MSCS Cares

BENEFITS & YOU

Human Resources
The Heart Of MSCS

2023

RETIREE BENEFITS GUIDE

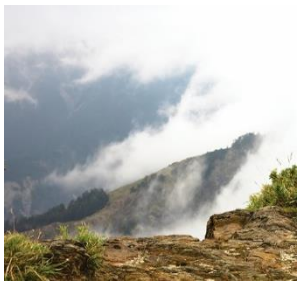
BENEFITS FOR A HEALTHY LIFE

YOUR 2023 MSCS RETIREE BENEFIT CHOICES

WELCOME TO YOUR BENEFITS ENROLLMENT

Memphis-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 Memphis-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 2023 Retiree Benefits
- Benefit plan overview
- Premium rates for each benefit
- Instructions on how to change medical plans

2022-23 ANNUAL CHANGE PERIOD:
Monday, October 31 - Friday, November 11, 2022

DEADLINE TO MAKE CHANGES:
Friday, November 11, 2022

Benefit changes made during the annual change period will take effect January 1, 2023.

Want to make changes in your plans?

If you elect to make changes, complete the enclosed form and return it to the Employee Benefits Department by Friday, November 11, 2022. You can drop off your form, e-mail, mail, or fax the information to us:

1. E-mail us at benefits@scsk12.org
2. Fax us at 901-416-6463 (keep a copy of the confirmation for your records)
3. Mail the form to MSCS Employee Benefits, Room 108, Barnes Building, 160 S. Hollywood St., Memphis, TN 38112

Highlights for 2023

What you need to know about the Retiree Enrollment Change Period:

1. During the annual change period, nothing is required if you wish to retain your current benefit elections.
2. There are no premium increases for 2023 for retiree medical, dental or vision coverage.
3. 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 canceled for any reason.
4. If you are currently participating in the Medicare Surround or Medicare Advantage HMO Plan, and you choose to cancel, you will not have another opportunity to enroll back into these plans. The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.
5. If you elect to make changes, complete the enclosed form and return it to the Employee Benefits Department by Friday, November 11, 2022. You can drop off your form, e-mail, mail, or fax the information to us:
    a. E-mail us at benefits@scsk12.org
    b. Fax us at 901-416-6463 (keep a copy of the confirmation for your records)
    c. Mail the form to SCS Employee Benefits, Room 108, Barnes Building,160 S. Hollywood St., Memphis, TN 38112

Questions about your benefits?

MSCS will host a Benefits Fair on Thursday, November 3, 2022 at the Board Auditorium from 3:00 p.m. - 6:00 p.m. In addition, Cigna representatives will be present from 10:00 a.m. - 2:00 p.m. to answer questions specific to retirees.

If you're age 65 or older, or Medicare eligible, you can attend one of our Post-65 retiree informational sessions listed below (both sessions are optional):

Wednesday, November 2, 2022
10:00a – 12:00p and 2:00 - 4:00p
Board Auditorium

You can also address questions directly with our benefits department at 901-416-5304 or benefits@scsk12.org

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 MSCS Benefits webpage.

Options for 2023:

No changes in plans or contributions.

Medical: Pre-65 Retirees

For 2023, 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.

- **MSCS 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.
- **MSCS 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 this plan has the highest premium contributions. (This plan is **not available** in the **State of Texas.)**
- **MSCS 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 this plan has the least amount of premium contributions.
- **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.

How to choose your medical plan: Pre-65 Medical plans

We'll outline a few considerations for each plan, below:

OAPIN: provides benefits only for in-network providers, and features copays for many services (so you'll know in advance what you'll spend out-of-pocket for these services). The out-of-pocket limit for this plan is the lowest of the three plans, but it also requires the highest contributions from you.

OAP Basic: provides benefits for both in network and out of network services. Most services are subject to a deductible and coinsurance rather than copays. The out-of-pocket limit for this plan is higher than the limit for the OAPIN plan, but the per month contributions for this plan are lower. For example, if you elect single coverage, your annual contributions will be about $330 lower for this plan than for the OAPIN plan. If you elect coverage for two or more dependents, your annual savings increases to about $930

HRA Plan: like the OAP Basic plan this plan provides benefits for both in network and out of network services. The out-of-pocket limit for this plan is higher than either of the other two plans, but your out-of-pocket expenses are offset by the HRA contributions we discussed earlier. This plan requires the lowest contributions; see the savings illustration for details.



