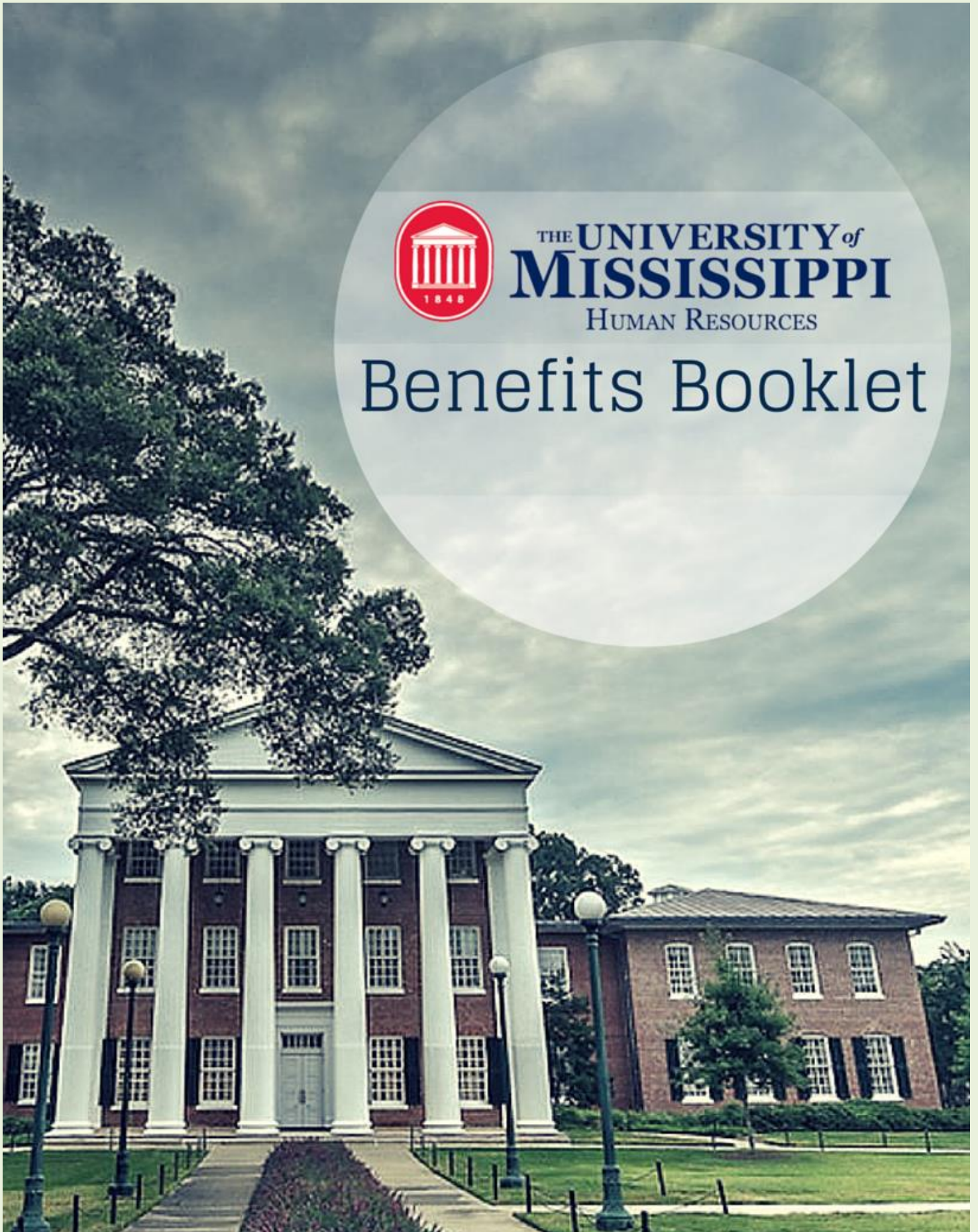




THE UNIVERSITY of
MISSISSIPPI
HUMAN RESOURCES

Benefits Booklet



QUICK REFERENCE LIST

Insurance:

State Health Insurance Plan: <http://knowyourbenefits.dfa.state.ms.us>

Claims Administrator(800) 709-7881

Blue Cross & Blue Shield of Mississippi
P. O. Box 23734
Jackson, MS 39225-3734
Fax: 601-664-5342

Provider Network(800) 294-6307
Utilization Review Program (ActiveHealth).....(866) 939-4721
Healthcare Transparency (Castlight)(866) 970-5986
Plan Administrator(866) 586-2781
In the Jackson area (Plan Administrator).....(601) 359-3411

State and School Employees Health Insurance Management Board
c/o Mississippi Department of Finance and Administration
Office of Insurance
P.O. Box 24208
Jackson, MS 39225-4208
Plan Tax ID: 64-6000749

Pharmacy Benefits: <http://knowyourbenefits.dfa.state.ms.us>

Prime Therapeutics LLC (Prime)

Pharmacy Benefits Manager(855) 457-0408

Pharmacy Mail Order Program

PO Box 650041
Dallas, TX 75265

Specialty Pharmacy Network (Prime Specialty Pharmacy).....(877) 348-6337

Group Life Insurance: <http://knowyourbenefits.dfa.state.ms.us>

Minnesota Life Insurance Company.....(877) 348-9217

400 Robert Street North
St. Paul, MN 55101-2098
Fax: 651-665-4827

Supplemental Life Insurance:

UNUM.....(800) 621-6403

2211 Congress Street
Portland, ME 04122

Dental Insurance: www.deltadentalins.com

Delta Dental(800) 521-2651

1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Vision Insurance: www.davisvision.com

Davis Vision.....(800) 283-9374

Capital Region Health Park
711 Troy Schenectady Rd, Suite 301
Latham, NY 12110

Cancer/Dreaded Disease:

Life of Alabama(800) 880-4233
Attn: Billy West
320 B. Edgewood Terrace
Jackson, MS 39206

American Heritage (The William Morris Group, PA).....(800) 346-7164
4400 Old Canton Road, Suite 240
Highland Bluff South
Jackson, MS 39211-5992
Fax# 601-948-0041

Accidental Death/Dismemberment:

AIG Life Insurance Company (Stockett & Thomas Agency).....(601) 948-3733
860 E River Pl Suite 204
Jackson, MS 39202
Fax # 601-355-1356

Long-Term Disability:

Standard Insurance Company (The William Morris Group, PA).....(800) 346-7164
4400 Old Canton Road, Suite 240
Highland Bluff South
Jackson, MS 39211-5992
Fax# 601-948-0041

Flexible Spending Accounts: <http://www.sabcflex.com>

Medical Reimbursement & Dependent Care
(Southern Administrators & Benefit Consultants)(800) 844-2555
P.O. Box 2449
Madison, MS 39130-2449
Fax # 601-856-8088

Retirement:**403b Vendors: For a complete list and contact information:**

Go to <http://www.olemiss.edu/hr/retirement.html>

Click on the link to the **403B Vendor list**

Mississippi Deferred Compensation: <http://www.pers.ms.gov>

Select **Retirement Plans** on PERS home page

Customer Service.....(800) 846-4551
4450 Old Canton Road, Suite 107
Jackson, MS 39211
Fax # (601) 362-4021

PERS (Public Employees' Retirement System): <http://www.pers.ms.gov>

Customer Service.....(800) 444-7377
429 Mississippi Street
Jackson, MS 39201-1005
Fax # 601-359-5261

Benefits:

Worker's Compensation:

AmFed(866) 866-9199
P.O. Box 1380
Ridgeland, MS 39158
Fax # (601) 427-1528
Email: ihlfaxes@amfed.com
Injury Report Packet: <http://www.olemiss.edu/hr/wcomp.html>

Other Important Phone Numbers – Quick Reference

Federal & State Agencies

Social Security Administration (800)-772-1213
Medicare (800)-633-4227
MPACT (601)-359-5255
Dept. of Vital Records (601)-576-7981
MS Dept. of Human Services (800)-345-6347

City of Oxford

Police (662)-232-2400
Fire (662)-232-2418
City Hall (662)-236-1310
Building Inspector (662)-232-2324
City Clerk (662)-232-2310
Municipal Court Clerk (662)-232-2320
Park Commission (662)-232-2380
Planning & Zoning (662)-232-2305
Sanitation (662)-232-2359

Lafayette County

Sheriff (662)-234-6421
Fire (662)-234-8789
Board of Supervisors (662)-234-6123
Chancery Clerk (662)-234-2131
Circuit Court (662)-234-4951
County Agent (662)-234-4451
Health Department (662)-234-5231
Justice Court (662)-234-0727
Sanitation (662)-236-2535
Tax Assessor (662)-234-5562

Baptist Memorial Hospital

Ambulance Services (662)-236-1124
General Information (662)-232-8100
Physicians Information (662)-232-8355
Women's Pavilion (662)-232-8355
Cancer Institute (662)-232-8457
Oxford Surgery Center (662)-234-7979

Public Transit

Oxford University Transit (OUT) (662)-234-3540

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INTRODUCTION

This booklet was designed to provide an overview of the benefit options available to you as an employee of The University of Mississippi. Each listed description is intended to provide you with a summary of the particular benefit. This is not a Master Policy/Contract. It is not intended to provide you with an inclusive list of all features, exclusions, and covered situations, and, in the case of a conflict between this booklet and the Master Policy/Contract, the terms of the Master Policy/Contract of each program will prevail. The contents of this booklet are also not intended to guarantee coverage or that these benefits will remain the same throughout your employment tenure. However, we hope it will be useful as you evaluate the University's fringe benefit program.

At the back of this document, we have included a worksheet to aid you in listing the benefits you are interested in and the potential cost. You may also use this worksheet to calculate an estimate of your take home pay. If you attempt to do this, please remember some benefits (including retirement and health insurance) are pre-taxed, therefore reducing your taxable liability.

On the last page of this booklet, you will also find the names and numbers of Human Resources personnel who can assist you with your benefit enrollment. Please feel free to contact our benefits area if you would like an explanation of any of the benefits listed in this booklet.

If you are a current employee of the University, we hope this document is useful as you evaluate your benefits program. If you are on a recruiting visit or a new employee, welcome to Ole Miss!



LEAVE, HOLIDAYS, & MISCELLANEOUS BENEFITS

Personal Leave – Twelve-month employees accrue Personal Vacation Leave as follows:

Continuous Service	12-month Employees Monthly Accrual Rate
1 month to 3 years	1.50 days (12 hours)
37 months to 8 years	1.75 days (14 hours)
97 months to 15 years	2.00 days (16 hours)
Over 15 years	2.25 days (18 hours)

Major Medical – Twelve and nine-month employees accrue Major Medical (sick) Leave as follows:

Continuous Service	12-month Employees Monthly Accrual Rate	9-month Employees Monthly Accrual Rate
1 month to 3 years	1.000 days (8 hours)	1.670 days (13.36 hours)
37 months to 8 years	0.875 days (7 hours)	1.780 days (14.24 hours)
97 months to 15 years	0.750 days (6 hours)	1.890 days (15.12 hours)
Over 15 years	0.625 days (5 hours)	2.000 days (16 hours)

Personal and Major Medical Leave balances carry over from year to year. Personal or Compensatory Leave must be used for the first day of an employee's illness or illness of a member of the employee's immediate family. An exception is allowed for regularly scheduled visits to a doctor's office or a hospital for the continuing treatment of a chronic disease, as certified in advance by a medical doctor and upon approval by Human Resources. When medical absences exceed 4 days, the employee must furnish the employing department with a doctor's notice.

Family and Medical Leave – Qualifying employees who are on a leave of absence with pay or without pay may qualify for benefits available under the Family and Medical Leave Act of 1993 (FMLA), as amended, and the National Defense Authorization Act (H.R. 4986), as amended (H.R. 2647). Eligibility is based on the following qualifications and will be determined by the Department of Human Resources.

