

2023

**Online Open Enrollment
Tutorial**



**THE UNIVERSITY *of*
MISSISSIPPI.**

Human Resources

This tutorial is a resource available to assist in navigating the online Open Enrollment process. Step-by-step instructions, including screen shots, will guide you as benefit elections are made for calendar year 2024.

If at any time personal assistance is needed, you may reach out to the Department of Human Resources benefits team. Contact information is provided at the end of this tutorial.

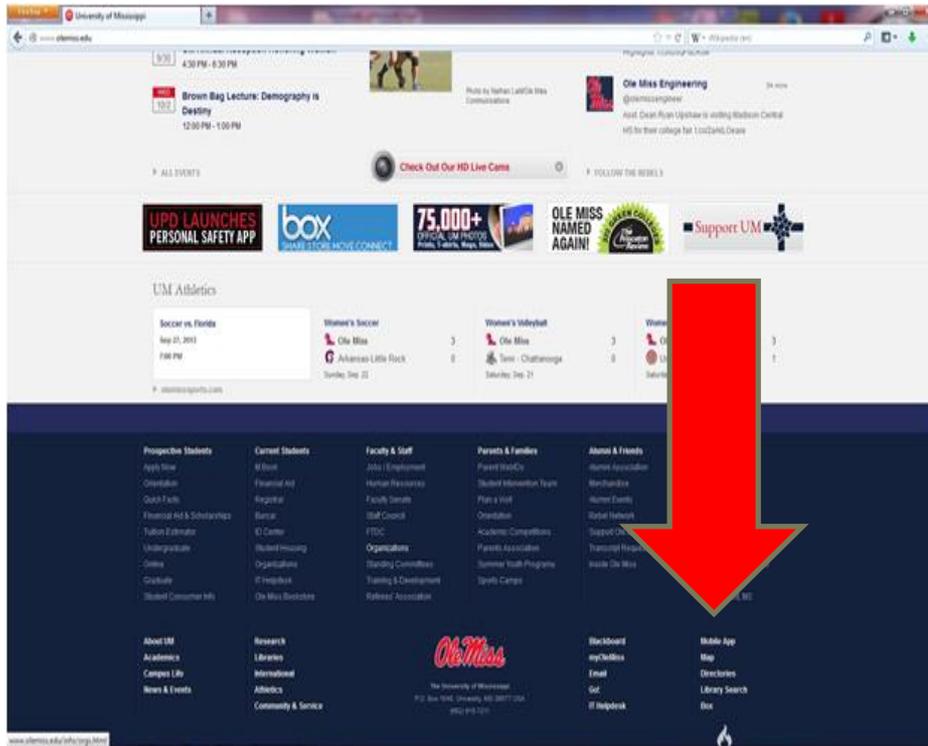
Open Enrollment is a 2-step process:

- **Step 1:** Review and update family information. Please ensure the Social Security name is provided.
- **Step 2:** Make online elections, save, and review the ***Benefits Summary***. Some plans require completion of an enrollment form and/or Evidence of Insurability required for underwriting. Completed forms must be received in Human Resources (Jackson Avenue Center – Central) no later than Monday, November 6th.

Faculty and staff have the opportunity to make benefit elections and changes from October 1st- 31st. Employees may access online Open Enrollment as often as necessary during the month of October.

Coverage is effective January 1, 2024. For benefits subject to underwriting, coverage will become effective upon underwriting approval.

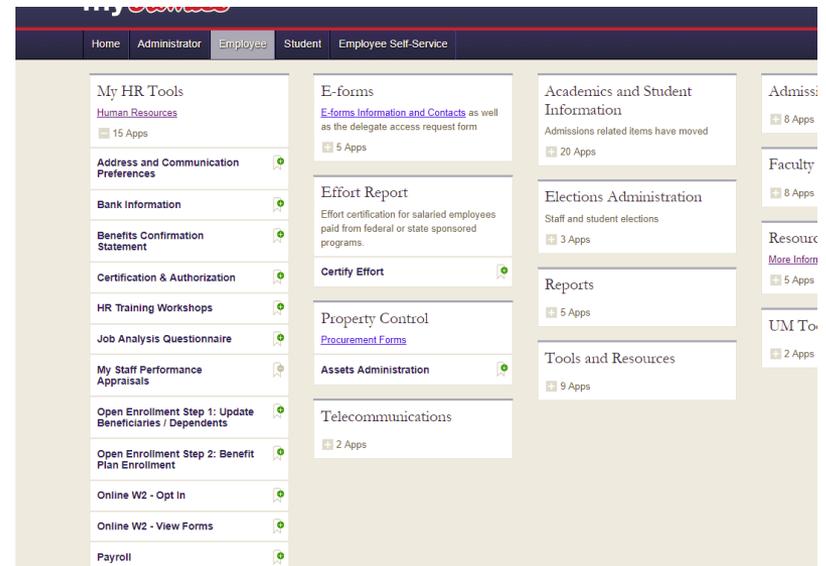
How do I Access Open Enrollment?