Compare medical pre-65 plans

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

	OAP IN-NETWORK PLUS	OAP BASIC	CHOICE FUND HRA
	In-network only	**In-network benefits shown; out of network benefits are available**	**In-network benefits shown; out of network benefits are available**
	You Pay	**You Pay**	**You Pay**
Annual deductible			
Retiree Retiree + 1 Family	$500 $1,000 $1,000	$1,000 $2,000 $4,000	$1,500 $3,000 $3,000
Annual Out-of-pocket maximum*			
Retiree Retiree + 1 Family Coinsurance	$3,000 $9,000 $9,000 20%	$4,000 $12,000 $12,000 20%	$7,150 $14,300 $14,300 30%
Annual Health Fund (HRA)			
Annual Health Fund provided to offset your deductible	N/A	N/A	$500 Retiree $1,000 Retiree +1 $1,000 Family
Medical coverage			
Doctor's office visits	$25 copay	20%	30%
Preventive care (mammograms, PAP test, physicals, immunizations)	0%	0%	0%
Specialist visits	$40 copay	20%	30%
Telemedicine visits	$25 copay	Copay; 20%	Copay; 30%
Outpatient surgery	$250 copay	20%	30%
Inpatient hospital (per stay)	$500 copay	20%	30%
Emergency room	$250 copay	$400 copay	30%
Labs and X-rays	20%	20%	30%
Urgent Care	$75 copay	20%	30%
Prescription drugs (in-network benefits shown; out of network benefits available in OAP Basic and HRA plans)			
Deductible	N/A	N/A	N/A
Generic (30-day supply)	$10 copay	$10 copay	$10 copay
Preferred Brand Formulary (30-day supply)	20% ($25 min/$60 max)	20% ($25 min/$60 max)	20% ($25 min/$60 max)
Non-Preferred Brand (Non-formulary) (30-day supply)	30% ($50 min/$80 max)	30% ($50 min/$80 max)	30% ($50 min/$80 max)
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	3 x retail copay

**All plans have an unlimited lifetime plan maximum*

A closer look at the HRA Plan

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 Memphis-Shelby County Schools (MSCS), to help you pay for some of the costs of eligible health care expenses. The account is funded on the effective date of your coverage in the HRA plan.

Most services under the HRA plan are subject to deductible and coinsurance rather than copays. The out-of-pocket limit for this plan is higher than either of the other two plans, but your out-of-pocket expenses are offset by the HRA contribution.

This means, for example, that:

1. If you elect single coverage, the first $500 of covered expenses you have are completely paid for by the plan.
2. If you elect coverage for one or more dependents, the first $1,000 of covered expenses incurred by your family would be completely paid for by the plan.

Remember: if you don't completely use your HRA allocation it rolls over into the next year (so what you don't use you don't lose).

Any balance you have in your HRA will be used to offset the HRA plan deductible; this will be done automatically during the claim processing.

While the HRA is a great benefit, keep in mind that it can't be converted to cash at any time; it can only be used to offset medical plan costs.

Which plan is right for me?

All the plans consider the same expenses to be eligible for reimbursement (and the HRA plan provides benefits for some kinds of infertility services and bariatric surgery). Each of the plans uses the same high-quality network of CIGNA providers, and the OAP Basic and Choice Fund HRA plans provide out of network benefits as well.

The plans differ in how much they pay and how much they cost in contributions. Here's how the contributions compare on a monthly basis:

Pre-65 Medical Plan Contributions per Month			
Medical / Rx Plan Options:	**OAP In-Network Plus**	**OAP Basic**	**Choice Fund HRA Plan**
Retiree	$299.56	$271.87	$246.27
Retiree +1	$599.11	$543.73	$492.52
Family	$835.76	$758.49	$687.07

All medical plans

1. Free in-network preventive care

As with all MSCS health plans, preventive care is fully covered under every 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.

2. Extensive provider network

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

Medical-Post 65 Retirees

Each of our medical benefit plans will consider the same medical expenses to be eligible for reimbursement.

While each plan covers the same types of medical services, the amount you pay in contributions and the amount you pay in out-of-pocket expenses when services are rendered will be different by plan.