- EMPLOYED AT LEAST 12-NONCONSECUTIVE MONTHS PRIOR TO THE COMMENCEMENT OF LEAVE AND
- WORKED AT LEAST 1,250 HOURS DURING THE 12-MONTH PERIOD IMMEDIATELY PRECEDING TO THE COMMENCEMENT OF LEAVE AND
- CARING FOR A CHILD DUE TO CHILDBIRTH OR PLACEMENT FOR ADOPTION OR FOSTER CARE; OR
- CARING FOR A SPOUSE, CHILD, OR PARENT WITH A SERIOUS HEALTH CONDITION; OR
- EMPLOYEE HAS A SERIOUS HEALTH CONDITION IN WHICH HE/SHE IS UNABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER POSITION; OR
- ANY QUALIFYING EXIGENCY WHEN THE SPOUSE, SON, DAUGHTER, OR PARENT OF THE EMPLOYEE IS ON ACTIVE DUTY OR HAS BEEN NOTIFIED OF AN IMPENDING CALL OR ORDER TO ACTIVE DUTY IN THE ARMED FORCES IN SUPPORT OF A CONTINGENCY OPERATION.

As defined under the National Defense Authorization Act (H.R. 4986), as amended (H.R. 4986), an Employee may take up to 26 weeks of leave during a single 12-month period to care for a spouse, son, daughter, parent or next of kin (closest blood relative) with an illness or injury incurred in the line of duty while in the Armed Forces or National Guard or Reserves.

If an employee is placed on FMLA, the University will continue to pay the employee's portion of state health insurance coverage during the 12-weeks of leave. Payment of premiums for all other insurances is the responsibility of the employee. FMLA will run concurrently with either paid or unpaid leave. The 12-week period will be measured forward beginning with the first day FMLA goes into effect. The employee must notify the employing department and the Department of Human Resources prior to the day leave of absence begins. When possible, paperwork documenting the effective date and expiration date for FMLA should be processed prior to the commencement of leave if the first day of leave is known. The University reserves the right to request information

updating the employee's condition and a tentative "return to work date". Additional information is available in the Family and Medical Leave Guidelines policy which can be accessed on the policy website at <https://secure4.olemiss.edu/umpolicyopen/index.jsp>.

Donated Leave – Qualifying employees who exhaust all of their accumulated major medical and personal leave may receive donated leave from fellow University of Mississippi faculty and staff members. The proposed recipient must meet the following criteria, as defined by State Code and University Policy, for entitlement under this benefit.

- Employed with the University at least 12-months and
- Worked a minimum of 1250 hours for the 12-month period immediately preceding the leave of absence and
- Employee has a catastrophic injury or illness, defined as a life-threatening injury or illness, which totally incapacitates the employee from work as verified by a licensed physician or
- Caring for an employee's immediate family member who has a catastrophic injury or illness, defined as a life-threatening injury or illness, as verified by a licensed physician or
- Employee with chronic illnesses or injuries, such as cancer or major surgery, which results in intermittent absences from work and which are long-term in nature and require long recuperation periods or
- Caring for an employee's immediate family member who has chronic illnesses or injuries, such as cancer or major surgery, which require long recuperation periods

The employee must exhaust all major medical and personal leave time earned by that employee, which results in the loss of compensation from the state. Human Resources will determine entitlement for donated leave. Additional information is available in the Donated Leave policy which can be accessed on the policy website at <https://secure4.olemiss.edu/umpolicyopen/index.jsp>.

Holidays – The University observes the following holidays: Independence Day; Labor Day; Thanksgiving Day; Christmas Day; New Year's Day; Martin Luther King Jr. Day; Good Friday; and Memorial Day. The Chancellor designates any additions and/or deletions to the above listing. The holiday calendar is available at <http://www.olemiss.edu/hr/ files/benefits/holidays.pdf>.

Further Education – With department head approval, qualifying employees may take courses for credit and receive tuition scholarships for a maximum of two courses not to exceed 8 credit hours per semester. Please note that additional fees may be assessed for some classes. These fees average \$30.00 but some are significantly lower or higher than this figure and are NOT covered by this policy. Faculty and staff members wishing to enroll in classes where an additional lab/class fee is charged will be responsible for paying this charge. Full-time employees may enroll in any semester, excluding intersession, for one course that meets during the standard workday. Total time away from work may not exceed four hours per week. Part-time employees employed one-half time or more may receive a partial tuition benefit for one course during each regular semester, excluding intersession, and each summer term outside their regularly scheduled work time. The employee must be enrolled with the University and complete a Form 19 which can be obtained from the Human Resources website at

<http://www.olemiss.edu/hr/ files/benefits/Form%2019.pdf>.



A scholarship to assist with the cost of books and materials may be available on a semester basis for employees, subject to annual salary limitations. Information is available on the Staff Council website at <http://staffcouncil.blog.olemiss.edu/>.

Faculty in Degree Programs – Persons holding a professorial rank and employed on a full-time basis by the University of Mississippi shall be eligible to pursue degrees from the University subject to the following conditions and limitations:

1. Faculty members in the professional schools may pursue degrees in any school or college other than their own. Faculty members in the College of Liberal Arts may pursue degrees in any department other than their own, as well as in the professional schools.
2. Prior to entering upon a degree program, such a person must obtain the approval of his/her department chair and the dean or director of his/her school or college.
3. Prior to enrollment for a graduate degree, such a person must obtain the approval of the Dean of the Graduate School for admission to the appropriate graduate degree program. Prior to enrollment in any other school or college, such a person must obtain the approval of the dean of the school or college in which he/she wished to pursue a degree.
4. Enrollment may not exceed four hours during any regular term or three hours during any summer term. If such a person is on leave without pay or is not employed during the summer term in which he/she is enrolled the foregoing limitations on the number of hours shall not apply.
5. Such a person shall be subject to all policies, regulations, and requirements applicable to other students in the program.

This policy concerning full-time faculty members in a professorial rank does not affect existing policies concerning instructors, part-time faculty, and other University employees.

Tuition Benefit for Children of Faculty and Staff – Applies to all single dependent children of full-time, benefit eligible faculty and staff of the University of Mississippi at either the Oxford or Jackson campuses. A full tuition benefit per semester is available to dependent children (if enrolled full-time) of qualifying faculty and staff member, of the University who were employed prior to July 1, 1977 (August 16, 1977, for nine-month faculty), and have been continuously employed since that time. A full tuition benefit in this amount is also available to dependent children, if both parents are full-time employees of the University and are employed as of the first day of each scheduled registration. A half tuition benefit per semester is available to all children of full-time, benefit eligible faculty and staff who have been employed since July 1, 1977, and are employed as of the first day of each scheduled registration. Please note that additional fees may be assessed for some classes. These fees average \$30.00 but some are significantly lower or higher than this figure and are NOT covered by this policy. Dependent children of qualifying faculty and staff members wishing to enroll in classes where an additional lab/class fee is charged will be responsible for paying this charge. Single dependent children of qualifying employees may receive the tuition benefit until one baccalaureate degree at this institution is earned or the dependent reaches age twenty-five, whichever comes first. Additional benefit information and eligibility verification is available in the Office of Financial Aid.

Nonresident Fee Waiver – Full-time employees, their spouses, and children may request the waiver of nonresident fees. Part-time employees, employed one-half time or more, and their spouses, qualify for this waiver only on the course work allowed under the Further Education policy for part-time employees (one course not to exceed four semester hours during each regular semester and each summer term). Employees and spouses must obtain fee waiver information from the Department of Human Resources. Single dependent children of full-time employees may request the fee waiver through the Office of Financial Aid.

Professional Development for Staff Employees – The University encourages the professional development of permanent staff employees. In an attempt to reward employees for such efforts, salary increases may be granted for the receipt of applicable certificates, licenses, and degrees. The amount of the increase varies in accordance with the amount of time and effort required and the relationship to the employee's position. Part-time employees will receive increases on a pro-rata basis.

See the University Policy Website located at <https://secure4.olemiss.edu/umpolicyopen/index.jsp> for more information about the amount of the increases.

Salary increases granted under this policy are effective the first of the month after receipt of the degree or certification. Salary adjustments for degrees or certifications awarded in a prior calendar year will be effective January 1st of the current calendar year. To avoid delays in effecting the increase, department heads should submit the appropriate forms in a timely manner. No salary increases will be granted for receipt of a degree if the employee already has a similar degree (Bachelor's, Master's, etc.).

Since heads of departments are expected to remain current in their respective areas of responsibility, they will normally be ineligible for the certification provisions of this policy.

Campus Recreation – The Turner Center is a comprehensive facility that provides all types of indoor and outdoor recreational activities for faculty and staff to enjoy. Activity areas within the Turner Center are as follows:

- **GYMNASIUM: LARGE MULTIPURPOSE GYMNASIUM.**
- **JOGGING/WALK TRACK: 1/8 MILE SUSPENDED TRACK.**
- **NATATORIUM: 65 METERS BY 20 YARDS SWIMMING POOL WITH TWO BULKHEADS, WHICH ALLOW FLEXIBILITY IN SCHEDULING. THERE IS AN EIGHT-LANE (25-YARD) LAP AREA FOR FITNESS SWIMMERS.**
- **RACQUETBALL COURTS: TEN COURTS AVAILABLE ON A FIRST-COME, FIRST-SERVED BASIS OR BY RESERVATION.**
- **FITNESS CENTER: 10,000-SQUARE-FOOT FACILITY EQUIPPED WITH CARDIOVASCULAR EQUIPMENT, FREE WEIGHTS, AND STRENGTH-RESISTANCE EQUIPMENT.**
- **AEROBICS STUDIO: LARGE MULTIPURPOSE ROOM USED FOR A VARIETY OF ACTIVITIES. AVAILABLE THROUGH RESERVATION ONLY.**
- **LOCKER ROOMS: LOCKER FACILITIES ARE AVAILABLE FOR RENT BY SEMESTER OR ON AN ANNUAL BASIS.**
- **TENNIS COURTS: SIX REGULATION COURTS LOCATED BEHIND THE TURNER CENTER.**
- **OLE MISS OUTDOORS: OFFERS OUTDOOR ACTIVITIES SUCH AS KAYAKING, BOULDERING, AND BACKPACKING**



Membership fees can be paid by payroll deduction. For additional information concerning the membership fees, the fitness center, the outdoor recreation activities, or other recreational facilities and/or activities, contact the Department of Campus Recreation in the Turner Center at 662-915-5591.

Tickets to Athletic Events – The Department of Intercollegiate Athletics offers discounted season tickets to qualifying employees and retired employees of The University of Mississippi. These tickets are considered an extra employee benefit. In order to protect this program from potential misuse, the following guidelines are in effect for all faculty and staff season renewals or new season orders for discounted tickets.

- **THE FACULTY OR STAFF EMPLOYEE MUST BE A FULL-TIME, PERMANENT EMPLOYEE OF THE UNIVERSITY OF MISSISSIPPI. FACULTY MEMBERS WHO ARE FULL TIME AND WILL BE ON THE ACTIVE FACULTY LIST IN THE FALL SEMESTER ARE ELIGIBLE AS OF JULY 1. RETIRED EMPLOYEES ARE ELIGIBLE IF THEY RETIRED FROM THE UNIVERSITY WITH AT LEAST 10 YEARS OF CREDITABLE SERVICE AND THEY ARE CURRENTLY DRAWING THEIR RETIREMENT BENEFITS FROM THE STATE. THE STATUS MUST BE VERIFIABLE BY THE ATHLETICS DEPARTMENT THROUGH THE UNIVERSITY'S DEPARTMENT OF HUMAN RESOURCES.**
- **IN ORDER TO RECEIVE THIS BENEFIT, THE EMPLOYEE OR RETIRED EMPLOYEE MUST MEET THE ABOVE CONDITIONS AT LEAST 60 DAYS PRIOR TO THE START OF EACH RESPECTIVE SEASON.**
- **IF THE AFOREMENTIONED CONDITIONS ARE MET, EACH EMPLOYEE IS ELIGIBLE FOR UP TO TWO DISCOUNTED SEASON TICKETS FOR FOOTBALL, BASEBALL, AND MEN'S BASKETBALL, SUBJECT TO THE ATHLETICS DEPARTMENT GUIDELINES DESIGNATING WHICH TYPES OF SEASON TICKETS ARE AVAILABLE FOR THE DISCOUNT. INDIVIDUALS SENDING IN ORDER FORMS REQUESTING THE DISCOUNT, WHO HAVE NOT MET THE**

ABOVE CONDITIONS, WILL HAVE THEIR ORDER RETURNED TO THEM WITH AN EXPLANATION OF WHAT THEY MUST DO TO PURCHASE TICKETS.