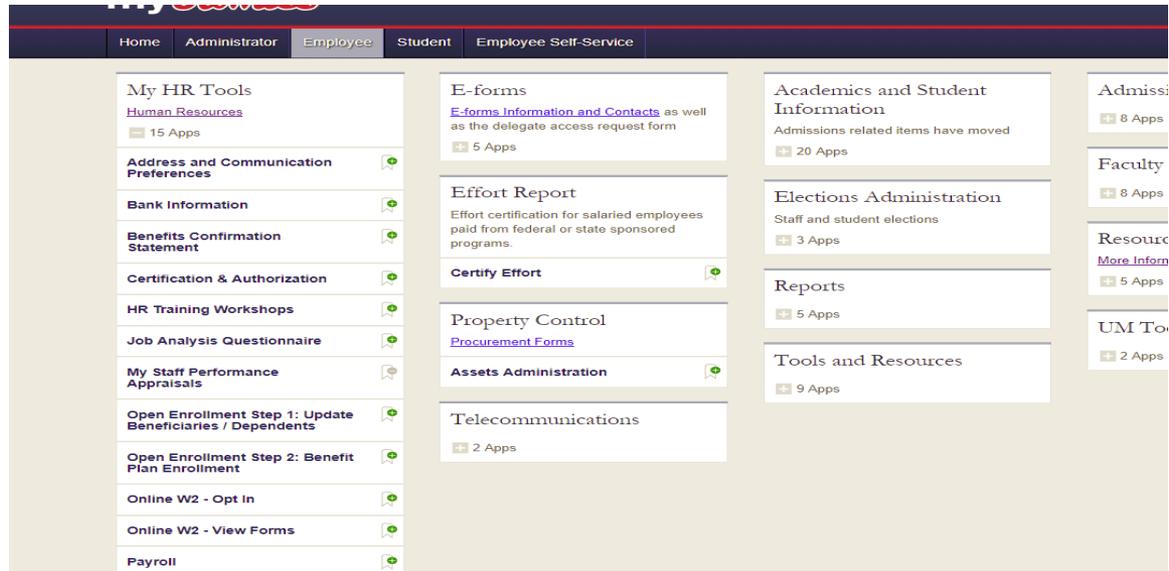
Select the **Employee** tab then **My HR Tools**. Open **Apps**.

Type www.olemiss.edu into your browser to access MyOleMiss portal

Select myOleMiss and login using your Web ID and password.



Steps to Complete Open Enrollment?



Open Enrollment Step 1: Update Beneficiaries / Dependents – List of family members who may be eligible for insurance coverage.

Open Enrollment Step 2: Benefit Plan Enrollment – Link to enroll in a new insurance plan, drop/add dependents from coverage, change existing coverage, or cancel coverage.

*Please note: In addition to making online elections, some plans require completion of an enrollment application and/or Evidence of Insurability for underwriting. Links with instructions and forms are provided during the enrollment process.

Step 1: Update Family Information

The screenshot shows the University of Michigan HR Self-Service portal. The navigation bar includes Home, Administrator, Employee (selected), Student, and Employee Self-Service. The main content area is divided into several sections:

- My HR Tools** (15 Apps):
 - Human Resources
 - Address and Communication Preferences
 - Bank Information
 - Benefits Confirmation Statement
 - Certification & Authorization
 - HR Training Workshops
 - Job Analysis Questionnaire
 - My Staff Performance Appraisals
 - Open Enrollment Step 1: Update Beneficiaries / Dependents** (highlighted with a red arrow)
 - Open Enrollment Step 2: Benefit Plan Enrollment
 - Online W2 - Opt In
 - Online W2 - View Forms
 - Payroll
- E-forms** (5 Apps):
 - E-forms Information and Contacts as well as the delegate access request form
- Effort Report**: Effort certification for salaried employees paid from federal or state sponsored programs.
 - Certify Effort
- Property Control**:
 - Procurement Forms
- Assets Administration**
- Telecommunications** (2 Apps)

