

ELIGIBLE DEPENDENTS & REQUIRED PROOF OF RELATIONSHIP

Electing family coverage under medical/pharmacy, dental and/or vision plans require proof of relationship documents for eligible spouse and each dependent child insured. Must have correct social security numbers and dates of birth, due to Affordable Care Act reporting.

SPOUSE

- Copy of the Marriage Certificate (State issued)
Plus one form of Proof of Joint Ownership
(must be dated no later than 90 days prior to your effective hire date)
- **Employee's Current Federal Tax Return (for prior calendar year):** Acceptable Documentation: Includes Forms 1040, 1040A and 1040EZ (both pages required). Page 2 must include signatures or an e-file confirmation number.
- **Your joint mortgage statement:** listing both you and your spouse, matching the address in the Shelby County HRMS payroll system you have on file.
- **Your joint banking statement or utility bill:** listing both you and your spouse, matching the address in the Shelby County HRMS payroll system you have on file.
- **Your current lease agreement:** listing both you and your spouse, including the signature page and matching the address in the Shelby County HRMS payroll system you have on file.
- **If no joint documentation,** must submit any of the above in employee's and spouse's name shown separately at same address.

SPOUSAL CARVE OUT

If an employee's spouse is eligible for health coverage under his/her employer sponsored plan, the spouse is NOT eligible for coverage under the County's medical plan.

Child(ren)

- **Biological Child(ren):** Copy of certified birth certificate (Mother's copy accepted only within 30 days of birth or birth record showing employee as parent.)

If custodial parent is not listed on the birth certificate, you will have to provide the following:

- **Adopted Child(ren):** Court approved adoption order or placement order; or modified birth certificate: Motion for Order of Guardianship obtained from Chancery Court, or Placement Order, or Final Adoption Decree.
- **Legal Custody & Guardianship:** Copies of Legal Custody and Guardianship papers issued by the court signed by the Judge. (Custody and Guardianship are both required.) Copy of Legitimate Order from Juvenile Court signed by the Judge (*if father's name is not listed on birth certificate.*)
- **Stepchild(ren):** Copy of birth certificate showing spouse as parent required.
- Certified copy of the birth certificate and/or other pertinent documentation to establish eligibility to enroll on the health plan.
- **The Affordable Care Act** requires employer plans to offer coverage to dependent children until age 26. Both married and unmarried children qualify for this coverage, living or not living with parent.

SHELBY COUNTY GOVERNMENT MEDICAL PLAN SUMMARY

	<i>HRA CHOICE</i>				<i>Open Access Plus</i>		<i>HRA STANDARD</i>			
	In-Network		Out-of-Network		In-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,650 Individual \$3,300 Employee+1 \$4,950 Family		\$1,000 Individual \$2,500 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family		\$3,000 Individual \$6,000 Employee+1 \$9,000 Family	
Out-of-pocket maximum	\$3,000 Individual \$4,550 Employee+1 \$6,000 Family		\$6,000 Individual \$11,400 Employee+1 \$13,650 Family		\$4,500 Individual \$9,000 Employee+1 \$11,250 Family		\$5,000 Individual \$8,000 Employee+1 \$10,000 Family		\$10,000 Individual \$16,000 Employee+1 \$20,000 Family	
HRA contribution from employer	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family				\$0	\$0	\$650/Employee \$1,300/Employee+Spouse \$1,300/EE+Child(ren) \$1,950/EE+Family			
Coinsurance	10%*		40%*		20%*		20%*		40%*	
Primary Care Physician	10%*		40%*		\$35 copay per visit		20%*		40%*	
Specialist	10%*		40%*		\$50 copay per visit		20%*		40%*	
Preventive Care	No charge		Not covered		No charge		No charge		Not covered	
Inpatient Hospital	10%*		40%*		\$250 copay per admission then 20%*		20%*		40%*	
Outpatient Hospital	10%*		40%*		20%*		20%*		40%*	
Emergency Room	10%*		10%*		\$500 copay per visit* <i>(copay waived if admitted)</i>		20%*		20%*	
Urgent Care	10%*		10%*		\$50 copay per visit*		20%*		20%*	

SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY

Express Scripts is the pharmacy vendor for ALL Shelby County Government's Health Plans. You will have one I.D. card for medical and prescription drug coverage. For more information, visit www.express-scripts.com or call Express Scripts Member Services at 1-800-711-0917.

	HRA CHOICE (EXPRESS SCRIPTS)			Open Access Plus (EXPRESS SCRIPTS)			HRA STANDARD (EXPRESS SCRIPTS)		
In-network	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order	Retail (30-day supply)	Home delivery (90-day supply) Maintenance Drugs	Specialty Drugs (30-day supply) Mandatory Mail Order
Generic	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50	You pay 20% \$8 min/\$20 max	You pay \$25	You pay \$50
Preferred brand with Generic Buy-Up	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100	You pay 30% \$40 min/\$100 max	You pay \$75	You pay \$100
Non-preferred brand	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150	You pay 40% \$80 min/\$120 max	You pay \$150	You pay \$150
Specialty Drugs (Mandatory Mail Order)	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above	Not covered	Not covered	See copays above

MEDICAL/PHARMACY KEY POINTS TO REMEMBER

HRA CHOICE, Open Access Plus, HRA STANDARD

HRA Plans:

- have a combined deductible for medical and pharmacy; Medical and pharmacy expenses are deducted from the HRA employer contribution first, then deductible and coinsurance are applied.
- *The entire amount of the deductible must be met before coinsurance is applied.*

Open Access Plus Plan: No out of network benefits, except for emergencies.

