

2026 Retiree Benefits Guide



MEMPHIS
SHELBY COUNTY SCHOOLS

WELCOME TO YOUR BENEFITS ENROLLMENT

This guide provides highlights of benefits and features of the health care plans available to you as a retiree of Memphis-Shelby County Schools. Review this guide to decide what will be best for you and your family for 2026.



Can I update my beneficiary information? Yes



Can I move from the Medicare Surround plan to the Advantage PPO plan? Yes



Can I cancel medical, dental, & vision? Yes



Can I add dependents? No



Can I move from the Advantage PPO plan to the Medicare Surround plan? No



Can I add dental & vision? No



Inside this guide

This booklet contains:

- Information for 2026 Retiree Benefits
- Benefit plan overview
- Premium rates for each benefit
- Instructions on how to make changes

2026 ANNUAL CHANGE PERIOD:

Monday, November 3rd –
Friday, November 14th, 2025

DEADLINE TO MAKE CHANGES:

Friday, November 14, 2025

*Benefit changes made during the annual
change period will take effect
January 1, 2026.*

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 14, 2025**. 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 Glenn Roger Sr. St., Memphis, TN 38112

Highlights for 2026

As you may know, Health Care Service Corporation (HCSC) purchased the Cigna Medicare Advantage business and as a result, your Medicare coverage will become **HealthSpring** on January 1, 2026.

This change won't affect your current Medicare plan's benefits, service or access to care as you'll receive the same high-quality care and service with HealthSpring in 2026.

Be on the lookout for anything sent to you with the new HealthSpring name or logo.

- › You'll get a new ID card in December to use beginning in 2026.
- › You'll get a new HealthSpring Flex card for 2026, replacing your Cigna Healthy Today® card.

Keep in mind, 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.

For eligible retirees, it is recommended that you periodically check the status of your beneficiary elections. You must complete the required retiree beneficiary form, and submit the forms directly to MSCS Benefits.

During the annual change period, nothing is required if you wish to retain your current benefit elections.

There are no premium increases for 2026 for retiree medical, dental or vision coverage.

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.

Summary of Benefits and Coverage

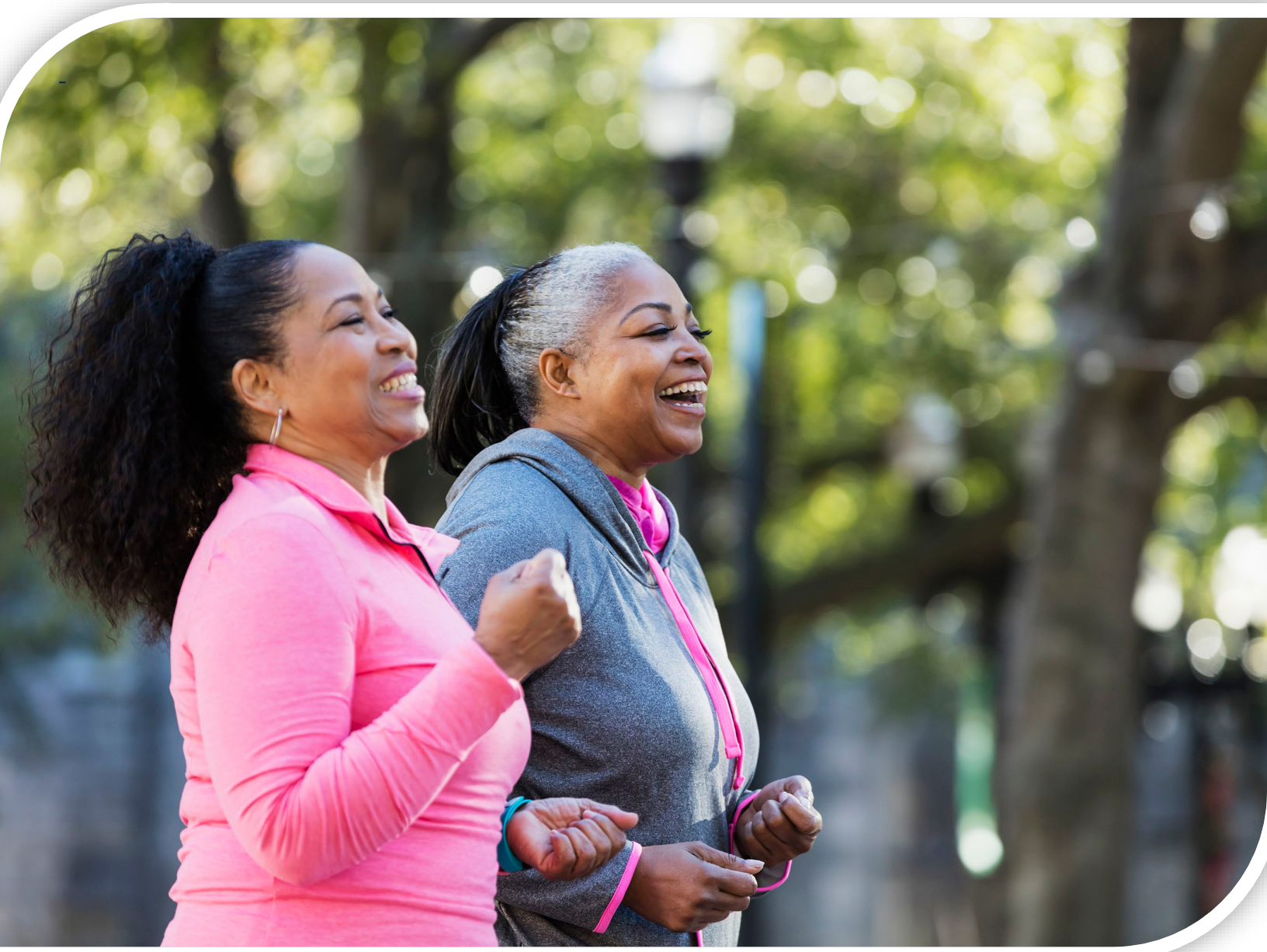
The health section of this guide provides an overview of your medical plan options. You can find detailed information about the pre-65 medical plans in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on the MSCS Benefits webpage.