Other sections on the right include:

- Academics and Student Information** (20 Apps): Admissions related items have moved
- Elections Administration** (3 Apps): Staff and student elections
- Reports** (5 Apps)
- Tools and Resources** (9 Apps)
- Admissions** (8 Apps)
- Faculty** (8 Apps)
- Resource** (5 Apps): More Inform
- UM To** (2 Apps)

To update the list of dependents who will be covered on insurance plans, select **Open Enrollment Step 1: Update Beneficiaries / Dependents**. This step must take place prior to completing the online enrollment process.

Update Existing Information for Qualifying Family Members

Home Administrator **Employee** Student Employee Self-Service

1 Overview 2 Edit 3 Review and Save 4 Confirmation

Spouse
Valid from Today
First Name: STEVE
Last Name: MALLORY
Date of Birth: 1/1/1993
[Edit](#) [Delete](#)

Father
First Name: PETER
Last Name: MANN
Date of Birth: 12/1/1943
[Edit](#) [Delete](#)
[New Father](#)

Mother
First Name: SALLY
Last Name: MANN
Date of Birth: 5/25/1946
[Edit](#) [Delete](#)
[New Mother](#)

Child
BENJAMIN
Valid from Today
First Name: BENJAMIN
Last Name: MALLORY
Date of Birth: 10/15/1997
[Edit](#) [Delete](#)
SAMANTHA
Valid from Today
First Name: SAMANTHA
Last Name: MALLORY
Date of Birth: 6/23/2014
[Edit](#) [Delete](#)



To update information for a dependent, select **EDIT** under the individual's name.

Update Existing Information for Qualifying Family Members

Home Administrator **Employee** Student Employee Self-S

Name
First Name: * STEVE
Last Name: * MALLORY
Other Title:

Data at Birth
Date of Birth: 1/1/1983
Gender: Male Female

Other Personal Data
Social Security Number: 111-22-2345
Nationality: American US
Second Nationality:
Third Nationality:
Reference Personnel Number:

Address
Street and House Number:
Address Line 2:
City:
State: X
ZIP Code:
Country:
Telephone: 000

Physicians
Physician 1:
ID Number:
Physician 2:
ID Number:

Status and Challenge
Status: Student
 Medicare
 Smoker
 Military Service
 Financially Independent

Challenge
Disability Date:
Notification Date:

Valid as of Today
 Valid as of Future Date
 Validity Period

Previous Step Review



Review information for accuracy. Names must be listed as documented on the social security card.

Change inaccurate information.

Click Review.

Update Existing Information for Qualifying Family Members



Verify the Family Member data below

Spouse

Name

First Name: STEVE
Last Name: MALLORY
Other Title:

Data at Birth

Date of Birth: 1/1/1963
Name at Birth:
Gender: Male

Other Personal Data

Social Security Number: 111-22-2345
Nationality: American US
Second Nationality:
Third Nationality:
Reference Personnel Number:

Address

Street and House Number:
Address Line 2:
City:
State: x
ZIP Code:
Country:
Telephone: 000

Physicians

Physician 1:
ID Number:
Physician 2:
ID Number:

Status and Challenge

Status:
Challenged: No
Disability Date:
Notification Date:

Valid from 9/29/2017

◀ Previous Step Save



Review information for accuracy.

Click to **Save**.

You may return to the main list by clicking on the link '[Go to Update Beneficiaries/ Dependents Overview – Make Further Selections](#)' which is located at the top of the page.

