

Open Enrollment & Benefit Guide

October 14 - November 10



2024

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Your First Team MEM Benefits



2024 OPEN ENROLLMENT OVERVIEW

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HIGHLIGHTS

2024 Benefits Package Summary




We are excited to begin our 2024 Open Enrollment initiative! This is the time of year to review your total benefits package and make changes as needed. This booklet has been prepared to assist you in making those changes. Any elections or changes made during Open Enrollment will be effective January 1, 2024.

Mandatory Enrollment for Medical, Vision, Dental, and FSA. **If you do not make elections during Open Enrollment, you will not have coverage in 2024.**

Medical – BlueCross BlueShield

- Two (2) Plan Options for 2024 – Choice and Select BCBS Plans
- 2% rate decrease for Select Plan and 4% rate increase for Choice Plan
- No Copay and/or Deductible increase for Choice and Select Plans

Vision

 Executive Leadership is proud to announce that MSCAA will pay 100% of the cost of Vision insurance in 2024. This includes coverage for employee, spouse, and dependent children.


Dental

MSCAA will continue to pay 100% of the cost. This includes coverage for employee, spouse, and dependent children.

Flexible Spending Account

- New FSA Healthcare limit for 2024 Open Enrollment is \$3,050
- All employees will automatically be enrolled in the \$200 Employer Paid FSA

Life Insurance

 MetLife will be the new carrier for contributory and dependent life insurance. There is a decrease in premiums. Contributory life is \$.02 per \$1,000 of coverage and dependent life is \$2.11 monthly.

One Family Plan Rule

MSCAA employees married may each enroll as a participant or be covered as an enrolled dependent of the other, but not both. Only one parent may enroll children as a dependent.

The Summary Plan Description (SPD) outlines the health benefits available to employees and covered dependents. A copy of all SPDs are located [N:\ Benefit Documents\BCBST Medical Insurance](#)

OPEN ENROLLMENT

Informational Meetings for Employees



DENTAL

Cigna

Tuesday, October 17, 2023 | 2:30 pm – 3:30 pm | **Virtual**

Wednesday, October 25, 2023 | 10:00 am – 1:00 | **Mission Support Center**

Tuesday, November 7, 2023 | 9:00 am – 10:00 am | **Virtual**

VACCINATION Flu Shot

The Shot Nurse

Note: Please be sure to bring your medical insurance card.

Wednesday, October 25, 2022 | 1:00 pm – 2:30 pm | **Mission Support Center**

Thursday, October 26, 2023 | 7:30 am – 9:30 am | **HR Training Room**

MEDICAL

Blue Cross Blue Shield of TN

Wednesday, October 18, 2023 | 2:30pm – 3:30 am | **Virtual**

Thursday, October 19, 2023 | 9:00 am – 10:00 am | **Virtual**

Wednesday, October 25, 2023 | 10:00 am – 3:30 pm | **Mission Support Center**

Thursday, October 26, 2023 | 11:30 am – 12:30 pm | **Virtual**

VISION

United Healthcare

Wednesday, October 18, 2023 | 9:00 am – 10:00 am | **Virtual**

Thursday, October 19, 2023 | 2:30 pm – 3:30 pm | **Virtual**

Wednesday, October 25, 2023 | 10:00 am – 3:30 am | **Mission Support Center**

FLEXIBLE SPENDING ACCOUNT (FSA)

Corporate Planning Network (CPN)

Wednesday, October 25, 2023 | 10:00 am – 12:00 pm | **Mission Support Center**

AFLAC

Wednesday, October 18, 2023 | 7:00 m – 4:00 pm | **Mission Support Center**

Wednesday, October 25, 2023 | 10:00 am – 3:30 pm | **Mission Support Center**

Thursday, November 9, 2023 | 7:00 am – 4:00 pm | **HR Training Room**

Colonial Life

Tuesday, October 31, 2023 | 7:00 am – 4:00 pm | **Mission Support Center**

Wednesday, November 1, 2023 | 7:00 am – 4:00 pm | **HR Training Room**



ELIGIBILITY

Full-Time Employees

ELIGIBILITY

All regular full-time employees and their eligible dependents may participate in benefit programs.

Eligible dependents include:

- Your spouse - an individual you are lawfully married to and not legally separated from.

Special Note for Medical Plan Only: You cannot enroll your spouse if your spouse has access to medical insurance through his/her current employer, previous employer, or Medicare. You are still able to enroll your dependent children in the City of Memphis' medical plan regardless of your spouse's status under this restriction.

- Your or your spouse's: natural child, legally adopted child (including children placed for the purpose of adoption), stepchild(ren), or children for whom you or your spouse is the legal guardian, who are less than 26 years old (25 years old for Dependent Life coverage); or
- Your or your spouse's child for whom a Qualified Medical Child Support Order (QMCSO) has been issued; or
- Your or your spouse's children of any age who depend on you for financial support because of a physical/mental disability, which was established prior to age 18 or while an eligible dependent.

NOTE: DEPENDENT ELIGIBILITY VERIFICATION

You will need to submit dependent verification documentation if you are adding a spouse and/or dependent child(ren) to your medical plan and have not previously submitted documentation.



ENROLLMENT

Making Benefit Elections and Changes

Snapshot

- ✓ **Mandatory** Enrollment for Medical.
- ✓ **Mandatory** Enrollment for Dental.
- ✓ **Mandatory** Enrollment for Vision.
- ✓ **Mandatory** Enrollment for FSA each year.
- ✓ All 2024 changes will be reflected on your first paycheck in January.
- ✓ You must notify Human Resources immediately, but no later than 30 days after your first paycheck in January if there are discrepancies.
- ✓ If you fail to do so, the Airport Authority may not be able to remedy your problem until you re-enroll during the next open enrollment.

