



BENEFITS & YOU

2021



Retiree
benefits guide



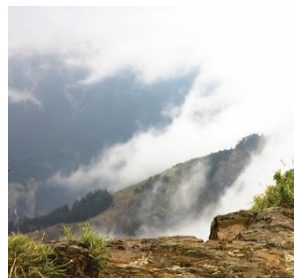
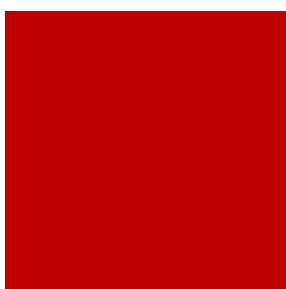
BENEFITS FOR A HEALTHY LIFE
Your 2021 SCS Retiree benefit choices



WELCOME TO YOUR BENEFITS ENROLLMENT

Shelby County Board of Education is pleased to provide retirees a choice of benefits for you and your family. This guide provides information on the programs available for Pre-Age 65 ("Pre-65") and Post-Age 65 ("Post-65") retirees.

This guide provides highlights of benefits and features of the health care plans available to you as a Pre-65 or Post-65 retiree of Shelby County Schools. Use this information to learn more about the coverage that's best for you and your family.



Inside this guide

This booklet contains:

- Information for 2021 Retiree Benefits
- Benefit plan overview
- Premium rates for each benefit plan
- Instructions on how to change medical plans

2020-21 ANNUAL CHANGE PERIOD:

- Monday, November 2, 2020 through Friday, November 20, 2020

DEADLINE TO MAKE CHANGES:

- Friday, November 20, 2020

Benefit changes made during the annual change period will take effect January 1, 2021.

Important reminders

- **During the annual change period, nothing is required if you wish to retain your current benefit elections**
- There are **no premium increases** for 2021 for retiree medical, dental or vision coverage.
- Medical, dental and vision coverage cannot be added if you are not currently enrolled – even if you and/or a dependent lose coverage elsewhere or if coverage is cancelled for any reason
- **Benefits Enrollment Drive-Thru Event**

Please plan to stop by our benefits enrollment drive-thru event, where you can:

- Get information on benefit plans & options
- Submit your annual enrollment insurance application (if needed)
- Get information on Substitute Teacher opportunities
- Giveaways and prizes will be available!
- Date/Location:

**Thursday, November 5, 2020
2:00 p.m. – 5:00 p.m.
SCS Board of Education
(160 S. Hollywood)**

(Masks/Face Coverings & social distancing required)

Retiree Health – Post-65 Retiree Info Meetings

For your safety and convenience, this year we will offer pre-recorded meetings to provide additional information on your post-65 health plan. These optional pre-recorded meetings will be available on the SCS website at www.scsk12.org under the Benefits section. (Password: Post65)



How to make changes

Complete the enclosed change form and return it to the Employee Benefits Department by **Friday, November 20, 2020**.

You may submit your change form by mailing it to SCS Employee Benefits, Barnes Building, 160 S. Hollywood Street, Memphis, TN 38112, Room 108, or by faxing it to (901) 416-6463. You may also email your form to benefits@scsk12.org. Please keep a copy of your application and your fax confirmation, if applicable, for your records.

Please note: Unfortunately, due to COVID-19, visitors are not permitted in the building.

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each pre-65 medical plan in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on the SCS Benefits webpage. A paper copy is also available by calling the SCS Benefits Office at 901-416-5304.

HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as an SCS retiree. Our Pre-65 and Post-65 benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical-Pre 65 Retirees

For 2021, you have a choice of three medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for your needs and budget.

- **SCS Open Access Plus (OAP) Basic Preferred Provider Organization (PPO)**, a preferred provider organization plan that reduces your out-of-pocket responsibility when you need care by offering a lower deductible and higher premium contributions.
- **SCS Open Access Plus (OAP) NETWORK ONLY**, a preferred provider organization, network only, plan that has the lowest deductible, giving you the most protection from out-of-pocket expenses when you need care, but costs the most from your retirement check. (This plan is **not available** in the **State of Texas**.)
- **SCS Choice Fund Health Reimbursement Account (HRA)**, an employer-funded health benefit plan that reimburses you for out-of-pocket medical expenses offering a higher deductible and out-of-pocket maximums but cost the least from your retirement check.
- **Important Notes:**
 - Dependents of Pre-65 Retirees that are Medicare eligible, must have Medicare A&B coverage (even if the retiree is under 65 and not Medicare eligible).
 - Any Pre-65 retiree (or eligible dependent) that is enrolled in Medicare A&B must provide our office a copy of the Medicare A&B card.