All Plans: *provide a digital ID card for medical/pharmacy.*

Diabetic Supplies - *Each plan covers the cost of prescription diabetic supplies (excludes insulin) and these items are not subject to the annual deductible.*

In-Network Hospitals

Methodist Hospitals

St. Francis Hospitals

Regional One Hospital

Lebonheur Hospital

Baptist Hospitals are out of network!

Additional Medical Service Options: Cigna's 24 Hour Nurse Line – 1-800-244-6224

TeleHealth-MD Live-1-888-726-3171 or www.Cigna.com

Convenience Care Clinics (i.e., Kroger's Little Clinics, Walgreen's Take Care Clinics, etc.)



Total Health Wellness Program



- **Free Fitness Center for all employees at 160 N. Main Street, 4th floor**
- **Free programs include – fitness equipment, separate room with TV to view work-out videos, health and wellness seminars, YouTube channel @totalhealthwellnessprogram8821, etc.**

Annual Wellness Screenings:

- **If enrolled in a medical plan, to receive a reduced medical premium, all employees must complete both**
 - a biometric screening with their health care provider and
 - a health risk assessment at mycigna.com by September 30th each year.

Individuals who are married to another Shelby County employee and are enrolled in a medical plan, must BOTH complete the biometric screening form and the online health risk assessment.

- Schedule an appointment with your healthcare provider to complete the wellness screening form and send it to CIGNA. Download the screening form at: <http://shelbycountyttn.gov/DocumentCenter/View/16234>**
- Complete the online health risk assessment at www.mycigna.com (If you have problems logging onto mycigna.com, please call CIGNA at 1-800-558-7453.)**
- Employees hired on or after June 1st are not required to complete the wellness screenings for the current year. Those employees will receive the wellness premium for the current year and will have until Sept. 30th of the following year to complete the wellness screenings.

Shelby County Government
Medical Insurance Rates - Deducted Semi-monthly
Includes Pharmacy
Effective January 1, 2019

<u>Wellness Premium</u>	<u>Per Pay Period</u>		<u>Non-Wellness Premium*</u>	<u>Per Pay Period</u>	
	<u>Employee</u>	<u>Employer</u>		<u>Employee</u>	<u>Employer</u>
<u>HRA CHOICE (312)</u>			<u>HRA CHOICE (313)</u>		
SINGLE	\$ 90.58	\$ 211.60	SINGLE	\$ 140.58	\$ 211.60
EE+SPOUSE	\$ 190.21	\$ 444.35	EE+SPOUSE	\$ 240.21	\$ 444.35
EE+CHILD(REN)	\$ 167.57	\$ 391.45	EE+CHILD(REN)	\$ 217.57	\$ 391.45
FAMILY	\$ 203.80	\$ 476.10	FAMILY	\$ 253.80	\$ 476.10
<u>Open Access Plus (314)</u>			<u>Open Access Plus (315)</u>		
SINGLE	\$ 96.18	\$ 224.41	SINGLE	\$ 146.18	\$ 224.41
EE+SPOUSE	\$ 201.97	\$ 471.29	EE+SPOUSE	\$ 251.97	\$ 471.29
EE+CHILD(REN)	\$ 177.93	\$ 415.17	EE+CHILD(REN)	\$ 227.93	\$ 415.17
FAMILY	\$ 216.40	\$ 504.94	FAMILY	\$ 266.40	\$ 504.94
<u>HRA STANDARD (318)</u>			<u>HRA STANDARD (319)</u>		
SINGLE	\$ 47.96	\$ 173.51	SINGLE	\$ 97.96	\$ 173.51
EE+SPOUSE	\$ 137.60	\$ 493.59	EE+SPOUSE	\$ 187.60	\$ 493.59
EE+CHILD(REN)	\$ 125.53	\$ 450.30	EE+CHILD(REN)	\$ 175.53	\$ 450.30
FAMILY	\$ 154.50	\$ 554.20	FAMILY	\$ 204.50	\$ 554.20

Note: An additional charge of \$25.00 per pay period each, if employee or spouse uses tobacco.

* Wellness requirements not met

TOBACCO CESSATION PROGRAM

Quitting smoking and other tobacco use reduces risk for many adverse health effects, including cardiovascular diseases and cancer.

