



City of Memphis

City of Memphis Retired Employees
2011 Open Enrollment Materials
& Health Plan Information

OPEN IMMEDIATELY

WHAT IS IN THIS DOCUMENT?

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- What's New For 2012
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Open Enrollment Details:

Open Enrollment will be held Monday, October 17, 2011 through Friday, October 28, 2011. Three (3) Benefits Offices will be open to assist you with open enrollment materials between 8:30 am and 4:30 pm. The offices are located at 125 North Main Street, City Hall, Room 438, Memphis, TN 38103; 4225 Riverdale Road, Memphis, TN 38141; and the Benjamin L. Hooks Central Library, 3030 Poplar Avenue, Room L- 36, Memphis, TN 38111. You can also use Oracle Self Service by logging on to <http://openenrollment.memphistn.gov>. The on-line site will be open through midnight October 28, 2011. This is your time to drop or add dependents or make changes to your plan.

- All change forms must be **notarized** when submitted by mail
- All affidavits **must be notarized** whether **mailed, faxed or presented in person**
- You must submit the affidavit form, otherwise, a surcharge will automatically be applied for spousal coverage and/or tobacco usage (See What's New for 2012.)
- If you have children under 26 years of age who have no access to healthcare coverage, you must enroll them at the time of open enrollment. An affidavit must be completed at the time of enrollment.

What's New For 2012?

- The City will be assessing a **tobacco surcharge** for those employees and covered family members who use tobacco products
- The City will be assessing a **spousal surcharge** for those employees whose covered spouse has accessibility to other healthcare, but chooses to use the City of Memphis' Health Plan
- Each surcharge amount will be **\$25.00** per pay period per family
- Each plan member must complete and submit an affidavit form which includes tobacco, spouses and dependents up to age 26. **The affidavits must be notarized whether mailed, faxed or presented in person.**
- There will be an increase in the Dental plan coverage (Please see Dental information).

Please read the enclosed information and make decisions regarding all benefits that are available. All changes will be effective January 1, 2012. If you do not submit Open Enrollment change forms no changes will be made and your current plan will remain the same. However, we encourage all members with other primary insurance coverage to return the OTHER INSURANCE INFORMATION UPDATE FORM and review your Beneficiary Forms for accuracy. Open enrollment changes cannot be made again until the next open enrollment period.

REMEMBER, this year a surcharge will be imposed if the **Surcharge Affidavit** is not completed, notarized, and returned during the enrollment period of October 17, 2011 – October 28, 2011.

Self Service

The Open Enrollment Process is available to employees and retirees on-line. Please go to <http://openenrollment.memphistn.gov> for details. Remember, if you make changes to your plan on-line that require documentation confirmation, such as affidavits, marriage licenses, birth certificates, divorce decrees, and other pertinent documents, they can be faxed to 901-636-8486 or sent by U.S. mail (Please see Open Enrollment details above for mailing addresses). Documentation must accompany your enrollment change form to ensure accuracy. Also, please print and keep your on-line enrollment confirmation as verification.

Medicare Coordination of Benefits

If you are retired and have not notified the City of your Medicare Eligibility, please complete the enclosed OTHER INSURANCE INFORMATION UPDATE FORM and mark the section to indicate if you have Medicare A, B or D. This will assist in coordinating your benefits more accurately. It will also be beneficial when we coordinate the Medicare D information (see Medicare part D).

Prescription Drug Plan

Medicare Part D

Please visit the Medicare website for information at www.medicare.gov. Although Medicare is available, if you choose to remain with the City of Memphis pharmacy coverage, there will be no changes in your prescription drug plan coverage for 2012. The pharmacy benefit provided by the City of Memphis has mail order for all maintenance medication and any 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 the cost of two months.

The following are current co-pays for prescriptions for Caremark:

| RETAIL PROGRAM | Generic | Formulary | Non-Formulary/Brand |
|---|----------------|----------------|---------------------|
| | \$10.00 co-pay | \$20.00 co-pay | \$40.00 co-pay |
| MAIL SERVICE PROGRAM (90 Day Supply) | | | |
| | Generic | Formulary | Non-Formulary/Brand |
| | \$20.00 co-pay | \$40.00 co-pay | \$80.00 co-pay |

Reminder: The City and CVS Caremark want to make sure that you are receiving the most appropriate and effective prescription therapies. To ensure your safety, a review process is in place to evaluate prescriptions that are filled through mail order service or at a participating retail pharmacy. Your physician may be contacted by a CVS Caremark pharmacist to discuss a current prescription. Your doctor may agree to change the medication, adjust the dosage, or alter the length of time you need to take the medicine. In all cases, your doctor has the final decision. The City has also implemented several utilization review programs such as Prior Authorization, Quantity Limits, and Step Therapy to monitor guidelines and improve safety and cost. The review process includes:

- Prior Authorization - requires the physician to receive prior approval before specific drugs are filled by the pharmacy. Some may include ADHD and Narcolepsy drugs such as Ambien, Temazepam, Zolpidem, and Adderall.
- Quantity Limits with Prior Authorization - a limit is placed on a certain classification of drugs to prevent over use based on pharmaceutical guidelines. These will include Migraine Meds, Sedative/Hypnotics and Proton Pump Inhibitors such as Lansoprazole, Nexium, Prevacid, Prilosec, Ondansetron, and Viagra.
- Step Therapy - a Generic or Non-Formulary drug is required prior to prescribing Brand drugs such as Celebrex.