Prescription Drug Coverage

When it comes to prescription medications, you and your doctor usually have a choice between a brand name drug and its generic equivalent. Generic medications provide you with the same quality, strength, purity, and stability as the brand name but often cost much less. Choosing the medication that's right for you is an important decision. There may be more than one medication available to treat your condition. That's why in most cases, when you take your prescription for a brand name medication to the pharmacy, they'll fill your prescription with the generic alternative. Generic medications have the same strength and active ingredients as brand name medications – but often cost much less.

If you ask for the brand name medication instead of the available generic alternative, you'll pay a higher amount to fill your prescription. This will happen even if your doctor requests the brand name medication. You'll have to pay your plan's brand copay or coinsurance plus the difference in cost between the brand name drug and the generic medication.

Cigna 90 Now Voluntary

You may choose to fill your maintenance medications in a:

- 90-day supply, using a participating pharmacy in the Cigna 90 Now network or through Express Scripts Pharmacy, our new home delivery
- 30-day supply, using any retail pharmacy in the Cigna 90 Now network.

The Cigna 90 Now network includes 68,000 participating pharmacies for 30-day supply prescriptions (i.e., CVS and Walgreens) and 29,000 participating pharmacies for 90-day supply prescriptions (i.e., CVS, Walmart, and Kroger).

2021 Pre-65 Medical monthly plan costs

You and SCS share the cost of your medical benefits — Your specific cost is determined by the plan you choose and the coverage level you select. SCS is pleased to announce there is **no premium increase for 2021**. Please see the 2021 plan year monthly premiums you'll pay in the chart below.

	OAP IN-NETWORK PLUS	OAP BASIC	CHOICE FUND HRA
Retiree Only	\$299.56	\$271.87	\$246.27
Retiree + 1	\$599.11	\$543.73	\$492.52
Retiree + Family	\$835.76	\$758.49	\$687.07



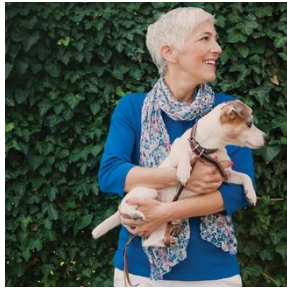


Compare medical plans

The chart below provides a comparison of key coverage features and costs.

	OAP IN-NETWORK PLUS	OAP BASIC OPTION		CHOICE FUND HRA	
	In-network	In-network	Out-of-network	In-network	Out-of-network
	You Pay	You Pay		You Pay	
Annual deductible					
Retiree	\$500	\$1,000	\$2,000	\$1,500	\$3,000
Retiree + 1	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$4,000	\$3,000	\$6,000
Annual Out-of-pocket maximum*					
Retiree	\$3,000	\$4,000	\$8,000	\$7,150	\$14,300
Retiree + 1	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Family	\$9,000	\$12,000	\$24,000	\$14,300	\$28,600
Coinsurance	20%	20%	50%	30%	50%
Annual Health Fund (HRA)					
<i>Annual Health Fund provided to offset your deductible</i>					
Retiree	N/A	N/A	N/A	\$500	
Retiree + 1				\$1,000	
Family				\$1,000	
Medical coverage					
Doctor's office visits	\$25 copay	20%	50%	30%	50%
Preventive care (mammograms, PAP test, physicals, immunizations)	0%	0%	Not Covered	0%	Not Covered
Specialist visits	\$40 copay	20%	50%	30%	50%
Telemedicine visits	\$25 copay	Copay; 20%	N/A	Copay; 30%	N/A
Outpatient surgery	\$250 copay	20%	50%	30%	50%
Inpatient hospital (per stay)	\$500 copay	20%	50%	30%	50%
Emergency room	\$250 copay	\$400 copay	\$400 copay	30%	30%
Labs and X-rays	20%	20%	50%	30%	50%
Urgent Care	\$75 copay	20%	50%	30%	30%
Prescription drugs					
Deductible	N/A	N/A	\$100 per person	N/A	\$100 per person
Generic (30-day supply)	\$10 copay	\$10 copay	50%	\$10 copay	50%
Preferred Brand Formulary (30-day supply)	20% (\$25 min/\$60 max)	20% (\$25 min/\$60 max)	50%	20% (\$25 min/\$60 max)	50%
Non-Preferred Brand (Non-formulary) (30-day supply)	30% (\$50 min/\$80 max)	30% (\$50 min/\$80 max)	50%	30% (\$50 min/\$80 max)	50%
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	Not covered	3 x retail copay	Not covered

*All plans have an unlimited lifetime plan maximum



A closer look at the HRA

The Choice Fund Health Reimbursement Account (HRA) plan is available to eligible Pre-65 retirees and costs you less from your retirement check, so you keep more of your money. This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

How does the HRA work?