Highlights for 2026

- ❖ During the annual change period, nothing is required if you wish to retain your current benefit elections
- ❖ There are no premium increases for medical, dental and vision for 2026
- ❖ Medical, dental and vision coverage cannot be added if you are not currently enrolled even if you and/or a dependent lose or cancel coverage for any reason.



Pre-65 Retirees



How to choose your medical plan:

Pre-65 Medical plans

For 2026, 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) NETWORK ONLY** (This plan is not available in the State of Texas.) - This plan 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). The out-of-pocket limit for this plan is the lowest of the three plans, but it also requires the highest contributions from you.
- ❖ **MSCS Open Access Plus (OAP) Basic Preferred Provider Organization (PPO)** - This plan 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.
- ❖ **MSCS Choice Fund Health Reimbursement Account (HRA)** - This plan provides benefits for both in network and out of network services. The out-of-pocket limit for this plan is higher than the other two plans, however your out-of-pocket expenses are offset by the HRA contributions (See Page 9 for additional details). This plan requires the lowest employee contributions.

Important Notes:

- ❖ Dependents of Pre-65 Retirees that are Medicare eligible, must be enrolled in Medicare A&B coverage (even if the retiree is under 65 and not Medicare eligible). They are also required to provide our office a copy of their Medicare A&B card for our records (rates are applied based on the retiree's status, not the dependent).





A closer look at the HRA Plan

How does the HRA work?

If you enroll in the Choice Fund HRA medical plan, 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 paid for by the plan.
3. Any balance you have in your HRA will be used to off-set the HRA plan deductible automatically during the claims processing.
4. While the HRA is a great benefit, keep in mind that it can't be converted to cash at any time, and it can only be used to offset medical plan cost.

Please Note: Any remaining HRA fund balance rolls over into the next year (you do not lose what you don't use).

Which plan is right for me?

All the plans consider the same expenses to be eligible for reimbursement. In addition, the HRA plan is the only plan that provides benefits for some infertility services and the 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 monthly:

Pre-65 Medical Plan Contributions per Month			
Medical / Rx Plan Options	OAP In-Network	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.





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	In-network	Out-of-network	In-network	Out-of-network
	You Pay	You Pay		You Pay	
Annual deductible					
Employee	\$500	\$1,000	\$2,000	\$1,500	\$3,000
Employee + 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*					
Employee	\$3,000	\$4,000	\$8,000	\$7,150	\$14,300
Employee + 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)					
Annual Health Fund <i>(provided to offset your deductible)</i>					
Employee	N/A	N/A	N/A	\$500	
Employee + 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	20%*	N/A	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%*	50%*
Labs and X-rays	20%*	20%*	50%*	30%*	50%*
Urgent Care	\$75 copay	20%*	50%*	30%*	50%*
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	20%*	20%*	50%*	20%*	50%*
(30-day supply)	(\$25 min/\$60 max)	(\$25 min/\$60 max)		(\$25 min/\$60 max)	
Non-Preferred Brand (Non-formulary)	30%*	30%*	50%*	30%*	50%*
(30-day supply)	(\$50 min/\$80 max)	(\$50 min/\$80 max)		(\$50 min/\$80 max)	
Mail Order (90-day supply)	3 x retail copay	3 x retail copay	Not covered	3 x retail copay	Not covered

