



THE UNIVERSITY of MISSISSIPPI

HUMAN RESOURCES

OPEN ENROLLMENT 2018 OVERVIEW GUIDE

University of Mississippi faculty and staff will have the opportunity to make benefit elections and changes for calendar year 2019 online via the myOleMiss portal from October 1st through October 31st. Instructions for accessing online Open Enrollment are provided on the following pages.

What is Open Enrollment? Why is it Important?

The University offers a comprehensive benefits program in accordance with Internal Revenue Code Section 125 Cafeteria Plans. It is designed to provide you a choice between taxable and non-taxable benefits. Through participation in the plan, you may choose certain benefits for you and your dependents that are paid for with "pre-tax" dollars. The end results are generally greater flexibility in benefit selection for family needs and more spendable income. The following benefit plans are included in the cafeteria plan (changes can only be made according to the rules listed below):

- Major Medical Plan - State and School Employees' Health Plan
- Dental Insurance Plan - Delta Dental
- Vision Insurance Plan – Davis Vision
- Medical Expense Reimbursement Plan (Flexible Spending Account)
- Dependent Care Reimbursement Plan (Flexible Spending Account)
- Accidental Death & Dismemberment
- Cancer/Dreaded Disease and Intensive Care Policies - American Heritage or Life of Alabama

*The University offers life insurance coverage with UNUM. This benefit is a Post-Tax deduction and is not a part of the Cafeteria Plan; however, new enrollments and changes will only be permitted in accordance with cafeteria guidelines.

NOTE: Open enrollment is the ONLY time during the University's plan year (January 1 – December 31) an employee can make changes to his or her pre-tax benefits unless there is a family status change. Qualifying events may vary by plan.

Family Status Changes Include:

- **Legal marital status:** because of marriage, death, divorce, legal separation, or annulments;
- **Number of dependents:** because of 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.

How do I Access online Open Enrollment?

Employees will access Open Enrollment via the myOleMiss portal by typing www.olemiss.edu in the web address line then select myOleMiss at the bottom of the page. You will be asked to login using your Web ID and password. If you misplaced your password, contact information technology support staff at 915-5222 for assistance in resetting the password.

After logging in, click on the **Employee** tab. Then open ‘apps’ under **My HR Tools**. There are 2 steps in the online process

1. Select **Open Enrollment Step 1: Update Beneficiaries / Dependents**. Via this link you can review the list of family members and related persons who may be eligible for coverage in elected insurance benefits. Click on the ‘Edit’ button to review information for each person to ensure the name, social security number, and date of birth are correct. If incorrect, update with accurate information. Anyone who will be added to an insurance benefit must be added to the list prior to proceeding to Step 2.
2. **Open Enrollment Step 2: Benefit Plan Enrollment** is the link to enroll in a new insurance plan, change existing coverage, or de-enroll in coverage for plan year 2019.

Instructions for navigating Online Open Enrollment are available in a Word Document that can be accessed by visiting <http://hr.olemiss.edu/benefits/open-enrollment/>.

What information do I need prior to making enrollment changes online?

- **Social Security Numbers:** for you, your spouse, and/or other dependents you are adding or dropping to an insurance plan.
- **Birth Dates:** for you, your spouse, and/or other dependents you are adding or dropping to an insurance plan.

IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.

- In order to be in compliance with Form 1095-C and Affordable Care Act requirements, please verify that all names, social security numbers and dates of birth are correct for any family members who are currently enrolled or will be enrolled on an insurance plan. This information can be accessed under the ‘Employee’ tab and then by clicking the MyHRtools drop down box and selecting Open Enrollment Step 1: Update Beneficiaries / Dependents. If any information is incorrect, please update.
- When enrolling eligible dependents on an insurance plan, a copy of the dependent’s Social Security Card **MUST** be provided to the Human Resources office. Furthermore, all listed names on insurance applications must be listed as a legal name, nicknames are not permitted.
- In order to ensure the accuracy of W-2 processing for 2018, please verify all contact information (address, phone number etc.) within myOleMiss. This can be accessed under the ‘Employee’ tab and then by clicking the MyHRtools drop down box and selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note that updating your contact information within myOleMiss will only update your address with the University, and does not update your contact information with insurance vendors. Please also complete a **Benefits Information Change** form to update your information with each respective vendor and submit the form to 108 Howry Hall. When changing your contact information within myOleMiss, a link to this form will populate on the right side of the screen. You may also access the form via the following link.
<http://hr.wp2.olemiss.edu/wp-content/uploads/sites/93/2016/05/InfoChangeForm.pdf>