If a prescription is denied, the Prior Authorization Process must be followed:

1. The physician must submit a Prior Authorization Form to CVS Caremark
2. The information must include the diagnosis, rationale for drug usage, and/or support for revised quantities
3. If the Prior Authorization is denied, an appeal must be made to the Benefits Office with the same information for a final decision

Summary of the 2012 City of Memphis Basic Plan

The following are brief highlights of the major plan provisions for the City of Memphis Basic Plan. You must refer to the Summary Plan Description for details regarding the plans. **PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider. A pre-existing condition is any illness, including pregnancy, or injury that was treated, diagnosed, or for which symptoms existed during the 90 days immediately preceding the date a person becomes insured for health. Effective January 1, 2011 a “certificate of creditable coverage” is not needed for children under age 19.**

| PLAN OPTIONS | CITY OF MEMPHIS BASIC PLAN | |
|--|---|---|
| ANNUAL DEDUCTIBLE | * In Network: You pay \$350 Single, \$1,050 Family. | Out of Network: You pay \$350 Single \$1,050 Family. |
| CO-INSURANCE <i>Hospital and Other Services</i> | * In Network: You pay 10%, Plan pays 90%. | Out of Network: You pay 30%, Plan pays 70% |
| ANNUAL OUT OF POCKET (OOP) MAXIMUM | * In Network: You pay \$1,500 Single; \$3,000 Family. | Out of Network: You pay \$3,500 Single; \$7,000 Family. |
| OFFICE VISIT AND HOSPITAL <i>Primary Care Physician or Specialist</i> <i>Inpatient Hospital Co-pay (per admit)</i> <i>Urgent Care Co-pay</i> <i>Emergency Room Co-pay</i> | * In Network: <i>You pay 10%. Plan pays 90%</i> <i>You pay \$100 co-pay + 10%, Plan pays 90% after co-pay.</i> <i>You pay 10%. Plan pays 90%.</i> <i>You pay \$25 co-pay + 10%, Plan pays 90% after co-pay</i> | Out of Network: <i>You pay 30%. Plan pays 70%</i> <i>You pay \$300 co-pay. + 30%, Plan pays 70% after co-pay.</i> <i>You pay 30%, Plan pays 70%.</i> <i>You pay 30% Plan pays 70%.</i> |
| PREVENTIVE CARE Well Child Office Co-pay • Do not have to meet deductible Well Adult Visit • Do not have to meet deductible* | * In Network: You pay \$0 co-pay Plan pays 100% . You pay \$0 co-pay per visit, Plan pays 100%. | Out of Network: NOT COVERED NOT COVERED |
| OTHER CARE Chiropractic Care • Yearly max noted Physical, Cardiac, Speech,Occupational Therapy • Yearly Max noted* Hospice Care-Lifetime max. \$10,000 Inpatient/Outpatient Combined Outpatient Durable Medical Equip. Limit Prosthetics limit (Occurrences/year) | * In Network: You pay \$20, Plan pays 100%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. You pay 10%, Plan pays 90%. | Out of Network: NOT COVERED You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. You pay 30%, Plan pays 70%. |
| MENTAL HEALTH/SUBSTANCE ABUSE Inpatient Coinsurance | * In Network: Same as Office Care, In-Hospital Care and Medical Services | Out of Network: Same as Office Care, In-Hospital Care and Medical Services |
| EMPLOYEE ASSISTANCE PROGRAM (CONCERN EAP) | It is recommended that you contact CONCERN EAP to assist you at (901) 458-4000. | |

* Annual Deductible applies unless otherwise noted.

* All hospital admissions must be pre-certified and are subject to continued stay review. A penalty and/or denial may apply to admissions not pre-certified.

* Pre-existing condition limitations are imposed unless covered under a City of Memphis plan for 1 year immediately prior to 01-01-09.

* PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider.

Summary of the 2012 City of Memphis Premier Plan

The following are brief highlights of the major plan provisions for the City of Memphis Premier Plan. You must refer to the Summary Plan Description for details regarding the plans. **PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider. A pre-existing condition is any illness, including pregnancy, or injury that was treated, diagnosed, or for which symptoms existed during the 90 days immediately preceding the date a person becomes insured for health.**

Effective January 1, 2011 a “certificate of creditable coverage” is not needed for children under age 19.

PLAN OPTIONS

CITY OF MEMPHIS PREMIER PLAN

| | *In Network | Out of Network |
|---|---|--|
| ANNUAL DEDUCTIBLE | You pay \$100 Single \$300 Family | \$500 Single \$1,500 Family |
| ANNUAL OUT OF POCKET (OOP) MAXIMUM | *In Network Not Applicable | Out of Network You pay \$3,500 Single, \$7,000 Family |
| OFFICE VISIT AND HOSPITAL | *In Network | Out of Network |
| <i>Primary Care Physician</i> | You pay \$20 per visit | You pay 40%, Plan pays 60% |
| <i>Specialist</i> | You pay \$40 per visit | You pay 40%, Plan pays 60% |
| <i>Inpatient Hospital Co-pay (per admit)</i> | You pay \$100 co-pay Plan pays balance | You pay \$300 co-pay + 40% Plan pays 60% after co-pay |
| <i>Urgent Care Co-pay</i> | You pay \$30 Plan pays balance | You pay 40% Plan pays balance |
| <i>Emergency Room Co-pay</i> | You pay \$100 if true ER Plan pays balance | You pay 40% Plan pays 60% |
| PREVENTIVE CARE | *In Network: | Out of Network: |
| Well Child Office Co-pay | You pay \$0 co-pay Plan pays 100% | NOT COVERED |
| Well Adult Visit | You pay \$0 co-pay per visit, Plan pays 100% | NOT COVERED |
| • Do not have to meet deductible | | |
| • Do not have to meet deductible* | | |
| OTHER CARE | *In Network: | Out of Network: |
| Chiropractic Care | You pay \$40, plan pays balance | NOT COVERED |
| • Yearly Maximum Noted | | |
| Physical, Cardiac, Speech, Occupational THERapy | You pay \$40, plan pays balance | You pay 40%, plan pays 60% |
| • Yearly Maximum Noted | | |
| Hospice Care (no lifetime maximum) | You pay \$0 | You pay 40%, plan pays 60% |
| Durable Medical Equipment | You pay \$0 | NOT COVERED |
| Prosthetics | You pay \$200 per occurrence | NOT COVERED |
| MENTAL HEALTH / SUBSTANCE ABUSE | *In Network Same as Office Care, In-Hospital Care and Medical Services | Out of Network Same as Office Care, In-Hospital Care and Medical Services |

EMPLOYEE ASSISTANCE PROGRAM (CONCERN EAP)

It is recommended that you contact CONCERN EAP to assist you at (901)458-4000.