If you enroll in the Choice Fund HRA medical plan option, it will include a health reimbursement account (HRA), funded by Shelby County Schools (SCS), to help you pay for some of the costs of eligible health care expenses.

At the start of the plan year, SCS will deposit a specific dollar amount in an HRA. You will have access to 100% of your annual health fund on January 1. (Please see the SCS medical plan summary for 2021 HRA contribution amounts.) Cigna manages the claims process for you and applies your HRA funds to pay 100% of your eligible health care expenses until the money is used up. Here's how it works:

- When you go to most in-network providers, the provider does not collect any money from you at the point of service. Instead, the provider sends the claim directly to Cigna.
- Cigna processes the claim and identifies the amount due to the provider, including any discounts.
- Claims are deducted from your HRA account up to the balance of your account. Once the HRA fund balance has been exhausted, then ongoing claims are paid by the employee as part of the deductible. When those two parts have been exhausted, then the plan acts like a traditional major medical plan where the employer pays 70% and the employee picks up the remaining 30%, up to the out-of-pocket maximum.
- If you leave the plan, your HRA account stays behind.
- You may rollover unused HRA funds from one year to the next.
- Cigna will send out quarterly statements to those retirees who participate in the Choice Fund HRA plan.

Money-saving reminders

The HRA Plan is the **only** SCS plan that will cover bariatric surgery (if medically necessary).



Using the HRA plan



HRA advantages

1. Lower monthly premium costs

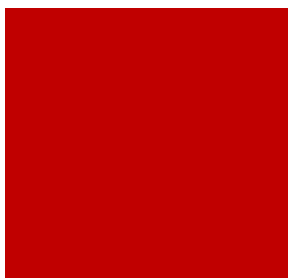
Your monthly premium costs are lower compared to other SCS health plans. Also, the annual HRA fund, provided as part of the plan, is used to offset your annual deductible.

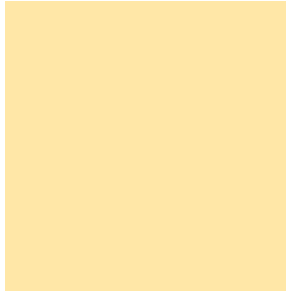
2. Free in-network preventive care

As with all SCS health plans, preventive care is fully covered under the HRA plan option — you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings.

3. Extensive provider network

The plan uses Cigna's large network of doctors and other health care providers.





Medical-Post 65 Retirees

Two medical plan options are available, including a Medicare Surround and Part D Prescription Drug plan (Medicare Supplement) and a Medicare Advantage plan (Medicare Replacement) which includes prescription drug coverage.

No premium increase! The cost for the Medicare Advantage and the Medicare Surround will remain the same for 2021. Please see details below.



• Medicare Surround (Medicare Supplement) and Part D Prescription Drug (Rx) benefits:

- Medicare Surround pays according to Medicare. The plan generally pays what Medicare Parts A & B do not pay.
- There is a small Medicare deductible for Part B services, but no deductible for Part A services.
- Retiree continues to pay Medicare Part B premium.
- Medicare Surround utilizes Medicare’s physician and hospital network. This means you can use any provider which accepts Medicare.
- If you are enrolled in the Medicare Surround plan, you cannot be enrolled in any other supplement which includes prescription drug plans.
- Access to Cigna Healthy Rewards program.
- Access to the Cigna Active and Fit benefit.
- Retiree will have three (3) identification cards (Medicare card, Medical plan card and Prescription drug card).

• Medicare Advantage Plan (Medicare Replacement):

- Medicare Advantage “replaces” Medicare Parts A & B and adds a Part D (pharmacy) plan
- Retiree continues to pay Medicare Part B premium.
- Must live in participating counties (Tennessee, Mississippi, or Arkansas counties)
- You must choose a primary care physician and stay within the participating network of physicians and hospitals.
- Lower premium due to managed care approach.
- Access to Cigna Healthy Rewards program
- Access to the Cigna Silver and Fit benefit.
- Retiree has one (1) identification card (includes medical and prescriptions).