Helpful Information:

For those employees considering retirement in fiscal year 2019 (with the exception of those retiring due to a work-related disability):

- Retiring employees must have a minimum of 4 years participation in the State and School Employees' Health Insurance Plan in order to continue health insurance coverage as a retirement benefit.
- Only dependents enrolled in the State and School Employees' Health Insurance Plan as of your retirement date can be covered when you retire. If you intend to cover your spouse and/or dependents, they must be added **NOW!**

Visits Scheduled with Insurance Vendors

Did you miss visiting with insurance vendors during the Benefits Fair or do you have additional questions that you would like answered? Not to worry, insurance vendors will be back on campus during the month of October to explain plan benefits and answer questions. Insurance providers will be on campus throughout the month of October to visit with employees about plan benefits, premiums, and to answer personal questions. The following is a list of dates and times that vendors will be available.

Insurance providers will be on campus throughout the month of October to visit with employees about plan benefits, premiums, and to answer personal questions. The following is a list of dates, times, and locations that vendors will be available.

Date	Time	Location	Insurance Vendor	Plan Type
Wednesday, October 3 rd	10:00 a.m. – 2:00 p.m.	101 Odom Hall	Cancer/Dreaded Disease and Intensive Care	Life of Alabama
Friday, October 5 th	10:30 a.m. – 2:30 p.m.	209 Barr Hall	Southern Administrators & Benefit Consultants (SABC) & Delta Dental	*Flexible Spending Accounts & Dental Insurance
Tuesday, October 9 th	10:00 a.m. – 2:00 p.m.	101 Odom Hall	The William Morris Group	American Heritage Cancer Plan and Long-term Disability
Wednesday, October 17 th	10:00 a.m. – 1:00 p.m.	211 Howry Hall	UNUM	Supplemental Life Insurance
Tuesday, October 23 rd	11:00 a.m. – 3:00 p.m.	211 Howry Hall	Davis Vision	Vision Plan
Friday, October 26 th	10:00 a.m. – 2:00 p.m.	101 Odom Hall	Blue Cross Blue Shield of MS	State & School Employees' Health & Life Insurance Plans

*Flexible Spending Accounts include Medical Reimbursement and Dependent Care Plans.

The following pages include an overview of your insurance options for
Plan Year 2019 (January 1, 2019 – December 31, 2019)

Pre-tax Cafeteria Benefits

State and School Employees' Health Plan

Deductibles with both the Select Coverage and Base Coverage will remain unchanged for plan year 2018. Information regarding benefit changes is provided after the premium, deductible, and prescription drug plan information. Participants will experience a 3% rate increase January 1, 2019.

The following is a summary of deductibles, co-insurances, pharmacy co-pays and an overview of benefit changes. Detailed information about these benefits will be available in the 2018 Summary Plan Description which will be available on the Department of Finance and Administration website, <http://knowyourbenefits.dfa.state.ms.us/> at a later date.

