2027 RETIREE BENEFITS

RETIREMENT BENEFITS GUIDE

Memphis-Shelby County Schools

Your benefits. Your next chapter.

A clear guide to your 2027 retiree benefit options.



Employee Benefits Department

(901) 416-5344 • benefits@scsk12.org

YOUR GUIDE

Find what you need

Use the section headings and page numbers to find information quickly.

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START HERE

Your 2027 change period

Opens Monday, November 2, 2026
Ends Friday, November 20, 2026
Changes begin January 1, 2027

Keeping your current elections?

No action is required to keep current elections, except for HMO members, who must respond to enroll in the PPO by November 20, 2026.

What is changing for 2027?

• No premium increases are planned for retiree medical, dental, or vision coverage.

• The HealthSpring Medicare Advantage HMO plan ends 12/31/2026. HMO members must respond to enroll in Medicare Advantage PPO for coverage beginning 1/1/2027.

• PPO members will receive separate medical and pharmacy ID cards.

• The HealthSpring pharmacy network changes to the Performance Pharmacy Network.

Need to make changes?

You may:

• Update your beneficiary information using the required retiree beneficiary form.

• Move from Medicare Surround to Medicare Advantage PPO.

• Cancel medical, dental, or vision coverage.

You may not:

• Add dependents during the annual change period.

• Move from Medicare Advantage PPO to Medicare Surround.

• Add medical, dental, or vision coverage if you are not currently enrolled.

Once canceled, medical, dental, vision, or basic life coverage cannot be reinstated, even if other coverage is later lost or canceled.

How to return your forms

Complete the Health Enrollment/Cancellation Form in this guide if you want to make changes. Return it to MSCS Benefits by Friday, November 20, 2026.

Email

benefits@scsk12.org

Fax

(901) 416-6463
Keep a copy of the fax confirmation.

Mail or deliver in person

MSCS Employee Benefits
Barnes Building, Room 108
160 Glenn Rogers Sr. Street
Memphis, TN 38112

Need help? Call (901) 416-5344.

Pre-65
Medical Coverage

For retirees who are not yet eligible for Medicare.

Compare plans, covered services, and monthly costs.

Your three medical options

OAP In-Network Plus

Covers in-network care only. Many services have fixed copays. This plan has the lowest out-of-pocket limit and the highest monthly contribution. It is not available in Texas.

OAP Basic PPO

Covers in-network and out-of-network care. Most services use a deductible and coinsurance. Monthly contributions are lower than OAP In-Network Plus.

Choice Fund HRA

Covers in-network and out-of-network care. It has the lowest monthly contribution and the highest out-of-pocket limit. MSCS funds an account to help with eligible expenses.

All three plans use Cigna's provider network. In-network preventive care is covered at no cost to you under all three plans.

Compare Pre-65 medical plans

Percentages marked * apply after the deductible.

Benefit	Choice Fund HRA		OAP Basic		OAP In-Network Plus
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Annual deductible - Retiree	$1,500	$3,000	$1,000	$2,000	$500
Annual deductible - Retiree + 1 / Family	$3,000	$6,000	$2,000	$4,000	$1,000
Out-of-pocket max - Retiree	$7,150	$14,300	$4,000	$8,000	$3,000
Out-of-pocket max - Retiree + 1 / Family	$14,300	$28,600	$12,000	$24,000	$9,000
Coinsurance	30%*	50%*	20%*	50%*	20%*
HRA - Retiree	$500		N/A	N/A	N/A
HRA - Retiree + 1 / Family	$1,000		N/A	N/A	N/A
Doctor's office visit	30%*	50%*	20%*	50%*	$25 copay
Specialist visit	30%*	50%*	20%*	50%*	$40 copay
Preventive care	0%	Not covered	0%	Not covered	0%
Emergency room	30%*	50%*	$400 copay	$400 copay	$250 copay
Urgent care	30%*	50%*	20%*	50%*	$75 copay
PRESCRIPTION DRUGS					
Annual deductible	N/A	N/A	$100/person	N/A	$100/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

** After deductible.*

In-network preventive care is covered at no cost under all three plans. All plans have an unlimited lifetime maximum.

Monthly medical contributions

Monthly retiree contributions for 2027.

Coverage Tier	Choice Fund HRA	OAP Basic	OAP In-Network Plus
Retiree	$246.27	$271.87	$299.56
Retiree + 1	$492.52	$543.73	$599.11
Family	$687.07	$758.49	$835.76

Medicare-eligible dependents must have Medicare Parts A and B, even if the retiree is under 65. Give MSCS Benefits a copy of the Medicare card. Rates are based on the retiree's status.

All three plans use Cigna's network. The Choice Fund HRA is the only plan that covers certain infertility services and bariatric surgery. In-network preventive care is covered at no cost under all three plans.