2021 Medical plan costs

You and SCS share the cost of your medical benefits — SCS pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your retirement check. Your specific cost is determined by the plan you choose and the coverage level you select.

Medicare Surround + Drug Coverage	Classified Retiree or Certificated Retiree with less than 15 years of service	Certificated Retiree with 15-19 years of service (\$25 credit)	Certificated Retiree with 20 – 29 years of service (\$37.50 credit)	Certificated Retiree with 30 plus years of service (\$50 credit)
Retiree Only	\$195.48	\$170.48	\$157.98	\$145.48
Retiree + 1	\$390.96	\$365.96	\$353.46	\$340.96
Retiree + Family	\$586.44	\$561.44	\$548.94	\$536.44

Medicare Advantage	Classified Retiree or Certificated Retiree with less than 15 years of service	Certificated Retiree with 15-19 years of service (\$25 credit)	Certificated Retiree with 20 – 29 years of service (\$37.50 credit)	Certificated Retiree with 30 plus years of service (\$50 credit)
Retiree Only	\$67.88	\$42.88	\$30.38	\$17.88
Retiree + 1	\$135.76	\$110.76	\$98.26	\$85.76
Retiree + Family	\$203.64	\$178.64	\$166.14	\$153.64

If your dependents are not Medicare-eligible, rates and plans may differ for dependent coverage. Please contact the SCS Benefits Office for more information.



Compare Post-65 Retiree medical plans

The chart below provides a comparison of key coverage features and costs.

Benefit Description	Medicare Surround & Part D Prescription Drug Plan	Medicare Advantage Plan
Annual Plan Deductible	Same as Medicare Part B	\$0
Annual Out-of-Pocket Maximum	Not Applicable	\$1,500 (excluding pharmacy)
Medicare Part A/B Expenses	Retiree Pays	Retiree Pays
Outpatient Physician Services	No referrals or authorizations required to see a specialist	No referrals or authorizations required to see a specialist
Primary Care Physician Office Visit	0%	\$5 copay
Specialty Care Physician Office Visit	0%	\$10 copay
Hospital Emergency Room	0%	\$120 copay waived if admitted
Urgent Care Facility	0%	\$10 copay
Outpatient Non-Surgical Services	0%	\$10 copay
Diagnostic Radiology Services	0%	10%
Pharmacy	Retiree Pays	Retiree Pays
Retail Prescriptions (Rx) (30-day supply)	<i>(See Summary for out of pocket limits)</i>	<i>(See Summary for out of pocket limits)</i>
Generic	\$10 copay	\$10 copay
Preferred Brand	\$25 copay	\$25 copay
Non-Preferred	\$50 copay	\$50 copay
Specialty	\$50 copay	\$50 copay
Retail Prescriptions (Rx) (60 or 90-day supply)	<i>(See Summary for out of pocket limits)</i>	<i>(See Summary for out of pocket limits)</i>
Generic	\$20 copay	\$20 copay
Preferred Brand	\$50 copay	\$50 copay
Non-Preferred	\$100 copay	\$100 copay
Specialty	Not available	Not available
Out-of-Network	Same as in network Limited to 30-day supply for Rx	Same as in network Limited to 30-day supply for Rx



Dental (Pre & Post 65)

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	Cigna DPPO \$1,500 Plan	
	Network	Out-of-Network
Annual deductible (retiree only/family)	\$50/\$150	\$100/\$300
Calendar-year maximum	\$1,500	\$1,500
Preventive/diagnostic services	0%	0%
Basic services	20%	20%
Major services	50%	50%
Orthodontia (Adults not covered)	50% \$1,500 Lifetime maximum	50% \$1,500 Lifetime maximum

Vision (Pre & Post 65)

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

Cigna Vision	Network	Out-of-Network
Exam (once every 12 months)	\$10 copay	Up to \$30 allowance
Lenses (once every 12 months)	\$20 copay	Up to \$25-\$60 allowance
Frames (once every 24 months)	\$130 allowance plus 20% discount on amount exceeding frame allowance	Up to \$30 allowance
Contact lenses (once every 12 months)	Covered at 100% (medically necessary) \$150 allowance (elective)	Up to \$225 allowance (medically necessary) Up to \$75 allowance (elective)

2021 monthly dental and vision premiums (Pre & Post 65)

Dental Plan - DPPO - \$1,500	Monthly Premium
Retiree Only	\$25.79
Retiree + 1	\$54.17
Family	\$77.38

Vision Plan	Monthly Premium
Retiree Only	\$5.10
Retiree + 1	\$9.77
Family	\$15.84

Please Note: Voluntary dental and vision plan options are only available to retirees currently enrolled in those benefit options



Focus on wellness

SCS is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Wellness program

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle.