- THE ATHLETIC TICKET OFFICE WILL ACCEPT PAYMENT FROM THE EMPLOYEE FOR THE DISCOUNTED TICKETS IN THE FORM OF: VISA OR MASTERCARD, A PERSONAL CHECK, A CASHIER'S OR CERTIFIED CHECK, PAYROLL DEDUCTION, OR CASH IF HE/SHE PAYS FOR IT IN PERSON AT THE TICKET OFFICE.

Please contact the Department of Intercollegiate Athletics at 662-915-7241 for additional information.



University Counseling Center / Employee Assistance Program – The Employee Assistance Program (EAP) is a confidential counseling service developed for all University employees. The purpose of the EAP is to provide information, counseling or other services to employees who may be experiencing difficulties which disrupt day-to-day functioning. The service is provided to all employees as a benefit, and the University encourages the utilization of the EAP to promote employee health, wellness and productivity.

A detailed description of each service type is available in the EAP policy (**HRO.BE.600.290**) which can be accessed at <https://secure4.olemiss.edu/umpolicyopen/index.jsp>.

Employees may call 662-915-3789 or come by the University Counseling Center for more information or to set up an appointment with an EAP counselor. The University Counseling Center is located on the third floor of Lester Hall. Office hours are Monday-Friday, 8:00 am to 5:00 pm.

Office of the Ombuds - The Office of the Ombuds is a confidential conflict resolution service available to all University employees. The University Ombuds serves the University of Mississippi Community by providing a confidential and off-the-record place for faculty, staff, and graduate students to discuss and obtain assistance with a wide range of concerns that affect the campus environment. The University Ombuds acts in the pursuit of equity and fairness for all members of the UM Community. The purpose of the Ombuds is to ensure that every voice at the University of Mississippi can be heard, without fear of retaliation, retribution, or loss of privacy.

Services include, but are not limited to, conflict coaching and mediation services. The Ombuds is also available for training on communication and conflict-related topics. Additional information on the role and services of the Office are available at www.ombuds.olemiss.edu.

Employees are encouraged to schedule an appointment by calling 662-915-1537. The office is located at 318 Trent Lott Institute. Office hours are Monday – Friday, 8:00 a.m. to 4:30 p.m. Appointments are available throughout lunchtime hours and after normal business hours by request.

Physical Therapy Services – Student Health Services in cooperation with Student Life and the Department of Intercollegiate Athletics is providing physical therapy sessions for University employees in the Michael S. Starnes Athletic Training Center for patients who are referred by a health care provider. Therapy services are available by appointment Monday-Friday from 8:00 am to 5:00 pm. Fees for therapy services can be paid via payroll deduction or be claimed to the employee's health insurance with any remaining balance paid through payroll deduction. For more information about the sessions or to schedule an appointment, call 662-915-2027.

Employee Health Service – University Benefit eligible faculty & staff have the option of utilizing the Employee Health Service for their acute health care needs such as stomachaches, sore throats, colds, etc. This service is not provided for non-benefit eligible employees or retirees. The Service is not equipped to provide care for emergencies or chronic long term conditions such as diabetes or high blood pressure. The Service is located on the 2nd floor of the V.B. Harrison Health Center. Services are available by appointment Monday-Friday from 8:00 am until 12:00 pm and from 1:00 pm until 5:00 pm. Same day appointments are possible. A fee is charged for office visits which can be paid via payroll deduction or be claimed to the employee's health insurance with any remaining balance paid through payroll deduction. For more information about the service or to schedule an appointment, call 662-915-6550.



Speech and Hearing Center – This onsite clinic offers speech and audiology services to University faculty, staff, & students and members of the community. Assessment and therapy services are provided by licensed Speech-Language Pathologists and certified Audiologists. University employees/retirees and their dependents receive a 50% discount on all speech and audiology services and a 10% discount on the purchase of hearing aids. Office hours are Monday – Friday from 8:00 am until 5:00 pm. To schedule an appointment call 662-915-7271.

Meal Plans – Faculty and Staff are eligible to receive discounted meal plans for Ole Miss dining services through the University ID Center, you may contact them at 662-915-7423.

Performing Arts – The Gertrude Castellow Ford Center for the Performing Arts shall enrich the intellectual and cultural environment of the University of Mississippi and the region by providing a venue for programming in performing arts, public affairs and the humanities. The Ford center will complement the University's commitment to excellence in education, research and service while celebrating imagination, innovation and creativity. Faculty and Staff may receive discounted tickets to some events, for more information visit <http://www.olemiss.edu/fordcenter/facultystaffdiscount.pdf>.

Personal Internet/Long Distance Phone Services – The Telecommunications department provides personal internet and long distance phone services in Baxter Hall. Services can be paid for through University payroll deductions, please visit the Telecommunication website at <http://www.olemiss.edu/depts/telecommunications/>.

STATE RETIREMENT

www.pers.ms.gov

Those employed one-half time or more for more than 4 ½ months or one fall or spring semester for nine-month contractual employees must participate in the state retirement plan, Public Employees' Retirement System (PERS). The Plan is designed to provide monthly retirement contributions for the life of the employee. Participation is **mandatory** as a qualified state employee. Contributions for PERS and ORP are remitted monthly.

New **Teaching and Administrative Faculty, Coaches, Librarians with academic rank, Administrators with budgetary authority, Postdoctoral Research Associates, and Research Scientists** may choose between either the PERS or Optional Retirement Plan (ORP). Qualifying employees have 30 calendar days from their date of hire to enroll in ORP. If, after **30 calendar** days, an ORP election has not been made, the employee will be automatically enrolled in PERS.

Public Employees' Retirement System (PERS) – PERS is a defined benefit plan, which means potential benefits are based on a pre-determined formula. All employees are required to contribute 9.00% of their income to PERS. This contribution is contributed on a pre-tax basis and the maximum reportable wage is \$265,000. The University will contribute 15.75% of your income to PERS. However you will only receive a benefit from the university's contributions if you retire from the system and draw monthly benefits. If you choose to leave the University before retirement, you may withdraw your contributions less taxes, roll over your contributions to a qualified retirement plan without paying taxes, or leave the money in the system for the purpose of drawing a benefit later, should you qualify, or return to state service.

Monthly retirement benefits are available from PERS for members who meet the following criteria.

Members hired prior to July 1, 2007

You are age 60 with at least four years of membership credit

You have accumulated at least 25 years of service credit, regardless of age

Members hired on or after July 1, 2007

You are age 60 with at least eight years of membership credit

You have accumulated at least 25 years of service credit, regardless of age

Members hired on or after July 1, 2011

You are age 60 with at least eight years of membership credit

You have accumulated at least 30 years of service credit, regardless of age

You will receive a percentage of your four highest years' average salary based on your total years of service credit. The percentage received is based on a systematic phase as follows. An employee receives 2 percent of the average compensation for 1-25 years of service and 2.5 percent for years of service in excess of 25 years.

ONCE AN EMPLOYEE IS VESTED, THERE ARE SEVERAL OTHER POTENTIAL BENEFITS.

- DISABILITY INCOME FOR A QUALIFYING DISABILITY
- SURVIVING SPOUSE AND DEPENDENT CHILDREN INCOME IN THE EVENT OF THE MEMBER'S DEATH
- SERVICE CREDIT FOR UNUSED PERSONAL AND MAJOR MEDICAL LEAVE
- MILITARY SERVICE CREDIT (DD214 REQUIRED)
- OUT-OF-STATE SERVICE CREDIT

Detailed information about plan rules and benefits are available on the PERS website @ <http://www.pers.ms.gov>

Optional Retirement Plan (ORP) – Prior to July 1, 1990, all Institutions of Higher Learning (IHL) employees were covered under PERS. New **Teaching and Administrative Faculty, Coaches, Librarians with academic rank, Administrators with budgetary authority, Postdoctoral Research Associates, and Research Scientists** may choose the PERS or the ORP. There are several differences in ORP and PERS benefits based on the fact that the ORP is a defined contribution plan, and PERS is a defined benefit plan. This makes a comparison extremely difficult. With either the ORP or PERS, your contribution is 9.00% of wages, and the employer contributes 15.75%. **However, your ORP member account will only consist of your 9% contribution and 13.1175% of the employer contribution for a total of 22.1175%.** The employer contribution balance of 2.475% goes to PERS to fund the unfunded accrued liability of PERS and .1575% administrative fee as it does for all PERS participants. If you elect to participate in the ORP, your retirement benefits will be determined by the amount of cash value you have at the time of retirement with which to purchase an annuity. The three companies that participate in this plan are **VALIC, VOYA, and TIAA.**

If you are an employee eligible to participate in the ORP, you will be asked to decide within your first 30 days of employment if you wish to participate in the ORP or in the PERS. **If you do not decide which plan to join within 30 days, you will automatically be enrolled in PERS effective from your date of employment.** Mississippi law requires all full-time employees of IHL to be members of PERS but does offer to new teaching and administrative faculty, coaches, librarians with academic rank, and administrators with budgetary authority, postdoctoral research associates, and research scientists an opportunity to select an optional retirement plan within 30 days of employment. State law mandates that if an employee was previously employed by a University within the State of Mississippi and a participant in the Optional Retirement Plan, he/she must continue participation in the ORP during any University employment within Mississippi where they are employed in an ORP qualifying position.

The retirement election in PERS or ORP is an irrevocable decision.

If you relocate to another state which has a similar plan, you may be eligible to transfer your account balance to your new employer's plan. The unfunded accrued liability portion remains with PERS and will never be of benefit to you. If you resign or discontinue teaching, then you may draw retirement benefits immediately. You choose the investment vehicles in which your contributions are deposited and can make limited transfers of your account based on your annuity contract with the vendors. Plan contributions are a liability of the company with which you invest.

Advantages and Disadvantages of ORP versus PERS:

ADVANTAGES OF PERS	DISADVANTAGES OF PERS
<ul style="list-style-type: none"> Disability income protection Military service credit Unused leave credit Death benefits in line of duty Cost of living increase (COLA) Can purchase professional leave credit Can purchase out-of-state service Minimum monthly benefit after 4 years' service upon qualification for retirement for members hired prior to July 1, 2007 Minimum monthly benefit after 8 years' service upon qualification for retirement for members hired on or after July 1, 2007 	<ul style="list-style-type: none"> Not transferable 4-year service requirement for monthly disability, survivor and retirement benefits for members hired prior to July 1, 2007 8-year service requirement for monthly disability, survivor, and retirement benefits for members hired on or after July 1, 2007 Employee does not have access to employer contributions if terminates prior to eligibility for monthly retirement benefits.

ADVANTAGES OF ORP	DISADVANTAGES OF ORP
<ul style="list-style-type: none"> • Access to contributions of 22.1175% • Portability • Benefits available upon termination at any age subject to applicable penalties • Control over investment • Immediate vesting 	<ul style="list-style-type: none"> • Disability benefits based on account value • Survivor benefits based on account value • No additional credit for unused or military leave • No cost of living increase • Employee does not have access to 2.6325% of employer contribution

*If a person has recently begun participating in the ORP and has a small account balance, benefits are based solely on the value of the account with no minimum guarantee.