Medicare-Eligible Coverage

For Post-65 and other Medicare-eligible retirees and covered dependents.

Review plan requirements, pharmacy coverage, and monthly costs.

Medicare coverage requirements

If you or your dependent becomes Medicare eligible and wants to continue MSCS benefits, you must:

- Enroll in Medicare Parts A and B.
- Provide a copy of the Medicare card to MSCS Benefits.
- Complete the healthcare enrollment form.

Plan availability

Current Medicare Surround members may remain in that plan. The Medicare Advantage PPO is the only plan currently available for new Post-65 or Medicare-eligible participation.

The HMO plan ends 12/31/2026. To continue coverage, respond to enroll in the PPO by November 20, 2026. If you do not respond, HMO medical coverage will be canceled effective December 31, 2026.

If you cancel any MSCS retirement health plan, you cannot enroll again.

Medicare Advantage PPO

Check your providers

Look up your medical providers at **myHealthSpring.com**. Ask whether they agree to bill HealthSpring for their services.

If a provider does not agree to bill HealthSpring, call **888-281-7867**. HealthSpring can contact the provider to explain how the plan works.

Medical and pharmacy ID cards

For 2027, PPO members will receive separate medical and pharmacy ID cards. Watch for the new cards in the mail.

Prescription savings

The PPO includes a $0 copay for select preventive medications and select diabetic medications and supplies. Plan requirements and limitations apply.

Medicare Surround continues to have a separate pharmacy ID card.

Compare Medicare medical care

	HealthSpring Medicare Advantage PPO	Cigna Medicare Surround
Provider network	In- and out-of-network	Not applicable
Plan deductible	See note below	See Medicare Part B deductible note below
Maximum out-of-pocket	See 2027 plan documents	Not applicable
Doctor visits	$0 - deductible does not apply	$0 after deductible
Specialist visits	$0 - deductible does not apply	$0 after deductible
Emergency care	$0 - deductible does not apply	$0 after deductible
Urgent care	$0 - deductible does not apply	$0 after deductible
Inpatient hospital care	$0 - deductible does not apply	$0 after deductible
PCP required	No	No
Silver & Fit fitness program	Included	Not listed in 2027 comparison slide
Caregiver support	Included	Not listed
Hearing aids	Included	Not listed
Transportation services	Included	Not listed
$0 select preventive / diabetic Rx	Included	Copays apply

At this time the Centers for Medicare and Medicaid Services (CMS) has not announced the 2027 Medicare Part B annual deductible. Please visit Medicare.gov for the official amount once released.

Extra services and fitness

Medicare Advantage PPO extras

The booklet lists these services, subject to plan requirements, limitations, and restrictions:

- 24-hour health information line.
- Home life resources, referral services, and home-delivered meals.
- Hearing aids, and transportation services.
- Silver & Fit fitness program.

Fitness program websites

Pre-65 and Medicare Surround:
ActiveandFitDirect.com/fitness/Cigna

Medicare Advantage:
SilverandFit.com

Medicare prescription benefits

All Medicare medical plans include the prescription benefits in the chart below. The PPO has an additional $0 copay for select preventive and diabetic drugs and supplies.

Prescription Benefit	Retail (30-day)	Home Delivery (90-day)
Deductible	$0	$0
Rx out-of-pocket maximum	$2,400	$2,400
Tier 1 - preferred generics	$10	$20
Tier 2 - preferred brand	$25	$50
Tier 3 - non-preferred brand & generic	$50	$100
Tier 4 - specialty	$50	N/A
Select preventive / diabetic meds & supplies	$0 under PPO	$0 under PPO

Select preventive and diabetic medications and supplies have $0 copays under the PPO. Copays apply under Medicare Surround.

Coverage limits, coverage gap provisions, and eligible drug lists are the same for Medicare Surround PDP and Medicare Advantage PPO, except for the PPO's select $0 copay benefit.

Find your pharmacy

New for 2027: HealthSpring Prescription Drug Plan (PDP) and Medicare Advantage PPO pharmacy coverage use the Performance Pharmacy Network.

Check your pharmacy before filling

Go to:
healthspring-search.phynd.com
Sign in or search your area to find an in-network pharmacy.

Select $0 PPO prescriptions

The booklet lists examples such as Metformin, Atorvastatin, Albuterol HFA, Clopidogrel, and many insulins. Confirm whether your particular prescription qualifies.

Select preventive and diabetic medications and supplies are $0 under the PPO for retail and home delivery. Copays apply under Medicare Surround.

HealthSpring Medicare Advantage / PDP:
888-281-7867

Medicare monthly rates

Rates are monthly retiree contributions for 2027. The reduced service-based rates apply only to certificated retirees. Classified retirees use the first rate column. Years shown are years of TCRS service.