A great place to start is by taking the health assessment. It helps you learn about your personal health risks and provides tools to track and monitor your progress toward a personalized plan focused on your goals. Visit www.mycigna.com for more information.

Active & Fit – Silver & Fit

As a Cigna customer, you have access to the Active&Fit Direct Program (Pre-65 & Medicare Surround plans) or the Silver&Fit Direct Program (Medicare Advantage plan), which offer huge discounts on fitness center memberships to over 8,000 fitness centers nationwide. To learn more, visit



www.ActiveandFitDirect.com/fitness/Cigna or www.SilverandFit.com

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any “silent” problems early, when they’re most likely to be treatable. Most in-network preventive services are covered in full, so there’s no excuse to skip it.

- **Have a routine physical exam each year.** You’ll build a relationship with your doctor and can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every two years.** If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Don’t have a personal doctor? You should. Here’s why.



- **Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn’t cost you anything.
- **A healthier wallet.** A Primary Care Physician (PCP) can help you avoid costly trips to the emergency room. Your doctor will also help you decide when you really need to see a specialist and can help coordinate care.
- **Peace of mind.** Advice from someone you trust — it means a lot when you’re healthy, but it’s even more important when you’re sick.

Get care from your couch!



When you don’t feel well, the last thing you want to do is leave the comfort of your home to sit in a crowded waiting room full of other sick people. A virtual visit, included as a covered service under your medical plan, lets you see and talk to a doctor from the comfort of your home without an appointment. When you seek care through virtual visits, you’ll pay the same as you would pay for an office visit. Consider a virtual visit when your doctor isn’t available, you become ill while traveling, or you’re considering visiting a hospital emergency room for a non-emergency health condition. To learn more and register for care, please contact your Cigna telehealth services provider:

- **MDLIVE**
 - www.MDLIVEforCigna.com or 888-726-3173



IMPORTANT INFORMATION

After you've carefully considered your benefit options and anticipated needs for 2021, please review a few important reminders. Follow the instructions to make changes to your retiree health benefits for 2021.

Eligibility

You are eligible for Shelby County Schools benefit programs if you meet specific qualifications to continue coverage at retirement. If you have questions, please contact the Employee Benefits Department.

(Please note: You cannot be covered as both a retiree and as a dependent under any of Shelby County Schools' health insurance plans.)

When you become Medicare eligible

If you and/or your dependent become Medicare eligible and would like to continue your benefits with Shelby County Schools, it is required that you and/or your dependents:

- enroll in Medicare Parts A&B
- provide a copy of your Medicare card to Benefits
- elect a Post-65 retiree medical plan
- complete healthcare enrollment form

Medicare open enrollment for part A & B begins in October. If you have any questions regarding Medicare, you should contact Social Security Administration at 1-800-MEDICARE or www.medicare.gov

How do I make changes to my retiree benefits?

Please complete the Healthcare Change form located in the back of this booklet. Please return the form, via mail, email or fax:

SCS Benefits Office

160 S. Hollywood, Rm 108
Memphis, TN 38112

901-416-5304 (phone)
901-416-6463 (fax)

benefits@scsk12.org (email)

Do I have to re-enroll in my retiree benefits?

Nothing is required if you wish to retain your current benefits elections. You do not have to re-enroll in medical, dental or vision coverage. Your current plans will remain in place for 2021. During this annual change period, you cannot add coverage-you can only change medical plans or cancel coverage.

Should I cancel my retiree coverage?

You can cancel medical, dental, vision, or basic life insurance coverage at any time. Billing will be adjusted according to the receipt of the written request for cancellation.

Please keep in mind, should you cancel medical, dental, vision or basic life insurance benefits for yourself and/or a dependent you will NOT be allowed to reinstate coverage at any time.

Note: You will not have another opportunity to enroll - even if you and/or a dependent lose coverage elsewhere or if coverage is cancelled for any reason.

