \$3,000 sgl/\$7,000 fam	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	\$4000 Sgl \$8000 fam
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: 10% after Ded Plan: 90% You: \$100 copay + Ded. + 10% Plan: 90%	You: 30% after Ded. Plan: 70% You: \$300 copay + Ded. + 30% Plan: 70% You: 10% after Ded Plan: 90% *U&C You: \$100 copay + Ded. + 10% Plan: 90% *U&C	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: You pay \$30 copay + Ded. Plan: 100% *U&C You: \$200 copay + Ded. Plan: 100%*U&C
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.

***Subject to Usual & Customary Rates**

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

***Deductibles subject to change per Medicare**

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
Part A - Inpatient Hospital				
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
Effective January 1, 2015

Benefit Highlights	Rx Plan 1	Rx Plan 2	Rx Plan 3	Rx Plan 4
Individual Deductible	None	None	None	None
Initial Coverage Level	\$3,310	\$3,310	\$3,310	\$3,310
<u>Retail Copay (30 Day Supply)</u>				
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
<u>Retail Copay (90 Day Supply)</u>				
<i>2x copay for 90 day supply</i>				
Tier 1 - Generic Drugs	\$20	\$20	\$20	\$20
Tier 2 - Preferred Brand Drugs	\$40	\$60	\$40	\$60
Tier 3 - Non Preferred Brand Drugs	\$80	\$100	\$80	\$100
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$80	\$140	\$80	\$140
<u>Out of Network Coverage</u>	40%	40%	40%	40%
<u>Mail Order Copay - 90 Day Supply</u>				
Tier 1 - Generic Drugs	\$20	\$20	\$20	\$20
Tier 2 - Preferred Brand Drugs	\$40	\$60	\$40	\$60
Tier 3 - Non Preferred Brand Drugs	\$80	\$100	\$80	\$100
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$80	\$140	\$80	\$140
<u>Coverage Gap - Retail</u>				
<i>From \$3,310-4,850</i>				
Tier 1 - Generic Drugs	\$10	\$10	58%	58%
Tier 2 - Preferred Brand Drugs	\$20	\$30	45%	45%
Tier 3 - Non Preferred Brand Drugs	\$40	\$50	45%	45%
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$40	\$70	45%	45%
<u>Coverage Gap - Mail Order</u>				
<i>From \$3,310- \$4,850</i>				
Tier 1 - Generic Drugs	\$20	\$20	58%	58%
Tier 2 - Preferred Brand Drugs	\$40	\$60	45%	45%
Tier 3 - Non Preferred Brand Drugs	\$80	\$100	45%	45%
Tier 4 - Brand Name and Generic High Cost Specialty Drugs	\$80	\$140	45%	45%

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
Chiropractic 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	\$3,310	\$3,310

<u>Retail Copay (30 Day Supply)</u>		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25
<u>Retail Copay (90 Day Supply)</u> 2x copay for 90 day supply		
Tier 1 - Generic Drugs	\$20	\$10
Tier 2 - Preferred Brand Drugs	\$50	\$20
Tier 3 - Non Preferred Brand Drugs	\$100	\$50
<u>Out of Network Coverage</u>	30%	30%
<u>Mail Order Copay - 90 Day Supply</u>		
Tier 1 - Generic Drugs	\$20	\$10
Tier 2 - Preferred Brand Drugs	\$50	\$20
Tier 3 - Non Preferred Brand Drugs	\$100	\$50
<u>Coverage Gap - Retail</u> From \$3,310- \$4,850		
Tier 1 - Generic Drugs	\$10	\$5
Tier 2 - Preferred Brand Drugs	\$25	\$10
Tier 3 - Non Preferred Brand Drugs	\$50	\$25
<u>Coverage Gap - Mail Order 90 day Supply</u> From \$3,310- \$4,850		
Tier 1 - Generic Drugs	\$20	\$10
Tier 2 - Preferred Brand Drugs	\$50	\$20
Tier 3 - Non Preferred Brand Drugs	\$100	\$50

*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.

Prescription Drug Coverage

(This section is 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 will be administered by Cigna Healthcare 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	\$40.00 copay
Retail or Mail Order (90 day supply)	\$20.00 copay	\$40.00 copay	\$80.00 copay
*The preferred drug list is updated quarterly and can be found on Cigna's website. See vendor contact listing in this guide. Additional pharmacy detail is listed on Benefit's website.			