Medicare Surround

Tier	< 15 yrs TCRS	15-19 yrs	20-29 yrs	30+ yrs
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 PPO

Tier	< 15 yrs TCRS	15-19 yrs	20-29 yrs	30+ yrs
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 a dependent is not Medicare eligible, the dependent's plans and rates may differ. Contact MSCS Benefits for details.

Medicare Surround is available only to current participants.

Dental, Vision & Helpful Details

Review your current dental and vision coverage, payment reminders, contacts, and forms.

Dental & vision plans

Available before and after age 65 to currently enrolled retirees.

Dental - DPPO $1,500 Plan

Dental Benefit	In-Network	Out-of-Network
Annual deductible (retiree / family)	$50 / $150	$100 / $300
Calendar-year maximum	$1,500	$1,500
Preventive & diagnostic	0%	0%
Basic services*	20%	20%
Major services*	50%	50%
Orthodontia - adults not covered	50% to $1,500 lifetime max	50% to $1,500 lifetime max

** After deductible.*

Vision

Vision Benefit	Network	Out-of-Network
Exam - every 12 months	$10 copay	Up to $30 allowance
Lenses - every 12 months	$20 copay	Up to $25-$60 allowance
Frames - every 24 months	$130 allowance + 20% off Coverage	Up to $30 allowance
Medically necessary contacts - 12 mo.	Covered 100%	Up to $225 allowance
Elective contacts - every 12 months	$150 allowance	Up to $75 allowance

Monthly premium	Retiree	Retiree + 1	Family
Dental	$25.79	$54.17	$77.38
Vision	$5.10	$9.77	$15.84

Coverage cannot be added if you are not currently enrolled, even if coverage is lost or canceled elsewhere.

Eligibility and paying premiums

Retiree eligibility

You must meet MSCS retiree benefit eligibility requirements. You cannot be covered as both a retiree and a dependent under MSCS plans.

Monthly deductions

Medical, dental, vision, and basic life premiums continue to be deducted from your TCRS pension check.

New retiree waiting for your first TCRS check? Submit health insurance payments directly to MSCS to prevent cancellation.

Keep Benefits informed

Notify MSCS Benefits of events that affect coverage or deductions, such as a death, an overage dependent, or Medicare enrollment. Submit cancellations and address changes in writing.

You may cancel coverage at any time. Billing adjustments depend on when Benefits receives your written request. Canceled coverage cannot be reinstated.

Contacts for benefits help

MSCS Benefits Office

(901) 416-5344
benefits@scsk12.org
Fax: (901) 416-6463
scsk12.org

160 Glenn Rogers Sr. Street
Barnes Building, Room 108
Memphis, TN 38112

Cigna: medical, dental, and vision

Enrollment questions: **800-401-4041**
Customer service: **800-736-7568**
mycigna.com

HealthSpring: Medicare and PDP

888-281-7867
myHealthSpring.com

Basic life insurance / beneficiaries

Contact MSCS Benefits: **(901) 416-5344**

Common insurance terms

Deductible
The amount you pay for certain covered services before the plan begins paying.

Copayment (copay)
A fixed dollar amount you pay for a covered service. Some services may require the deductible first.

Coinsurance
The percentage of covered expenses you pay after the deductible, if it applies.

Out-of-pocket maximum
The annual limit on what you pay for eligible covered expenses under plan rules.

Health Reimbursement Account (HRA)
An MSCS-funded account that helps pay eligible medical expenses.

Preferred Provider Organization (PPO)
A plan with a provider network. Out-of-network care may cost more.

Primary care physician (PCP)
Your main doctor for routine care and care coordination.

About this guide

This guide summarizes benefits programs offered by Memphis-Shelby County Board of Education. Refer to each plan's official policy for complete details.

The enrollment booklet constitutes a Summary of Material Modifications (SMM) of the MSCS Benefits Handbook for the noted plan changes. Effective January 1, 2027, the benefits guide and Summary Plan Description (SPD) comprise the SPD. Keep this guide for reference.

Plan documents and required annual legal notices are available at **scsk12.org**. Questions? Contact MSCS Benefits at **(901) 416-5344**.

If guide information conflicts with a plan or benefits policy, the plan or policy governs. The Board reserves the right to amend, suspend, or terminate these plans at any time.

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

Know your retiree ID cards

HealthSpring 2026 / 2027 cards • Medicare Surround on page 25

2026
ONE COMBINED CARD



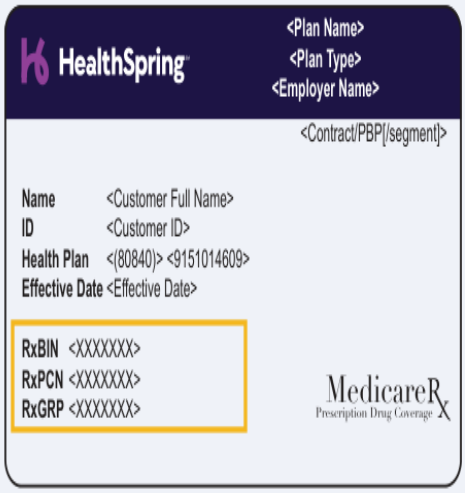
PPO example shown
One card for medical care and prescriptions.