* after deductible

Remember, all plans have an unlimited lifetime plan maximum

Post-65 Retirees





A closer look at the Medicare Advantage PPO

Medicare Advantage PPO

Medicare Advantage PPO: This plan offers a lower cost and an expanded prescription benefit. If your doctor does not currently accept the PPO 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 if your:

1. Medical providers are in the Healthsprings network (To find out if your provider participates visit the Healthsprings Medicare Advantage PPO network website to look up your provider at hcpdirectory.cigna.com)
2. Medical provider will agree to bill Healthsprings for their services (ask your provider)
3. If you take preventive medications or diabetic medications that the Advantage PPO plan covers for free

What if my provider does NOT agree to bill Healthsprings for my services? Call Healthsprings customer service for assistance. They can be reached at 888-281-7867.

Medicare Eligibility Requirements

If you and/or your dependent become Medicare eligible and you 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 enclosed healthcare enrollment form

Please note: Members currently enrolled in Medicare Surround or Medicare Advantage HMO, can continue to participate in these plans. However, the Medicare Advantage 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 member, 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

Medical - Post 65 Retiree Medical Plans:

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

The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.

Medicare Benefits	HCSC Medicare Advantage PPO	Cigna Medicare Surround (Supplement)	HCSC Medicare Advantage HMO
Monthly cost (per person) before TCRS credits	\$122.00	\$190.03	\$57.00
Provider Network	In-network and out-of-network	Not applicable	In-network Only
Plan Deductible	\$240	\$257 (Medicare Part B Deductible)	\$0
Maximum out-of-pocket cost	\$240	Not applicable	\$1,500
Doctor Visits	\$0 (deductible does not apply)	\$0 after deductible	\$5
Specialist Visits	\$0 (deductible does not apply)	\$0 after deductible	\$10
Emergency Care	\$0 (deductible does not apply)	\$0 after deductible	\$120
Urgent Care	\$0 (deductible does not apply)	\$0 after deductible	\$10
Inpatient Hospital Care	\$0 (deductible does not apply)	\$0 after deductible	\$0
No PCP Required	✓	✓	
One ID card and one customer service phone number for medical and Rx*	✓		✓
24-hour Health information Line*	✓		✓
Wellness Incentives*	✓		✓
Retire-focused clinical programs*	✓		✓
Silver & Fit fitness program*	✓		✓
Home life resources and referral services*	✓		✓
Home delivered meals*	✓		✓
Caregiver support*	✓		
Hearing aids*	✓		
Transportation services*	✓		
\$0 Rx copay for select preventive drugs and diabetic drugs and supplies*	✓		

* Subject to the plan requirements and limitations. Restrictions may apply.

**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 speciality	\$50	n/a
Select preventive medications and select diabetic medications and supplies	\$0 under Medicare Advantage PPO (copay apply under Surround and Advantage HMO plans)	\$0 under Medicare Advantage PPO (copay apply under Surround and Advantage HMO plans)

Medical-Post 65 Retirees Monthly Costs for 2026

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 services	Certificated 15-19 years of TCRS services	Certificated 20-29 years of TCRS services	Certificated 30+ years of TCRS service
Retiree	\$190.02	\$165.02	\$152.52	\$140.02
Retiree + 1	\$380.05	\$355.05	\$342.55	\$330.05
Family	\$570.07	\$545.07	\$532.57	\$520.07

Medicare Advantage HMO Monthly Cost	Classified or Certificated with less than 15 years of TCRS services	Certificated 15-19 years of TCRS services	Certificated 20-29 years of TCRS services	Certificated 30+ years of TCRS service
Retiree	\$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 services	Certificated 15-19 years of TCRS services	Certificated 20-29 years of TCRS services	Certificated 30+ years of TCRS service
Retiree	\$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 MSCS Benefits Office for more information. The Medicare Surround and Medicare Advantage HMO Plans are only available to participants currently enrolled in them.

Dental & Vision





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 MSCS dental plan 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 (annual cleanings, exams, etc.)	0%	0%
Basic services (filling, extractions, etc.)	20%*	20%*
Major services (crowns, implants, etc.)	50%*	50%*
Orthodontia (Adults not covered)	50% \$1,500 Lifetime maximum	50% \$1,500 Lifetime maximum

* after deductible

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)

2025 Monthly Dental and Vision premiums (Pre & Post 65)

Dental Plan - DPPO- \$1,500	Monthly Premium	Vision Plan	Monthly Premium
Retiree	\$25.79	Retiree	\$5.10
Retiree + 1	\$54.17	Retiree + 1	\$9.77
Family	\$77.38	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 and/or if coverage is canceled for any reason.

IMPORTANT INFORMATION

After you've carefully considered your benefit options and anticipated needs for 2026, please review a few important reminders.

Follow the instructions to make changes to your retiree health benefits for 2026.