* Annual Deductible applies unless otherwise noted.

* All hospital admissions must be pre-certified and are subject to continued stay review. A penalty under denial may apply to admissions not pre-certified.

* Pre-existing condition limitations are imposed unless covered under a City of Memphis plan for 1 year immediately prior to 01-01-09.

* **PRE-EXISTING CONDITIONS: Pre-existing conditions will be covered if a “certificate of creditable coverage” can be provided and there has been no break in coverage for 63 days or more from your previous healthcare provider.**

2012 City of Memphis Basic Dental Plan

| | <i>Non-Orthodontics</i> | | <i>Orthodontics</i> | |
|---|--|---|---|---|
| | <i>In-Network</i> | <i>Out-of-Network</i> | <i>In-Network</i> | <i>Out-of-Network</i> |
| <i>Individual Annual Deductible</i> | <i>\$50</i> | <i>\$100</i> | <i>\$50</i> | <i>\$100</i> |
| <i>Family Annual Deductible</i> | <i>\$150</i> | <i>\$300</i> | <i>\$150</i> | <i>\$300</i> |
| <i>Maximum (combined for both In-Network and Out-of-Network services)</i> | <i>\$1000 per person per calendar year</i> | <i>\$750 per person per calendar year</i> | <i>\$500 annual Maximum, \$1000 per person per lifetime</i> | <i>\$375 Annual Maximum \$750 per person per lifetime</i> |

| | |
|--|------------------------|
| <i>Annual deductible applies to preventive and diagnostic services</i> | <i>No</i> |
| <i>Annual deductible applies to orthodontic services (combined with Annual maximum)</i> | <i>Yes</i> |
| <i>For new enrollees, a 12-month waiting period applies to major services & orthodontics</i> | <i>Yes</i> |
| <i>Orthodontic eligibility requirement</i> | <i>Adult and Child</i> |

| Covered Services | In-Network Plan Pays* | Out-of-Network Plan Pays** | |
|--|-----------------------|----------------------------|--|
| PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES | | | |
| Periodic Oral Examinations | 100% | 80% | |
| Bitewing X-rays | 100% | 80% | |
| Complete Series or Panorex X-rays | 100% | 80% | |
| Dental Prophylaxis (Cleanings) | 100% | 80% | |
| Fluoride Treatments | 100% | 80% | |
| Sealants | 100% | 80% | |
| BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery) | | | |
| Amalgam Restorations (Fillings) | 80% | 60% | |
| Composite Resin Restorations (Fillings) | 80% | 60% | |
| Space Maintainers | 80% | 60% | |
| Root Canal Treatment | 80% | 60% | |
| Simple Extraction | 80% | 60% | |
| Surgical Extractions including Impacted Wisdom Teeth | 80% | 60% | |
| General Anesthesia | 80% | 60% | |
| Palliative Treatment (Relief of Pain) | 80% | 60% | |
| MAJOR DENTAL SERVICES (Including Periodontics) | | | |
| Crowns | 50% | 40% | |
| Root Planning | 50% | 40% | |
| Periodontal Surgery | 50% | 40% | |
| Fixed Bridges | 50% | 40% | |
| Full Dentures | 50% | 40% | |
| Inlays and Onlays | 50% | 40% | |
| Partial Dentures | 50% | 40% | |
| Relining Dentures | 50% | 40% | |
| Repairs to Full Dentures, Partial Dentures, Bridges | 50% | 40% | |
| ORTHODONTIC SERVICES | | | |
| Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II | 50% | 40% | |

*The in- and out of network percentage of benefits is based on the discounted fee negotiated with the provider.

**The out-of-network percentage of benefits is based on the 80th percentile of usual and customary rates prevailing in the geographic area in which the expenses are incurred.

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

2012 City of Memphis Premier Dental Plan

| | <i>Non-Orthodontics</i> | | <i>Orthodontics</i> | |
|---|--|--|---|--|
| | <i>In-Network</i> | <i>Out-of-Network</i> | <i>In-Network</i> | <i>Out-of-Network</i> |
| <i>Individual Annual Deductible</i> | <i>\$50</i> | <i>\$50</i> | <i>\$50</i> | <i>\$50</i> |
| <i>Family Annual Deductible</i> | <i>\$150</i> | <i>\$150</i> | <i>\$150</i> | <i>\$150</i> |
| <i>Maximum (combined for both In-Network and Out-of-Network services)</i> | <i>\$1000 per person per calendar year</i> | <i>\$1000 per person per calendar year</i> | <i>\$500 annual Maximum, \$1000 per person per lifetime</i> | <i>\$500 Annual Maximum \$1000 person per lifetime</i> |

| | |
|--|------------------------|
| <i>Annual deductible applies to preventive and diagnostic services</i> | <i>No</i> |
| <i>Annual deductible applies to orthodontic services (combined with Annual maximum)</i> | <i>Yes</i> |
| <i>For new enrollees, a 12-month waiting period applies to major services & orthodontics</i> | <i>Yes</i> |
| <i>Orthodontic eligibility requirement</i> | <i>Adult and Child</i> |