Many of your benefits may only be elected/changed during the Open Enrollment period or if a qualifying event occurs. Now is the time to review your benefits for Medical, Dental, Vision, Life, and FSA.

OPEN ENROLLMENT

You can review your elections and make changes for the 2024 plan year during Open Enrollment. You can change plans or drop coverage and add or drop qualified dependents. Ensure that you submit your elections and required documentation in Workday.

If adding a spouse or dependent in Workday for the first time, you will need a copy of your marriage license or birth certificate, respectively.

QUALIFYING EVENTS

Outside the Open Enrollment period, you may only make changes to certain elections if you have a qualifying life event (QLE). QLE changes will become effective on the date of your qualifying event (date of birth, marriage, etc).

You have up to 30 days to submit your request, make your elections, and upload documentation in Workday; otherwise, you must wait until the next Open Enrollment period to make changes.

Qualifying Events Include:

- Marriage
- Divorce, legal separation, or annulment
- Gain or loss of an eligible dependent for reasons such as birth, adoption, placement for adoption, or death
- Dependent satisfies or no longer satisfies eligibility requirements for reasons such as reaching the dependent age limit
- Change in spouse's employment affecting benefits eligibility
- Change in spouse's benefits coverage with another employer affecting benefits eligibility

The Airport Authority offers the following benefit plans that may be elected, changed, or canceled throughout the year:

- AIG Insurance
- AFLAC Insurance
- Colonial Life Insurance
- 457(b) Deferred Compensation Plan

CORE BENEFITS SNAPSHOT



Benefit	Employee Share	Employer Share	Options
Medical and Pharmacy (Administered by BCBST)	20%	80%	<ul style="list-style-type: none"> Choice Plan Select Plan with Health Reimbursement Account (HRA)
Life Insurance <i>Contributory Life</i> (Administered by MetLife)	20%	80%	<ul style="list-style-type: none"> 1.5 times annual salary (\$200,000 max)
<i>Spouse/Dependent Life</i> (Administered by MetLife)	100%	0%	<ul style="list-style-type: none"> \$10,000 per covered Dependent
<i>Non-Contributory Life</i> (Paid by the Airport Authority)	0%	100%	<ul style="list-style-type: none"> \$4,000 for Active Employees
Dental (Administered by Cigna)	0%	100%	<ul style="list-style-type: none"> PPO Advantage PPO Plus
Vision (Administered by United Healthcare)	0%	100%	<ul style="list-style-type: none"> UHC Vision
Flexible Spending Account (FSA) (Administered by CPN)	100%	0%	<ul style="list-style-type: none"> FSA Health Care Account FSA Dependent Care Account
	0%	100%	<ul style="list-style-type: none"> \$200 Employer Paid FSA
Employee Assistance Program (EAP) (Administered by CONCERN)	0%	100%	
Long Term Disability (Administered by The Standard)	0%	100%	

HOW TO ENROLL

Workday



<p>1. For convenience, you can click the Employee Benefits Open Enrollment link in the Announcements section, go to the Menu and select Benefits & Pay, or a notification will appear in your Workday Inbox.</p>	
<p>2. Each time you view or update Open Enrollment elections you must confirm your Information on Nicotine Surcharge and click Continue twice.</p>	
<p>3. You can now begin the Open Enrollment process by reviewing and clicking each coverage type you wish to review, change, add or waive.</p>	
<p>4. Once you are finished, you must Review and Sign by checking the Electronic Signature box, then click Submit. Remember you can go back as many times during the Open Enrollment period to make changes.</p>	

Need Assistance Enrolling? Please contact Michelle Greer x8437, Nichole Love x8111, or Julie Stewart x2541.

RATES

Plan Coverage Semi-Monthly Rates

Employee 2024 Semi-Monthly Rates

Blue Cross Blue Shield Medical	Employee	EE + Spouse	EE + Child(ren)	Family
Choice Plan	\$76.50	\$168.90	\$145.40	\$229.50
Select Plan	\$63.60	\$139.60	\$121.20	\$186.70

Nicotine Surcharge for BCBST if applicable	
Nicotine	\$60.00

ARAG Legal	Family
Legal Plan	\$7.25

2024 Employer Paid Benefits

PAID
100% by MSCAA

As an *Employer of Choice*, MSCAA continues to strive to provide excellent employee benefits. MSCAA will pay 100% of the cost for dental and vision insurance. This includes coverage for employees, spouse, and dependent children.

Cigna Dental – Employer Paid	Employee	EE + Dep	Family
PPO Advantage	\$11.49	\$22.85	\$41.32
PPO Plus	\$27.59	\$55.20	\$102.59

United Healthcare Vision – Employer Paid	Employee	EE + Dep	Family
Vision Plan	\$3.13	\$5.66	\$9.59

MEDICAL

Blue Cross Blue Shield of TN



You must enroll in a Medical Plan to have coverage in 2024.