SUPPLEMENTAL RETIREMENT

403(b) – Pre-Tax

Employees of The University of Mississippi are offered certain tax advantages in that part of the gross compensation may be excluded from current income taxes when used to purchase an annuity for additional retirement benefits under the provisions of Section 403(b) of the Internal Revenue Code. Invested moneys will be taxed at the time the annuity matures, and payment is made to the individual. This could result in considerable tax savings to the individual. Employees interested in this program may contact the Department of Human Resources at 662-915-7431 or directly contact a representative of the following vendors authorized by the University to handle these annuities:

- **TIAA – RICHELLA VINCENT LEE (800) 842-2003 EXT. 3570**
- **VALIC – STIRLING PITTMAN (662) 816-8606 AND STEVEN STEWART, SR. (601) 607-3403**
- **VOYA – DOUG ATKINSON (662) 533-0924**

*PLEASE NOTE THAT THIS PROGRAM IS VOLUNTARY WITH NO CONTRIBUTIONS FROM THE UNIVERSITY OR THE STATE.
Contribution limits are determined by IRS rules.

Go to <http://www.olemiss.edu/hr/ files/benefits/403bVendorList.pdf> for links to each company's web site. To enroll in the pre-tax 403(b) program, you must complete a Salary Reduction Agreement which can be accessed at <http://www.olemiss.edu/hr/ files/benefits/Salary%20Reduction%20Agreement.pdf>. Please be sure to indicate your withholding preferences in the proper location on the form. Once your withholdings are made you will not be able to redirect those monies [i.e. have pre-tax 403(b) dollars submitted to a post-tax Roth 403(b) account].

Roth 403(b) – Post-Tax

The University of Mississippi offers the Roth 403(b) as an option to have post-tax earnings deducted for supplemental retirement savings. The earnings from these accounts are allowed to accumulate on a tax free basis as long as proper methods are followed for withdrawals. The contribution limits for Roth 403(b) accounts are the same as the traditional (pre-tax) 403(b). An employee can choose to contribute to both a post-tax Roth 403(b) account and a pre-tax 403(b) account. However, the combined amounts withheld cannot exceed the IRS calendar year contribution limit.

The following vendors have been authorized to offer Roth 403(b) accounts with the University.

- **TIAA – RICHELLA VINCENT LEE (800) 842-2003 EXT. 3570**
- **VALIC – STIRLING PITTMAN (662) 816-8606 AND STEVEN STEWART, SR. (601) 607-3403**
- **VOYA – DOUG ATKINSON (662) 533-0924**

*PLEASE NOTE THAT THIS PROGRAM IS VOLUNTARY WITH NO CONTRIBUTIONS FROM THE UNIVERSITY OR THE STATE.

Go to http://www.olemiss.edu/hr/ files/benefits/403b_vendor_list_June%202016.pdf for links to each company's web site. To enroll in the post-tax Roth 403(b) program, you must complete a Salary Reduction Agreement Form which can be accessed at <http://www.olemiss.edu/hr/ files/benefits/Salary%20Reduction%20Agreement.pdf>. Please be sure to indicate your withholding preferences in the proper location on the form. Once your withholdings are made you will not be able to redirect those monies (i.e. have pre-tax 403(b) dollars submitted to a post-tax Roth 403(b) account).

You must contact a vendor representative to establish an account, designate beneficiary(ies) and elect investment options, once you decide to have funds withheld from your earnings. The representative can assist you in determining how your funds should be invested. Employees

interested in this program may contact the Department of Human Resources at (662) 915-7431 or directly contact a vendor representative for more information.

457 – Deferred Compensation Plan (Pre-Tax)

The 1973 and 1974 Mississippi Legislatures passed legislation that allows any public employee in the State of Mississippi to participate in a Deferred Compensation Plan. Participation is voluntary with no contributions by the State or the University.

Deferred compensation, like a tax-sheltered annuity, offers certain tax advantages in that a part of an employee's gross compensation may be excluded from current income taxes and invested. Empower is contracted to administer the program. For more information, please contact Rob Crawford, Mississippi Deferred Compensation Plan and Trust at (800) 846-4551 or visit their website at <https://mdcplan.gwrs.com/login.do>.



PRE-TAXED CAFETERIA PLAN BENEFITS

THE UNIVERSITY PROVIDES BENEFITS IN ACCORDANCE WITH THE INTERNAL REVENUE CODE SECTION 125 CAFETERIA PLANS. THE UNIVERSITY'S CAFETERIA PLAN SUMMARY PLAN DESCRIPTION IS AVAILABLE AT <http://www.olemiss.edu/hr/benefits.html>. FOLLOWING IS A SUMMARY OF THE MORE IMPORTANT PARTS OF THE PLAN. THIS SUMMARY PLAN DESCRIPTION DESCRIBES PORTIONS OF THE PLAN IN GENERAL AND IS NOT INTENDED TO ALTER OR MODIFY ANY OF THE PROVISIONS OF THE PLAN. UPDATES TO THIS SUMMARY WILL BE MADE WHEN THERE ARE MATERIAL CHANGES IMPOSED BY THE INTERNAL REVENUE CODE.

Purpose – This plan is for the exclusive benefit of eligible employees and their dependents. It is designed to provide a choice between taxable and non-taxable benefits. Through participation in the plan you choose certain eligible benefits that can be paid for with “pre-tax” dollars. The end results generally are greater flexibility in benefit selection for family needs and more spendable income.

To be eligible to participate in the Flexible Benefit Plan you must meet the following requirements:

- BE AN EMPLOYEE WHOSE WAGES ARE SUBJECT TO WITHHOLDING FOR THE PURPOSE OF FEDERAL INCOME TAXES AND SOCIAL SECURITY LAW, AND
- BE EMPLOYED AT LEAST 50% AS A 12-MONTH EMPLOYEE FOR OVER 4 ½ MONTHS OR BE EMPLOYED FOR A FULL-SEMESTER AS A 9-MONTH FACULTY MEMBER.

Types of Benefits – Benefits provided under your Plan are outlined in the Plan Document held by your employer. Prior to participation, you will be given information on the available selections. Benefits offered under your Plan are the following:

- GROUP MAJOR MEDICAL PLAN – STATE AND SCHOOL EMPLOYEE'S LIFE AND HEALTH PLAN
- GROUP DENTAL INSURANCE - DELTA DENTAL
- GROUP VISION INSURANCE – DAVIS VISION
- MEDICAL EXPENSE REIMBURSEMENT PLAN – SOUTHERN ADMINISTRATORS & BENEFIT CONSULTANTS
- DEPENDENT CARE REIMBURSEMENT PLAN – SOUTHERN ADMINISTRATORS & BENEFIT CONSULTANTS
- ACCIDENTAL DEATH & DISMEMBERMENT – UNDERWRITTEN BY NATIONAL UNION FIRE INS CO.
- CANCER, DREADED DISEASE AND INTENSIVE CARE – AMERICAN HERITAGE OR LIFE OF ALABAMA

Election of Benefits – In determining whether you wish to participate in the plan, you should decide which benefits offered will be useful for you and your dependents. Once you have made this decision, you will need to complete and sign an enrollment form and an Insurance Election and Waiver Form. This form cannot be changed or revoked prior to the first day of the next plan year unless a “Change in Status” (as permitted by the plan and the Internal Revenue Code) has occurred. Changes are not automatic. **YOU MUST CONTACT HUMAN RESOURCES AND COMPLETE THE NECESSARY FORMS WITHIN 60 DAYS OF THE CHANGE IN STATUS.** Documentation verifying a change in status may be required. The employee is responsible for notifying the Department of Human Resources when one of the following changes in status occurs:

- **LEGAL MARITAL STATUS:** MARRIAGE, DEATH, DIVORCE, LEGAL SEPARATION, OR ANNULMENTS;
- **NUMBER OF DEPENDENTS:** BIRTH, ADOPTION, PLACEMENT FOR ADOPTION OR DEATH;
- **EMPLOYMENT STATUS:** DEFINED AS A REDUCTION OR INCREASE IN HOURS OF EMPLOYMENT BY THE EMPLOYEE, SPOUSE, OR DEPENDENT WHICH CAUSES THE INDIVIDUAL TO GAIN OR LOSE ELIGIBILITY;
- **WORK SCHEDULE:** DEFINED AS A REDUCTION OR INCREASE IN HOURS OF EMPLOYMENT BY THE EMPLOYEE, SPOUSE, OR DEPENDENTS BECAUSE OF A SWITCH BETWEEN PART-TIME AND FULL-TIME, A STRIKE OR LOCKOUT, OR COMMENCEMENT OR RETURN FROM AN UNPAID LEAVE OF ABSENCE;
- **UNMARRIED DEPENDENT STATUS:** DEFINED AS AN EVENT THAT CAUSES AN EMPLOYEE'S DEPENDENTS TO SATISFY THE REQUIREMENTS OF ATTAINMENT OF AGE OR STUDENT STATUS, OR ANY SIMILAR CIRCUMSTANCE AS PROVIDED BY THE PLAN;
- **RESIDENCE OR WORKSITE:** DEFINED AS A CHANGE IN THE PLACE OR RESIDENCE OR WORK OF THE EMPLOYEE, SPOUSE, OR DEPENDENT.

ADDITIONAL CHANGES THAT MAY BE APPROVED ARE COURT ORDERS SUCH AS A QUALIFIED MEDICAL CHILD SUPPORT ORDER AND QUALIFICATION OR LOSS OF THE EMPLOYEE, SPOUSE, OR DEPENDENTS FOR MEDICARE OR MEDICAID.

PARTICIPANTS MAY REVOKE THEIR HEALTH INSURANCE ELECTIONS DUE TO A SIGNIFICANT CHANGE IN PREMIUM AS DETERMINED BY HUMAN RESOURCES. PAPERWORK MUST BE COMPLETED IN HUMAN RESOURCES WITHIN 60 DAYS OF THE CHANGE.

EMPLOYEES WHO ARE TERMINATED AND REHIRED WITHIN 31 DAYS IN THE SAME CALENDAR YEAR WILL BE REINSTATED WITH THE SAME INSURANCE COVERAGE OBTAINED DURING THEIR PREVIOUS EMPLOYMENT. INDIVIDUALS HIRED 31 DAYS AFTER TERMINATION WILL BE ALLOWED TO MAKE NEW ELECTIONS. APPLICATIONS MUST BE COMPLETED WITHIN 31 DAYS OF THE REHIRE DATE.

Premium Payment – Total annual insurance premiums and medical/dependent care elections are deducted as follows:

- FOR TWELVE-MONTH EMPLOYEES THE ANNUAL TOTALS ARE DIVIDED BY 24 WITH EQUAL AMOUNTS DEDUCTED EACH PAY PERIOD.
- FOR NINE-MONTH EMPLOYEES THE ANNUAL TOTALS ARE DIVIDED BY 18 WITH EQUAL AMOUNTS DEDUCTED EACH PAY PERIOD.

The plan allows for the payment of eligible expenses on a “pre-tax” basis. These funds will be used to pay insurance carriers for eligible insurance premiums or placed into reimbursement accounts for the reimbursement of eligible medical and/or dependent care expenses.

NOTE: EMPLOYEE’S PREMIUM PAYMENTS ARE IN ARREARS UPON EMPLOYMENT WITH THE UNIVERSITY. DEPENDING UPON THE POINT WITHIN THE MONTH EMPLOYMENT BEGINS; THE EMPLOYEE WILL OWE EITHER ½ MONTH OR AN ENTIRE MONTH OF PREMIUM PAYMENTS IN ADDITION TO THE NORMAL PER PAY PERIOD DEDUCTIONS. SEE THE SCHEDULE BELOW:

IF HIRED ON OR BEFORE THE 15TH OF THE MONTH, A FULL MONTH’S PREMIUM IS IN ARREARS, AND FOR HIRE DATES AFTER THE 15TH OF THE MONTH A HALF-MONTH’S PREMIUM IS IN ARREARS.