Select Coverage (Standard Plan)

Calendar Year Deductible & Coinsurance Maximums

	In-Network	Out-of-Network
Calendar year deductible – individual coverage	\$1,000	\$2,000
Calendar year deductible – family coverage	\$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

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

	Monthly Premiums (Legacy)		Monthly Premiums (Horizon)		
	<u>12 mo. rates</u>	<u>9 mo. Rates</u>	<u>12 mo. rates</u>	<u>9 mo. rates</u>	
Employee (UM pays \$367)	\$ 20.00	\$ 26.68	Employee (UM pays \$367)	\$ 39.00	\$ 52.00
Employee + Spouse	\$476.00	\$ 634.68	Employee + Spouse	\$495.00	\$660.00
Employee + Child	\$180.00	\$240.00	Employee + Child	\$199.00	\$265.34
Employee + Children	\$341.00	\$454.68	Employee + Children	\$360.00	\$480.00
Employee + Family	\$686.00	\$914.68	Employee + Family	\$705.00	\$940.00

Participants with Select Coverage must meet a separate \$75 calendar year deductible for pharmacy benefits prior to receiving co-payment.

Legacy employees include all current University of Mississippi 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.

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

Base Coverage (High Deductible Health Plan):

Calendar Year Deductible & Coinsurance Maximums

	In-Network	Out-of-Network
Calendar year deductible – individual coverage	\$1,800	
Calendar year deductible – family coverage	\$3,000	
Co-insurance *	80/20	60/40
Coinsurance/Co-payment Maximum (individual/family)	\$2,500 / \$5,000	\$3,500 / \$7,000
Out-of-Pocket Limits – (individual/family)	\$6,500 / \$13,000	N/A

Preventive medications are subject to a \$75.00 deductible. Other medication are subject to the Calendar Year Deductible.

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

Monthly Premiums (Legacy and Horizon)

	<u>12 mo. rates</u>	<u>9 mo. Rates</u>
Employee (UM pays \$367.00)	\$ 0.00	\$ 0.00
Employee + Spouse	\$401.00	\$534.68
Employee + Child	\$104.00	\$138.68
Employee + Children	\$266.00	\$354.68
Employee + Family	\$611.00	\$814.68

Employees with Enrollee Only coverage must meet the \$1,800 deductible before the Plan will pay claims for pharmacy benefits (excluding preventive medications). Employees with dependent coverage must meet the \$3,000 family deductible before pharmacy benefits will be paid (excluding preventive medications). If the enrollee has family coverage there is no separate deductible, coinsurance/co-payment maximum or out of pocket maximum for each individual.

Employees choosing this plan may be eligible for a Health Savings Account (HSA), which is not offered by the University. Employees wanting to enroll in one of these plans must establish an account with a provider outside of the University system.

Pharmacy Benefits

Co-payments will remain unchanged for calendar year 2019.

Monthly Co-pays

	<u>Retail</u> <i>1-30 day supply</i>	<u>Mail Order</u> <i>90-day supply</i>
Generic:	\$ 12.00	\$ 24.00
Preferred Brand:	\$ 45.00	\$ 90.00
Non-preferred Brand:	\$100.00	N/A

Prior to receiving prescription benefits, participants must:

- **Select Coverage** – satisfy a separate \$75 calendar year deductible per covered individual or \$150 for family
- **Base Coverage** – satisfy the \$1,800 individual or \$3,000 family deductible. Preventive medications are coverage upon satisfying a \$75.00 calendar year deductible.

Benefit Changes for 2019

The Plan will implement the following benefit changes for calendar year 2019. Information about the following changes will be included in the State Health Plan's quarterly newsletter which will be mailed to participants.

- **Premium Rate Increase**

Participants will experience a 3% premium rate increase.

Premiums Effective January 1, 2019

Legacy Employees				
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	\$476.00	\$634.68	\$401.00	\$534.68
Employee & 1 Child	\$180.00	\$240.00	\$104.00	\$138.68
Employee & Children (2 or more)	\$341.00	\$454.68	\$266.00	\$354.68
Employee, Spouse, & Children	\$686.00	\$914.68	\$611.00	\$814.68
*The University pays \$367.00 for employee only coverage				

Horizon Employees				
Coverage	Select Coverage Option		Base Coverage Option	
	Horizon Monthly Premiums		Horizon Monthly Premiums	
	12-month	9-month	12-Month	9-Month
*Employee	\$ 39.00	\$ 52.00	\$0	\$0
Employee & Spouse	\$495.00	\$660.00	\$401.00	\$534.68
Employee & 1 Child	\$199.00	\$265.34	\$104.00	\$138.68
Employee & Children (2 or more)	\$360.00	\$480.00	\$266.00	\$354.68
Employee, Spouse, & Children	\$705.00	\$940.00	\$611.00	\$814.68
*The University pays \$367.00 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.

