

Learn, Lead, Leave a Legacy!



Who can enroll?

- ❖ Full-time, permanent employees (working 30+ hrs./week)
- ❖ Part-time, variable hourly employees
- ❖ Eligible dependents

Spousal Coverage

- ❖ If you wish to enroll your spouse, you must complete a Spousal Affidavit Form to confirm your spouse does not have access to an employer-sponsored insurance plan elsewhere.
- ❖ You may NOT cover your spouse for medical coverage if their employer provides medical coverage.
- ❖ The spouse-opt-out requirement does NOT apply to spouses who:
 - Are also employed or retired from MSCS
 - Are required to pay more than 50% of the cost of coverage for their employer's lowest cost individual plan option

Important Reminders:

MSCS Benefits will host a Benefit Fair on Wednesday, November 6, 2024, in the TLA Auditorium from 2:30-5:30p.m.

The 2024-25 Open Enrollment Period is scheduled for

November 4, 2024 - November 15, 2024.
Elections effective as of January 1, 2025.

- ❖ If you do not make changes to your coverage within the open enrollment period, your current coverage will continue. You must re-enroll in Healthcare and Dependent Care Flexible Spending accounts each year. *Employees were auto enrolled in the Short-Term 30-day & Long-Term Disability plans. You must waive this coverage if you wish to no longer participate in these plans.
- ❖ If you miss open enrollment, you will not have another opportunity to make changes to your benefits until the next open enrollment period. However, if you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status from part-time to full-time, you will have 30 days to notify Benefits of the qualified life event.
- ❖ Our plan designs will remain the same for 2025. This includes medical, dental, vision, life insurance, and disability plans. You can access your current benefit selections by visiting Bentek, our online enrollment system, at www.mybentek.com/mscs.
- ❖ Your current benefit deduction costs will remain the same for 2025 except for the following (if applicable):
 - Your STD/LTD Disability coverage (if you move to a higher age band)
 - Your life insurance coverage (if you move to a higher age band)

Tobacco Surcharge

When enrolling for medical benefits, you will be asked to confirm whether you have used tobacco on a regular basis (five or more times) since **January 1, 2024**. *Ex. cigarettes, ecigarettes, cigars, pipes, or smokeless tobacco, such as chew, dip, or snuff.*

The surcharge is \$25 per paycheck for 24 pay periods or \$30 for 20 pay periods.

Note: Any employee who intentionally falsifies their tobacco status will lose their non-tobacco discount and may be subject to disciplinary action based on MSCS District guidelines.

Effective date of coverage

For new employees, the effective date of coverage for most plans is the first of the month following 30 days of employment. For existing employees enrolling during Open Enrollment, the effective date of coverage for most plans is **January 1, 2025**.

How do I report a life event?

As a new employee—If you don't enroll in benefits within 30 days of your hire date, you will not have benefits coverage and will have to wait until the next benefits open enrollment period.

If you experience a qualified life event (birth/adoption, marriage/divorce, loss of coverage, etc.) You must access [Bentek](#) within 30 days of the life event date.



How to enroll and access the online enrollment system, BenTek

Memphis-Shelby County Schools utilizes Bentek, an online benefits enrollment system, which is available 24 hours a day, 7 days a week.

Employees may:

- ❖ View benefit elections and payroll deductions
- ❖ Make new elections, changes, add or remove dependents during open and new hire enrollment, or a qualifying event
- ❖ View plan summaries and links to carrier websites
- ❖ Designate and view life insurance beneficiaries

Accessing Bentek:

1. Log on to www.mybentek.com/mscs
2. Enter username and password or click on "Create an account"
3. Follow directions to create your username and password. Password must contain three (3) of the following:
 - Special character
 - Number
 - Lowercase letter
 - Uppercase letter
4. Once you've logged in, click on the Employee Benefits Center to access the following:
 - During Open Enrollment, select Open Enrollment
 - **Report Qualifying Event** – add/remove dependents
 - **View Elections** – view current elections and payroll deductions
 - **Benefit Highlights** – plan descriptions and links to carriers
 - **Forms** – plan documents, plan summaries, and notices
 - **Beneficiary Designations** – add, change, or update information for life insurance plan(s)

For questions regarding accessing the Bentek system, please call Bentek customer service at 888-523-6835.