THE ADDITIONAL DEDUCTIONS WILL TYPICALLY BE WITHHELD FROM THE EARNINGS RECEIVED FOLLOWING THE COMPLETION OF ALL BENEFIT ENROLLMENT PAPERWORK.

The maximum amount of salary reduction for elected benefits may not exceed your salary or the maximums set forth in the Plan Document. The University retains the right to reduce your salary reduction to fulfill nondiscrimination requirements necessary to maintain a valid plan as required by the Internal Revenue Code.

Open Enrollment – Prior to the next cafeteria plan year your employer or consultant will provide you with an opportunity during Open Enrollment (generally held in October) to change your benefit elections for the following year. If you do not complete and return a new benefit election form or sign to waive participation in the plan, it will be assumed that you wish to continue the same elections for the new calendar year.

Claim Procedures – Claims under the insurance plans must be filed with the insurance carrier. It will be the insurance carrier’s responsibility to pay the claims and not that of your employer or any third party service organization. This procedure may vary if your employer provides self-insured programs.

Human Resources Staff members are not agents of any insurance company. Therefore, we cannot answer questions regarding payment or nonpayment of claims. Questions should be directed to the appropriate insurance company representative. Contact information for insurance companies is available at http://www.olemiss.edu/hr/_files/benefits/quickreference.pdf.

Termination of Coverage – Typically employee insurance coverage terminates at the end of the month in which the employee's employment with the University ends (i.e. an employee that resigns effective January 10, 2014 will have insurance coverage through January 31, 2014). Plans such as the health, dental, vision, and medical reimbursement plans allow for continuation of coverage via Consolidated Omnibus Budget Reconciliation Act (COBRA) regulations. This continuation of coverage is based upon election by the employee and the remittance of the necessary premium payment(s).



STATE & SCHOOL EMPLOYEE'S HEALTH PLAN

<http://knowyourbenefits.dfa.ms.gov/>

Your health insurance coverage is with the State of Mississippi. There are two options offered for the State & School Employee's Health Plan (Plan). The Select Coverage and the Base Coverage will basically provide the same health coverage. Some major differences are the monthly premiums, calendar year deductibles, maximum out-of-pocket costs, and pharmacy deductibles. More detail about each plan can be found in the Summary Plan Description (SPD), available on the State Health & Life Plans website at

<http://knowyourbenefits.dfa.ms.gov/publications/>.

The plan is self-funded which means claims are payable from the actual premiums received from the University, other state agencies, and their employees. The University pays the entire premium for a Legacy employees' coverage when enrolled in the 'Select Coverage' or 'Base Coverage' and Horizon employees' coverage if enrolled in 'Base Coverage'. If you elect dependent coverage, you are responsible for payment of those premiums which are included in the following tables.

Coverage	Select Coverage Option		Base Coverage Option	
	Legacy Monthly Premiums		Legacy Monthly Premiums	
	12-month	9-month	12-Month	9-Month
*Employee	\$ 20.00	\$ 26.68	\$0	\$0
Employee & Spouse	\$463.00	\$617.32	\$389.00	\$518.68
Employee & 1 Child	\$175.00	\$233.32	\$101.00	\$134.68
Employee & Children (2 or more)	\$332.00	\$442.68	\$258.00	\$344.00
Employee, Spouse, & Children	\$667.00	\$889.32	\$593.00	\$790.68
*The University pays \$356.00 for employee only coverage				

Coverage	Select Coverage Option		Base Coverage Option	
	Horizon Monthly Premiums		Horizon Monthly Premiums	
	12-month	9-month	12-Month	9-Month
*Employee	\$ 38.00	\$ 50.68	\$0	\$0
Employee & Spouse	\$481.00	\$641.32	\$389.00	\$518.68
Employee & 1 Child	\$193.00	\$257.32	\$101.00	\$134.68
Employee & Children (2 or more)	\$350.00	\$466.68	\$258.00	\$344.00
Employee, Spouse, & Children	\$685.00	\$913.32	\$593.00	\$790.68
*The University pays \$356.00 for employee only coverage.				

Legacy Employees – All current UM employees hired prior to January 1, 2006 **OR** new employees hired on or after January 1, 2006 who have been employed full-time by any State of Mississippi agency covered by the Plan (such as a community/junior college, public library, public school district, other State agency or university).

Horizon Employees – Any employees initially hired by any State of Mississippi agency on or after January 1, 2006.

Coverage Effective Date – Employees electing coverage within the first 31 days of hire are covered as of their date of employment. Those who fail to make application within this time frame may not apply for coverage until the next open enrollment which is held during the month of October. The only exceptions to this rule are qualifying events for a special enrollment period (see Summary Plan Description). The application deadline for a special enrollment period is 60 days from the date of the qualifying event.

Premium Payment – Premiums for health insurance coverage are payable one month in advance of the coverage period. Those employees electing spousal and/or dependent coverage should note that as of their hire date premiums are in arrears by either a half or full month's premium. If hired on or before the 15th of the month, the employee is responsible for a full month's premium and for those hired after the 15th of the month will pay a half-month's premium for the first month of coverage.

Network Providers

- **AHS State Network (Advanced Health Systems)** is the network of physicians, hospitals, and other medical care providers within the State of Mississippi. Participants are encouraged to utilize Network providers to receive maximum benefit, but have a choice to be treated by any provider and to change providers at any time. Participants utilizing non-participating providers will be responsible for any charges in excess of the allowable charge, in addition to the higher calendar year deductible and coinsurance. A searchable database of providers is available at <http://knowyourbenefits.dfa.ms.gov/> under Find a Participating Provider.
- **BlueCard Program** is a national program through the Blue Cross and Blue Shield Association that enables Plan participants to receive in-network medical

Benefit Period Deductible – This amount must be paid before benefits are available for Covered Medical Expenses (see SPD). The deductible is for a calendar year and is applied each benefit period even in the presence of an ongoing illness, injury or pregnancy. Select Coverage participants' prescription drugs do not count toward the health insurance deductible. Base coverage participants must satisfy the combined calendar year deductible for medical and prescription drug expenses.

Maximum Family Deductible – This deductible is a cumulative specified dollar amount that will satisfy the calendar year deductible for all family members.

Expenses that do not count toward the calendar year medical deductible include:

- Primary Care Physician (PCP) office visit copayment
- Expenses in excess of the allowable charge and Plan maximum limits
- Services not considered medically necessary
- Prescription drug deductible and copayments
- Utilization review penalties
- Emergency room copayments
- Services not covered by the Plan

Coinsurance – The plan pays a portion of covered medical expense after the deductible is met and the employee pays the remainder. The amount you pay contributes to your out-of-pocket maximum. Charges above the plans allowable amount are your responsibility. Network providers agree not to charge Plan participants any amount above the Plans Allowable Charges.

Benefit Summary:

Select Coverage Option

	In- Network	Out-of- Network
Calendar Year Deductible (per member)	\$1,000	\$2,000
Calendar Year Family Deductible	\$2,000	\$4,000
Co-insurance *	80/20	60/40
Individual Medical Coinsurance Maximum	\$2,500	\$3,500
Out-of-Pocket Limit (Individual/Family)	\$6,500/\$13,000	N/A

NEFTS MAY BE PAID AT A DIFFERENT CO-INSURANCE (SEE SPD).

A \$25.00 copay is available to Select Coverage participants who receive services with an in-network provider Primary Care Physician (PCP).

Base Coverage Option

	In Network	Out-of- Network
Calendar Year Deductible (Employee only coverage)	\$1,800	
Calendar Year Family Deductible	\$3,000	
Coinsurance	80/20	60/40
Coinsurance/Copayment Maximum	\$2,500/\$5,000	\$3,500/\$7,000
Out-of-Pocket Limit (Individual/Family)	\$6,500/ \$13,000	N/A

**SOME BENEFITS MAY BE PAID AT A DIFFERENT CO-INSURANCE (SEE SPD).*

Out-of-Network Review – When specialty services, that are not available from in-network providers, are needed, contact ActiveHealth Management, Inc. (ActiveHealth) and request that they review the availability of the services you need. This is called an Out-of-Network Review and must be requested **prior** to receiving services. You will be responsible for any amounts charged by the out-of-network provider, which exceed the Plan's allowable charge. **OUT-OF-NETWORK REVIEWS DO NOT APPLY TO OUT-OF-AREA PARTICIPANTS OR SERVICES LISTED UNDER THE SEPARATE SCHEDULE OF BENEFITS PORTION OF THE SPD.**

Emergency Care – Covered at the in-network benefit level if needed while traveling outside of the Network's primary service area. Emergency medical care received at a non-network facility within the Network's service area may, under certain circumstances, be payable at the in-network level of coverage. **AMOUNTS IN EXCESS OF THE PLANS ALLOWABLE CHARGE ARE THE RESPONSIBILITY OF THE PARTICIPANT.**

NOTE: EMERGENCY CARE FOR SERVICES LISTED UNDER THE SEPARATE SCHEDULE OF BENEFITS WILL NOT BE PAID AT THE IN-NETWORK BENEFIT LEVEL UNLESS YOU USE AN IN-NETWORK PROVIDER. SERVICES FOR OUT-OF-AREA PARTICIPANTS WILL BE PAID AT THE IN-NETWORK LEVEL ONLY IF THEY WERE PROVIDED BY AN IN-NETWORK PROVIDER. (SEE SPD UNDER "ACCIDENTAL INJURY", "AMBULANCE", "HOSPITAL SERVICES", "PHYSICIAN SERVICES", AND "UTILIZATION REVIEW" FOR ADDITIONAL INFORMATION)

Accidental Injury – An Other Party Liability Questionnaire will be sent upon receipt of a claim filed with a diagnosis that could be related to an accidental injury. This is necessary to ensure that Plan benefits are not paid for services that are the responsibility of another party. **Participant's failure to complete and return the form may result in denial of benefits.**

Utilization Review Program – Through a clinical review and certification process, the Plan ensures that care participants receive is medically necessary, with services provided in the most appropriate facility and location. It is the participant's responsibility to make sure that ActiveHealth is notified of services that require utilization review and within the allotted period of time. **Certification determination does not guarantee either payment of benefits or the amount of benefits that will be paid. Plan participants are strongly encouraged to read The Plan's Utilization Review Program section of the SPD.**

Notification requirements for inpatient hospital admission	
Non-emergency	As soon as possible, but at least five (5) days prior to admission
Emergency admissions	Within forty-eight (48) hours of admission

More detailed information about notification requirements and penalties is available in the SPD which can be accessed on the State Health Plan website.

PENALTIES ARE AS FOLLOWS: LATE NOTIFICATION, \$250; NO NOTIFICATION, \$500; NO NOTIFICATION PLUS DETERMINED "NOT MEDICALLY NECESSARY," NOT COVERED.

Utilization Review Reconsideration Process – Participants or providers may initiate the Utilization Review Reconsideration Process if they disagree with ActiveHealth Management, Inc. (ActiveHealth) finding of not medically necessary (see SPD).

Maternity – Benefits are available to covered enrollees and covered spouses, with limited benefits available to other female dependents. An all-inclusive list of services and benefits are available in the SPD.

Well-Child Care – This benefit is available for covered dependents up to age 18. Services received by network provider are covered at 100% and not subject to the calendar year deductible.

Well-newborn nursery care expenses, which include room, board, and other normal care, are covered at 100% when services are provided at a network hospital or by a network physician.

This benefit is also available for well-child physician office visits, certain diagnostic tests, and immunizations.

A list of covered preventive service is available at <http://knowyourbenefits.dfa.ms.gov/>.