| Covered Services | In-Network Plan Pays* | Out-of-Network Plan Pays** | |
|--|-----------------------|----------------------------|--|
| PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES | | | |
| Periodic Oral Examinations | 100% | 100% | |
| Bitewing X-rays | 100% | 100% | |
| Complete Series or Panorex X-rays | 100% | 100% | |
| Dental Prophylaxis (Cleanings) | 100% | 100% | |
| Fluoride Treatments | 100% | 100% | |
| Sealants | 100% | 100% | |
| BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery) | | | |
| Amalgam Restorations (Fillings) | 80% | 80% | |
| Composit Resin Restorations (Fillings) | 80% | 80% | |
| Space Maintainers | 80% | 80% | |
| Root Canal Treatment | 80% | 80% | |
| Simple Extraction | 80% | 80% | |
| Surgical Extractions including Impacted Wisdom Teeth | 80% | 80% | |
| General Anesthesia | 80% | 80% | |
| Palliative Treatment (Relief of Pain) | 80% | 80% | |
| MAJOR DENTAL SERVICES (Including Periodontics) | | | |
| Crowns | 50% | 50% | |
| Root Planning | 50% | 50% | |
| Periodontal Surgery | 50% | 50% | |
| Fixed Bridges | 50% | 50% | |
| Full Dentures | 50% | 50% | |
| Inlays and Onlays | 50% | 50% | |
| Partial Dentures | 50% | 50% | |
| Relining Dentures | 50% | 50% | |
| Repairs to Full Dentures, Partial Dentures, Bridges | 50% | 50% | |
| ORTHODONTIC SERVICES | | | |
| Diagnose or correct misalignment of the teeth or bite including Phase I and Phase II | 50% | 50% | |

The in- and out of network percentage of benefits is based on the discounted fee negotiated with the provider.

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

2012 City of Memphis Primary Dental Plan In Network Only

| | <i>Non-Orthodontics</i> | | <i>Orthodontics</i> | |
|---|--|--|---|---|
| | <i>In-Network</i> | <i>Out-of-Network</i> | <i>In-Network</i> | <i>Out-of-Network</i> |
| <i>Individual Annual Deductible</i> | <i>None</i> | <i>None</i> | <i>None</i> | <i>None</i> |
| <i>Family Annual Deductible</i> | <i>None</i> | <i>None</i> | <i>None</i> | <i>None</i> |
| <i>Maximum (combined for both In-Network and Out-of-Network services)</i> | <i>\$1500 per person per calendar year</i> | <i>\$1500 per person per calendar year</i> | <i>\$1000 per person per lifetime</i> | <i>\$1000 per person per lifetime</i> |

| Covered Services | Network Enrollee Pays** | Out-of-Network Enrollee Pays*** | |
|---|----------------------------|------------------------------------|--|
| PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES | | | |
| Periodic Oral Examinations | \$0 | 100% | |
| Bitewing X-rays | \$0 | 100% | |
| Complete Series or Panorex X-rays | \$0 | 100% | |
| Dental Prophylaxis (Cleanings) | \$0 | 100% | |
| Fluoride Treatments | \$0 | 100% | |
| Sealants | \$0 | 100% | |
| BASIC DENTAL SERVICES (Minor Restorative, Endodontics, and Oral Surgery) | | | |
| Space Maintainers | \$100 | 100% | |
| Palliative Treatment (Relief of Pain) | \$35 | \$35 | |
| General Anesthesia | \$115 | 100% | |
| Amalgam Restorations (Fillings) | \$40 | 100% | |
| Composite Restorations (Fillings) | \$47 | 100% | |
| Surgical Extraction including Impacted Wisdom Teeth | \$145 | 100% | |
| Root Canal Treatment | \$235 | 100% | |
| Scaling and Root Planing | \$70 | 100% | |
| Periodontal Surgery | \$339 | 100% | |
| MAJOR DENTAL SERVICES (Including Periodontics) | | | |
| Crowns | \$380 | 100% | |
| Inlays | \$310 | 100% | |
| Fixed Bridges | \$380 | 100% | |
| Full Dentures | \$440 | 100% | |
| Partial Dentures | \$440 | 100% | |
| Recement Crowns | \$25 | 100% | |
| Relining Dentures | \$100 | 100% | |
| Repairs to Full Dentures | \$65 | 100% | |
| ORTHODONTIC SERVICES | | | |
| Diagnose or correct misalignment of the teeth or bite | 50% | 50% | |

*Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exists your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$200; please consult your dentist.**The network enrollee copay will be the lesser of the copay shown above and the discounted fee negotiated with the provider.***The non-network orthodontic percentage of benefits is based on the usual and customary charges prevailing in the geographic area in which the expenses are incurred. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

City of Memphis Vision Plan

COMPREHENSIVE VISION EXAM (\$15 Copay; Once Every 12 Months)

Receive a comprehensive eye examination from a state-licensed optometrist or ophthalmologist.

MATERIALS (\$15 Copay)

The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses.

Pair of Lenses for Eyeglasses (Once Every 12 Months)

- One pair of standard single vision, lined bifocal, lined trifocal, or standard lenticular lenses is covered-in-full.
- Standard scratch-resistant coating and polycarbonate lenses (adult/children) are covered-in-full.
- Lens Options - Options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount.

Frames (Once Every 24 Months)

Receive a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers, or a \$130 frame allowance at retail chain providers.

Contact Lenses in Lieu of Eyeglasses (Once Every 12 Months)

• Covered-in-full elective contact lenses

The fitting/evaluation fees, contacts (including disposables), and up to two follow-up visits are covered-in-full (after applicable copay) for many of the most popular brands on the market. If covered disposable contact lenses are chosen, up to 6 boxes (depending on prescription) are included when obtained from the network provider. It is important to note that Spectera's covered-in-full contact lenses may vary by provider.