Things to note for 2025

- ❖ Insurance cards for medical, dental, and/or vision coverage will not be mailed out this upcoming plan year. Download the myCigna app via the apple app store or google play store apps to access your digital copy or request to have a physical copy mailed to you.
- ❖ Medical, dental, and vision plan options will remain the same and your contributions for these plans will remain the same for 2024-25
- ❖ Disability plan options (short-term and long-term) will remain the same. The amounts you contribute will remain the same unless you become eligible for a different age bracket. To view your information, please visit Bentek.
- ❖ Your disability benefits could be significantly reduced if you are enrolled with multiple disability vendors. Please contact the disability vendors you are participating with for additional details.
- ❖ If you no longer wish to participate in STD and/or LTD through MetLife, you must opt out of the benefits during open enrollment.

Medical Plan Highlights

For 2025, you have a choice of three medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for your needs and budget.

- ❖ **MSCS Open Access Plus (OAP) Basic Preferred Provider Organization (PPO)**, A preferred provider organization plan that reduces your out-of-pocket responsibility when you need care by offering a lower deductible and higher premium contributions.
- ❖ **MSCS Open Access Plus (OAP) NETWORK ONLY**, a preferred provider organization, network only , plan that has the lowest deductible, giving you the most protection from out-of-pocket expenses when you need care, but has higher premium contributions.
- ❖ **MSCS Choice Fund Health Reimbursement Account (HRA)**, an employer-funded health benefit plan that reimburses you for out-of- pocket medical expenses offering a higher deductible and out-of-pocket maximums but has the least premium contributions. The HRA plan is the only MSCS plan that will cover weight-loss(bariatric) surgery (if medically necessary). This plan also covers eligible, medically necessary, fertility treatment services.



Compare Medical Plans

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

**All plans have an unlimited lifetime plan maximum*

	OAP IN-NETWORK PLUS	OAP BASIC OPTION		CHOICE FUND HRA	
	In- Network	In- Network	Out-of-network	In- Network	Out-of-network
	YOU PAY	YOU PAY		YOU PAY	
Annual deductible					
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)					
<i>Annual Health Fund 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 (PCP/SP)	\$25/\$40 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; then 0%*	\$400 copay; then 0%*	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

MEDICAL PLAN RATES

MSCS and its employees share the cost of the medical benefits — MSCS pays a generous portion of the total cost and you pay the remaining amount.

24 pay periods

Applies to employees who receive paychecks throughout the year and will continue coverage during this time.

Non-Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$95.49	\$63.87	\$36.90
Employee + 1	\$216.10	\$161.93	\$105.38
Employee + Family	\$301.45	\$225.89	\$147.01

Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$120.49	\$88.87	\$61.90
Employee + 1	\$241.10	\$186.93	\$130.38
Employee + Family	\$326.45	\$250.89	\$172.01

20 pay periods

Applies to employees who do not receive a paycheck during the Summer months, but will continue coverage during this time.

Non-Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$114.59	\$76.65	\$44.28
Employee + 1	\$259.32	\$194.32	\$126.46
Employee + Family	\$361.74	\$271.06	\$176.41

Tobacco Rates	OAP-IN	BASIC	HRA
Employee Only	\$144.59	\$106.65	\$74.28
Employee + 1	\$289.32	\$224.32	\$156.46
Employee + Family	\$391.74	\$301.06	\$206.41

Compare Dental Plans

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

	Cigna DPPO \$2,000 Plan		Cigna DPPO \$1,500 Plan		Cigna DPPO Advantage Plan
	Network	Out-of-Network	Network	Out-of-Network	In-Network
	You Pay		You Pay		You Pay
Annual deductible (employee only/family)	\$25 / \$75	\$50 / \$150	\$50 / \$150	\$100 / \$300	None
Calendar-year maximum	\$2,000	\$2,000	\$1,500	\$1,500	Unlimited
Preventive/diagnostic services (annual cleanings, exams, etc.)	0%	0%	0%	0%	0%
Basic services (fillings, extractions, etc.)	20%*	20%*	20%*	20%*	20%*
Major services (crowns, implants, etc.)	40%*	40%*	50%*	50%*	50%*
Orthodontia	50%	50%	50%	50%	100%*
• Deductible	None	None	None	None	\$2,300
• Dependent Children	Up to age 26	Up to age 26	Up to age 26	Up to age 26	Up to age 26
• Adults	Not covered	Not covered	Not covered	Not covered	Covered
• Lifetime max for orthodontia	\$2,000	\$2,000	\$1,500	\$1,500	N/A

* after deductible

Since the DPPO Advantage Plan network is smaller, please make sure your dentist is a participating provider prior to receiving services.