Nicotine Surcharges

(This section is 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 a verification form during open enrollment attesting that neither you nor any of your covered family members is a nicotine user.

Important Note: Signed affidavits waiving nicotine 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 Cigna Healthcare. The below chart is a summary of the benefits offered. Visit Cigna website at www.mycigna.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 at openenrollment.memphistn.gov.

	Exam and Materials Retiree: \$2.18 Retiree + 1: \$4.00 Retiree + Family: \$6.79	Frequency is: <ul style="list-style-type: none"> • 12 months for exams • 12 months for lenses • 12 months for contact lenses • 24 months for frames.
Benefits	In-Network	Out-of-Network
Examination Copay	\$15 Copay	n/a
Materials Copay	\$15 Copay	n/a
Exam	Covered	\$45 allowance
Single Vision Lenses	Covered	\$40 allowance
Bifocal Lenses	Covered	\$65 allowance
Trifocal/Progressive Lenses	Covered	\$75 allowance
Lenticular Lenses	Covered	\$100 allowance
Contact Lenses (retail allowance) <ul style="list-style-type: none"> • Elective • Therapeutic 	\$150 allowance Covered	\$120 allowance \$210 allowance
Frame (retail allowance)	\$130 allowance	\$71 allowance

In-Network Benefits include:

- **One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.**
- **One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms).**

One supply of contact lenses – In lieu of lenses and frame benefit, (may not receive contact lenses and frames in the same benefit year). Allowance applied towards cost of supplemental contact lenses professional services (including the fitting and evaluation), and contact lenses materials

Dental Comparison Chart/Semi-Monthly Rates

Effective January 1, 2016, the dental provider for the City of Memphis will be Cigna Healthcare. The chart below is an overview of the dental plans offered. Please visit Cigna's website, as listed in the vendor contact section of this guide, for a listing of network dental providers, the ***Patient Charge Schedule (PCS)** and complete plan details. **If you are currently enrolled in a dental plan and do not make changes during the Open Enrollment period you will be enrolled into a similar dental plan design. If you are currently enrolled in the Premier or Basic Dental Plans you will be enrolled in the new Premier- DPPO Dental Plan. If you are currently enrolled in the Primary Dental Plan you will be enrolled in the new Basic-DHMO Dental Plan.**

	DHMO-Basic Dental Plan		DPPO-Premier Dental Plan	
	Employee: \$6.21 Employee + 1: \$10.56 Family: \$16.87		Employee: \$9.75 Employee +1: \$20.06 Family: \$29.19	
	In Network	Out of Network	In Network	Out of Network
Annual Individual Ded.	None	None	\$50	\$100
Annual Family Ded.	None	None	\$150	\$300
Annual Ind Orthodontics Ded.	None	None	\$50	\$100
Annual Fam Orthodontics Ded.	None	None	\$150	\$300
Maximum Non-Orthodontics (combined for both In Network and Out of Network Services).	No Coverage	No Coverage	\$1500 per person per calendar year	\$750 per person per calendar year
Maximum Orthodontics (combined for both In Network and Out of Network Services)	*Refer to PCS	*Refer to PCS	50% After Deductible; \$1000 per person per lifetime	40% After Deductible; \$750 per person per lifetime
COVERED SERVICES	You Pay	You Pay	Plan Pays	Plan Pays
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES				
Periodic Oral Examinations	\$0	Not Covered	100%	80%
Bitewing X-rays	\$0	Not Covered	100%	80%
Complete Series or Panorex X-rays	\$0	Not Covered	100%	80%
Dental Prophylaxis (Cleanings)	\$0	Not Covered	100%	80%
Fluoride Treatments	\$0	Not Covered	100%	80%
Sealants	\$0	Not Covered	100%	80%
Space Maintainers	*Refer to PCS	Not Covered	100%	80%
BASIC DENTAL SERVICES (Minor Restorative, Endodontics and Oral Surgery)				
Palliative Treatment (Pain Relief)	*Refer to PCS	Not Covered	80%	60%
General Anesthesia	*Refer to PCS	Not Covered	80%	60%
Amalgam Restorations (Fillings)	*Refer to PCS	Not Covered	80%	60%
Composite Restorations (Fillings)	*Refer to PCS	Not Covered	80%	60%
Surgical Extractions including Impacted Wisdom Teeth	*Refer to PCS	Not Covered	80%	60%
Root Canal Treatment	*Refer to PCS	Not Covered	80%	60%
MAJOR DENTAL SERVICES (Including Periodontics)				
Crowns	*Refer to PCS	Not Covered	50%	40%
Inlays	*Refer to PCS	Not Covered	50%	40%
Fixed Bridges	*Refer to PCS	Not Covered	50%	40%
Full Dentures	*Refer to PCS	Not Covered	50%	40%
Partial Dentures	*Refer to PCS	Not Covered	50%	40%
Replacement Crowns	*Refer to PCS	Not Covered	50%	40%
Relining Dentures	*Refer to PCS	Not Covered	50%	40%
Repairs to Full Dentures	*Refer to PCS	Not Covered	50%	40%
Periodontal Surgery	*Refer to PCS	Not Covered	50%	40%
Scaling and Root Planning	*Refer to PCS	Not Covered	80%	60%
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	*Refer to PCS	Not Covered	50% , After Deductible \$1,000	40%, After Deductible \$750