Add a New Family Member

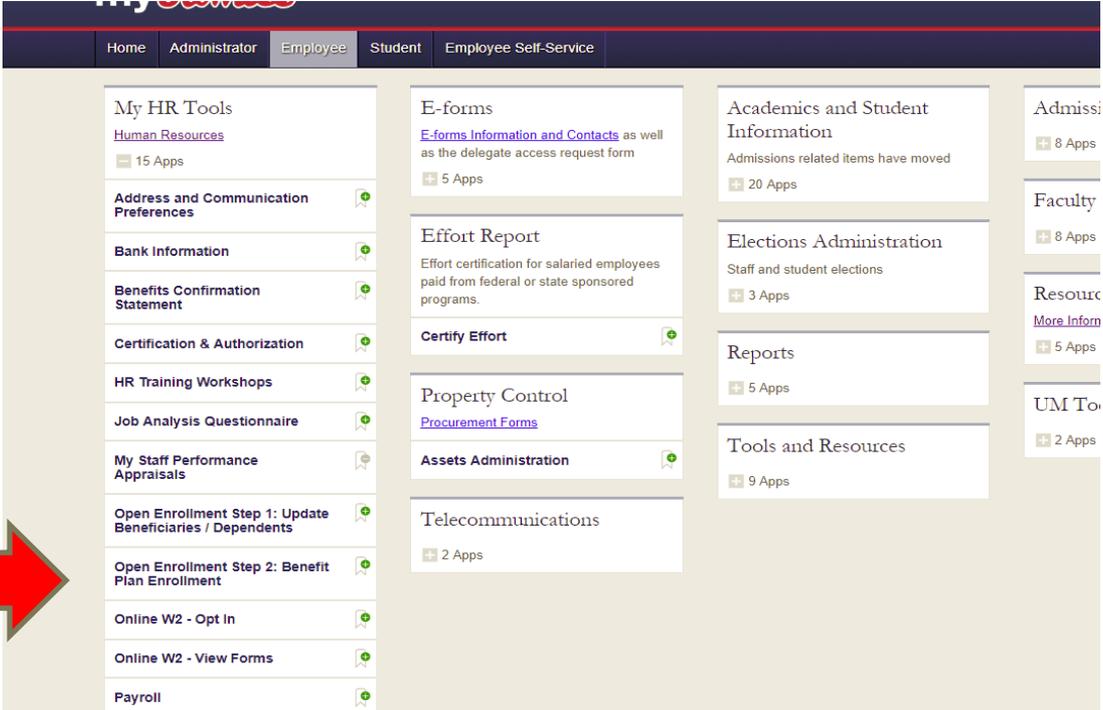
The screenshot shows the 'myCentral' website interface. At the top, there is a navigation bar with tabs for 'Home', 'Administrator', 'Employee', 'Student', and 'Employee Self-Service'. A 'Search' button is located on the right. Below the navigation bar, there is a list of family members, each with a 'New' button. The members listed are SAMANTHA, PEEPSE, HANNAH, and NICHOLAS. Below the list, there is a 'New Member' button with a dropdown menu. The dropdown menu is open, showing options for 'New Divorced Spouse', 'New Father', 'New Mother', 'New Domestic Partner', 'New Child', 'New Legal Guardian', 'New Testator', 'New Guardian', 'New Stepchild', and 'New Related Persons'. Three large red arrows point to the 'New Member' button, the 'New Child' option, and the 'New Related Persons' option.

Name	First Name	Last Name	Date of Birth	Action
SAMANTHA	SAMANTHA	MALLORY	02/23/2014	[Edit] [Delete]
PEEPSE	PEEPSE	MALLORY	8/10/2017	[Edit] [Delete]
HANNAH	HANNAH	MALLORY	10/23/1980	[Edit] [Delete]
NICHOLAS	NICHOLAS	MALLORY	10/25/2010	[Edit] [Delete]
BOBBY	BOBBY	JONES	8/15/2005	[Edit] [Delete]
STEPHEN	STEPHEN	JOHNSON	12/29/2000	[Edit] [Delete]

New Member [v]
New Divorced Spouse [v] New Father [v] New Mother [v] New Domestic Partner [v] New Child [v] New Legal Guardian [v] New Testator [v] New Guardian [v] New Stepchild [v] New Related Persons [v]

To add new dependents who will be covered on an insurance plan, select the appropriate **NEW MEMBER** option. This will allow you to create a new record to add someone to the list. Follow previous instructions for reviewing and saving entry.