2025 paycheck deductions per pay period (before-tax)

Dental Plan	DPPO - \$2,000		DPPO - \$1,500		DPPO Advantage	
	24 Pay	20 Pay	24 Pay	20 Pay	24 Pay	20 Pay
Employee Only	\$21.35	\$25.62	\$12.90	\$15.48	\$9.51	\$11.41
Employee + 1	\$44.84	\$53.80	\$27.09	\$32.50	\$19.96	\$23.95
Family	\$64.05	\$76.86	\$38.69	\$46.43	\$28.52	\$34.22



Vision Plan

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 paycheck deductions per pay period (before-tax)

Vision Plan	24 Pay	20 Pay
Employee Only	\$2.55	\$3.06
Employee + 1	\$4.89	\$5.86
Family	\$7.92	\$9.50



FLEXIBLE SPENDING ACCOUNT

How does an FSA work?

Have you ever looked at your paycheck and thought how great it would be if less income went to taxes? Participating in flexible spending accounts (FSAs) is one relatively easy way to get more out of your pay. An FSA plan provides you the option of electing pretax payroll deductions for certain eligible healthcare and/or child/dependent care expenses for children under age 13. Because the expenses are paid with pretax dollars, the result is immediate tax savings. MSCS offers you the following FSAs:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute a minimum of \$300 and a maximum of up to \$3,300

Dependent Care FSA

- Pay for eligible dependent care expenses, such as daycare for a child so you and/or your spouse can work, look for work, or attend school full time.
- Contribute a minimum of \$600 and a maximum of up to \$5,000 or \$2,500 if you are married and filing separately.*

Please note: When you enroll in a Health Care FSA, Optum Financial will send you a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to Optum Financial.

What's an eligible expense?

- **Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- **Dependent Care FSA** – Child daycare, babysitters, home care for qualified dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.
- A complete list of qualified expenses can be viewed at www.optumfinancial.com



Employee Assistance Program & MSCS Family Health Clinic

The MSCS Employee Assistance Program (EAP) is available throughout the year to assist with your everyday needs, at no cost to you or members of your household. It's all part of our commitment to supporting your total well-being. Get help with work-life issues, referrals for clinical, legal, and financial services, and more. To begin taking advantage of this valuable benefit, **call 901-683-5658 or toll free 800-880-5658.**

MSCS Family Health Clinic - Memphis-Shelby County Schools and Methodist LeBonheur Health-care have partnered to provide a convenient health care clinic at no cost for those that are eligible.

Eligibility: The MSCS Family Health Clinic is open to all active MSCS employees with a valid MSCS employee ID. Family members covered by the employee's MSCS health insurance plan are also eligible.

Cost: FREE for active MSCS employees with a valid MSCS ID badge. Family members covered under an MSCS health insurance plan may be subject to the insurance plan copay.

Labs and Prescriptions: In-house labs and any prescribed in-stock generic medications are included in the cost-free services for eligible MSCS employees.

Treatment available: Most minor medical conditions such as colds, flu, sore throat, sinus infection, sprains, cuts, etc. are covered. Work-related injuries, physicals, immunizations, lab work, drug screens, and more are also covered.

Appointments: Required for ALL medical services which limits wait times. No walk-ins are allowed. To schedule an appointment, call **901-416-6079.**

Location and Hours:
Flicker Clinic
(Behind Central Office)
130 Flicker St.
Memphis, TN 38104

Second Clinic Location
8071 Winchester Rd., Ste 2
Memphis, TN 38125

- 8 a.m. – 6 p.m. (school days)
- 8 a.m. – 5 p.m. (summer and school holidays)

The MSCS Family Health Clinic is not intended to substitute for visits to your regular primary care physician. More information can be found on the MSCS website.

Additional Services and Resources:

- On-site Behavioral Health Consultant
Call: 901-416-6079
- On-site Health Coach
Call: 901-381-6582



Life Insurance

MSCS offers various programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental life insurance coverage.