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 Office. Please make sure there is a signed form in Health, Wellness and Benefits Office to ensure the person you planned to designate as your beneficiary receives the proceeds should something happen to you. Please remember to update your beneficiary forms each year.

Important Note: If you do not name a beneficiary, your life insurance proceeds will either go to your estate or the insurance company and they 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 your form.



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 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. 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 Monday-Friday, 7:00 am – 7:00 pm (closed on weekends and 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 should 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.

Employee Assistance Program (EAP) – Administered by Concern

Did you know the City offers EAP services to help you manage quality of life issues? This service is paid by the City and is available to you, your dependents or household members even if you are not covered by a City of Memphis medical plan option. Short-term professional assistance is available through CONCERN 24/7 by calling (901) 458-4000 or 1-800-445-5011.

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://openrollment.memphistn.gov
	For concerns or questions go to:	www.benefitsmemphis.com/contact-us
Medical		
Basic and Premier Medical Plans	1-800-244-6224	www.mycigna.com
Cigna Medicare Surround Products	1-800-244-6224	www.mycigna.com
Cigna-HealthSpring Medicare Advantage	1-888-281-7867	
Pharmacy		
Cigna Healthcare	1-800-244-6224	www.mycigna.com
Cigna HealthSpring Rx (Part D)	1-800-558-9562	www.mycigna.com
Dental & Vision		
Cigna Healthcare	1-800-244-6224	www.mycigna.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 2016 City-Sponsored plans?

	2016 Monthly Cobra Medical Plan Rates for Basic and Premier Plan	
	Basic Plan	Premier Plan
Single	\$667.62	\$839.94
Family	\$1,188.38	\$1,679.90

	2016 MONTHLY COBRA DENTAL RATES	
	DHMO-Basic Plan	DPPO-Premier Plan
Retiree	\$12.67	\$19.89
Retiree + 1	\$21.53	\$40.92
Retiree + Family	\$34.41	\$59.54

	2016 MONTHLY COBRA VISION RATES
	Exam and Materials
Retiree	\$4.44
Retiree + 1	\$8.16
Retiree + Family	\$13.85

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 Operations 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 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

Two Medical Forms:

***Medicare Parts A&B**

Retirees with full Medicare Parts A&B must use this form. *If you have a covered spouse or dependents that do not have Medicare, you must fill out both medical forms.*

***No Medicare, Medicare A Only, Medicare B Only or Line of Duty-**

Retirees without any Medicare, with Medicare A Only, Medicare B only, Line of Duty Retirees or Line of Duty Survivors must use this form. If you have a covered spouse or a dependent that has Medicare, you must fill out both medical forms.