• All other elective contacts

A \$150 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of Spectera's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

• Necessary contact lenses*

Covered-in-full (after applicable copay)

REFRACTIVE EYE SURGERY

Spectera participants receive access to discounted refractive eye surgery from numerous provider locations throughout the United States. To find a participating laser eye surgeon in your area, visit our Web site at www.spectera.com, or call 1-877-28-SIGHT

| SERVICE | AMOUNT | SERVICE | AMOUNT |
|---|-------------|---------------|------------|
| Exam | | Lenses | |
| Optometrist | up to \$40 | Single Vision | up to \$40 |
| Ophthalmologist | up to \$40 | Bifocal | up to \$60 |
| | | Trifocal | up to \$80 |
| | | Lenticular | up to \$80 |
| Contact Lenses (in lieu of eyeglasses) | | | |
| Elective | up to \$150 | | |
| Necessary* | up to \$210 | Frames | up to \$45 |

Please note: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted with 12 months of the date of service.

*Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Spectera concerning the reimbursement that Spectera will make before you purchase such contacts.

Important to Remember:

- Benefits available every 12 or 24 months (depending on the benefit frequency), based on last date of service.
- Your \$150 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$120 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store. Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.

Please retain this Benefit Summary and Vision Care Program description that includes detailed benefit information and instructions on how to use the program. To contact United Healthcare Vision Customer Service department, call toll-free 1-800-638-3120 or TDD 1-800-524-3157 for the hearing impaired. Customer service representatives are available Monday through Friday from 8:00 am to 11:00 pm ET - Saturdays from 9:00 am to 5:30 pm ET.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

The following services and materials are excluded from coverage under the Policy; Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

2012 HEALTH PLAN PREMIUM RATES (RETIREE)

| MEDICAL: Medicare | | | | |
|--------------------------------------|----------------|-----------|--------------|-----------|
| Basic | Per Pay Period | Single | | Family |
| | | \$69.30 | | \$145.39 |
| Premier | Per Pay Period | \$76.58 | | \$151.87 |
| MEDICAL: Non-Medicare | | | | |
| Basic | Per Pay Period | Single | | Family |
| | | \$70.81 | | \$148.85 |
| Premier | Per Pay Period | \$78.67 | | \$156.01 |
| COBRA MEDICAL | | | | |
| Basic | Per Month | \$ 468.49 | | \$ 949.80 |
| Premier | Per Month | \$ 527.71 | | \$1213.72 |
| DENTAL: | | | | |
| Dental Primary | Per Pay Period | Employee | Employee + 1 | Family |
| | Per Month | \$ 5.11 | \$10.16 | \$18.78 |
| | | \$10.22 | \$20.31 | \$37.57 |
| Dental Basic | Per Pay Period | \$ 8.27 | \$17.01 | \$24.75 |
| | Per Month | \$16.53 | \$34.01 | \$49.49 |
| Dental Premier | Per Pay Period | \$14.82 | \$30.49 | \$44.36 |
| | Per Pay Period | \$29.64 | \$60.98 | \$88.72 |
| Vision -Exam & Materials | Per Pay Period | \$ 2.55 | \$ 4.68 | \$ 7.94 |
| | Per Month | \$ 5.10 | \$ 9.36 | \$15.88 |
| Vision – Materials Only | Per Pay Period | \$ 1.89 | \$ 3.87 | \$ 5.88 |
| | Per Month | \$ 3.78 | \$ 6.94 | \$11.79 |
| COBRA DENTAL & VISION | | | | |
| Dental Primary | Per Month | \$10.42 | \$20.72 | \$38.32 |
| Dental Basic | Per Month | \$15.65 | \$32.19 | \$ 46.84 |
| Dental Premier | Per Month | \$28.05 | \$57.71 | \$83.97 |
| Vision – Exam & Materials | Per Month | \$ 5.20 | \$ 9.55 | \$16.20 |
| Vision – Materials Only | Per Month | \$ 3.64 | \$ 6.68 | \$11.34 |

NOTICE REGARDING COBRA RIGHTS FOR EMPLOYEES & DEPENDENTS

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring Group Health Plans offer employees and their families the opportunity for a temporary extension of health coverage called "CONTINUATION COVERAGE" at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. **(Please take the time to read this notice carefully).**

- If you are an employee of the City of Memphis, covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision Coverage you have the right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reason other than gross misconduct on your part)
- If you are the spouse of an employee covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following four (4) reasons:
 1. The death of your spouse
 2. A termination of your spouse's employment or reduction in your spouse's hours of employment
 3. Divorce or legal separation from your spouse
 4. Your spouse becomes entitled to Medicare
- In the case of a dependent child of an employee covered by the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage he or she has the right to continuation of coverage if group health coverage is lost for any of the following five (5) reasons:
 1. The death of an employee
 2. A termination of the employee's employment or reduction in the employee's hours of employment
 3. Employee's divorce or legal separation
 4. The employee becomes entitled to Medicare
 5. The dependent child ceases to be a "dependent child" under the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage

Under the law, the employee or family member has the responsibility to inform the City of Memphis Benefits Office of: a divorce, legal separation, or a child losing dependent status under the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage within sixty (60) days of the date of the event or the date in which coverage would end under the Plan because of the event, whichever is later.

The City of Memphis has the responsibility to notify the Plan Administrator for the City of Memphis Basic, City of Memphis Premier, Dental & Vision coverage of the employee's death, termination, reduction in hours of employment or Medicare entitlement.

- Similar rights may apply to certain retirees, spouses, and dependent children if your employer commences bankruptcy proceeding and these individuals lose coverage.

When the City of Memphis Benefits Office is notified that one of these events has happened, the City of Memphis Benefits Office will in turn notify you that you have the right to choose continuation of coverage. Under the law, you have sixty (60) days from the date you would lose coverage because of one of the events described above, or the date notice of your election rights is sent to you, whichever is later, to inform the City of Memphis Benefits Office that you want continuation of coverage.