2027
MEDICAL CARD



For medical care
Look for visit copays and the plan name/type.

2027
PHARMACY CARD



Use at the pharmacy
Look for MedicareRx and RxBIN / RxPCN / RxGRP.

How to identify your HealthSpring medical plan

Read your **HealthSpring medical card's plan name/type** at the top right.
PPO = Medicare Advantage PPO. HMO = Medicare Advantage HMO.
A pharmacy card alone does not identify your medical plan.

An ID card does not guarantee active coverage. Confirm your enrollment if you are unsure.

MSCS Benefits: (901) 416-5344 | benefits@scsk12.org

2027 images are carrier templates. Your issued cards will show your name, ID, plan details, and effective date.

Cigna Medicare Surround

Recognize your medical card • 2026 example

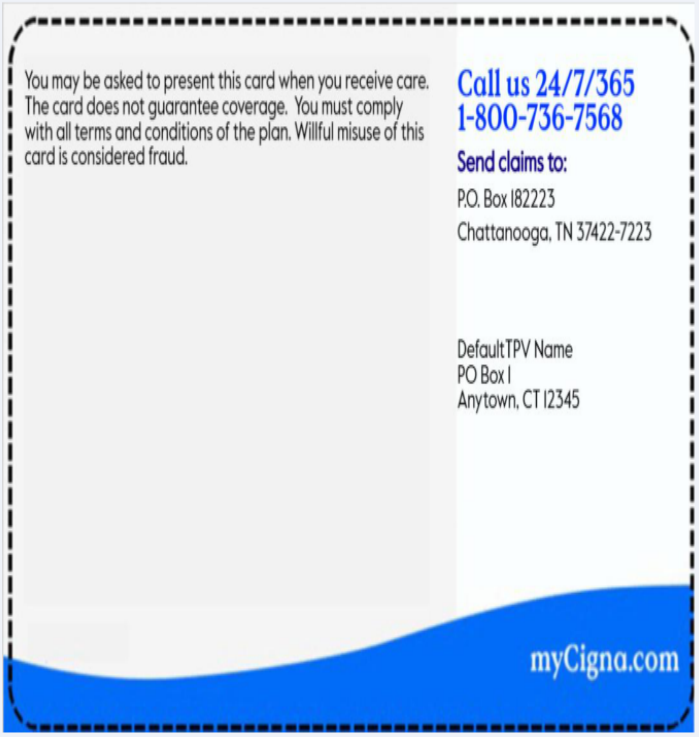
FRONT OF MEDICAL CARD



Look for these identifiers

- Cigna Healthcare logo
- “Medical” and “Indemnity”
- Memphis-Shelby County

BACK OF MEDICAL CARD



Use for medical care

Show this card at the doctor or hospital. Use a separate pharmacy card for prescriptions.

Medicare Surround is a different medical plan from Medicare Advantage PPO.

2026 sample only. Confirm current coverage and 2027 costs with MSCS Benefits.

Forms and next steps

Health Enrollment/Cancellation Form

Use the original enrollment form on the following page. Complete all applicable sections, sign, and return it to MSCS Benefits.

For a Medicare-eligible plan change, contact MSCS Benefits at **(901) 416-5344** for assistance with your election.

Beneficiary Designation

The original beneficiary form follows the enrollment form. Complete the information, review the consent language, sign, and return it to MSCS Benefits.

Return annual change requests by Friday, November 20, 2026.
Email: benefits@scsk12.org
Fax: (901) 416-6463

Annual change-period rules still apply. Do not use these forms to add dependents or coverage that is not available to you.

Memphis-Shelby County Schools Retiree 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

Medical Coverage Tier

☐ Retiree Only ☐ Retiree +1 ☐ Retiree + Family ☐ Waive

Post-65 Medical Election

☐ Healthspring Medicare Advantage PPO

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

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


MEMPHIS
SHELBY COUNTY SCHOOLS

securian FINANCIAL

Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name	Policy number
Shelby County Schools	
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	Date
X	

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	Please print spouse name clearly	Date signed
X		


MEMPHIS
SHELBY COUNTY SCHOOLS

YOUR SERVICE SHAPED OUR SCHOOLS.

Your benefits support what comes next.

Thank you for your years of service to Memphis-Shelby County Schools.

QUESTIONS?

MSCS Employee Benefits

160 Glenn Rogers Sr. Street • Barnes Building, Room 108

benefits@scsk12.org • (901) 416-5344 • scsk12.org