DENTAL AND VISION ENROLLMENT/CHANGE FORM

Effective January 1, 2016, the dental provider for the City of Memphis will be Cigna Healthcare. If you are currently enrolled in a dental plan and do not make changes during the Open Enrollment period you will be enrolled into a similar dental plan design. If you are currently enrolled in the Premier or Basic Dental Plans you will be enrolled in the new Premier- DPPO Dental Plan. If you are currently enrolled in the Primary Dental Plan you will be enrolled in the new Basic-DHMO Dental Plan.

RETIREE LIFE INSURANCE BENEFICIARY FORM/UPDATE

Please update your beneficiary form each year.

Beneficiary forms not submitted in person must be notarized!

ACKNOWLEDGEMENT AND AUTHORIZATION OF INSURANCE DEDUCTIONS

SPOUSAL VERIFICATION FORM

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



CITY OF MEMPHIS 2016 RETIREE MEDICAL PLAN ENROLLMENT/CHANGE FORM (MEDICARE PARTS A&B)

Retiree Information

Social Security No. ____ - ____ - ____	Date of Birth: ____/____/____	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: Telephone Number:

A. REASON FOR ENROLLMENT/CHANGE:

I am enrolling during Annual Enrollment
 Qualifying Life Event (QLE)*
 I Decline City Medical Coverage

*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 PLANS

Retiree Section	Spouse Section	Dependent Section
Medicare Supplement: _____ Plan F _____ Plan G _____ Plan N _____ I Decline the Supplemental plans for Retiree	If spouse does not have Medicare , you must complete the No Medicare form Medicare Supplement: _____ Plan F _____ Plan G _____ Plan N _____ I Decline the Supplemental plans for Spouse	If dependent does not have Medicare , you must complete the No Medicare form Medicare Supplement: _____ Plan F _____ Plan G _____ Plan N _____ I Decline the Supplemental plans for Dependent
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) _____ I Decline the RX plans for Retiree	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) _____ I Decline the RX plans for Spouse	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) _____ I Decline the RX plans for Dependent
Medicare Advantage: _____ MA-Mid-Plan with \$10/25/50 RX _____ MA High- Plan with \$5/10/25 RX _____ I Decline the MA Plan for Retiree	Medicare Advantage: _____ MA-Mid-Plan with \$10/25/50 RX _____ MA High- Plan with \$5/10/25 RX _____ I Decline the MA Plan for Spouse	Medicare Advantage: _____ MA-Mid-Plan with \$10/25/50 RX _____ MA High- Plan with \$5/10/25 RX _____ I Decline the MA Plan for Dependent

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: MA 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: MA Primary Doctor's Name & ID. NO.:

Please provide the information below for each dependent to be covered. If you do not list a dependent, they will not be covered:

Name	Gender	Social Security No.	Medicare Effective Date & Claim No.
1. _____	_____	1. _____	1. _____
2. _____	_____	2. _____	2. _____

Retiree /Surviving Spouse Signature: _____ Date: _____
 Spouse Signature: _____ Date: _____



CITY OF MEMPHIS 2016 RETIREE MEDICAL PLAN ENROLLMENT/CHANGE FORM

(No Medicare, Medicare A Only, Medicare B Only or Line of Duty)

Retiree Information

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

City:	State:	ZIP code:	County:	Telephone Number:
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B. 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:

C. BENEFIT ELECTION – MEDICAL PLAN

I elect to enroll as "Access Only" I Decline City Medical Coverage I am a City of Memphis Grandfather Retiree* or Retiree Survivor*

*Grandfathered Retiree or Retiree Survivor is entitled to City Subsidy if status is No Medicare, Medicare A Only, Medicare B Only or Line of Duty

Retiree Section	Spouse Section	Dependent Section
____ Basic ____ Premier ____ I Decline the medical coverage for Retiree	If spouse has Medicare , you must complete the Medicare form ____ Basic ____ Premier ____ I Decline the medical coverage for Spouse	If dependent has Medicare , you must complete the Medicare form ____ Basic ____ Premier ____ I Decline the medical coverage for Dependent

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

Last Name	First Name	M.I.	Social Security Number	Gender	Relationship

D. OTHER INSURANCE COVERAGE INFORMATION

Do you or any of your covered dependents have other medical coverage that's primary to the City's medical plan? YES NO	Does your spouse have Medicare A Only, B Only or another RX Plan? YES NO
If Yes; Name of the Insured:	If Yes; Medicare A Effective Date:
Insurance Company Name:	Medicare B Effective Date:
Policy Number:	RX Effective Date:
Effective Date:	Medicare Claim Number:

Retiree /Surviving Spouse Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Health, Wellness & Benefits Office Use Only:

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

TO BE COMPLETED BY BENEFITS OFFICE:

Effective Date: ____/____/____

Termination Date: ____/____/____

DENTAL Plan Enrollment Form—CITY OF MEMPHIS

I. Check the Appropriate Boxes

Semi-Monthly Rates

Coverage Desired:

DPPPO-PREMIER Dental Plan

- Retiree Only \$9.75
- Retiree + 1 \$20.06
- Retiree + Family \$29.19

DHMO-BASIC Dental Plan

- Retiree Only \$6.21
- Retiree + 1 \$10.56
- Retiree + Family \$16.87

New Enrollment

Change of Status/Address

Open Enrollment

COBRA

Cancel Coverage

REASON FOR CHANGE IN STATUS

Termination

Marriage

Newborn Child

Other Insurance

Move to COBRA

Death

Divorce

Last Name/Address Change

Adoption/legal custody of child

Legal custody of parent

Dependent child married/reached age limit

II. Employee Information (please print clearly):

Social Security Number ____ - ____ - ____ Birth Date ____/____/____

Your Name _____
(First) (Middle Initial) (Last)

Address _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____

III. List All Eligible Family Members Below (if electing dependent coverage):

	First Name	Last Name	Birth Date	Social Security Number	Sex
Spouse	_____	_____	____/____/____	____-____-____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	____-____-____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	____-____-____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	____-____-____	<input type="checkbox"/> M / <input type="checkbox"/> F
Child	_____	_____	____/____/____	____-____-____	<input type="checkbox"/> M / <input type="checkbox"/> F

I agree to continue enrollment in the vision plan for a period of 12 month. I confirm that the information I have provided on this form is complete and accurate.

Retiree Signature _____ Date _____

The Certificate of Coverage for Vision benefits is available online at <http://www.memphistn.gov/framework.aspx?page=167> or Refer to the City of Memphis Health, Wellness & Benefits Service Center located at 2714 Union Avenue Ext. 5th Floor Room 100.



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>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 Beneficiary (ies) is for the City of Memphis Death Benefit, Contributory and/or Voluntary Life upon death.

RETIREE SIGNATURE

DATE

TIME

BENEFITS REPRESENTATIVE OR NOTARY

DATE



Acknowledgement and Authorization of Insurance Deductions

RETIREE

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 deduct the cost of my elected benefits from my pension 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 seperated.
- 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 _____

Health, Wellness & Benefits Office Use Only:

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



Spousal Verification Form

2016 Plan Year

RETIREE

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 **Basic or Premier** 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 A & B. **If your spouse has access to Medicare A & B (without penalty), you may enroll your spouse in one of the Medicare Surround or Advantage Products.** 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 60 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 A & B. (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 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 60 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 _____
(Retiree)

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.

Health, Wellness & Benefits Office Use Only:

Retiree Enrollment Date:	Termination Date:	Employment Status:	Received By Date:	Entered By/Date:
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Nicotine Usage/Non-Usage Statement

RETIREE

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.

If your nicotine usage status has changed, you must submit this affidavit by the annual open enrollment deadline or qualifying life event.

- Please complete this form and return it with your annual enrollment forms or qualifying life event.

I, _____, hereby certify that: Please check the applicable box:
(Retiree/Surviving Spouse'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 an approved Nicotine Cessation Program 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 and I do not advise the City of Memphis 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.

Retiree/ Spouse Name: _____ Employee ID: _____ Last 4 of Employee SSN: _____
(Please print full name)

Signature: _____ Date: _____

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

NAME	RELATIONSHIP

Health, Wellness & Benefits Office Use Only:

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



DIVISION OF HUMAN RESOURCES

Health, Wellness & Benefits
2714 Union Ave. Ext., 5th Floor-Suite 100
Memphis, Tennessee 38112

City of Memphis Retired Employees

2016 Benefits & Enrollment Guide

October 12– 23, 2015

Time Sensitive:

**Please read this information booklet to learn about
upcoming changes and what is new for 2016**