NOTICE REGARDING COBRA RIGHTS FOR EMPLOYEES & DEPENDENTS

If you do not choose continuation of coverage, your Group Health Insurance coverage **WILL END**. Not choosing continuation coverage may cause a break in your continued coverage, and such a break of more than sixty-three (63) days may cause loss of coverage portability.

If you choose continuation of coverage, the City of Memphis is required to give you coverage, which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members.

- The law requires that you be afforded the opportunity to maintain continuation coverage for thirty-six (36) months unless you lost Group Health coverage because of a termination of employment or reduction in hours.
- In the case that you lose Group Health coverage because of a termination of employment or reduction in hours, the required continuation coverage period is eighteen (18) months. These eighteen (18) months may be extended for affected individuals to thirty-six (36) months if events (such as death, divorce, legal separation or Medicare entitlement) occur during that eighteen (18) month period.
- The eighteen (18) months may be extended to twenty-nine (29) months if an individual is determined to be disabled (for Social Security disability purposes) as of the termination or reduction in hours of employment, or within sixty (60) days thereafter.
- In no event will continuation of coverage last beyond thirty-six (36) months from the date of the event that originally made a qualified beneficiary eligible to elect the coverage.

To benefit from this extension, a qualified beneficiary must:

- Notify the City of Memphis Benefits Office of that determination within sixty (60) days and before the end of the original eighteen (18) month period.
- Notify the City of Memphis Benefits Office in writing within thirty (30) days of any final determination that the individual is no longer disabled. However, the law also provides that you continuation coverage may be terminated for any of the following reasons:
 1. The City of Memphis no longer provides group health coverage to any of its employees.
 2. The premium for your continuation coverage is not paid on time.
 3. The qualified beneficiary becomes covered under another group health plan, unless that plan contains any exclusions or limitations with respect to any pre-existing conditions you or your covered dependents may have.
 4. The qualified beneficiary becomes entitled to Medicare.
 5. The qualified beneficiary extends coverage for up to twenty-nine (29) months due to disability and there has been a final determination that the individual is no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. Under the law, you may have to pay all or part of the premium for you continuation coverage. There is a grace period of at least thirty (30) days for payment of the regularly scheduled premium.

HIPAA OPT-OUT NOTICE TO PARTICIPANTS IN CITY OF MEMPHIS BASIC AND PREMIER PLANS

As you may be aware, in 1996, Congress passed the Health Insurance Portability and Accountability Act, the mental Health Parity Act and the Newborns' and Mothers' Health Protection Act. In general, these laws do the following:

1. Limit the period of time for which a health benefit plan may apply pre-existing condition exclusions and to further reduce that period because of certain health care coverage you may have had under prior health plans.
2. Allow participants and dependents who previously declined coverage due to coverage under another plan to elect to enroll in this plan within 30 days of losing the other coverage.
3. Prohibit discrimination against participants based on health status.
4. Provide for a minimum hospital stay of 48 hours (96 for cesarean birth) for a mother as a result of childbirth (a participant can voluntarily shorten or forego the 48 (96) hour minimum).
5. Prohibit annual or lifetime maximums for mental health benefits which are lower than the maximums for other health care expenses unless certain conditions are met.

Federal law permits a non-federal governmental plan to elect to be exempt from any or all of the requirements listed above, to the extent it is self-funded. The City of Memphis no longer chooses to be exempt from the following:

1. The limitations on pre-existing condition exclusion periods (Section 146.111 of the PHSA): Limitations on pre-existing conditions are noted on page 70 of the Summary Plan Description. This plan excludes coverage for one year any physical and/or mental condition, injury or sickness for which the covered person received treatment, incurred expenses or received diagnosis from a physician or for which the symptoms existed during the 90 days prior to the effective date of coverage. Pre-existing conditions are not covered for the first 12 months of coverage.
2. Special enrollment periods for individuals and dependents (Section 146.117 of the PHSA): Special enrollment provisions are noted on pages 83-85 of the Summary Plan Description. Eligible employees can only enroll during these intervals.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status (Section 166.121 of the PHSA): The City reserves the right to impose the pre-existing condition exclusion clause to minimize the risk of anti-selection. For example, the plan allows for an examination of the three months prior to coverage to determine if a claim filed within 12 months of the effective date of coverage was related to a pre-existing condition. See definition of pre-existing condition in number one above.
4. Standard relating to benefits for mothers and newborns (Section 2704 of the PHSA): Standards relating to both mother and newborn are noted on page 17 (Basic) and page 49 (Premier) of the Summary Plan Description. The newborn child will be covered from birth provided the new child is enrolled within 60 days of birth. If the newborn child is not enrolled within 60 days of birth, the child cannot be added until the next Open Enrollment period.
5. Parity in the application of certain limits to mental health benefits (Section 2705 of the PHSA): The Premier and Basic plans provide coverage for treatment of mental health conditions.

See pages 18-21 (Basic) and 50-54 (Premier) of the Summary Plan Description.

If you have any questions about this information, please contact The Benefits Service Center at (901) 576-6761.

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

The key purpose of this notice is to advise you that the prescription drug coverage you have under your City of Memphis medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2012. (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. This notice has information about your current prescription drug coverage with the City of Memphis Health Plan and the prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

- 1. Medicare prescription drug coverage is available to everyone with Medicare.**
- 2. The City of Memphis Health Plan has determined that the prescription drug coverage offered by the City of Memphis Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay in 2011.**
- 3. Read this notice carefully - it explains the options you have under Medicare’s prescription drug coverage, and can help you decide whether or not you want to enroll.**
- 4. If you enroll in a Medicare prescription drug plan, you and your dependents will no longer be eligible for the City of Memphis Retiree Drug plan. Before you enroll review and compare your options and decide what is best for you.**

For more information about this notice or your current prescription drug coverage, contact:

The City of Memphis Benefits Office
125 N Main Street, Room 438
Memphis, TN 38103
(901) 576-6761 Phone • (901) 576-6478 Fax

Visit www.medicare.gov or visit SSA online at www.socialsecurity.gov or call them at 1-800-633-4227 (TTY 1-877-486-2048).