Open Enrollment Step 2: Benefit Plan Enrollment



The screenshot displays a web-based HR system interface. At the top, there is a navigation bar with tabs for 'Home', 'Administrator', 'Employee', 'Student', and 'Employee Self-Service'. The 'Employee' tab is selected. Below the navigation bar, the interface is organized into several columns of application tiles. A large red arrow points to the 'Open Enrollment Step 2: Benefit Plan Enrollment' tile in the leftmost column. Other tiles include 'My HR Tools' (15 Apps), 'Address and Communication Preferences', 'Bank Information', 'Benefits Confirmation Statement', 'Certification & Authorization', 'HR Training Workshops', 'Job Analysis Questionnaire', 'My Staff Performance Appraisals', 'Open Enrollment Step 1: Update Beneficiaries / Dependents', 'Online W2 - Opt In', 'Online W2 - View Forms', 'Payroll', 'E-forms' (5 Apps), 'Effort Report', 'Certify Effort', 'Property Control' (Procurement Forms), 'Assets Administration', 'Telecommunications' (2 Apps), 'Academics and Student Information' (20 Apps), 'Elections Administration' (3 Apps), 'Reports' (5 Apps), 'Tools and Resources' (9 Apps), 'Admissions' (8 Apps), 'Faculty' (8 Apps), 'Resource' (5 Apps), and 'UM To' (2 Apps).

Once you have updated family information, select **Open Enrollment Step 2: Benefit Plan Enrollment** to begin the enrollment process.

What Am I Currently Enrolled In?

UM Open Enrollment: Step 1 (Benefits Summary)

Progress: 1. Benefits Summary | 2. Health Plans | 3. Insurance Plans | 4. Flexible Spending Accounts | 5. Review and Save

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
AM HER CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
HEALTH INS	01/01/2018	Current	LEGACY - SELECT PLAN	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
INT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
AD&D INSURANCE	01/01/2018	Current	AD&D INSURANCE	COVG LEVEL-FAM \$200,000	200,000.00 USD		5.40 USD Semi-monthly	
GROUP LIFE INS	01/01/2018	Current	GROUP LIFE INSURANCE	G-LIFE COVERAGE LEVEL	100,000.00 USD			4.50 USD Semi-monthly
DISABILITY INS	01/01/2018	Current	LONG-TERM DISABILITY	LTD COVERAGE LEVEL 100 DAY	44,950.00 USD			15.02 USD Semi-monthly
UNUM LIFE INS	01/01/2018	Current	UNUM/PROVIDENT 4X SALARY	UNUM 4X EE SALARY	300,000.00 USD			44.55 USD Semi-monthly
DEP CARE MARRIE	01/01/2018	Current	DEPENDENT CARE - MARRIED				41.67 USD Semi-monthly	
FSA MEDICAL	01/01/2018	Current	MEDICAL REIMBURSEMENT				104.17 USD Semi-monthly	

Plans not Enrolled In

- LOA CANCER
- VISION INS
- UNUM LIFE CHILD
- UNUM SPOUSE
- DEP CARE SINGLE

You must agree to the acknowledgement statement to move forth.

1. The Benefits Elections Summary provides a list of insurance benefits in which you are currently enrolled.
2. At the bottom of the screen is a list of insurance benefits you are not enrolled in but have the opportunity in which to participate.

How Do I Find a Specific Insurance Plan?

Insurances are grouped into 3 categories:

1. **Health Plans** include medical plans. (health, dental, vision, and cancer plans)
2. **Insurance Plans** are income protection plans. (life insurance and long-term disability)
3. **Flexible Spending Accounts** includes medical reimbursement and dependent care accounts.

The screenshot shows the 'UM Open Enrollment: Step 2 (Health Plans)' interface. The navigation bar includes 'Home', 'Administrator', 'Employee', 'Student', and 'Employee Self-Service'. The main content area has a progress bar with five steps: 1. Benefits Summary, 2. Health Plans, 3. Insurance Plans, 4. Flexible Spending Accounts, and 5. Review and Save. Below the progress bar is a table titled 'Enroll in Health Plans' with columns for Action, Plan Type, Starts On, Status, Plan Name, Option, Coverage, Dependents, Pre-Tax Costs, and Post-Tax Costs.

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
	AM. HER. CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
	LOA CANCER	01/01/2018							
	DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
	HEALTH INS	01/01/2018	Current	LEGACY - SELECT PLAN	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
	IIT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
	VISION INS.	01/01/2018							

Making a Benefit Election

myUConn

Home Administrator **Employee** Student Employee Self-Service Search

UM Open Enrollment: Step 2 (Health Plans) Options

< Previous Next > Save

1 2 3 4 5

Benefits Summary Health Plans Insurance Plans Flexible Spending Accounts Review and Save

Enroll in Health Plans

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
	AM. HER. CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
	LOA CANCER	01/01/2018							
	DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
	HEALTH INS	01/01/2018	Current	LEGACY - SELECT PLAN	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
	INT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
	VISION INS.	01/01/2018							

Select a category (Health Plans, Insurance Plans, or Flexible Spending Accounts). All benefit plans, whether currently enrolled or eligible for enrollment, will be listed. Plans in which you are currently enrolled will be denoted with a '**Current**' status.

