



Rhodes College

Changes for July 1, 2024

What's New?

As of July 1, 2024, Rhodes College will be offering medical, dental, vision and FSA through BCBST.

We will continue to offer:

- **Two Medical Plan Options (with two additional buy-up options)**
- **Two Dental Plan Options**
- **One Vision Plan**
- **Healthcare FSA and Dependent Care FSA**

A woman with glasses and a headset is smiling while working at a computer in a call center. The background is blurred, showing another person working. The entire image has a blue tint.

Medical Plans

Medical Plans Offered

In Network	Option 1 (Plan A)	Option 2 (Plan B)
Annual Deductible (Jan-Dec)	\$500 individual \$1,500 family	\$900 individual \$2,700 family
Annual Out of Pocket Maximum (Jan-Dec)	\$3,000 per covered person	\$4,400 per covered person

Note: As of July 1, your deductible and copays will be included in your annual Out of Pocket Maximum. You will receive credit for any part of your 2024 deductible or out of pocket maximum met under the previous plans.

If you go out of network, you will be responsible for a higher deductible and unlimited out of pocket maximums.

Medical Plans Offered

In Network	Option 1 (Plan A)	Option 2 (Plan B)
Physician Office Visits (PCPs and Specialists)	\$30 copay	20% coinsurance, after deductible
Preventive Services	Covered at 100%	Covered at 100%
Urgent Care	\$30 copay	20% coinsurance, after deductible
Emergency Room	20% coinsurance, after deductible	20% coinsurance, after deductible

If you go out of network, you will be responsible for a higher deductible and unlimited out of pocket maximums

Medical Plans Offered

In Network	Option 1 (Plan A)	Option 2 (Plan B)
Inpatient Hospital	20% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient Surgery	20% coinsurance, after deductible	20% coinsurance, after deductible
Routine Diagnostic Lab, X-Ray & Injections	20% coinsurance, no deductible	20% coinsurance, after deductible

If you go out of network, you will be responsible for a higher deductible and unlimited out of pocket maximums

Medical Plan Networks

You will have the option of selecting one of two networks. The providers will be the similar **but the hospitals will be different.** Go to bcbst.com to verify providers are in network.

Network S (not a complete listing):

Includes Baptist Memorial, Saint Francis, Spence and Becky Wilson Baptist Children Hospital, Regional One Health, LeBonheur Childrens Hospital, St Jude Childrens Research Hospital. **Does not include Methodist Memphis Healthcare.**

Network P (not a complete listing):

Includes Baptist Memorial, Saint Francis, Spence and Becky Wilson Baptist Children Hospital, Regional One Health, LeBonheur Childrens Hospital, St Jude Childrens Research Hospital and **Methodist Memphis Healthcare.**

To access Network P you must choose either Option 3 or Option 4 during open enrollment.

Go to bcbst.com and select Find Care to verify if your providers and hospitals are in network.

Medical Plans Offered

Pharmacy (In Network)	Option 1 (Plan A)	Option 2 (Plan B)
Generic	\$10 copay	\$10 copay
Preferred Brand	\$30 copay	\$30 copay
Non-Preferred Brand	\$50 copay	\$50 copay
Specialty	\$75 copay	\$75 copay
Mail Order	\$20/\$60/\$100	\$20/\$60/\$100

If you utilize a specialty medication, you will need to contact CVS Specialty Pharmacy at 1-888-651-2697.



Use Teladoc™ Health to talk to a doctor by phone or video chat. It's available 24/7 for non-emergencies. All for a \$10 copay.

You can use Teladoc Health for:

- General Medicine
 - ✓ Allergies, colds, flu, rash, sinus infections
- Mental Health
- Dermatology
- Nutrition Counseling
- Back & Joint Care
- Tobacco Cessation

How do I use Teladoc Health?

You'll need to register an account by answering a few quick questions. Make sure to have your Member ID card ready when you register. To get started:

- ✓ Log in to the **BCBSTNsm** app and choose **Talk to a Doctor Now**, or
- ✓ Visit **bcbst.com/Teladoc**, or
- ✓ Call **1-800-TELADOC**
(1-800-835-2362)

A woman with glasses and a headset is smiling while working at a computer in a call center. The background is blurred, showing another person working. The entire image has a blue tint.

Dental Plans

Dental Plans Offered

In Network	Option 1 (High)	Option 2 (Low)
Annual Deductible (Jan-Dec)	\$0 individual \$0 family	\$0 individual \$0 family
Annual Maximum (Jan-Dec)	\$2,000 per covered person	\$1,000 per covered person
Preventive	100%	100%
Basic Services	100%	80%
Major Services	60%	50%
Orthodontics (Children up to age 19)	50% up to \$1,000 per lifetime	None

If you go out of network, you will be responsible for higher coinsurance for services.



Vision Plan

Vision Plan Offered

Service	In Network	Out of Network Reimbursement
Annual Exam	\$10 copay	Up to \$35
Lenses	\$25 copay	Varies by lens type
Frames	\$150 allowance, then 20% off balance	Up to \$75
Contacts (in lieu of glasses)	\$150 allowance, then 15% off balance	Up to \$120
Contact Lenses Fit & Follow-up	\$40 copay	N/A

If you go out of network, you will be responsible for filing a claim for reimbursement.

Flexible Spending Accounts (FSAs)

Healthcare FSA

- Pays for eligible medical, dental and vision care expenses that aren't covered by an insurance plan
- Funds are withheld pre-tax
- The member's total annual election amount is available on day one of your plan year
- Members can contribute up to a maximum of \$3,200 to their **Healthcare FSA**

Dependent care FSA

- Pays for dependent care services preschool, summer day camp, before or after school programs, and child or elder daycare
- Funds are withheld pre-tax
- As soon as the account is funded, the member can use their balance to pay for many eligible dependent care expenses
- Members can contribute up to a maximum of \$5,000 to their **Dependent Care FSA**

If you enroll in the Healthcare FSA you will receive a Debit card and welcome kit.

What is all of this going to cost?

Medical Premium

- Options 1 and 2 are increasing 2% over the current plan year
- Options 3 and 4 will cost 20% more than 1 and 3
- Same 3-tier structure as current premiums

Dental Premium

Slightly lower premium despite enhanced benefit for both plans

Vision Premium

Premium changing very little despite enhanced benefit

Other Benefits

Premium for other benefits (voluntary life, long term care, pet insurance) is not changing.

How can I learn more?

Help Sessions next week

HR Lobby and Seminar room

Tuesday, Wednesday, and Thursday

- 9:00 am until 11:00 am
- 1:00 pm until 3:00 pm

Benefits micro-site is being updated continually:
<https://sites.rhodes.edu/human-resources/benefits>



For more information, contact:

Service	Phone	Website
Member Services	1-800-565-9140	bcbst.com
CVS Pharmacy	1-800-565-9140	bcbst.com
CVS Specialty Pharmacy	1-888-651-2697	bcbst.com
CVS Home Delivery	1-800-552-8159	bcbst.com
Teladoc	1-800-TELADOC	bcbst.com/Teladoc
Dental	1-800-565-9140	bcbst.com
Vision	1-877-342-0737	bcbst.com

Thank you