- **Telemedicine**

Behavioral health services will be available via telemedicine. Participants must satisfy the applicable calendar year deductible before coinsurance benefits are available for both Base and Select coverage options.

- **Vaccinations**

In accordance with the Centers for Disease Prevention and Control's (CDC), the shingles vaccine, Shingrix, will be available for participants age 50 and older.

- **Rehabilitation Therapy**

Currently, cognitive rehabilitation services are excluded from the Plan. Research indicates mental health illnesses, such as, depression, anxiety disorders and phobias, and rehabilitation after traumatic brain injuries can be effectively treated with cognitive rehabilitation. Effective January 1st, this benefit will be covered by the Plan.

- **Weight Management Program**

Currently, pre- and post-bariatric surgery is covered only when the member participates in the Plan's weight management program. With the new year, program participation is no longer required to receive the bariatric surgery benefit. The Plan encourages members to participate in what will be a voluntary weight management program.

- **Wellness/Preventive Benefits**

Wellness/preventive benefits are being enhanced to include limited weight management services rendered by participating providers in the Obesity Treatment Network. Communication will be distributed in 2019 as providers join the Network.

As recommended by the United States Preventive Services Task Force (USPSTF), the Plan will no longer cover vitamin D as a wellness/preventive benefit.

Dental – Delta Dental

Premiums, deductibles and co-insurance percentages will remain unchanged for plan year 2019. The following benefits are available for the Low and High options.

Low Option

Employees who require minimal dental services have the option of selecting a low option plan that offers fewer benefits at a lower monthly premium. Diagnostic and preventive services will continue to be paid at 100% of usual and customary rates (not subject to a deductible) with benefits payable based on the calendar year. The major difference is in co-insurance percentages, annual limits, and the exclusion of orthodontic services for children as noted in the following benefit summary.

<u>Benefits:</u>	Co-Insurance	
	<u>In-Network</u>	<u>Out-of-Network</u>
Diagnostic and Preventive Services	100%	100%
Basic Services	50%	50%
*Major Services	25%	25%
Orthodontic Services for Children	not available	not available

(*Benefits are subject to a 12-month waiting period. Waiting period may be waived if proof of prior coverage can be provided.)

Calendar Year Deductible:

Per enrollee	\$50	\$50
Per family	\$150	\$150

Annual Maximums:

Per patient	\$1,000	\$1,000
Orthodontic Services for Children	not available	not available

Monthly Premiums

	<u>12-month employee</u>	<u>9-month faculty</u>
Employee only:	\$27.63	\$36.84
Employee and family:	\$57.65	\$76.88

High Option

Employees with a greater need for major dental work and/or orthodontic benefits for children may find the high option more suitable. This option provides greater co-insurance benefits with higher annual maximums, including orthodontic benefits, as described below.

<u>Benefits</u>	Co-Insurance	
	<u>In-Network</u>	<u>Out-of-Network</u>
Diagnostic and Preventive Services	100%	100%
Basic Services	80%	80%
*Major Services	50%	50%
*Orthodontic Services for Children (under age 19)	50%	50%

(*Benefits are subject to a 12-month waiting period. Waiting period may be waived if proof of prior coverage can be provided.)

Calendar Year Deductible

Per enrollee	\$50	\$50
Per family	\$150	\$150

Annual Maximums

Per patient	\$1,500	\$1,500
Lifetime Orthodontic – per patient	\$1,200	\$1,200

Monthly Premiums

	<u>12-month employee</u>	<u>9-month faculty</u>
Employee only:	\$39.86	\$ 53.14
Employee and family:	\$82.94	\$110.58

How do I get a new or replacement dental insurance card?