To change a plan in which you are already enrolled, click the icon to the left of the plan. To cancel coverage for 2024, click the icon to the left of the plan. To enroll in a new plan, click the icon to the left of the plan.

Making a Benefit Election

The screenshot shows the 'myUConn' employee self-service portal. The main page is titled 'UM Open Enrollment: Step 2 (Health Plans)'. A pop-up window titled 'Select a AM. HER. CP12 Plan' is open, displaying a table of plan options. The first option, 'AM HER CANCER CP12 (LOW OPT)', is selected. Below the table is a list of dependents with checkboxes for enrollment. A red arrow points to the 'ADD' button at the bottom right of the pop-up.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	27.04 USD Semi-monthly	
AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 70-74)	Employee only	14.98 USD Semi-monthly	
AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 70-74)	Employee + Family	31.28 USD Semi-monthly	
AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 75-80)	Employee only	16.41 USD Semi-monthly	
AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 75-80)	Employee + Family	34.36 USD Semi-monthly	
AM HER CANCER CP12 (HIGH OPT)	AH06 - BASE (AGE 18-64)	Employee only	10.61 USD Semi-monthly	

Enroll Dependents

- STEVE MALLORY (Spouse)
- BENJAMIN MALLORY (Child)
- SAMANTHA MALLORY (Child)
- PEEPSIE MALLORY (Child)
- HANNAH MALLORY (Stepchild) - Ineligible. Age of dependent exceeds the age limit
- NICHOLAS MALLORY (Stepchild)

ADD

When you click the election, change, or delete icon, a pop-up box will appear with plan options. Select the option of choice by clicking the box to the left of the plan name. The election will turn blue. If electing dependent coverage (i.e. Employee and Spouse, Employee and Family, etc.) make sure to select qualifying dependents. **Click the ADD button.**

Information Packet

UM Open Enrollment: Step 2 (Health Plans)

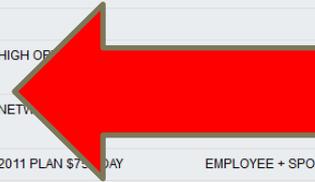
< Previous Next > Save

1 2 3 4 5

Benefits Summary **Health Plans** Insurance Plans Flexible Spending Accounts Review and Save

Enroll in Health Plans

Acti...	Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs
	AM. HER. CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly
	LOA CANCER	01/01/2018						
	DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OP		STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly
	HEALTH INS	01/01/2018	Current	LEGACY - SELECT PLAN	NETW		STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly
	INT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$75/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly
	VISION INS.	01/01/2018						



An information packet is available for every benefit plan. The packet will also include an enrollment form and/or an Evidence of Insurability for underwriting for some plans. It may be accessed by clicking the **Plan Name** link (in light blue font). A pop-up box will appear that enables you access to the document. Packets are also available at <http://hr.olemiss.edu/benefits/open-enrollment/>.

Details for DELTA DENTAL GROUP [Close]

Participation Period: 01/01/2018 - 12/31/9999
Plan Option: HIGH OPTION (2008)
Dependent Coverage: Employee + Family
Employee Cost (Pre-Tax): 41.47 USD Semi-monthly
Dependents: STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY
Plan Documents: [Dental Ins. Enrollment Form](#)

[Close]

Information Packet

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

University faculty and staff have an opportunity to enroll in health insurance with the State and School Employees' Health Insurance Plan. Two plan options are available. Both plans provide the same benefits (i.e. wellness/preventive, maternity, basic care, etc.); however, deductibles and premiums are different. Below is a summary of each plan. Additional information is available by visiting the State Health Plan website at <https://knowyourbenefits.dfa.ms.gov>.

Plan changes for 2024: The Office of Insurance, sponsor of the State and School Employees' Health Insurance Plan announced the following changes effective January 1, 2024. Detailed information is available in the Benefits Change Summary which can be accessed at <https://hr.olemiss.edu/benefits/open-enrollment/>, or on the Plan's website at <https://knowyourbenefits.dfa.ms.gov>.