The Medicare Surround plan does not use a network; you can use any doctor or hospital that accepts Medicare. The

Medicare Advantage HMO plan uses a network, and you have to use a network provider to receive benefits under this plan. The Medicare Advantage PPO plan also uses a network, but the benefits available are the same whether or not you use an in-network provider. **The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.**

This chart summarizes key features of each medical plan, prescription drug benefits are shown on the next page:

Medical-Post 65 Retiree Medical Plans:

Benefit	Medicare Surround	Medicare Advantage HMO	Medicare Advantage PPO
Monthly Cost (per person) before TCRS credits)	$190.03	$57.00	$122.00
Provider Network?	No	Yes	Yes
Out of Network Benefits?	Yes	No	Yes
Plan Deductible	$203	$0	$203
Maximum out of pocket cost	n/a	$1,500	$203
Doctor visits	$0 after deductible	$5	$0 after deductible
Specialist visits	$0 after deductible	$10	$0 after deductible
Emergency care	$0 after deductible	$120	$0 after deductible
Urgent care	$0 after deductible	$10	$0 after deductible
Inpatient hospital care	$0	$0	$0
Requires a Primary Care Physician	No	Yes	No
Transportation services	No	No	Yes
Hearing aids	No	No	Yes
$0 Rx copay for select preventive drugs and select diabetic drugs and supplies	No	No	Yes

Note: the Medicare Advantage PPO and Medicare Advantage HMO plans feature a single identification card. The Medicare Surround plan will require separate medical and pharmacy identification cards.

Medical-Post 65 Retirees Prescription Drug Plan

Each of our medical benefit plans will include the prescription drug benefits shown below. The prescription drug benefits are the same across all plans with one exception: the Medicare Advantage PPO plan includes a $0 copay benefit for certain preventive medications and diabetic medications and supplies. These $0 copay drugs under the Medicare Advantage PPO plan would include drugs such as Metformin, Atorvastatin, Albuterol HFA, Clopidogrel, and many insulins.

Deductible for prescriptions	$0	
Coverage limit and coverage gap	Same for all three medical plans	
List of eligible drugs	Same for Medicare Surround PDP & Medicare Advantage PPO	
Retail / Mail	Retail (30 day supply)	Home delivery (90 day supply)
Tier 1 preferred generics	$10	$20
Tier 2 preferred brand	$25	$50
Tier 3 non-preferred brand and generic	$50	$100
Tier 4 specialty	$50	n/a
Select preventive medications and select diabetic medications and supplies	$0 under Medicare Advantage PPO (copays apply under Surround and Advantage HMO plans)	$0 under Medicare Advantage PPO (copays apply under Surround and Advantage HMO plans)

Medical-Post 65 Retirees Monthly Costs for 2023

All plans cover medical benefits and prescription drug benefits as noted above.

Medicare Surround Monthly Cost	Classified or Certificated with less than 15 years of TCRS service	Certificated 15-19 years of TCRS service	Certificated 20–29 years of TCRS service	Certificated 30+ years of TCRS service
Retiree only	$190.03	$165.03	$152.53	$140.03
Retiree +1	$380.06	$355.06	$342.56	$330.06
Family	$570.09	$545.09	$532.59	$520.09

Medicare Advantage HMO Monthly Cost	Classified or Certificated with less than 15 years of TCRS service	Certificated 15-19 years of TCRS service	Certificated 20 – 29 years of TCRS service	Certificated 30+ years of TCRS service
Retiree only	$57.00	$32.00	$19.50	$7.00
Retiree +1	$114.00	$89.00	$76.50	$64.00
Family	$171.00	$146.00	$133.50	$121.00

Medicare Advantage PPO Monthly Cost	Classified or Certificated with less than 15 years of TCRS service	Certificated 15-19 years of TCRS service	Certificated 20 – 29 years of TCRS service	Certificated 30+ years of TCRS service
Retiree only	$122.00	$97.00	$84.50	$72.00
Retiree +1	$244.00	$219.00	$206.50	$194.00
Family	$366.00	$341.00	$328.50	$316.00

If your dependents are not Medicare-eligible, rates and plans may differ for dependent coverage. Please contact the SCS Benefits Office for more information. **The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.**

Focus on wellness

MSCS 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.