What You Need to Know

You must participate in basic life to be eligible to enroll in supplemental life insurance



Dual Enrollment

MSCS employees whose spouses are also employed with MSCS can not have dual coverage

Both parties can not have dual supplemental dependent life coverage



Evidence of Insurability (EOI)

If you decline to enroll in basic life insurance as a new hire and choose to enroll later, evidence of insurability will be required



Beneficiary Information

Be sure to designate a beneficiary for your life and accident insurance policies

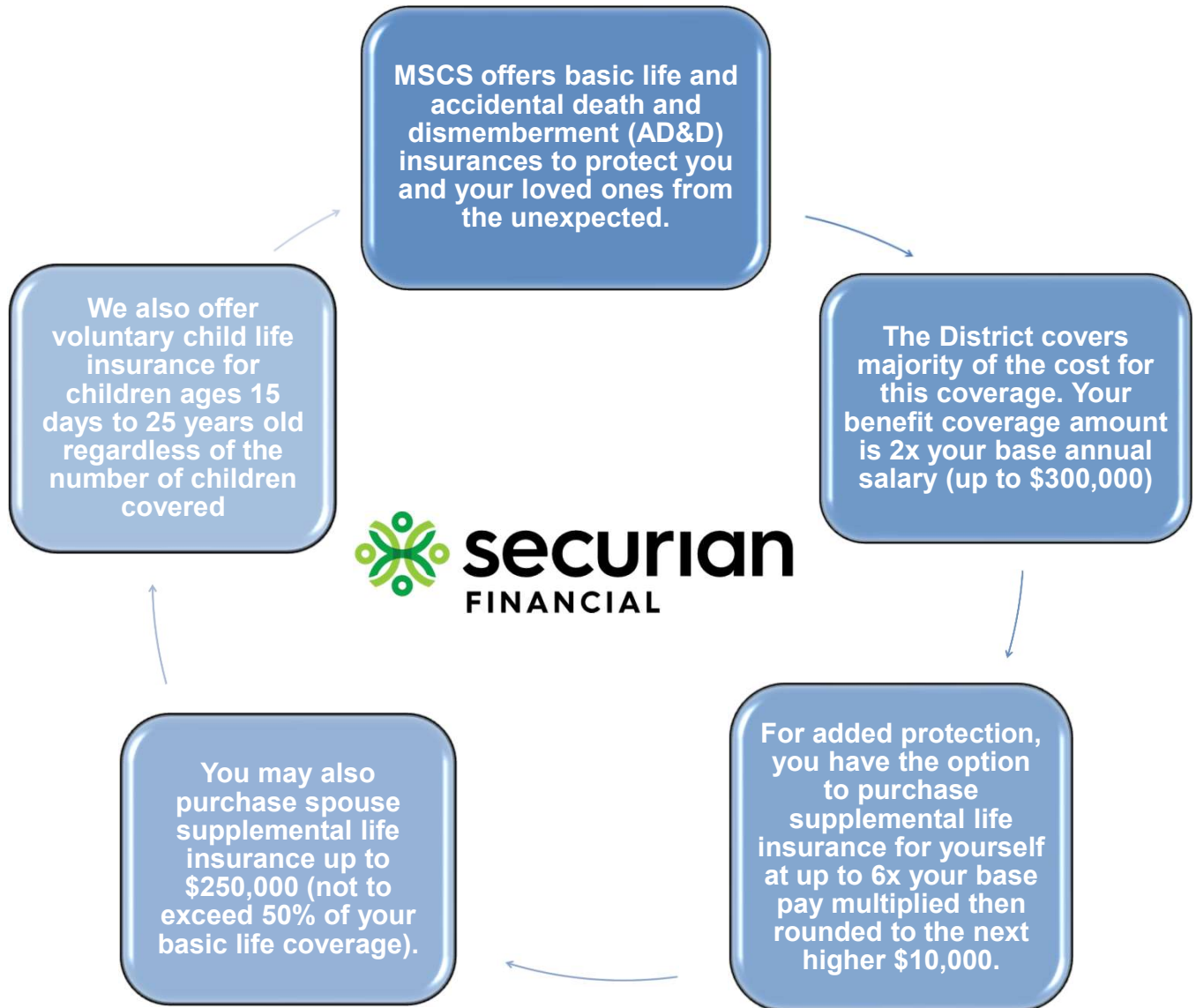
The beneficiary will receive the payout of the policy in the event of the policyholder's death.

Visit [Bentek](#) to update your beneficiary information



Life Insurance

MSCS offers various programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental life insurance coverage.