You must meet an annual deductible before the plan pays a percentage of expenses. After the out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. If you are enrolled in the Select Plan, you may use funds from your Health Reimbursement Account (HRA) to help you meet the deductible. **If you move from the Select Plan to Choice Plan you lose your HRA.**

Medical Plans		Choice Plan		Select Plan	
		Employee Only	\$ 76.50	Employee Only	\$ 63.60
Hospital Networks		Employee + Spouse	\$ 168.90	Employee + Spouse	\$ 139.60
		Employee + Child(ren)	\$ 145.40	Employee + Child(ren)	\$ 121.20
		Family	\$ 229.50	Family	\$ 186.70
		Baptist, LeBonheur, and Regional One Methodist and St. Francis @ higher coinsurance		Baptist, LeBonheur, Regional One, and St. Francis	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Single	\$750	\$1,500	\$1,500	\$3,000
	Family	\$1,500	\$3,500	\$3,000	\$6,000
HRA Funding	Single	N/A	N/A	\$750	
	Family			\$1,500	
Annual Out of Pocket Maximum	Single	\$6,000	\$12,000	\$5,000	\$10,000
	Family	\$12,000	\$24,000	\$10,000	\$20,000
Coinsurance (\$100 copay is waived if admitted from ER and coinsurance is 20%.)		20% for Baptist, LeBonheur, and Regional One 40% + \$100 Admission Copay for Methodist and St. Francis		50%	
PCP Office Visit (Copay is waived for Preventative Care)		\$15 Copay	Ded. /Coins.	\$15 Copay	Ded. /Coins.
Specialist Office Visit		\$30 Copay	Ded. /Coins.	\$30 Copay	Ded. /Coins.
Mental Health Office Visit (10 Free Mental Health Visits)		\$10 Copay	Ded. /Coins.	\$10 Copay	Ded. /Coins.
PT/OT/ST Rehab Visit		\$30 Copay	Ded. /Coins.	\$30 Copay	Ded. /Coins.
Chiropractic Care (20 visits per calendar year)		\$30 Copay	Not Covered	\$30 Copay	Ded. /Coins.
Inpatient Hospitalization		Ded. /Coins.	\$300/Admit + Ded. /Coins.	Ded. /Coins.	Ded. /Coins.
Outpatient Surgery		Ded. /Coins.	Ded. /Coins.	Ded. /Coins.	Ded. /Coins.
Emergency Room (Copay is waived if admitted)		\$300 Copay + In Network Ded. + Coinsurance Apply		\$300 Copay + In Network Ded. + Coinsurance Apply	
Urgent Care		\$75 Copay	\$75 Copay + Ded. /Coins.	\$75 Copay	Ded. /Coins.

MEDICAL PLAN NETWORK

Blue Cross Blue Shield of TN



Choice Plan

BCBST Open Network P

Includes:

Baptist Hospitals

LeBonheur Hospital

Regional One Hospital

St. Francis Hospitals (higher coinsurance)

Methodist Hospitals (higher coinsurance)

Select Plan

BCBST Narrow Network S*

Includes:

Baptist Hospitals

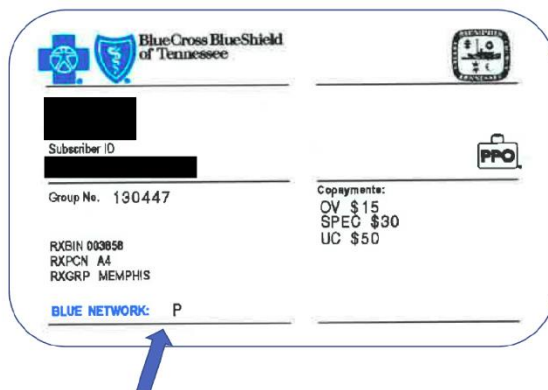
LeBonheur Hospital

St. Francis Hospitals

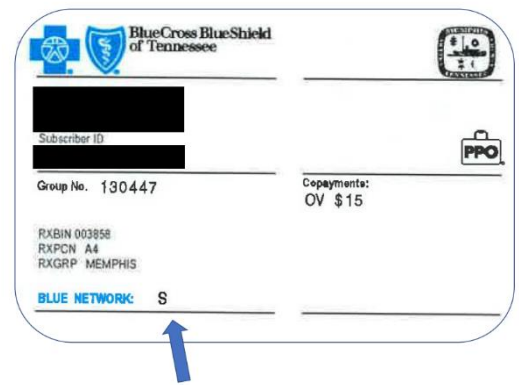
Regional One Hospital

*Note: Methodist Hospitals are Out-of-Network

Use the **Find a Doctor** tool at <https://www.bcbst.com/get-care/find-care> or the myBlue TN mobile app to see if your doctor or hospital is in your network. You can also call BCBST at 1-888-796-0609. Your network is on your BCBST ID Card located at the bottom left-hand corner.



Choice Plan



Select Plan

You can save on health care costs by staying in network. By going to in-network doctors and hospitals, you pay lower copays and avoid other out-of-network costs.

Staying in-network can be confusing, so here are three (3) tips for staying in-network:

1. Show your Member ID card each time you see a network provider. Your Member ID card has helpful information such as copay amounts, if applicable, and your plan's network distinction.
2. Before requesting services from a health care provider, make sure he or she is in your network. For example, you can ask the provider, "Do you accept BlueCross BlueShield of Tennessee members in Network S?"
3. Do not assume your doctor will only refer you to specialists, hospitals and/or other health care providers in your network. Try to make sure all referred providers are in your network **before accepting services from them.**

PRESCRIPTION PLAN

BCBST Choice and Select

ELIGIBILITY: Must be enrolled in one of BCBST medical plans offered.