How do I pay for my benefits?

Your premiums for medical, dental, vision, and/or basic life insurance will continue to be deducted from your TCRS pension check.

If you have any questions or need to make any updates including cancellations, address changes, etc. submit your request in writing to Shelby County Schools, Barnes Building, 160 S. Hollywood Street, Room 108, Memphis, TN 38112.

Important Note:

If you are a new retiree and have not received your first TCRS retirement check, you must submit your health insurance payment directly to SCS to prevent cancellation.





Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Plan	Who to Call	Web Address	Phone Number
Medical	Cigna	www.mycigna.com	Annual Enrollment Questions: <ul style="list-style-type: none"> 1-800-401-4041 On-going Customer Service: <ul style="list-style-type: none"> 1-800-736-7568
Dental	Cigna	www.mycigna.com	
Vision	Cigna	www.mycigna.com	
Prescriptions	Cigna	www.mycigna.com	Express Script Home Delivery: <ul style="list-style-type: none"> 1-800-835-3784 (to move current prescriptions) Fax: 888-327-9791 Medicare Surround & Advantage: <ul style="list-style-type: none"> 1-800-558-9562 (CIGNA Medicare Surround) 1-888-281-7867 (CIGNA Medicare Advantage)
Life Insurance	Minnesota Life	www.securian.com	Customer Service - Basic Life Insurance <ul style="list-style-type: none"> 1-901-416-5304 (option 1)
SCS Benefits Office 160 S. Hollywood, Rm 108 Memphis, TN 38112		www.scsk12.org	<ul style="list-style-type: none"> 901-416-5304, option 1 (phone) 901-416-6463 (fax)

Common insurance terms & definitions

ASO (Administrative Services Only) – An arrangement in which an employer hires a third party to deliver administrative services to the employer such as claims processing and billing; the employer bears the risk for claims. This is common in self-insured health care plans.

Coinsurance - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”. Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.

Copayment - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate copayments for different services. Some plans require that a deductible first be met for some specific services before a copayment applies.

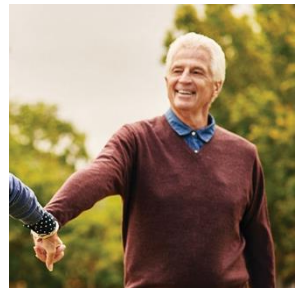
Deductible - A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

Preferred provider organization (PPO) plan - An indemnity plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or nondiscounted charges from the providers.

Maximum out-of-pocket expense - The maximum dollar amount a group member is required to pay out of pocket during a year. Until this maximum is met, the plan and group member shares in the cost of covered expenses. After the maximum is reached, the insurance carrier pays all covered expenses, often up to a lifetime maximum.

Primary care physician (PCP) - A physician who serves as a group member's primary contact within the health plan. In a managed care plan, the primary care physician provides basic medical services, coordinates and, if required by the plan, authorizes referrals to specialists and hospitals.

Self-insured plan – A plan offered by employers who directly assume the major cost of health insurance for their employees. Some self-insured plans bear the entire risk. Other self-insured employers insure against large claims by purchasing stop-loss coverage. Some self-insured employers contract with insurance carriers or third-party administrators for claims processing and other administrative services; other self-insured plans are self-administered.



This annual enrollment guide is intended to be a summary of the benefit programs offered by Shelby County Board of Education. If you would like further details about any of the benefit offerings described herein, refer to each plan's official policy relating to that benefit. Policies are available upon request by contacting the Shelby County Schools' (SCS) Benefits Department.

The information in this booklet constitutes a Summary of Material Modifications (SMM) of the SCS Benefits Handbook for the noted plan changes. Effective January 1, 2021, this benefits guide, along with a copy of the Summary Plan Description (SPD) will comprise the SPD. Please retain this guide for reference.

These documents, along with all the required annual legal notices, are accessible on www.SCSk12.org. If you have questions or need to request a hard copy of your SCS Benefits documents, please contact SCS Benefits at 901-416-5304.

Shelby County Board of Education always works to ensure information provided to employees is accurate. However, if for some reason the information in this annual enrollment guide conflicts with any information in the plan or benefits policy, the plan or policy document will govern. Shelby County Board of Education reserves the right to amend, suspend or terminate these plans at any time.

Shelby County Schools offers educational and employment opportunities without regard to race, color, religion, sex, creed, age, disability, national origin, or genetic information.