Dental insurance cards are available by accessing the Delta Dental website at www.deltadentalins.com. From the homepage, participants select the *'Print Your ID Card'* option and then click on *'Benefits and Eligibility for Enrollees'*. New enrollees should wait approximately 7 – 10 business days from date of application before attempting to print a card. Participants who do not have internet access can contact Human Resources benefits staff at 662-915-1518 to request a card.

Vision – Davis Vision

We are excited to offer employees a comprehensive vision plan administered by Davis Vision, Inc. Co-pay is available for in-network services and reimbursement is available for out of network services. Premiums will remain unchanged for plan year 2019.

Plan Benefits	Coverage
Examination (every 12 months)	100% after \$10.00 co-pay
Frames (every 24 months)	<u>Davis Vision Designer Collection</u> – 100% after \$15.00 co-pay <u>Network Provider</u> –\$120 credit plus 20% discount on overages
Spectacle Lenses (every 12 months) <i>in lieu of contacts</i>	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>	<u>Davis Vision contact lens formulary</u> - standard soft, daily-wear, disposable, or planned replacement are covered at 100% after \$35.00 co-pay (*including fitting fee) <u>Network Provider</u> – \$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 Photosensitive 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: www.davisvision.com and enter client control code 7871.

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:

	<u>12-month employee</u>	<u>9-month faculty</u>
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 the Davis Vision or Human Resources website for details.

Supplemental Cancer Insurances

Life of Alabama:

Rates for cancer plans with limited chemotherapy and radiation benefits will remain unchanged for plan year 2019. Older plans with unlimited chemotherapy and radiation benefits with experience a slight rate increase. Low and high option plans that include such benefits as health & wellness, chemotherapy & radiation, surgical procedures, diagnostic testing, home health care, transportation, and blood, plasma, & platelets are offered. Below are rates for plans with limited coverage. New enrollments and changes are subject to underwriting.

<u>Premiums – (Cancer)</u>	<u>Low Option</u>	<u>High Option</u>
Employee	\$18.67	\$33.76
1 Parent Family	\$21.77	\$39.54
Employee & Spouse	\$36.17	\$65.52
2 Parent Family	\$37.83	\$68.66

<u>Premiums – (ICU)</u>	<u>\$300/Day</u>	<u>\$600/Day</u>	<u>\$750/Day</u>
Employee	\$3.68	\$ 7.36	\$ 9.20
1 Parent Family	\$3.96	\$ 7.92	\$ 9.90
Employee & Spouse	\$5.66	\$ 11.32	\$ 14.15
Family	\$6.74	\$13.48	\$16.85

New enrollments and changes are subject to underwriting.

American Heritage:

The American Heritage Cancer Plan (underwritten by Allstate) offers cancer & dreaded disease and intensive care benefits with Low Option and High Option plans. Benefits include, but are not limited to, chemotherapy & radiation, surgical procedures, diagnostic testing, transportation, and blood, plasma, & platelets, coverage for medical imaging, hematological drugs, bone marrow or stem cell transplants, and a more enhanced list of prosthetics.

Premiums are age rated and will vary based upon plan option selected. A summary of benefits and premium rates are available at <http://hr.olemiss.edu/wp-content/uploads/sites/93/CP12-Cancer-Brochure.pdf>.

New enrollments and changes are subject to underwriting.

AIG Life Accidental Death and Dismemberment (AD&D)

No changes for Plan Year 2019

Employee Only	\$0.38 per \$10,000 in coverage
Family	\$0.54 per \$10,000 in coverage

One may select the amount of coverage from a range of \$10,000 of coverage up to \$250,000 of coverage in \$10,000 increments and one may cover just themselves or they can also cover their family.

NOTE: The amount of coverage above \$150,000 cannot exceed ten (10) times annual salary.

Flexible Spending Accounts

Types of Plan Offered:

- **Medical Expense Reimbursement Plan:**

This plan enables participants to receive reimbursement for eligible out-of-pocket medical expenses. "Pre-tax" salary reductions are credited to a reimbursement account and are refunded to you as expenses are incurred and claims filed. 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 employee is \$2,650.