Pharmacy	Choice Plan		Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Single Deductible	\$250	\$500	\$250	\$500
Family Deductible	\$500	\$1,000	\$500	\$1,000
Generic Brand Retail	\$7 Copay	Deductible then: 50%Coinsurance	\$7 Copay	Deductible then: 50%Coinsurance
Generic Brand Mail Order	\$14 Copay		\$14 Copay	
Brand Formulary Retail	Deductible then: \$30 Copay		Deductible then: \$30 Copay	
Brand Formulary Mail Order	Deductible then: \$60 Copay		Deductible then: \$60 Copay	
Brand Non-Formulary Retail	Deductible then: \$50 Copay		Deductible then: 20% Coinsurance (\$50 Min/ \$100 Max)	
Brand Non-Formulary Mail Order	Deductible then: \$100 Copay		Deductible then: 20% Coinsurance (\$100 Min/ \$200 Max)	

Note: If you choose not to use your insurance, always ask the pharmacy how much the medication will cost.



HEALTH REIMBURSEMENT ACCOUNT

Select Plan - Blue Cross Blue Shield of TN



Your Health Reimbursement Account (HRA) is money given to you by the Airport Authority each year to pay for health care expenses when enrolled in the Select Plan.

If you do not use it all, the balance will “roll over” to the next year and build up over time. With that extra money, you may benefit financially from choosing a plan with a higher deductible and lower premiums.

Rollover Accrual

When selecting a plan, consider whether you have any HRA “rollover” money remaining from previous years.

HRA Eligible Expenses

Medical, Prescription, Dental, and Vision expenses



Amount of Your HRA	
Enrollment Tier	HRA Amount
Employee Only	\$750
Employee + Spouse	\$1,500
Employee + Children	\$1,500
Employee + Family	\$1,500

NICOTINE SURCHARGE

In addition to the medical premium for those employees choosing to enroll in medical Choice or Select plans, a \$60 semi-monthly nicotine surcharge will apply if you or any of your covered dependents use nicotine products. All employees enrolling in or making changes to the medical plan must complete the online verification form attesting that neither you nor any of your covered dependents is a nicotine user or the surcharge will be applied.

Update Your Information

Health Information

Tobacco Use

Question **Nicotine Surcharge**
The surcharge on the medical plan imposed for the use of nicotine products is \$120 per month per family. To avoid the surcharge, covered participants must not use nicotine products or those who do must enroll in a cessation program or work with their physician.

If your nicotine usage status has changed, you must submit proof of a cessation program and the Nicotine Usage/Non-Usage Statement.

By completing the online verification, you certify that:

- You and all of your insured dependents do not use nicotine products. You also certify that you have not used any nicotine products in the last 60 days including, but not limited to: pipes, cigarettes, cigars, chewing tobacco, snuff or any other type of smoking or smokeless tobacco (i.e. one usage of any tobacco product in the last 60 days is tobacco use). By completing this online verification and certifying your non-tobacco user status, you know that you will not be subject to the \$120 per month “Nicotine Surcharge” on your medical plan contributions.
- To avoid the Nicotine Surcharge you understand that any nicotine users covered under your medical plan must complete an approved Tobacco Cessation Program or obtain the appropriate medical certification.
- You under the nature and content of this statement, you are aware that if you or a covered dependent uses, or begins to use, nicotine products at any time and you do not advise MSCAA of this use within two weeks after it occurs, you will be considered to have falsified information and you may be subject to disciplinary action, up to and including termination, subject to repaying all claims paid under the medical plan and/or you will be subject to the Nicotine Surcharge.

Please answer the questions below:

Have you or any of your insured dependents used any nicotine products in the last 60 days including, but not limited to: pipes, cigarettes, cigars, chewing tobacco, snuff or any other type of smoking or smokeless tobacco (i.e. one usage of any tobacco product in the last 60 days is tobacco use)?

Answer * Yes
 No



WELLNESS REWARDS

Blue Health Rewards Program

Snapshot

✓ For questions about completion of your incentive activities please call 844-269-2583.

The 2024 Wellness Rewards is a voluntary wellness incentive program designed to help you learn more about your personal health and motivate you to maintain or improve your overall well-being while earning gift cards as a reward.

By participating in the *Blue Cross Blue Shield City of Memphis Blue Health Rewards Program*, you have the opportunity to earn reward dollars simply by making healthier life choices. Details about the easy steps you can take to improve your health and earn rewards is available at www.bcbst.com.

Activities to earn incentive rewards include, but not limited to:

- Annual Wellness Checkups
- Behavioral Health Checkups
- Biometric Screening
- Lifestyle Health Coach
- Personal Health Assessment
- Tobacco Cessation Coach

Choice Plan Wellness Incentive
\$200 Employee
\$100 Spouse

Select Plan Wellness Incentive
\$200 Employee
\$100 Spouse

LIVONGO

Take charge of your health by simplifying diabetes management with quick checks and unlimited strips through Livongo at no cost to you.

Smart devices - Access to blood glucose meter, blood pressure monitor or scale. Track your numbers, watch trends and download reports.

	Diabetes Management	Healthy Living & Diabetes Prevention
Advanced Connected Technology	Blood Glucose Meter	Smart Scale
Program specific features	Unlimited strips & lancets	Self guided in-app lessons
Mobile app & dashboard	✓	✓
Automatic logging	✓	✓
Real-time support	✓	✓
Expert coaching	✓	✓
Personalized insights	✓	✓
Food logging	✓	✓



ADDITIONAL BENEFITS

Blue Cross Blue Shield of TN

24 Hour NurseChat – BCBST

1-800-818-8581 (Option 1)

No question is too big or too small - 24 hours a day, 7 days a week.

Health questions come up at all times during the day and night. It is not easy to predict when you might get sick or injured, but with Nurseline, part of your BlueCross BlueShield of Tennessee health plan, nurses are available 24/7/365 at **no cost to you**.