Wellness/Preventive Coverage for Adults – Benefits for wellness and preventive services are available for participants **ages 18 and older**. Benefits are payable at 100% of allowable charge for up to two (2) office visits and certain diagnostic tests based on age and gender as defined by the plan. Services must be rendered by a Network provider. An all-inclusive list of covered procedures is available by visiting the state health plan's website at <http://knowyourbenefits.dfa.ms.gov/>.

Prescription Drugs – Prime Therapeutics LLC (Prime) is the pharmacy benefit manager for the Plan's co-payment prescription drug program. **Each Select Coverage participant must satisfy a \$75 calendar year deductible prior to receiving the co-pay rates. Base Coverage participants must satisfy the individual or family annual deductible for all expenses (medical and pharmacy) prior to receiving the co-pay rates.** The co-payment amount for covered drugs is as follows:

Prescription Drug Type	Co-pay (1-30 day supply)
Generic Drug	\$12
Preferred Brand Drug	\$45
Other Brand Drug (no generic equivalent)	\$70

Not all drugs are covered. Prescription drugs prescribed, ordered, recommended, or approved by a physician **does not** necessarily make the drug medically necessary for purposes of coverage under the plan. Please see the SPD for additional information.

Home Delivery Service for Prescriptions – Participants taking prescription drugs regularly for a chronic health condition may purchase a 90-day supply of the prescription drug at a 60-day rate through mail order service. The co-payment for mail order prescriptions is as follows:

Prescription Drug Type	Mail Co-payment (90-day supply)
Generic Drug	\$24
Preferred Brand Drug	\$90
Non-preferred Brand & Other Brand Drug	\$140

Drug List: Contact Prime at 1-855-457-0408 or go to <http://knowyourbenefits.dfa.ms.gov/prime-therapeutics/>.

There is an easy two (2) step process to enroll in home deliver.

1. Obtain a 90-day prescription from your physician.
2. Complete the PrimeMail home delivery program Enrollment Form.

- a. Initial Registration:
 - i. Online at www.MyPrime.com
 - ii. Phone at 855-457-0408
 - iii. Print, complete, and mail the Enrollment Form to the address provided on the form.
- b. Prescription Order Form
 - i. Physician's office can fax the form to the Prime home delivery program
 - ii. Participant can mail the form to the Prime home delivery program

Prime Specialty Drug Management Program – The Prime Specialty Drug Management Program provides a dedicated specialty pharmacy program for participants who are receiving specialty medications. Medications must be purchased through an approved specialty pharmacy. Through the program, participants have access to experienced pharmacists trained in complex health conditions and medication therapies. The participant will pay a \$70 co-pay for each 30-day supply when purchased through a network provider. For additional information, see the SPD, or contact Prime at 1-877-627-6337. Out-of-Network services are not available with this program.

Early Refills – Details for obtaining an early refill can be found in the SPD.

Appeals Process – If you believe your claim has been incorrectly denied by Blue Cross Blue Shield (BCBS) and you want to obtain a review of the determination, you may request a review by giving notice to BCBS. Upon receipt of a denial from BCBS, you have 60 days to request a review. Should you disagree with BCBS's determination, you have 30 days after your second denial to submit your final appeal in writing to the Department of Finance and Administration, Office of Insurance.

Patient Audit Program – If a participant feels there has been an overcharge for services rendered, they may notify the Department of Finance and Administration under the Patient Audit Program. See SPD for process and required documentation.

Employee Financial Responsibility

- [CALENDAR YEAR DEDUCTIBLE](#)
- [COINSURANCE YOU PAY FOR HOSPITAL INPATIENT SERVICES AND OTHER COVERED MEDICAL EXPENSE](#)
- [EXPENSES IN EXCESS OF THE ALLOWABLE CHARGE, IF YOU USE AN OUT-OF-NETWORK PROVIDER](#)
- [UTILIZATION REVIEW PENALTIES](#)
- [PAYMENT FOR SERVICES NOT COVERED BY THE PLAN WHICH ARE FOUND IN THE "EXPENSES NOT COVERED" SECTION OF THE SPD.](#)
- [PRESCRIPTION DRUG DEDUCTIBLE AND CO-PAYMENTS](#)
- [PAYMENT FOR SERVICES CONSIDERED NOT MEDICALLY NECESSARY](#)

EXPENSES NOT COVERED – Please see your health plan Summary Plan Description booklet for information on benefit limitations and exclusions. Not all services are covered under the Plan. For example, benefits are not generally provided for services that are rendered for: charity hospital, eye examinations, cosmetic purposes, and foot care.

FLEXIBLE SPENDING ACCOUNTS

<http://www.olemiss.edu/hr/benefits.html>

Participants may obtain reimbursement of eligible medical and/or dependent care expenses via the following methods.

- Complete a Reimbursement request form, available at <https://www.sabcflex.com/content/forms> attach a written statement or receipt from an independent third party stating that the medical and/or dependent care expenses have been incurred and have not been reimbursed by any other source, and **file it with Southern Administrators & Benefit Consultants (SABC)**. Contact information is available on the form.
- Submit the claim online through the Southern Administrators & Benefit Consultants (SABC) website at <https://www.sabcflex.com/content/submit-claim>.

Separate accounts are maintained for each of the following reimbursement plans: Medical Expense Reimbursement Plan and Dependent Care Reimbursement Plan. Should you have medical expenses in excess of available funds in the medical reimbursement account, you cannot claim against the dependent care account. Funds in the accounts must remain separate and cannot be comingled.

The plan year is January 1 to December 31. Participants have 60 days (referred to as the 'run out period) into the new plan year in which to request reimbursements for eligible expense that were incurred during the previous Plan Year. This plan offers a rollover provision which allows up to \$500 of your unused Medical Reimbursement account balance to be rolled into the next Plan Year. This rollover will occur after expiration of the 60 day 'run out' period. The rollover provision does not apply to the Dependent Care Account. You should conservatively project your expenses for the plan year.

Types of Plans

Medical Expense Reimbursement Plan – Enables participants to receive reimbursement for eligible medical expenses. "Pre-tax" salary reductions are credited to a reimbursement account and are refunded to you as expenses are incurred. Expenses may include costs for deductibles, co-insurance expenses not reimbursed through insurance or any other source, eyeglasses, contact lenses, hearing aids, or any family medical expenses that would qualify as a deduction on your federal income tax return. The annual limit per participant is \$2,650.

Dependent Care Reimbursement Plan – Provides for the reimbursement of eligible employment-related dependent day care expenses. Expenses may include the costs for in-house or on-site care centers (caring for six or more individuals) or for at-home services provided by third parties who meet applicable state and federal law standards. The person being cared for must be either a child or other dependent under age 13 that you are entitled to claim as a dependent on your income tax return, or your spouse or other legal dependent who is physically or mentally incapable of caring for himself or herself. To participate, both the employee and their spouse must be employed or enrolled as a student. The annual limit per family is \$5,000.

Additional Provisions:

- The rollover amount will not affect the \$2,650 limit. If a participant elects \$2,650 for 2018 but has \$500 to rollover from Plan Year 2017, then they will have \$3,150 available for 2018.
- Employee who separate service in the prior plan year with left over monies will forfeit those funds.
- The \$500 rollover option does not apply to Dependent Care account.

Ineligible Expenses – There are certain expenses that are not eligible for reimbursement under your flexible benefit plan. Some of the more common ones include:

- EXPENSES INCURRED BEFORE THE PLAN YEAR OR DATE OF EMPLOYMENT
- EXPENSES CLAIMED AS DEDUCTIONS FOR INCOME TAX PURPOSES
- MEDICAL EXPENSES WHICH HAVE BEEN REIMBURSED THROUGH A MEDICAL INSURANCE POLICY OR ANY OTHER SOURCE
- ANY EXPENSE FOR COSMETIC PURPOSES
- OVER-THE-COUNTER DRUG PURCHASES, UNLESS PRESCRIBED BY A PHYSICIAN

Claims Procedures – Claims can be submitted online via Southern Administrators and Benefits Consultants website at <http://www.sabcflex.com> or by processing a hard copy claim (***Request for Reimbursement Form***). When submitting a request the following information must be provided. Failure to provide complete information may delay processing.

- Service Providers Name and Address
- Patient's Name
- Date the Service was performed by the Provider (NOT THE DATE PAID)
- What the Service was for (Type of Medical Services Performed or Prescription Drug Name)
- Cost of Service (List the amount of your cost left after insurance has paid, co-pays, co-insurance, etc.)

In some cases a Doctor's letter may be required.

Information Required for Dependent Care:

- Care Provider's Tax I.D. Number/Social Security Number
- Child(s) Name – Age & Date of Birth (to determine eligibility)
- Provider's Signature
- Care Cost and Date of Services

A Dependent Care Receipt Form is available at <https://www.sabcflex.com/content/forms>.

Claims received via fax no later than 2:00 p.m. will be processed on the same day. Claims received after 2:00 p.m. will be reimbursed the following day.

Please be sure receipts or statements submitted contain the above information. Approved reimbursements will be direct deposited into the bank account on file with SABC.

Pharmacy Debit Card - If you participate in Medical Reimbursement and applied for the pharmacy debit card, you may swipe the debit card at a **participating pharmacy** to pay for prescriptions. This process will automatically debit your Medical Reimbursement account for the cost of the prescription and eliminates the need for sending in receipts for prescription reimbursement. Participants can access information on claims submitted, reimbursement made and credits available at <http://www.sabcflex.com>.

The participant is responsible for replacing cards that have been lost, stolen, destroyed, etc. and will pay a \$10.00 reissue fee to the card company. Please note, the debit card has a 5-year expiration date from the date of issue.

Things You Should Know

- EXPENSES REIMBURSED FROM THE PLAN CANNOT BE CLAIMED AS DEDUCTIONS OR CREDITS ON YOUR INCOME TAX RETURN.
- ORIGINALS OF EXPENSE RECEIPTS OR BILLS FOR WHICH YOU HAVE RECEIVED REIMBURSEMENTS UNDER THE PLAN MUST BE RETAINED. THESE ARE RECORDS THAT YOU WOULD NORMALLY RETAIN FOR TAX PURPOSES. ANNUAL ELECTION AMOUNTS ARE ELIGIBLE TO BE FULLY REIMBURSED AT ANY TIME DURING THE PLAN YEAR AS MEDICAL EXPENSES ARE INCURRED.

- **IF YOU ARE INTERESTED IN DEPENDENT CARE BENEFITS, BE SURE TO CONSIDER YOUR INDIVIDUAL SITUATION WITH YOUR TAX CONSULTANT TO DETERMINE IF IT WOULD BE TO YOUR ADVANTAGE TO TAKE A SALARY REDUCTION FOR THE ELIGIBLE EXPENSE OR TAKE A TAX CREDIT WHEN YOU FILE YOUR TAXES. REMEMBER TO FILE FORM 2441 WITH YOUR TAX RETURN.**
- **BY PARTICIPATING IN THE PLAN YOU HAVE ELECTED TO USE “PRE-TAX” INCOME TO PAY ELIGIBLE EXPENSES. BECAUSE THIS WILL RESULT IN YOU PAYING LESS SOCIAL SECURITY, YOUR EVENTUAL BENEFIT FROM SOCIAL SECURITY MAY DECREASE SLIGHTLY.**
- **YOUR FLEXIBLE BENEFIT PLAN IS BASED ON YOUR EMPLOYER’S UNDERSTANDING OF CURRENT PROVISIONS OF THE INTERNAL REVENUE CODE. YOUR EMPLOYER RESERVES THE RIGHT TO AMEND OR DISCONTINUE THE PLAN IF REGULATIONS OR CHANGES IN THE IRS CODE MAKE IT ADVISABLE TO DO SO.**

Terminated Participants – Should your employment terminate or you no longer meet eligibility requirements, your participation in the dependent care program will cease. However, you may be able to continue your medical reimbursement plan under COBRA for the remainder of the calendar year. You are eligible to request reimbursement for expenses incurred up to your date of separation of service with the University, unless coverage is continued under COBRA. If COBRA election is made and timely payments are provided, then expenses are eligible for reimbursement through the end of the month in which the last payment is made.