**In accordance with the Patient Protection and Affordability Care Act (PACCA), over-the-counter items are not eligible for reimbursement unless prescribed by a physician.*

- **Dependent Care Reimbursement Plan:**

This program is generally beneficial for employees who have substantial dependent care expenses and whose family income exceeds \$19,000. This 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. The annual limit for an individual is \$2,500 and the family limit is \$5,000.

Benefits include:

- Pharmacy debit cards
- Claims processing via secure online portal, mail, fax, email, or walk-in (for employees who live in the Jackson area)
- Participants will be contacted via phone or email on the day a claim is received if SABC is unable to process the request for any reason
- Choice of receiving correspondence from SABC via mail or email
- One-day turnaround on claims if the claim is received by SABC by 2:00 PM with no revisions needed.
- Direct deposit of reimbursed monies
- Participants will receive information about their account balance and claims payment information with each reimbursement
- Access to individual account information via secure website

Reminder: The University implemented a \$500 rollover provision for the Medical Reimbursement Plan. Under this arrangement, participants have 60 days into the new the plan year in which to request reimbursements for eligible expenses incurred in 2018. All claims must be received by Southern Administrators & Benefit Consultants (SABC) by **March 1st** to receive reimbursement.

A maximum of \$500 unclaimed funds in the 2018 Medical Reimbursement account will rollover to the 2019 Medical Reimbursement account. This rollover will occur after the March 1st reimbursement deadline has expired. The rollover provision does not apply to Dependent Care.

After-tax Cafeteria Benefits

UNUM Supplemental Life

Enrollments & changes are only permitted during Open Enrollment or in the event of a change in family status.

Available Coverage

Employee: 1X – 6X's Salary Maximum of \$600,000 Requires completion of Health Statement (Approval based on underwriting)

Spouse: \$25,000-100,000 Requires completion of Health Statement (approval based on underwriting)

***NOTE:** Spouse's coverage cannot exceed one half the employee's coverage amount. (for example: the employee must maintain at least a \$50,000 policy for the spouse to be covered at \$25,000)

Children \$ 5,000 per child (Birth to 6 months)
\$10,000 per child (6 months to age 19; 25 if a full-time student)
Requires completion of Health Statement
(Approval based on underwriting)

*Accidental Death and Dismemberment coverage is included with this Plan

This is an age rated plan. Premiums are calculated by multiplying the coverage amount (principal sum) approved by UNUM with the multiplier for your respective age bracket as shown below.

<u>Age</u>	<u>Rate (per \$1,000 of coverage)</u>
0-25	\$0.100
26-29	\$0.100
30-34	\$0.123
35-39	\$0.134
40-44	\$0.192
45-49	\$0.297
50-54	\$0.448
55-59	\$0.621
60-64	\$0.970
65-69	\$1.870
70-74	\$3.040
75+	\$5.800

Group Life Insurance (Minnesota Life)

Current Rate – No changes for Plan Year 2019

\$.09/\$1,000 of coverage

*NOTE: the total monthly premium is \$.18/\$1,000 of coverage. The University will continue to pay half.

Available Coverage

- Employee only – 2x's salary ranging between \$30,000 and \$100,000
- Accidental Death and Dismemberment coverage is included with this Plan

Long-Term Disability

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.

Current Rates– No changes for Plan Year 2019

Age Bracket	90-Day	180-Day
< age 30	.230%	.115% of Insured Earnings
30-34	.387%	.199% “
35-39	.460%	.230% “
40-44	.606%	.314% “
45-49	.888%	.481% “
50-54	1.233%	.690% “
55-59	1.724%	.982% “
60-64	2.017%	1.061% “
65+	2.393%	1.397% “

Benefit changes made during open enrollment will become effective January 1, 2019 with the exception of plans that are subject to underwriting (cancer plans, life insurance, and long-term disability.)