

CITY OF MEMPHIS



Active Employees 2015

SUPPLEMENTAL Benefits

& Enrollment Guide



A GREAT PLACE TO WORK



A FUN PLACE TO PLAY

ACTION REQUIRED (OPEN IMMEDIATELY)

Open Enrollment October 6-17, 2014

“Don’t wait in line, enroll online”

<http://openenrollment.memphistn.gov>

As a result of decisions made on October 3, 2014, the information contained within your 2015 Active Employees Benefits & Enrollment Guide requires modification. Specifically, pages 3, 5 and 27 contain outdated information.

The Working Spouse Carve Out is no longer applicable.

*****Revised Information is Highlighted in Yellow*****

Important information for 2015 Open Enrollment:

- The 2015 open enrollment period for active employees starts **October 6, 2014** and will end at midnight **October 17, 2014**. **Everyone must submit the necessary Nicotine and Working Spouse Verifications. If you fail to submit the Verifications, you will incur the Nicotine Surcharge and the Spousal Surcharge. A copy of the Revised Working Spouse Verification is contained on Revised Page 27 contained herein** or may be obtained on-line.
- No waiting in long lines with benefit online enrollment.
- If no changes are made to your Dental, Vision, or Life Insurance, your current elections will roll over to 2015.
- You **cannot roll over** your current elections for Flexible Spending Accounts (FSAs). You must re-enroll each year in order to continue either of these plans.
- To make benefit changes or to enroll in an FSA 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 October 17, 2014.
 - 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 or you can request a hardcopy by calling Health Wellness and Benefits at (901) 636-6800.

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

What's New for 2015?

- There are three (3) open enrollment periods:
 - Active Employees: October 6, 2014 to October 17, 2014
 - Retirees Age 65 and Older: November 3, 2014 to November 14, 2014
 - Retirees Under Age 65: November 10, 2014 to November 21, 2014.
- ***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.***
- 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.
- 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 spousal surcharge will increase from \$50 per month to \$100 per month.**
- Remember you must submit the Nicotine and Working Spouse Verifications. If you fail to submit the Verifications, you will incur the \$120 monthly Nicotine Surcharge **and/or the \$100 per month spousal surcharge.**

Who is Eligible for benefits?

You are eligible for benefit programs if you are a regular, full-time employee. 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 - A spouse is an eligible dependent and may participate in the City's plan, however, if your spouse has access to insurance through his/her employer or Medicare, and that spouse is a participant in the City's plan, a \$100 surcharge per month is applicable unless the City's plan is secondary.
- Even if you previously submitted an Affidavit attesting to 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. If you do not return the Verification, and your spouse is a covered dependent in the City's plan the \$100 surcharge per month is applicable. The surcharge may be removed only during an open enrollment period or within 60 days of your spouse becoming ineligible for insurance through his/her current employer.
- You may still insure your spouse under the dental, vision and life benefits.

Required Documentation to add an additional participant to your Plan

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



**Working Spouse Verification
2015 Plan Year
(Revised October 4, 2014)**

Participation in the City of Memphis Medical Plan is limited to full time employees and eligible dependents. A spouse is an eligible dependent and may participate in the City's plan, however, if your spouse has access to insurance through his/her employer and that spouse is a participant in the City's plan, a \$100 surcharge per month is applicable unless the City's plan is secondary.

Please complete this Verification and return it with your enrollment materials. If you do not return the Verification, and your spouse is a covered dependent in the City's plan the \$100 surcharge per month is applicable. The surcharge may be removed only during an open enrollment period or within 60 days of your spouse becoming ineligible for insurance through his/her current employer.

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.
- _____ The spouse listed above does not have medical insurance available through a current employer, a previous employer and is not currently eligible for Medicare.
- _____ The spouse listed above is employed/retired but not eligible for group medical coverage through his/her own employer. My spouse is employed at _____.
- _____ The spouse listed above is employed or retired and eligible for medical coverage through his/her own employer or Medicare. My spouse is employed at _____. **(Choose the appropriate response below):**
 - _____ My spouse **DOES NOT** participate in his/her employer's medical plan or Medicare. (The \$100 per month surcharge is applicable).
 - _____ My spouse **DOES** participate in his/her employer's medical plan but that plan is secondary and the City's medical plan is primary. (The \$100 per month surcharge is applicable).
 - _____ My spouse **DOES** participate in his/her employer's medical plan or Medicare and that plan is primary and the City's plan is secondary. (The surcharge is not applicable).

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 the spousal surcharge has not been paid when required, 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 knowingly 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