Should you be re-employed by the University within 31 days of your previous termination, you will not be able to make new elections for the year. Your elections under the Cafeteria Plan must continue as though you never separated service with the University.

DENTAL

www.deltadentalins.com

Delta Dental Comprehensive Dental Plan

Two options are available to employees with this dental plan: low option and high option. Both options offer similar benefits for diagnostic/preventive, basic and major services. Assigned co-insurance, annual limits, and monthly premiums will vary depending on the option elected. A brief overview of each option is provided in the following benefits summary. A more detailed description of benefits is available in the dental flyer and policy book.

The effective date of coverage for a newly hired employee is the first of the month following date of hire.

The following features are available under both options:

- **SEE ANY DENTIST**
- **\$50 DEDUCTIBLE/MEMBER/CALENDAR YEAR**
- **\$150 FAMILY DEDUCTIBLE**
- **DIAGNOSTIC AND PREVENTIVE SERVICE PAID AT 100% OF USUAL AND CUSTOMARY RATES (NOT SUBJECT TO DEDUCTIBLE) WHEN USING DELTA DENTAL PREMIER OR PPO DENTIST**

Participants receive benefits under this plan regardless of the dental care provider used. To take full advantage of plan benefits and incur less out-of-pocket expense participants are highly encouraged to utilize services of a **Delta Dental Premier** or **Delta Dental PPO** provider. A list of providers is available at www.deltadentalins.com. Providers are available nationwide.

Low Option

The low option may be appropriate for employees who require minimal dental services. This option offers benefits with lower co-insurance for basic and major services at a lower monthly premium. Please note orthodontic benefits are unavailable.

Benefits Summary	Co-insurance Payable on the UCR
Basic Diagnostic and Preventative Benefits: Procedures to assist the dentist in determining required dental treatment (oral examinations, x-rays, emergency office visits); prophylaxis (cleaning); topical application of fluoride solutions and space maintainers twice a year.	100% (No Deductible)
Restoration, Denture Repairs, and Other Basic Services: Amalgam, synthetic porcelain, fillings, procedures for the repair of partial or complete dentures and sealants, oral surgery, and general anesthesia when administered by a dentist for a covered oral surgery procedure.	50% After Deductible
Periodontics/Endodontics, Crowns/Prostodontics: 12-month waiting period Treatment of gums supporting the teeth and tooth pulp/root canal therapy. Crowns and cast restoration for treatment of carious lesions when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations; and procedures for construction of fixed bridges, partial or complete dentures & repair of fixed bridges.	25% After Deductible
Orthodontic Benefits:	Not available

Calendar year maximum:	Per patient: \$1,000	
Monthly Rates:	<u>12-Month</u>	<u>9-Month</u>
Individual	\$27.63	\$36.84
Family	\$57.65	\$76.88

High Option

The high option offers benefits to employees with a greater need for major dental work or orthodontic benefits.

Benefits Summary	Co-insurance Payable on the UCR
Basic Diagnostic and Preventative Benefits: Procedures to assist the dentist in determining required dental treatment (oral examinations, x-rays, emergency office visits); prophylaxis (cleaning); topical application or fluoride solutions and space maintainers twice a year.	100% (No Deductible)
Restoration, Denture Repairs, and Other Basic Services: Amalgam, synthetic porcelain, fillings, procedures for the repair of partial or complete dentures and sealants, oral surgery, and general anesthesia when administered by a dentist for a covered oral surgery procedure.	80% After Deductible
Periodontics/Endodontics, Crowns/Prostodontics: 12-month waiting period Treatment of gums supporting the teeth and the treatment of tooth pulp/root canal therapy. Crowns and cast restoration for treatment of carious lesions when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations; and procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.	50% After Deductible
Orthodontic Benefits: children under age 19 (12-month waiting period)	50% After Deductible

Calendar year maximums:	Per patient: \$1,500	
	Lifetime Orthodontic-per patient: \$1,200	
Monthly Rates:	<u>12-Month</u>	<u>9-Month</u>
Individual	\$39.86	\$ 53.14
Family	\$82.94	\$110.58

If your provider does not file your dental claim for you, you may obtain a claim form from the Human Resources website at <http://www.olemiss.edu/hr/files/benefits/deltaclaim.pdf>. Each covered member of your family may go to their own dental provider. For more information regarding your dental benefits, please call 1-800-521-2651.

DENTAL INSURANCE CARDS ARE AVAILABLE BY ACCESSING THE DELTA DENTAL WEBSITE AT WWW.DELTADENTALINS.COM. NEW ENROLLEES SHOULD WAIT APPROXIMATELY 7 – 10 BUSINESS DAYS FROM DATE OF APPLICATION BEFORE ATTEMPTING TO PRINT A CARD. PARTICIPANTS WITHOUT INTERNET ACCESS CAN CONTACT HUMAN RESOURCES BENEFITS STAFF AT 662-915-7431 TO REQUEST A CARD.

VISION – DAVIS VISION

www.davisvision.com

We are excited to offer our employees a comprehensive vision plan administered by Davis Vision, Inc. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits. Co-pay is available for in-network services and reimbursement is available for out of network services. A list of network providers is available at the website below: https://idoc.davisvision.com/davis/member/member_login.asp **Enter Client Code: 7871**

The effective date of coverage for a newly hired employee is the first of the month following date of hire.

In-Network Plan Benefits	Coverage
Examination (every 12 months)	100% after \$10.00 co-pay
Frames (every 24 months)	<i>Davis Vision Designer Collection</i> – 100% after \$15.00 co-pay <i>Network Provider</i> – \$120 credit plus 20% discount on overages
Spectacle Lenses (every 12 months)	Lens types and coatings are either included in the cost or covered at a discount
Contact Lenses (every 12 months) <i>in lieu of eyeglasses</i>	<i>Davis Vision contact lens formulary</i> - standard soft, daily-wear, disposable, or planned replacement are covered at 100% after \$35.00 co-pay (*including fitting fee) <i>Network Provider</i> – \$120 credit plus 15% discount on overages

Additional Savings Opportunities:

Lens Options:

\$25.00 Premier Frames	\$20.00 Scratch Resistant Coating
\$12.00 UV coating	\$35.00 Standard Anti Reflective Coating
\$30.00 Intermediate Vision Lenses	\$20.00 Blended Segment Lenses
\$55.00 High Index Lenses	\$75.00 Polarized lenses
\$20.00 Photo-sensitive glass lenses	\$65.00 Photosensitive plastic lenses
\$50.00 Standard progressive lenses	\$90.00 Premium progressive lenses

Laser Vision Correction services at discounts of up to 25% off a participating provider's normal charges, or 5% off any advertised special. Please check the discount available to you with the participating provider.

Start saving up to 50% on replacement contact lenses through LENS123. Call 1-800-LENS-123 or visit www.lens123.com.

For a listing of participating providers and more information please visit Davis Vision's Website:

Using the Benefit is as easy as.....

1. Call the network provider of your choice and schedule an appointment.
2. Identify yourself as a Davis Vision plan participant.
3. Provide the office with the member's ID number and the name and date of birth of any covered dependents needing services.

Monthly Premiums:

	12 month employee	9 month employee
Employee	\$ 7.80	\$10.40
Employee + 1	\$14.08	\$18.77
Family	\$21.89	\$29.19
*To receive services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement. Please visit website for details.		

ACCIDENTAL DEATH AND DISMEMBERMENT

Underwritten by: National Union Fire Insurance Company of PA

Accidents can and do happen. Personal Accident Insurance covers you 24 hours a day, 365 days a year, worldwide, on or off the job if injury results in death or in any one of the losses specified under the Dismemberment Schedule, within 365 days of a covered accident.

Highlights:

GUARANTEED ACCEPTANCE – COVERAGE IS PROVIDED REGARDLESS OF YOUR HEALTH HISTORY.
FLEXIBLE PLANNING – YOU SELECT THE AMOUNT OF COVERAGE YOU NEED. AMOUNT OF COVERAGE AVAILABLE: \$10,000 TO \$250,000 (MUST BE PURCHASED IN INCREMENTS OF \$10,000)

NOTE: AMOUNT OF COVERAGE ABOVE \$150,000 CANNOT EXCEED TEN TIMES YOUR ANNUAL SALARY

FIRST DOLLAR BENEFITS – BENEFITS UNDER THE PLAN ARE PAYABLE IN ADDITION TO ANY OTHER INSURANCE YOU MAY HAVE AT THE TIME OF THE ACCIDENT (BENEFITS ARE SUBJECT TO ANY AGE REDUCTIONS AND TERMINATIONS STIPULATED IN THE GROUP CONTRACT).

ECONOMICAL COST – THE LOW COST OF THE PROGRAM ENABLES YOU TO PURCHASE APPROPRIATE COVERAGE WHILE YOU CONTINUE TO MEET OTHER FINANCIAL OBLIGATIONS.

Plan Type	Rate
Employee Only	\$0.38 per \$10,000 per month
Family Plan	\$0.54 per \$10,000 per month

Family Coverage – If you enroll in Family Coverage, you and your eligible dependents (children age 19 years and under, or up to 23 years of age if child is a full-time student) are insured if injury results in death or dismemberment. Coverage is as follows:

Spouse Only	60% of Principle Sum
Spouse & Eligible Children	Spouse - 50% of Principal Sum Child - 10% of Principal Sum
Children	20% of Principal Sum

If you and your spouse are both eligible to enroll for coverage under the Plan, one, but not both of you, may purchase Family Coverage, and the other spouse may elect Employee Only Coverage. In the event that a person is covered under the Plan as an employee and as a dependent, the combined Principal Sum on that person may not exceed \$250,000.

Seat Belt – If the Insured Person suffers accidental death while operating or riding as a passenger in an automobile and is wearing a properly fastened, original, factory-installed seat belt, an additional benefit of 10% of your Principal Sum subject to a maximum of \$25,000 will be paid.

Permanent Total Disability – (Applicable to Employee Only) When, as the result of injury and commencing within 365 days of the date of the accident, you are totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which you are reasonably qualified by reason of education, training or experience, the company will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum.

Special Education Benefit – See Master Policy for details.

Accidental Death & Dismemberment – If injury to an Insured Person results, in any one of the losses specified in the schedule shown below, within 365 days of the date of the accident which caused the injury, the company will pay the percentage of the Principal Sum as shown:

- **LIFE – 100%**
- **BOTH HANDS OR BOTH FEET – 100%**
- **SIGHT OF BOTH EYES – 100%**
- **ONE HAND AND ONE FOOT – 100%**
- **ONE HAND AND SIGHT OF ONE EYE – 100%**
- **ONE FOOT AND SIGHT OF ONE EYE – 100%**
- **SPEECH AND HEARING IN BOTH EARS – 100%**
- **ONE HAND OR ONE FOOT – 50%**
- **SIGHT OF ONE EYE – 50%**
- **SPEECH OR HEARING IN BOTH EARS – 50%**
- **THUMB AND INDEX FINGER OF THE SAME HAND – 50%**

If anyone Insured Person (as a result of the same accident) sustains more than one loss, only the largest amount will be paid.