What You Need To Know About the 2011 Open Enrollment

1. **Do I have to participate in open enrollment?** Yes, this year it is necessary that you return all necessary forms that are required for the 2012 plan year. This includes the Dependent, Tobacco, and Spousal Surcharge Affidavit. Remember, **Affidavits must be notarized whether presented in the office, faxed or mailed.**
2. **When is Open Enrollment, and what information must I submit for my enrollments to be processed?** Open Enrollment is a two week period from October 17, 2011 – October 28, 2011 during which time you drop or add dependents or make changes to your health plans and coverage. If you make changes to your plan that require documentation confirmation, such as affidavits, marriage licenses, birth certificates, divorce decrees and other pertinent documents, they can be faxed to 901-636-8486 or sent by U.S. mail (Please see Open Enrollment Details for mailing addresses).
Please review the following information to ensure the appropriate documentation is provided:
 - a. Each retiree must submit the notarized affidavit form; otherwise, a surcharge will **automatically** be applied for spousal coverage and/or tobacco usage
 - b. If making changes, provide the completed Enrollment/Retiree Change Form and the Notarized Affidavit
 - c. Provide social security numbers for each dependent
 - d. If enrolling children, provide birth certificates for all children or proof of legal guardianship
 - e. If enrolling a spouse, provide a marriage license and a notarized affidavit
 - f. If deleting a spouse due to change in marital status, provide a divorce decree or death certificate
 - g. For the Health Plan, children age 19-25 no longer need verification of student status; however, they must be reinstated during open enrollment if they are not currently enrolled in the plan.
 - h. For Dependent Life Insurance, children age 19-25 require documentation of full time student status
 - i. Do not submit duplicate information to different enrollment locations. For example, if you submit information to the Riverdale Office, do not submit the same information to the Central Library. Also, if you need to change information previously submitted during this Open Enrollment period, submit it to the same location and note the changes.
3. **May I send my enrollment materials and required documentation by registered mail?** You are not required to send by registered mail; however, the forms must be **notarized**. Any documents sent without proper notarization will not be accepted and will be voided. All mail must be postmarked no later than Friday, October 28, 2011.

Remember, documentation can be faxed to 901-636-8486 or sent by U.S. mail. Please print and retain confirmation of your on-line enrollment and documentation for future reference.

4. **Do I need to have a physical?** No, only Evidence of Insurability (EOI) is required for Contributory and Voluntary Life Insurance. Forms are available in the Benefits Office.
5. **Who is eligible to join the health plan?** All regular full time employees and their eligible dependents may enroll. Retirees who are currently enrolled in a City health plan may make changes. Eligible dependents include lawful spouse, children up to age 26. Remember, it is your responsibility to inform the City of Memphis of all changes in life events.
6. **How will I know if my insurance changes have been processed?** All changes for both active and retired employees will be reflected in the first paycheck in December. Please refer to rates in the booklet to determine the correct deductions. You will have up to 60 days to verify changes.
7. **What about Dental and Vision coverage?** Dental and Vision information is included in this packet. Please read carefully. If you have additional questions, please contact the Benefits Office at 901-636-6428 or 901-636-6424.
8. **What should I do if my spouse has a different Open Enrollment period from the City of Memphis?** If your spouse's open enrollment is different from the City of Memphis enrollment, you may continue to carry the spouse until the spouse's open enrollment period until which time he or she can join his or her own plan. Documentation of the spouse's Open Enrollment period and plan year must be provided.
9. **What should I do if I or my covered dependents stop using tobacco products?** If you or a covered dependent stop using tobacco products or are currently participating in a tobacco cessation program and can provide documentation, the surcharge can be removed. The city has the right to conduct random testing to ensure compliance.

OPEN ENROLLMENT CHANGES ARE EFFECTIVE

JANUARY 1, 2012.

**IMPORTANT: EVERYONE MUST SUBMIT A NOTORIZED
AFFIDAVIT**

CITY OF MEMPHIS INSURANCE AFFIDAVIT

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City of Memphis

Retiree CHANGE FORM

2012

NOTE: Only complete if you wish to change plans, add or delete dependents.

| EMPLOYEE INFORMATION | | APPLYING FOR (Complete all that applies) | | EMPLOYER USE ONLY |
|--|----------------|---|---|---------------------------------|
| Retiree Name (Last Name, First Name, Middle Initial) | | List PCP ID Number | <input type="checkbox"/> MEDICARE <input type="checkbox"/> NON-MEDICARE | EFFECTIVE DATE RETIREE / / |
| Social Security Number | Sex (M or F) | Date of Birth - MM/DD/YY | <input type="checkbox"/> CITY OF MEMPHIS BASIC | EFFECTIVE DATE DEPENDENT(S) / / |
| Street Address | | City | <input type="checkbox"/> CITY OF MEMPHIS PREMIER | TERMINATION DATE / / |
| Daytime Phone Number | State | Zip | <input type="checkbox"/> Enroll <input type="checkbox"/> Delete <input type="checkbox"/> CANCEL | DIVISION CODE |
| Evening Phone Number | Waive Coverage | | ENTERED BY: | |
| Division | E-Mail Address | | HIRE DATE: / / | |
| YOUR PLAN WILL COVER | | <input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE | STATUS RETIREE SURVIVOR | |

| List all dependents you wish to | | ADD TO YOUR COVERAGE or | | DELETE FROM YOUR COVERAGE or | | UPDATE SOCIAL SECURITY NUMBER on your coverage | |
|---------------------------------|------------|-------------------------|-------------------|------------------------------|--------------|--|---------------------------------------|
| Last Name | First Name | Initial | Social Security # | Date of Birth (MM/DD/YY) | Sex (M or F) | Full Time Student (YES/NO) | For Premier ONLY (List PCP ID Number) |
| Spouse | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |

If you or your dependents are covered by other group insurance, please fill out the following information:

| | | | | |
|---|------------------------|---|---|--------------------|
| Name of Person covered by other insurance | Social Security Number | Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D | Effective Date / / |
| Name of Company this Person works for | Group No. | Medicare HICN: Name: Relationship: | | |
| Name of other Insurance Company | Effective Date: | Comments: | | |
| List dependents Covered: | | | | |

By signing below, I certify that the information provided above is true and correct. I accept the plan rules as set forth by the City of Memphis; and I authorize payroll deduction for the plan above

Form must be completed and signed by City employee to be accepted.