Answers to all your medical questions are just a phone call away. Or if you prefer, connect with Nurseline via live online chat. Log into your [BCBST.com](https://www.bcbst.com) account to chat with a nurse.

BCBST Chronic Care Management

1-800-818-8581 (Option 2)

There is an app to help you with conditions like asthma, coronary artery disease, COPD, diabetes, depression, and chronic heart failure. Now you can enroll in a program that lets you message a BlueCross nurse or other health professional for support and answers – and it is included in your health plan at **no cost to you**.



Just download the CareTN app and you will be contacted after you set up your account. Great for one-on-one support to help manage your condition, access to personalized content recommended just for you, set reminders about health-related activities.

Teladoc™ Virtual Care

Your medical plan provides you with access to virtual healthcare services provided by Teladoc™ Health at **no cost to you**. It is convenient whether you are at home, office or traveling. Simply register by logging in to your account at [bcbst.com](https://www.bcbst.com) and clicking Talk With A Doctor Now or call 1-888-283-6691. Use Teladoc™ for conditions such as allergies, colds, fever, flu, sinus or respiratory issues, skin conditions, earaches, nausea, and vomiting. Once you register you can use it anytime.



BCBST Behavioral Health

1-800-818-8581 (Option 6, then Option 5)

Managing your mental health and substance use will help you better manage your other health conditions. Please reach out to BCBST if you would like assistance with a serious illness.

Convenience Care Clinic

Sinus infection – Rash - Earache - Minor burn. These are all reasons you would want to see your doctor. But what if your doctor isn't available to see you? When you need routine medical care but cannot wait for an appointment, head to a convenience care clinic. Your copay will be lower than going to the ER.



CVS Clinic



Kroger Clinic



Walgreens Clinic

EMPLOYEE CLINIC



Blue Cross Blue Shield of TN

If you and your covered dependents are enrolled in one of the City of Memphis' medical plans, you and your covered dependents do not have to pay a copayment or a deductible when visiting the City of Memphis Employee Clinic managed by Baptist Medical Group (BMG). Additionally, the clinic has a limited supply of medications in stock at **no cost to you** or your dependents. If you are not enrolled in the City of Memphis' medical program this benefit is not available to you.

You can receive same-day care without an appointment and walk-ins are available. BMG provides care for adults and children above age six (6) and treat a wide variety of non-emergency conditions including:

- Ear, eye, and throat infections
- Minor bumps and cuts
- Seasonal allergies
- Skin rashes
- Simple sprains and strains
- Sinus infection
- Urinary tract infections
- Upper respiratory tract infections or cold symptoms
- Minor back pain
- Shoulder pain
- Insect and animal bites
- Influenza (Flu-like symptoms)
- Ringworm, shingles, impetigo
- Cold sores

City of Memphis Employee Clinic Location

Midtown

1520 Union Avenue

Memphis, TN 38104

Phone: 901-725-9055

Clinic Hours: Monday and Friday from 8:00 am to 4:00 pm

Tuesday, Wednesday, and Thursday 10:00 am to 6:00 pm

Note: Your medical information is protected by HIPAA privacy laws and is not shared with the City of Memphis or the Airport Authority.

IDENTITY THEFT PROTECTION

Blue Cross Blue Shield of TN



BCBST has partnered with Experian, one of the world's leading financial services companies, to provide the following identity protection services as part of BCBST Medical plans at no additional cost to you. You must be enrolled in the City of Memphis medical plan to qualify.

Protect My ID

- For adults 18+, one person per policy
- Credit Monitoring
- Identity Theft Insurance
- Fraud Resolution Services

Family Secure

- Each covered member ages 18 or older will need to enroll separately. Minor Plus provides credit and social security monitoring for all covered dependents under age 18 in the household,
- Credit Monitoring,
- Insurance Resolution Services

Credit1B provides credit monitoring, credit reports, fraud protection and fraud resolution support to adults with eligible BCBST medical coverage. Each covered member ages 18 or older will need to enroll separately.

Visit www.bcbst.com for additional details.

- ✓ **You must enroll every year in the identity theft program – No cost to you.**

To Enroll:

- Log in to your BlueAccess account at www.bcbst.com/member
- On your Homepage, go to Benefit & Coverage
- Scroll down and Click on the ID Protection Services

Contact Experian at 1-866-926-9803 if you have questions.




DENTAL PLAN

Cigna Dental



Dental Insurance will continue to be free to employees and covered dependents for the 2024 plan year. **There are no changes to the Dental Plan for 2024. You must enroll in a Dental Plan to have coverage in 2024.** Dependent children are covered up to age 26.

Dental Plans	PPO Advantage		PPO Plus	
Network Options	Cigna DPPO Advantage Network		Total Cigna DPPO Network	
Reimbursement Levels	Based on Contracted Fees	Maximum Allowable Charges	Based on Contracted Fees	Maximum Allowable Charges
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Benefit Maximums Applies to Class I, II & III expenses	\$1,500	\$1,500	\$1,000	\$1,000
Annual Deductible Single Family	\$0 \$0	\$0 \$0	\$50 \$150	\$50 \$150
Class I: Diagnostic & Preventative Care (No Deductibles Apply)	Plan Pays 100%	Plan Pays 80%	Plan Pays 100%	Plan Pays 100%
Class II: Basic Services Note: Space Maintainers Plan Pays 100% In-Network Mississippi Residents Only Plan Pays 80% In & Out-of-Network	Plan Pays 80%	Plan Pays 60%	Plan Pays 80%	Plan Pays 80%
Class III: Major Restorative Care	Plan Pays 50%	Plan Pays 40%	Plan Pays 50%	Plan Pays 50%
Orthodontia	Plan Pays 50% \$1000 Lifetime Max Children & Adults	Plan Pays 40% \$1000 Lifetime Max Children & Adults	Plan Pays 50% \$1000 Lifetime Max Children up to 19	Plan Pays 50% \$1000 Lifetime Max Children up to 19
For Mississippi Residents Only	Out-of-Network benefit paid at same percentage as In-Network benefit. For services provided by an Out-of-Network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees.			