Benefit Reduction – The following benefit reduction schedule will apply to Insured Persons over age 69 (coverage terminates at retirement):

70 through 74	82.5% of Principal Sum
75 through 79	57.5% of Principal Sum
80 through 84	37.5% of Principal Sum
85 and Older	20.0% of Principal Sum

Exclusions (the plan does not cover losses resulting from the following):

- **SUICIDE OR ANY ATTEMPT AT SUICIDE OR INTENTIONALLY SELF-INFLICTED INJURY OR ANY ATTEMPT AT INTENTIONALLY SELF-INFLICTED INJURY; OR**
- **SICKNESS, DISEASE OR INFECTIONS OF ANY KIND; EXCEPT BACTERIAL INFECTIONS DUE TO AN ACCIDENTAL CUT OR WOUND, BOTULISM OR PTOMAIN POISONING; OR**
- **TRAVEL OR FLIGHT IN OR ON ANY VEHICLE USED FOR AERIAL NAVIGATION; OR**
- **DECLARED OR UNDECLARED WAR, OR ANY ACT OF DECLARED OR UNDECLARED WAR; OR**
- **FULL-TIME ACTIVE DUTY IN THE ARMED FORCES OF ANY COUNTRY OR INTERNATIONAL AUTHORITY, EXCEPT THE - NATIONAL GUARD OR ORGANIZED RESERVE CORPS DUTY; OR**
- **BEING UNDER THE INFLUENCE OF DRUGS OR INTOXICANTS, UNLESS TAKEN UNDER THE ADVICE OF A PHYSICIAN; OR**
- **COMMISSION OF OR ATTEMPT TO COMMIT A FELONY**

THE ABOVE EXCLUSIONS ARE ONLY BRIEFLY OUTLINED; PLEASE REFER TO THE MASTER CONTRACT FOR COMPLETE DETAILS

CANCER, DREADED DISEASE AND INTENSIVE CARE

Features:

- **PAYS DIRECTLY TO YOU, UNLESS YOU ASSIGN BENEFITS**
- **PAYS IN ADDITION TO ANY OTHER INSURANCE YOU MAY HAVE INCLUDING EMPLOYER PROVIDED INSURANCE**
- **GUARANTEED RENEWABLE FOR LIFE, SUBJECT TO CHANGE IN PREMIUM BY CLASS**
- **YOU MAY CONTINUE COVERAGE WHEN YOU ARE NO LONGER EMPLOYED WITHOUT LOSS OF BENEFITS BY PAYING THE PREMIUM DIRECTLY TO THE INSURANCE COMPANY**
- **COVERAGE DOES NOT REPLACE YOUR EMPLOYER'S GROUP BENEFITS, IT SUPPLEMENTS ANY PRESENT COVERAGE YOU MAY HAVE**
- **UNMARRIED CHILDREN ARE COVERED UNTIL AGE 21 WHILE THEY ARE LIVING WITH YOU, OR UNTIL AGE 25 IF A FULL-TIME STUDENT AT AN EDUCATIONAL INSTITUTION OF HIGHER LEARNING BEYOND HIGH SCHOOL**

AMERICAN HERITAGE

This plan offers a Basic Option or an Enhanced Option for cancer and dreaded disease benefits. The type of option chosen determines the amount of benefit paid. Optional Intensive Care Riders are also available through this plan.

Waiver of Premium – Premiums that become due after the insured is disabled for 90 days are waived as long as the insured remains disabled. Disability must be a direct result of cancer first diagnosed after the 30-day waiting period.

Cancer and Dreaded Disease Benefits*

- **HOSPITAL CONFINEMENT**
- **SURGERY**
- **RADIATION THERAPY, RADIOACTIVE ISOTOPES THERAPY, CHEMOTHERAPY, AND IMMUNOTHERAPY**
- **SKIN CANCER**
- **NEW OR EXPERIMENTAL TREATMENT**

Optional Intensive Care Rider* – This rider offers \$400/day or \$600/day for each day of confinement in a hospital intensive care unit. This coverage begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid.

Premiums are dependent on age bracket and type of coverage elected and will be withheld each pay period based upon 12-month or 9-month employment status. Premium rates are provided on the consolidated enrollment form.

***See brochure for detailed information.**

LIFE INSURANCE COMPANY OF ALABAMA

This plan offers a Low Option and a High Option for cancer and dreaded disease benefits. The type of option chosen determines the amount of benefit paid.

Waiver of Premium – Available if the primary insured is totally disabled prior to age 60 due to internal cancer and remains disabled for 60 days.

Cancer and Dreaded Disease Benefits*

- **WELLNESS BENEFIT**
- **RADIATION AND CHEMOTHERAPY**
- **SURGERY**
- **EXPERIMENTAL TREATMENT**
- **BLOOD AND PLASMA**

Optional Hospital Intensive Care Plan* – This plan pays benefits at \$300/day, \$600/day, or \$750/day if confined in the hospital intensive care unit. This plan also includes a benefit for confinement in a 'step-down' hospital intensive care unit. Benefits are paid up to 30 days for intensive care confinement for any single hospital admission. If there are two periods of confinement within 30 days, the second confinement will be considered a continuation of the initial confinement. Daily hospital intensive care benefits will be reduced by 50% at age 70.

*See brochure for detailed information.

MONTHLY RATES (CANCER AND DREADED DISEASE)

	Low Option	High Option
Individual	\$18.67	\$33.76
Single parent family	\$21.77	\$39.54
Employee & Spouse	\$36.17	\$65.52
2 Parent Family	\$37.83	\$68.66

MONTHLY RATES (HOSPITAL INTENSIVE CARE)

	\$300/day Benefit	\$600/day Benefit	\$750/day Benefit
Individual	\$3.68	\$7.36	\$9.20
Single parent Family	\$3.96	\$7.92	\$9.90
Employee & Spouse	\$5.66	\$11.32	\$14.15
2 Parent Family	\$6.74	\$13.48	\$16.85

* Rates will be different for 9-month faculty members.

PLANS NOT INCLUDED IN CAFETERIA PROGRAM

The remaining plans in this booklet are not included in the pre-tax Cafeteria Plan; therefore, the premiums for these benefits are payable on a post-tax basis not reducing your taxable income. The plans not included in the pre-tax program are:

- **GROUP LONG-TERM DISABILITY**
- **STATE LIFE INSURANCE**
- **SUPPLEMENTAL LIFE INSURANCE**

WITH THE EXCEPTION OF SUPPLEMENTAL LIFE, YOU MAY ADD OR DROP THESE PLANS AT ANY TIME. HOWEVER, YOU WILL BE SUBJECT TO PROVIDING EVIDENCE OF INSURABILITY IF YOU DO NOT ELECT TO BE COVERED WITHIN THE FIRST 31 DAYS OF YOUR EMPLOYMENT.



GROUP LONG-TERM DISABILITY

Standard Insurance Company

Insurance underwritten by Standard Insurance Company helps safeguard your family's lifestyle and provide some peace of mind against the inability to work due to a sudden disability.

What would happen if you suddenly became disabled and couldn't work? Would you and your family be able to meet your financial obligations? Would you be able to pay the bills? For many people the answer is "No." Long-term disability insurance is designed to help protect you against a loss of income in the event you become disabled and are unable to work for an extended period of time. Long term disability insurance can help safeguard your family's lifestyle and provide some peace of mind.

- Every two seconds someone experiences a disabling injury.
- A disability is 16 times more likely to cause a mortgage foreclosure than death.
- One in seven (7) workers will become disabled for five (5) years or more before age 65.

Definition of Disability – For two years, you are considered disabled if you are unable to perform with reasonable continuity the material duties of your own occupation due to an injury, physical disease, pregnancy, or mental disorder. For each successive year, you are considered disabled if you are unable to perform with reasonable continuity the material duties of any occupation for which you are reasonably qualified by education, training, and experience, or you are unable to earn 80% or more of your pre-disability earnings while working in your own or any other occupation (subject to pre-existing).

Rates for Age	Plan I: 90-day waiting period	Plan II: 180-day waiting period
Under 30	.00230	.00115
30-34	.00387	.00199
35-39	.00460	.00230
40-44	.00606	.00314
45-49	.00888	.00481
50-54	.01233	.00690
55-59	.01724	.00982
60-64	.02017	.01061
Over 64	.02393	.01397

Premium: Monthly income up to \$8,333 x Rate Factor = Cost per month.
(9-Month Contract Rate up to \$8,333/12) x Rate Factor = Cost per month.

Benefit – Monthly benefit equals 60% of the first \$8,333 of your regular earnings from the University or pre-disability earnings not to include bonuses, overtime pay, commissions, shift differential pay, your employer's contributions on your behalf to any deferred compensation arrangement or pension plan, or any other compensation.

Preexisting Condition – A mental or physical condition for which you have done any of the following at any time during the 180 days just before your insurance becomes effective: consulted a physician; received medical treatment or services; or taken prescribed drugs or medications.

GROUP TERM LIFE INSURANCE

STATE LIFE INSURANCE

The State of Mississippi offers group life insurance coverage through Minnesota Life Insurance Company to state employees.

Benefits are based on salary and currently cost \$.18 per thousand (\$1,000) of coverage. The University will pay one half the premiums if coverage is elected. The cost to the employee is \$.09 per thousand (\$1,000).

Coverage is calculated by multiplying two (2) times your annual salary and then rounding to the next higher thousand. The minimum coverage amount is \$30,000 and the maximum is \$100,000. **EXAMPLE:** The total cost of \$30,000 coverage is \$5.40, of which \$2.70 is paid by the employee and \$2.70 by the University.

- Accidental Death & Dismemberment benefits are also available at no additional cost.
- Conversion to an individual whole life policy and portability to a term life policy are available upon termination of employment.
- The participant must apply for coverage within 31 days of losing the coverage to avoid underwriting.

SUPPLEMENTAL LIFE AND AD&D

The University makes available a Supplemental Life Insurance Program through UNUM. The Plan was designed to enable employees to bridge the security gap between their current life insurance program and their family's needs today.

Features:

- **FLEXIBILITY OF COVERAGE OPTIONS**
- **ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS AT NO ADDITIONAL COST**
- **PORTABILITY COVERAGE (SUBJECT TO UNDERWRITING) OR CONVERSION (NOT SUBJECT TO UNDERWRITING) TO AN INDIVIDUAL POLICY AVAILABLE UPON TERMINATION OF EMPLOYMENT**
- **COVERAGE REDUCES TO 65% OF ORIGINAL AMOUNT AT AGE 70; 50% AT AGE 75**

Types of Coverage:

Employee:	1X – 3X salary	*Guaranteed Issue (up to \$200,000), Completion of Evidence of Insurability/Health Statement (approval based on underwriting) for coverage over \$200,000
	4X – 6X salary	Completion of Evidence of Insurability/Health Statement (approval based on underwriting)
Spouse:	\$25,000	*Guaranteed Issue
	\$50,000, \$75,000 or \$100,000	Completion of Evidence of Insurability/Health Statement (approval based on underwriting)
Dependent Children:	\$5,000	Newborn to 6 months
	\$10,000	6 months to age 19 or 25 (if a full time student)
		*Policies are only guaranteed issue when application is made within 31 days of hire.

Rates: Age is determined as of last birthday	
Employee Age Bracket	Monthly Rate per \$1,000
Up to age 24	\$.100
25-29	.100
30-34	.123
35-39	.134
40-44	.192
45-49	.297
50-54	.448
55-59	.621
60-64	.970
65-69	1.870
70-74	3.040
75+	5.800

The employee must purchase coverage for himself/herself in order to apply for coverage for a spouse or dependent child(ren). Spouse coverage is calculated using the same rate factor as the employee.

	Monthly Rate
Child Coverage	\$2.08

Employees may elect guaranteed issue coverage up to the lesser of 3X the annual salary or \$200,000. Election of any coverage over guaranteed issue amounts is subject to underwriting provisions. In such cases, an Evidence of Insurability statement must be completed at the time of enrollment in order to qualify for coverage. Should coverage subject to underwriting provisions be denied, the employee will still be guaranteed a policy at the lesser of 3X salary or \$200,000. The spouse must also complete the Evidence of Insurability statement for any request for coverage over \$25,000. Spouse coverage cannot exceed 50% of the employee coverage amount, rounded down to the nearest \$25,000. Dependent children over age 18 are also required to submit an Evidence of Insurability for review by underwriting.

Contact Information

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