Medical Post-65 Choices

None of us can predict the future, but we all have a general idea about our own health and the health of our family members. We'll outline a few considerations for each plan, below:

Medicare Advantage PPO : this plan provides the same medical coverage as the Medicare Surround plan but offers a lower cost and an expanded prescription benefit. While the benefits under the plan are the same whether you use a network provider or not, the plan will pay out of network providers. If your doctor won't accept the plan, call Customer Service at the phone number below. Cigna will reach out to the doctor on your behalf to explain how the plan works. In most cases, this will resolve the issue.

The Medicare Advantage PPO is a great choice for you if:

1. Your medical providers are in the CIGNA network (you can ask your provider if they participate in the CIGNA Medicare Advantage PPO network, or look up your provider at www.CIGNAMedicare.com/group/MAresources.com) OR
2. Your medical provider will agree to bill CIGNA for their services (ask your provider) OR
3. You take the preventive medications or the diabetic medications that the Advantage PPO plan covers for free (check for these drugs at www.cignaMedicare.com/group/MAresources.com

What if my provider does NOT agree to bill CIGNA for my services? Call CIGNA customer service: they may be able to help. They can be reached at 888-281-7867 or by e-mail at letushelpyou@cigna.com

Medicare Surround: this plan provides the same medical benefits as the Medicare Advantage PPO plan, but does not use a network. It costs almost $70 more per month when compared to the Advantage PPO plan, and does not provide the free coverage for select preventive drugs and diabetic medications.

Medicare Advantage HMO: this plan is the least costly of the three options. It provides benefits only for in-network providers and you must live within the HMO service area to enroll is this plan. Check in-network provider status at www.CIGNAMedicare.com/group/MAresources.com or call 888-281-7867 for assistance.

Please note: Members currently enrolled in Medicare Surround or Medicare Advantage HMO, can continue to participate in these plans. However, the Medicare PPO Plan is the only plan currently available for Post-65 or Medicare eligible participants.

If you are currently participating in Medicare Surround or Medicare Advantage HMO Plan, and you choose to cancel, you will not have another opportunity to enroll back into these plans.

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 offers 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**

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 (employee 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)

2023 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.

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 canceled for any reason.

IMPORTANT INFORMATION

After you've carefully considered your benefit options and anticipated needs for 2023, please review a few important reminders. Follow the instructions to make changes to your retiree health benefits for 2023.

Eligibility

You are eligible for Memphis-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 Memphis-Shelby County Schools' plans.)

When you become Medicare eligible

If you and/or your dependent become Medicare eligible and would like to continue your benefits with Memphis-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
- Complete the 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 and return the form, via mail, email, fax or in-person:

MSCS Benefits Office

160 S. Hollywood, Barnes Building, 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 2023. 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.

If you are currently participating in the Medicare Surround or Medicare Advantage HMO Plan, and you choose to cancel, you will not have another opportunity to enroll back into these plans. The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.

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 Memphis-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 payments directly to MSCS 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:** 1-800-401-4041 **On-going Customer Service:** 1-800-736-7568 **Prescriptions/Medicare PDP** 1-800-558-9562 (Medicare Surround) 1-888-281-7867 (Medicare Advantage)
Dental	Cigna	www.mycigna.com	
Vision	Cigna	www.mycigna.com	
Life Insurance	Memphis-Shelby County Schools	www.scsk12.org	**Customer Service:** Basic Life Insurance ▪ 1-901-416-5304 (option 1)
MSCS Benefits Office 160 S. Hollywood, Rm 108 Memphis, TN 38112		www.scsk12.org	901-416-5304, option 1 901-416-6463 (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 non-discounted 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.

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This annual enrollment guide is intended to be a summary of the benefit programs offered by Memphis-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.

The information in this booklet constitutes a Summary of Material Modifications (SMM) of the MSCS Benefits Handbook for the noted plan changes. Effective January 1, 2023, 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, please contact MSCS Benefits at 901-416-5304.*

Memphis-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. Memphis-Shelby County Board of Education reserves the right to amend, suspend or terminate these plans at any time.

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

MSCS Cares

Human Resources The Heart Of MSCS

901 MEMPHIS SHELBY COUNTY SCHOOLS