VISION PLAN

United Healthcare



MSCAA is excited to announce Vision Insurance is free to employees and covered dependents beginning 2024 plan year. There are no changes to the Vision Plan for 2024. **You must enroll in the Vision Plan to have coverage in 2024.** Dependent children are covered up to age 26.

Plan Options	In-Network	Out-Of-Network
Exam Copay	\$10	Not Applicable
Material Copay	\$25	Not Applicable
Service Frequency	Exams, Lenses, and Contacts (12 Months) Frames (24 Months)	
Eye Examination	100%	Up to \$40
Lenses		
Single Vision	100%	Up to \$40
Lined Bifocal	100%	Up to \$60
Lined Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
Retail Frame Allowance	Up to \$130	Up to \$45
Discount on Frame Overages (Participating Providers)	30%	Not Applicable
Covered Selection Contacts	Up to 4 Boxes	Up to \$105
Non-Selection Contacts	Up to \$105	Up to \$105
Necessary Contact Lenses	100%	Up to \$210
Laser Vision Discount	UnitedHealthcare offers access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard price and 5% off promotional prices with any In-Network surgeon.	

FLEXIBLE SPENDING ACCOUNT

Corporate Planning Network



There are three separate FSA Plans available to employees. All plans are administered by Corporate Planning Network (CPN).

- FSA Healthcare Employer Paid is a \$200 contribution by the Airport Authority preloaded on a TakeCare debit card. All employees are *automatically* enrolled each year in this plan. This contribution is nontaxable.
- FSA Healthcare is a pretax deduction based on the amount you elect up to \$3,050. The annual amount is preloaded on a TakeCare debit card.
- FSA Dependent Care is for dependent care expenses up to \$5,000 deducted on a pretax basis, thereby lowering your taxable income.

Enrollment in a medical plan is not required in order to participate in an FSA Plan. Only health care expenses that are considered tax-deductible by the IRS and not covered by insurance are eligible for reimbursement. **Please refer to the chart below for more details.**

FSA	FSA Healthcare Employer Paid	FSA Healthcare You can contribute:	FSA Dependent Care You can contribute:
	\$200 annually, does not affect IRS Limit	Up to \$3,050 annually	Up to \$5,000 annually
<p>You must enroll EVERY YEAR in the FSA Healthcare and Dependent Care Plans during open enrollment for the following plan year.</p>	<p><i>Same as FSA Healthcare</i></p>	<p>Example of eligible expenses (refer to www.irs.gov, pub 502 for a detailed list):</p> <ul style="list-style-type: none"> • Medical expenses including deductibles, coinsurance, copayments • Prescription deductibles, copayments • Vision and Dental expenses • Over-the-counter medicines, vitamins, and supplements. • Over-the counter health related supplies • Visit the FSA Store online for FSA eligible products. www.FSAStore.com 	<p>Example of eligible expenses (refer to www.irs.gov, pub 503 for a detailed list):</p> <ul style="list-style-type: none"> • Day care and associated expenses for your children under age 13 • Dependent care fees for a disabled spouse, child or a tax-dependent parent or elderly person
Plan Year	January 1, 2024 - December 31, 2024		
Carryover Maximum	\$500		Not Applicable
Claim Filing Deadline	March 31, 2024		

LEGAL INSURANCE

ARAG Legal



ARAG provides legal insurance designed around an individually credentialed attorney network to help employees efficiently deal with everyday legal events, which ultimately reduces stress and increases productivity in the workplace.

\$14.50 a month for entire Family coverage. (Dependents up to the age of 26)

100% Paid-In-Full Coverage: Attorney fees are 100% paid-in-full for most covered legal matters when you work with a Network Attorney via telephone or in-person. Plus, ARAG offers Supplemental Legal Coverage providing up to four hours for attorney services for any legal matters not specifically covered or excluded by the plan.

- No usage limits unless specifically noted
- No waiting periods
- No deductibles

All-In-One Solution: The occurrence of everyday legal matters is often accompanied by additional employee concerns, such as tax, financial, identity management, and caregiving issues. ARAG offers a plan which provides:

- Identity Theft Restoration Services
- Tax Services
- Caregiving Services
- Financial Education and Counseling Services, including Debt Management Planning

Legal Hotline: Members can consult with a panel of state-specific attorneys over the phone for virtually any personal legal matter as often as necessary.

DIY Docs: Online access to 350+ interactive, state-specific legal documents that can be customized by the plan member to address a wide range of legal situations on their own.

Pre-existing Legal Matters: Assistance for a pre-existing matter is available through our Legal Hotline benefit or our Reduced Fee Benefit; however, ARAG's plan does include a pre-existing condition provision for Legal Representation.

Individually Credentialed Attorney Network: Our more than 12,000 Network Attorneys were individually handpicked from practices around the country based on their reputation, areas of practice, and track record. By selecting our attorneys in this way rather than at the firm level, we know employees will receive trusted legal representation. On average, our Network Attorneys have more than 20 years' experience practicing law. For question contact ARAG at 1-800-247-4184 or www.araglegal.com.