- All employees must attest “yes” or “no” to being a tobacco user upon new hire enrollment and annual open enrollment. You must also attest to spousal usage, if you cover your spouse on the medical plan.
- Employee’s who attest “yes” will receive a \$25 per pay period, per person (employee and/or spouse) tobacco surcharge beginning on July 1st, for one year (07/01-06/30).
- The tobacco surcharge applies only to employees and spouses who are enrolled in a Shelby County medical plan.
- **Options to *avoid* the Tobacco Surcharge:**
 1. **Cigna Quit Today**: A telephonic program with one-on-one coaching goals. Call 1-866-417-7848 to enroll today. You must be deemed as “making progress towards your goal” by your coach before April 30th to avoid the surcharge.
 2. **Independent Cessation**: If you cease use of tobacco products on your own, you must submit an affidavit before April 30th to tommy.smith@shelbycountyttn.gov.
- New hires who begin employment on or after April 1st will be allowed additional time to complete the program, before April 30th of the following year.
- If you are unable to complete a cessation program due to medical reasons, please contact Elyse Caudle for a physician’s release form.

Medical: Additional Benefit

Employee Care Clinic: If you enroll in one of Shelby County’s Cigna medical plans, you can take advantage of the no-cost Employee Care Clinic (ECC), which provides diagnosis and treatment for minor illnesses and injuries—**with no copay**. **This benefit is available to you only, and it does not include your dependents.** The clinic is located at 1215 Poplar Avenue in Memphis, TN.

- Allergy symptoms
- Earaches
- Flu symptoms
- Cough and cold
- Heartburn
- Nausea, vomiting and diarrhea
- Sinus pain and congestion
- Headaches, body aches, and pains
- Fever
- Minor cuts, scrapes, and burns
- Blisters and skin irritations
- Joint and muscle pain or swelling
- And more

The ECC does not treat major or chronic illnesses (only minor illnesses and injuries). You must visit your Primary Care Physician (PCP) for any major illnesses and injuries.

Hours of operation:

Monday, Tuesday, Thursday: 8 a.m. – 4 p.m.

Wednesday: 9 a.m. – 6 p.m.

Friday: 8 a.m. – 12 p.m.

Phone: 1-901-472-4190

Short Term Disability (STD): Plan Highlights

- STD insurance replaces a portion of your income if you are unable to work due to a covered illness or injury, including pregnancy.
- **STD coverage is voluntary, and you are responsible for the premium.**
- Two coverage options available are:
 - 50% of weekly earnings
 - 60% of weekly earnings
- Coverage becomes effective 30 days after hire date
- Benefits are paid after completing a waiting period:
 - 14 calendar day waiting period for sickness and pregnancy
 - No waiting period for injury

Long Term Disability (LTD): Plan Highlights

- All active, full-time permanent and durational employees are automatically covered for LTD insurance through MetLife.
- **Shelby County Government pays the full cost for LTD coverage.**
- LTD coverage replaces a portion of your income if you cannot work for an extended period of time.
- Benefits begin after 180 days of disability and pay 60% of your basic monthly earnings.
- Benefits last until normal retirement age or until you are no longer disabled.

Work/Life Benefits: Overview

Wellness Center

The Wellness Center is located on the 4th floor of 160 N. Main. All full-time and part-time employees, as well as retirees may utilize the Wellness Center. Membership is free, but the employee/retiree must complete the Wellness Center Registration form, online at <https://www.shelbycountyttn.gov/FormCenter/Human-Resources-30/TOTAL-HEALTH-WELLNESS-CENTER-REGISTRATION-324>.

Employee Assistance Program (EAP)

To help employees balance work and family life, Shelby County provides free, confidential help for individual and work-related issues—whenever you need it—24/7. The EAP program, administered by CONCERN and paid for by the County, is available to every employee and members of the employee's household, even if you are not covered under a County medical plan.

To learn more, contact CONCERN at 901-458-4000 or Toll free: 800-445-5011.

Paid Parental Leave (PPL)

Eligible employees may at six weeks of leave, paid at 100% of their regular salary, within one year following the birth or adoption of a child.

*Important
DATE!*

WHEN AND HOW TO ENROLL?

*Important
DATE!*

You must enroll to have benefits coverage!

➤ You must log onto : www.ShelbyCountyBenefits.com

OR call the Shelby County Benefits Center at 1-877-970-4320 (Monday – Friday: 7:30 a.m. to 7:00 p.m. CST) – Fax:1-732-800-0065
If you do not enroll, you will not have coverage.

➤ To start the enrollment process, you must first click the “Create Account” link, enter your personal information (First Name, Last Name, DOB and Last 4 of your SSN) and click the “I’m not a robot” captcha. You will then be prompted to enter an email of your choice as it will be your username and you are highly encouraged to select a personal email address. You will also be prompted to create a complex password as well as verify your recovery phone number and email address. Once you verify your first recovery option, the **Next** button will become active so you can log into the system.



➤ IMPORTANT: Your personal information must be the same as shown in the payroll system. (Employees who have names with suffixes (e.g., Sr., Jr., II, III, etc. must include after last name. For example, John Jones, Sr. would enter Jones Sr. in Last Name when logging in.) Contact the Benefits Office at (901) 222-2346, if there is a problem with your name or other information. You cannot proceed to enroll until you create an account.

PLEASE COMPLETE YOUR ENROLLMENT WITHIN FIVE DAYS OF HIRE; IF NOT, YOU MAY HAVE TO WAIT UNTIL ANNUAL OPEN ENROLLMENT TO OBTAIN COVERAGE.