Retiree's Signature _____ Date _____

REC'D BY / DATE _____ NOTARY SIGNATURE _____ NOTARY EXP. DATE _____

City of Memphis Benefits Office, 125 N. Main Ste. 438, Memphis, TN. 38103 (901)636-6761

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Vision Plan Enrollment Form—CITY OF MEMPHIS - 2012

I. Check the Appropriate Boxes

Coverage Desired

Employee Only EXAM/MATERIALS \$5.10

Employee + Spouse \$9.36

Employee + Family \$15.88

 Employee Only MATERIALS ONLY \$3.78

Employee + Spouse \$6.94

Employee + Family \$11.79

New Enrollment

Change of Status/Address

Open Enrollment

COBRA

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):

Unique Member ID Number ____ - ____ - _____

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

Birth Date ____/____/____

Address _____

Home Phone (____) ____ - _____

Work Phone (____) ____ - _____

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

| | First Name | Last Name | Birth Date | Full Time Student? | Sex |
|--------|------------|-----------|----------------|--|---|
| Spouse | _____ | _____ | ____/____/____ | not applicable | <input type="checkbox"/> M / <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M / <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M / <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M / <input type="checkbox"/> F |
| Child | _____ | _____ | ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> M / <input type="checkbox"/> F |

I agree to continue enrollment in the vision plan for a period of 12 months

Your Signature _____ Date _____

Spectera, Inc. administers vision benefits underwritten by the following entities United HealthCare Insurance Company (except NY) and United HealthCare Insurance Company of New York (NY only).

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CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM

(Please check all that apply)

Contributory Life **Voluntary Life**

New Enrollment **Update Beneficiary** **Cancel Coverage**

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

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

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

▲ Contributory Life Insurance (Optional) Available to all City of Memphis regular full-time employees, coverage amount is equal to 1.5 times the annual base salary at a monthly cost of .12/\$1,000 of coverage. This insurance reduces upon retirement to \$3000.00.

Please check one:

- I wish to enroll in the Contributory Life insurance. I am eligible for \$ ____ at a cost \$ ____ per pay period.
- I DO NOT wish to enroll in the Contributory Life insurance.
- Reserve Officers are eligible to receive \$3,500 life insurance coverage at no cost to you.
- School Crossing Guards are required to enroll in \$3,500 of coverage at a cost of 44¢ per pay period.

Contributory Primary:

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

Voluntary Primary:

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

Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for City of Memphis Life Insurance Polic(ies). I am currently enrolled and authorize payroll deductions for the selected coverage.

SIGNATURE

DATE

TIME

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE



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OTHER INSURANCE INFORMATION UPDATE FORM

If you are not making changes to your medical plan, but have other insurance that is primary to your City of Memphis Plan, please complete and return this form. This will allow us to update our files with the most accurate information and enable us to process coordination of benefits correctly.

Participant Name: _____ Participant Social Security #: _____

Active/Retired/Survivor: _____ If Retired, Date of Retirement: _____

Other Insurance Information:

Name of Other Insurance Company: _____

Name of Insured: _____

Relationship of Insured to City Participant: _____ Group #: _____

Other Insurance Identification #: _____ Other Insurance Effective Date: _____

All Persons covered under this plan: _____

Medicare Coverage Information:

Employee/Retiree/Survivor Name: _____

Medicare Claim Number: _____

Medicare A: yes no Effective Date: _____

Medicare B: yes no Effective Date: _____

Medicare D: yes no Effective Date: _____

Name of Spouse: _____

Medicare Claim Number: _____

Medicare A: yes no Effective Date: _____

Medicare B: yes no Effective Date: _____

Medicare D: yes no Effective Date: _____

**Return completed form to:
City of Memphis Benefits Office
125 N Main, Suite 438
Memphis, TN 38103**

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CITY OF MEMPHIS INSURANCE AFFIDAVIT

STATE OF TENNESSEE)

)

COUNTY OF SHELBY)

I, _____, after being duly sworn according to law, do hereby affirm that I am over the age of 18 years old and I am a competent person.

I hereby affirm that the forgoing statements are true under the penalties of perjury. If I am found guilty of perjury, I will be held liable and made to repay all claims and related costs.

1. All insurance and beneficiary forms bear my signature.
2. I am attempting to add or extend coverage under my healthcare plan with the City of Memphis to a dependent under age 26 that has no other accessibility and is currently not insured under another health care plan.
3. No tobacco products are used by me or covered family members.
4. Spouse has no accessibility to any other health plan.

Please list your covered child's name and child's employer(s) including address and telephone number, if applicable:

Please provide your spouse's employer(s), including address and telephone number:

FURTHER AFFIANT SAYETH NOT.

Employee/Retiree Signature

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 201__.

Notary Public

My commission expires: _____

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City of Memphis Retired Employees

Open Enrollment for 2012

October 17, 2011 – October 28, 2011

**Please read this information booklet to learn about
upcoming changes and what is new for 2012.**



DIVISION OF HUMAN RESOURCES
Benefits Service Center - Room 438
125 North Main Street
Memphis, Tennessee 38103-2075

RETURN SERVICE REQUESTED