LIFE AND DISABILITY INSURANCE

Basic Life *provided by MSCAA*

The Airport Authority provides Basic Life benefit for \$4,000 to all regular full-time employees at **no cost to you**.

Contributory Life *MetLife* **MetLife**

Employee Contributory Life – Coverage amount is equal to 1.5 times your annual salary rounded up to the next \$1000 (maximum \$200,000). Premium cost is shared between you and the Airport Authority (80/20). The employee premium is \$.02 for every thousand dollars of coverage. The Airport Authority contributes \$.08 for every thousand dollars of coverage.

Dependent Life – Coverage amount equals \$10,000 for Spouse and each covered Dependent child for a total monthly employee cost of \$2.11. Dependent child coverage is from the date of live birth through age 25.

You must elect coverage for yourself to add coverage for your spouse and dependents.

Note: If you did not elect this coverage as a new hire you will have to provide Statement of Health (SOH) through MetLife. Coverage is effective when the SOH is approved by MetLife.

Long Term Disability *The Standard*

LTD is paid by the Airport Authority at **no cost to you**. The Standard administers the LTD policy. Employees may apply to The Standard for long term disability after they have been off work for six (6) months due to an illness or injury (on or off the job). The benefit pays 60% of your pre-disability earnings.



SUPPLEMENTAL

Insurance Plans through AFLAC



Your participation in these plans is on a voluntary basis with benefits paid directly to you. These are based on individual rates. The following options will be available for you during your open enrollment:

AFLAC Accident Advantage (Accident Only Insurance) - Be Prepared for Life's Unexpected Mishaps. In the event of an unexpected injury, AFLAC can help protect your personal finances. AFLAC provides individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. AFLAC pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses will not break the bank if you are injured.

AFLAC Cancer - AFLAC Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you are ever diagnosed with a covered cancer, these benefits are more important than ever. Major medical may not cover the cost of things like deductibles, co-pays, lost work time, or even travel. AFLAC Cancer Protection Assurance can help with cancer-associated costs like these. It helps support you through the physical, emotional, and financial costs of cancer—and stays with you for life.

AFLAC Hospital Confinement Indemnity - AFLAC Hospital Confinement Indemnity offers a selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

AFLAC Short Term Disability - AFLAC Short-Term Disability helps protect your income in the event of injury or illness. It provides coverage options that allow you to choose the plan that is right for you, based on your financial requirements and income.

AFLAC Critical Care - AFLAC Critical Care Protection helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as hospital confinement, intensive care unit confinement, ambulance, transportation, lodging, and therapy. Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

AFLAC insurance products are underwritten by AFLAC, for which AFLAC is the marketing brand. Coverage is subject to policy exclusions and limitations that may affect benefits payable. Products may vary by state and not be available in all states. For cost and complete details, please contact Dianne Bradley, AFLAC Agent at 901-292-1568 or via email at dianne_bradley@us.aflac.com.



SUPPLEMENTAL



Colonial Life & Accident Insurance

Your participation in these plans is on a voluntary basis with benefits paid directly to you. These are based on individual rates. The following options will be available for you during your open enrollment:

Group Accident Insurance – Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation, or other covered accidental injury.

Group Hospital Indemnity Insurance (Group Medical Bridge) – Helps you with unexpected health care expenses that our medical insurance may not cover. It pays an indemnity benefit for each covered hospital confinement. The plan also includes a wellness benefit, which helps reimburse you for a portion of tests you should undertake annually.

Cancer Assist – Individual cancer insurance helps to provide valuable financial protection when medical bills and other expenses related to one's cancer diagnosis and treatment. **Critical Illness** – Helps employees and their families maintain financial security during the lengthy, expensive recovery period of a critical illness. It provides a lump sum benefit to help with the out-of-pocket medical and non-medical expenses of employees who suffer a critical illness.

Special Coverage for First Responders – You cannot always prevent injuries from happening, but you can have a financial safety net in place in case they do. A gunshot wound policy from Colonial Life & Accident Insurance Company can provide a benefit to help pay your medical expenses if you receive a non-fatal gunshot wound. This policy pays a lump-sum benefit for an injury regardless of any other insurance you may have.

Term Life insurance - If something happened to you, the last thing your family should have to worry about is financial burdens. Funeral expenses, medical bills and taxes could be just the beginning. How would they cover ongoing living expenses, such as a mortgage, utilities, and health care? Plan for the future with term life insurance from Colonial Life & Accident Insurance Company.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. Coverage is subject to policy exclusions and limitations that may affect benefits payable. Products may vary by state and not be available in all states. For cost and complete details, please email myteams@hro-partners.com.

EMPLOYEE ASSISTANCE PROGRAM

CONCERN EAP

The Airport Authority offers Employee Assistance Program (EAP) services to help you manage quality of life issues. This service is paid for by the Airport Authority and is available to you, your dependents or household members even if you are not covered by any of our medical plans. Short-term professional assistance is available through CONCERN 24/7 by calling (901) 458-4000 or 1-800-445-5011. You may also visit CONCERN EAP website at <https://www.baptistonline.org/services/employee-assistance>.

What is CONCERN, your Employee Assistance Program (EAP)?

CONCERN Employee Assistance Program (EAP) is a workplace program designed to identify and resolve production or operational problems associated with employees who are affected by personal problems such as stress, health, marital, family, financial, alcohol and drug, legal, gambling, emotional and other problems.