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 at benefits@scsk12.org or 901-416-5304 (Option 1).

(Please note: You cannot be covered as both a retiree and as a dependent under any MSCS 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 enclosed 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 Glenn Roger Sr. Street

Barnes Building, Rm 108

Memphis, TN 38112

901-416-5304 (phone)

901-416-6463 (fax)

benefits@scsk12.org (email)

Please note, it is the **retirees** responsibility to notify MSCS Benefits Office if you experience an event that could impact your health coverage and deductions (eg. death, overage dependent, medicare enrollment, etc.).

How do I update my Retiree Basic Life Insurance beneficiary information?

For eligible retirees, it is recommended that you periodically check the status of your beneficiary elections. You must complete the required retiree beneficiary form, and submit the forms directly to MSCS Benefits.

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 2026. 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 and/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: (800) 401-4041 On-going Customer Service: (800) 736-7568 Prescriptions/Medicare PDP (800) 558-9562 (Medicare Surround) (888) 281-7867 (Medicare Advantage)
Dental	Cigna	www.mycigna.com	
Vision	Cigna	www.mycigna.com	
Basic Life Insurance	Memphis-Shelby County Schools	www.scsk12.org	Customer Service: Basic Life Insurance (901) 416-5304 (option 1)
MSCS Benefit Office 160 Glenn Roger Sr. Street, Rm 108 Memphis, TN 38112		www.msck12.org	(901) 416-5344 (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.

Coinurance - 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.



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: 800-401-4041 On-going Customer Service: 800-736-7568 Prescriptions/Medicare PDP 800-558-9562 (Medicare Surround) 888-281-7867 (Medicare Advantage)
Dental	Cigna	www.mycigna.com	
Vision	Cigna	www.mycigna.com	
Basic Life Insurance	Memphis-Shelby County Schools	www.scsk12.org	Customer Service: Basic Life Insurance 901-416-5304 (option 1)
MSCS Benefit Office 160 Glenn Roger Sr.Street., Rm 108 Memphis, TN 38112		www.msck12.org	901-416-5304 (option1) 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.



Memphis-Shelby County Schools Health Enrollment/Cancellation Form

☐ New Retiree Effective Date of Add/Change _____

☐ Enrollment Change Period

Type of Change

☐ Cancel Dependent(s) ☐ Cancel Coverage (Retiree) ☐ Change Coverage Tier

Post 65- Medicare Advantage PPO Plan

☐ Retiree Only ☐ Retiree + 1 ☐ Retiree + Family

☐ Waive

Pre-65 Medical Election

☐ OAP In-Network ☐ OAP Basic ☐ Choice Fund HRA

Dental Coverage-DPPO 1500 (Must have Medical)

☐ Retiree Only ☐ Retiree+1 ☐ Retiree + Family

Vision Coverage (Must Have Medical)

☐ Retiree Only ☐ Retiree+1 ☐ Retiree + Family

Retiree Information

(Last Name)

(First Name)

Middle

Date of Birth (MM/DD/YY)

Social Security #

Gender
☐ F ☐ M

Phone Number
() ____ - ____

Email Address

Address

City, State, Zip

Dependent Information

Name	Social Security #	Date of Birth MM/DD/YY	Gender	Coverage Elections	
	____-____-____	/ /	☐ M ☐ F	☐ Medical ☐ Dental ☐ Vision	
	____-____-____	/ /	☐ M ☐ F	☐ Medical ☐ Dental ☐ Vision	
	____-____-____	/ /	☐ M ☐ F	☐ Medical ☐ Dental ☐ Vision	

Retiree's Signature

Date

Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name Shelby County Schools		Policy number
Insured's name (first, middle initial, last)		ID (or last four of SSN)
Address (street, city, state, zip)		Email address
Insured's date of birth	Policyowner (if different than insured)	Policyowner's phone number

This designation applies to all coverages.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Primary Shares Must Equal 100%

CONTINGENT BENEFICIARY(IES) - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

Total Contingent Shares Must Equal 100%

SIGNATURE REQUIRED - This beneficiary form revokes all prior designations.

Insured or policyowner's penned signature X		Date
Community Property State Consent for current and former residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married and live in, or previously lived in, a community property state and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit. You should consult with a qualified tax advisor and/or seek legal advice if you have any questions in connection with the Beneficiary Designation. As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any right that I may have to the proceeds of such insurance under applicable community property laws. My spouse may withdraw this designation at any time but may not designate a different primary beneficiary without my consent.		
Signature of spouse X	Please print spouse name clearly	Date signed

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The annual enrollment guide is intended to be a summary of the benefits 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, 2026, 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 any questions, please contact MSCS Benefits at 901-416-5344.

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 anytime.

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

right to amend, suspend, or terminate these plans at any time.