MetLife Disability Insurance – Short-Term & Long-Term Disability

For 2025, you will have options for short-term disability (STD) and long-term disability (LTD) insurance coverage through MetLife, offering lower rates than traditional individual disability plans. The loss of income due to illness or disability can cause serious financial hardship for your family. MSCS's group disability insurance program replaces a portion of your income when you're unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time. Protect yourself, your family, and your savings from the impact of your lost income by replacing a portion of it during the initial weeks of a disability and for an extended period of time.

MetLife Important information

All benefit-eligible employees are automatically enrolled in the short-term (30-day wait period option) and long-term disability benefits. If you wish to make any changes, you will have an opportunity during this open enrollment period to enroll and/or opt-out of these benefits.

In the case of the short-term disability plan, employees will also have the option of electing a higher coverage level (7day waiting option).

If you have disability coverage through another carrier, it is imperative for you to assess how your existing coverage may affect your ability to maintain other disability plans you may participate in.

If you wish to disenroll from a voluntary disability plan, you will need to contact the disability plan vendor directly to cancel. If you decline this coverage as a new-hire and decide to enroll later, you will be required to submit a statement of health when filing a disability claim through MetLife. Enrolling during your new-hire enrollment period, guarantees your access to this benefit when you need it for AFLAC, American Fidelity, or Colonial. Please reference the vendor contact information page for phone numbers. Review your paycheck stub in the Employee Portal to confirm if you are enrolled.

Summary of Disability Benefits

Short-Term (STD) & Long-Term Disability (LTD)		
	STD	LTD
Who pays	Employee-paid	Employee-paid
Benefit provided	60% of base weekly earnings	Up to 60% of base annual earnings
Maximum benefit payable	\$1,500 per week	\$6,500 per month
Maximum benefit duration	26 weeks	To age 65 or 5 years, whichever comes first
Waiting period	30-day option or 7-day option	180 days

Please note that STD & LTD rates are based on your age and salary. Your benefit could be significantly reduced if you are enrolled with multiple disability vendors. Please contact your disability vendor for additional details.

Additional Benefits

As part of the MSCS benefit package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Student Loan Wellness

Paying off student loans can be difficult, but Tuition.io can help. Tuition.io can assist with strategies to optimize your repayment plan, provide information on refinancing options, and help you navigate the process through educational and student loan wellness tools.

Tuition.io can also help you plan for your child's future. Learn about the different types of student aid available and the application process. There is also a college cost calculator to help you estimate how much you will need for your child's education. You even have access to a student loan coach to answer your most difficult questions. For more information, visit www.scs.tuitionio/register or call 855-353-9395.

Tennessee Consolidated Retirement System (TCRS)

Eligible employees participate in the Tennessee Consolidated Retirement System pension plan. TCRS provides a defined benefit plan providing lifetime benefits to employees and/or their beneficiaries. *Please note: a 5% mandatory contribution is required for all active, full-time employees.

Please visit www.mytcrs.tn.gov to access your personal account.

- View your account details and update your TCRS account information
- Assign/Update TCRS Beneficiary information
- Review service time and contributions
- Request a benefits estimate
- Apply for retirement
- Call 1-800-922-7772 for details

Pet Insurance

Take comfort in knowing your pet can get the care they need if they are hurt or sick, without worrying about the cost, through ASPCA Pet health insurance. You can choose the care you want for your pet and get reimbursed for eligible expenses. For more information, visit www.aspcapetinsurance.com/SCSK12

401(k) - Empower

This voluntary retirement savings plan allows eligible employees to complement any existing retirement and pension benefits.

The plan allows you to save and invest before tax dollars and defers tax on contributions and earnings on contributions until money is withdrawn.

For details, please contact:

Great West (EMPOWER)

545 Mainstream Dr., Suite 407
Nashville, TN 37228
800-922-7772

Sherri Thomas

615-564-7014

Sherri.Thomas@empower.com

Charlton Gutierrez

901-623-6917

Charlton.Gutierrez@empower.com

Enroll online at: www.RetireReadyTN.gov

VOLUNTARY DISABILITY INSURANCE VENDOR

Voluntary disability insurance provides financial protection for employees. There are three approved MSCS voluntary disability carriers to choose from. If you are interested in participating, please contact the following carriers for more information on accident, critical illness, or hospital indemnity insurance.