CONCERN EAP serves a wide range of customers in the Memphis metro and Mid-South region that represent manufacturing, distribution, government, health care, education, legal, transportation, hi-tech, law enforcement, retail sales, gaming, and banking work sites.

Who Has Access to It?

Any employee or live-in who is experiencing emotional or mental distress that would not require inpatient care is likely appropriate for EAP counseling. Typically seen are people who have significant stress, relationship problems, anger issues, parenting and couples' concerns, the loss of a loved one, life transitions, or depressive symptoms. Others may be seen for substance abuse issues, anxiety, lack of motivation, and other difficulties in the workplace. A growing segment of clients includes people who are managing chronic health conditions and seek assistance for weight loss and other changing lifestyle options.

How much does it cost?

The use of CONCERN EAP is completely free to the employee and/or those in the household for the unlimited number of sessions. We do not want there to be any barriers, such as the number of times allowed, to keep you from using this amazing service.

How do I access the service?

Simply calling CONCERN EAP at 901-458-4000 or 1-800-445-5011 then letting the receptionist know you work for the Airport Authority. CONCERN EAP will coordinate with you to schedule you and/or your household members at one of our locations.

Midtown: 2670 Union Avenue Extended, Suite 610, Memphis TN 38112

Bartlett: 5158 Stage Road, Suite 120, Bartlett, TN 38134

Germantown: 2010 Exeter Road, Suite 1, Germantown TN 38138

Southaven: 7535 Airways Road, Suite 210, Southaven, MS 38671

Tipton: 1995 Highway 51 S, Suite 203B, Covington, TN 38019



CONTACT INFORMATION

Airport Authority Employee Benefits Contact:

Benefit / Vendor	Phone	Website
Medical and Pharmacy Blue Cross Blue Shield of TN	1-888-796-0609	https://www.bcbst.com
Dental Cigna	1-800-244-6224	www.mycigna.com
Vision UnitedHealthcare	1-866-527-9597	www.myuhcvision.com
Employee Assistance Program (EAP) CONCERN EAP	901-458-4000 1-800-445-5011	www.concernonline.org
Flexible Spending Account (FSA) Corporate Planning Network Inc.	901-756-8244	www.cpnflex.com
Health Reimbursement Account (HRA) Health Equity	1-866-375-1323	https://www.healthequity.com/
Life Insurance MetLife Contributory and Dependent Life	1-800-METLIFE	https://www.metlife.com/
Long Term Disability Insurance The Standard	1-800-368-1135	https://www.standard.com/
Voluntary Benefits		
Colonial Life Colonial Life – Local Office	1-800-325-4368 901-350-0717	www.coloniallife.com
AFLAC	901-292-1568	https://www.aflac.com/
ARAG Legal Insurance	1-800-247-4184	www.araglegal.com
Other Important Contacts		
Empower - 457(b) Deferred Compensation	1-800-922-7772	www.RetireReadyTN.gov
OneAmerica - 401(a) Supplemental Defined Contribution Plan	1-800-442-4015	www.RetireMEM.com

GLOSSARY TERMS

Brand Formulary: A list of prescription drugs preferred by the insurance company. Typically plans will pay more for drugs on a formulary list.

Brand Non-Formulary: A brand name prescription drug not on a plan's preferred formulary list. Typically plans pay less for drugs not on a formulary list.

Coinsurance: The percentage of costs of a covered health care service you pay after your deductible has been met. For example, there is a 20% coinsurance in the Select Plan for emergency room. The total cost for the covered services is \$1000. Your coinsurance is \$200.00 (20%), and the insurance company pays the remaining 80%.

Co-pay: A flat fee you pay toward services such as doctor visits or prescriptions. It is typically expected at the time of service by your doctor's office. This does not count towards your deductible.

Deductible: The amount you pay for covered medical services that is not covered by a copay. This is the amount you are responsible for before your insurance plan starts to pay. Premiums are not applied toward deductibles. Deductible amounts are different for individuals and families. Deductibles are always lower if you use in-network versus out-of-network providers.

Flexible Spending Account (FSA): An employer-sponsored healthcare benefit that allows employees to set aside up to \$3,050 (2024) annually to cover the cost of qualified medical expenses.

Health Reimbursement Account (HRA): An HRA is set up for each participant enrolled in the BCBST Select Plan. HRAs typically cover qualified expenses like deductibles, coinsurance, copays, and prescription medication. Your doctor will bill BCBST, and the funds will be taken from your HRA account. You will be able to rollover HRA dollars that are not used during the plan year. If you move to the Choice Plan you will lose any balance in your HRA.

Maximum Allowable Coverage: A cap on the total amount of charges for a service allowable under the plan. Doctors can bill plan participants for the balance if they are out-of-network, this would be your financial responsibility.

Out-Of-Pocket Max: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-payments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Preferred Provider Organizations (PPOs): Type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Provider Network: A list of the doctors, other health care providers, and hospitals that a plan contracts with to provide medical care to its members.



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DISCLAIMER

The information contained in this booklet should in no way be construed as a promise or guarantee of employment or benefits. The Airport Authority reserves the right to modify, amend, suspend, or terminate benefit plans. If there is a conflict between the information in this booklet and the actual Summary Plan Documents or policies, the documents or policies will always govern.

This booklet is an outline of the coverage proposed by the carrier(s). It does not include all the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this booklet is to provide you with general information regarding employee benefits. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

The health benefits available to you represent a component of your compensation package. They also provide important protection for you and your family in case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage options in a standard format, to help you compare across options.

A paper copy is also available by contacting Human Resources.