- **AFLAC**
Jonathan Pennington
jonathan-pennington@us.aflac.com
901-239-1879
- **Colonial Life**
Jesse Sward
980-229-9124
jessesward@coloniallifesales.com
- **American Fidelity**
Candice Chambers/Kenneth Greene
901-458-9252 or www.americanfidelity.com

403(b)/Tax Sheltered Annuity (TSA)

The MSCS 403(b)/TSA program allows eligible participants to make before tax contributions to an investment account through convenient payroll deductions. Please see the chart below for eligible vendors.

403(b) Vendor	Vendor Address/Phone
AIG / VALIC	278 Franklin Rd., Suite 151 Brentwood, TN 37027 (615) 221-2541
American Fidelity Insurance	126 South Flicker Memphis, TN 38104 (901) 458-9252
Ameriprise Financial	6750 Poplar Ave., Ste 114 Memphis, TN 38138 (901) 312-7806
AXA Equitable	494 Williamsburg Lane Memphis, TN 38117 (800) 628-6673
College Life Group/Americo	5545 Murray Rd., Suite 205 Memphis, TN 38119 (901) 761-4822
Great American Life Insurance	301 East Fourth St, 11 th Floor Cincinnati, OH 45202 (800)-438-3398
Horace Mann Insurance	1899 Camberley Circle Memphis, TN 38119 (800) 999-1030
ING ReliaStar - VOYA	5050 Poplar Avenue, Ste. 2400 Memphis, TN 38157 (901) 496-2741
Metlife Resources	7715 Highway 70, Suite 103A Bartlett, TN 38133 (901) 767-5951
Midland National	3721 Riverdale Rd, Ste. 102B Memphis, TN 38115 (901) 552-3042
NEA/Valuebuilders/Security Benefits & The Legend Group/Legend Equities	P.O. Box 862 Savannah, TN 38372 (800) 635-8258
Plan Members Services	1278 Salem Rd Gadsden, TN 38337 (731) 784-6702
Primerica Financial Services PFS Investment Inc.	5118 Park Ave., Suite 308 Memphis, TN 38117 (901) 398-5239

CONTACT INFORMATION

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	my.cigna.com	Annual Enrollment Questions: (800) 401-4041 On-going Customer Service: (800) 736-7568
Dental	Cigna	my.cigna.com	
Vision	Cigna	my.cigna.com	
Flexible Spending Accounts	Optum Financial	www.optum.com	Customer Service: (833) 799-1778
Life Insurance	Securian	securian.com	Customer Service: (866) 293-6047
Group Short and Long-term Disability	MetLife	online.metlife.com	Customer Service: (800) GET-MET8 (800) 438-6388
Employee Assistance Program (EAP)	Methodist Healthcare	methodisthealth.org	Schedule Appointment: (901) 683-5658 or (800) 880-5658
Pet Insurance	ASPCA	aspcapetinsurance.com/scsk12 Priority code: SCSK12	Customer Service: (844) 592-4879
MSCS Healthcare Clinic	MSCS Family Care Clinic	www.scsk12.org	Customer Service: (901) 416-6079
Student Loan Wellness & College Prep Supports	Tuition i.o.	www.scsk12.org	Customer Service: (855) 353-9395
Online Benefit Enrollment	Bentek	app.mybentek.com/mscs	Customer Service: (888) 523-6835
MSCS Benefit Office		www.scsk12.org	(901) 416-5304 (option1) (901) 416-6463 (fax)



Common Insurance Terms & Definitions

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.

Flexible spending accounts (FSA) – Accounts offered and administered by employers that provide a way for employees to set aside, out of their paycheck, pretax dollars to pay for the employee’s share of insurance premiums or medical expenses not covered by the employer’s health plan. The employer may also make contributions to an FSA. Typically, benefits or cash must be used within the given benefit year, or the employee loses the money. Flexible spending accounts can also be provided to cover childcare expenses, but those accounts must be established separately from medical FSAs.

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.

Pre-Tax Benefit Information – a pretax basis means that the money you pay towards the cost of coverage comes out your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe.

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.

MSCS Benefits

Benefits Department – Room 108 (Barnes Building)

160 S. Hollywood St., Memphis, TN 38112

www.benefits@scsk12.org

Benefits Main Phone: (901) 416-5344

Benefits Fax: (901) 416-6463

Talent Management Main Phone: 416-5304

Active & Retirement Support

Ladarien Parker - Last Names A-J

Valeseca Garrett – Last Names K-R

D'Asia Wilson– Last Names S-Z

Leave of Absence Support:

Yolanda Jones – Leave of Absence Support



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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, 2025, 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 901-416-5304.

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