- 5% premium increase
- increase in the Base Plan deductible to \$3,200 family coverage
- Discontinuation of the Choice Plan
- Discontinuation of the Wellness Incentive Program

COVERAGE OPTIONS

BASE COVERAGE (High Deductible Health Plan)

Base Coverage meets the federal government's criteria of a qualifying high deductible health plan under Section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 in regard to establishing a Health Savings Account. Base Coverage includes a combined medical and pharmacy high deductible. Allowable charges for prescription drugs are applied to the calendar year deductible. After the calendar year deductible has been met, participants will pay applicable prescription drug co-payments. The chart below outlines deductibles, coinsurance amounts, and coinsurance/co-payment 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
Coinurance/Co-payment Maximum	\$3,200 / \$5,500	\$4,000 / \$7,500
Out-of-Pocket Limit (Individual / family)	\$6,500 / \$13,000	N/A

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

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

SELECT COVERAGE

Select Coverage has separate medical and prescription drug deductibles. The chart below outlines

STATE OF MISSISSIPPI STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN APPLICATION FOR COVERAGE

PLEASE PRINT

Section A: Enrollee Information (all fields are required)

Social Security Number		First Name		Employer Name	
Home Address		MI	Last Name		
Primary Telephone Number		Secondary Telephone Number		City	State
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Personal Email Address	
Date of Birth (mm/dd/yyyy)		Date of Employment/Retirement			

Were you ever a full-time employee of a covered entity under the Plan prior to 1/1/2006? No (Horizon) Yes (Legacy)
If yes, please list your most recent (pre-1/1/06) employer and dates of employment: _____

If married, is your spouse a Plan participant? Yes No. If yes, Spouse Name and SSN: _____

Section B: Health Insurance Membership Agreement Authorization (CHECK ONLY ONE BOX, SIGN AND DATE)

I hereby apply to **ADD, CONTINUE AND/OR CHANGE COVERAGE** for myself and/or my dependents named on this Application for coverage form through the State and School Employees' Health Insurance Plan (PLAN). I certify that all information provided by me on this application is complete and accurate, and is the basis for providing coverage herein. I understand that any misrepresentation provided by me or my dependents may result in the cancellation of my/our coverage under the PLAN. I understand that the coverage applied for is subject to all provisions, provisions, and limitations set forth by the Plan Document. I agree to be bound by all terms and conditions of the PLAN. I understand that if my application for coverage is approved, any requested coverage changes will be effective the date fixed by the PLAN or administrator. I understand that if the requested coverage is approved, I am responsible for payment of the appropriate premiums and by authorize for such payments to be payroll deducted, or as appropriate, withheld from my State of Mississippi retirement benefits.

I hereby **WAIVE COVERAGE** in the State and School Employees' Health Insurance Plan. I have been offered coverage (or am eligible for coverage for myself or myself and eligible dependents at an Open Enrollment Period or during a Special Enrollment Period. I may only be a retiree and I waive coverage, I will not be allowed to re-enroll or have my coverage reinstated at a later date. I understand because you are currently covered under another health insurance policy, please complete Section D.

Signature: _____ Date: _____

COVERAGE

Type: <input type="checkbox"/> Legacy <input type="checkbox"/> Enrollee Only	Coverage Type: <input type="checkbox"/> Enrollee Only	Coverage Option: (Choose Only One)	Do you have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare Number: _____
---	--	---------------------------------------	--

For some plans, complete the enrollment form and/or Evidence of Insurability for underwriting at the end of the packet and submit to Human Resources via fax (662-915-5836), Secure File Upload, or campus mail/drop off at Human Resources, Jackson Avenue Center – Central no later than Monday, November 6th.

Making a Benefit Election

Enrollment: Step 5 (Review and Save)

SAVE

Review and Save

Plans to be Added

Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
VISION INS.	01/01/2018	New	DAVIS VISION	VISION OPTION 1	Employee only		3.90 USD Semi-monthly	

Plans to be Changed

Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
AM. HER. CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
	01/01/2018	New	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 18-64)	Employee only		5.65 USD Semi-monthly	

Unchanged Plans

Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
HEALTH INS	01/01/2018	Current	LEGACY - SELECT PLAN	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
INT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
AD&D INSURANCE	01/01/2018	Current	AD&D INSURANCE	COVG LEVEL-FAM \$200,000	200,000.00 USD		5.40 USD Semi-monthly	
GROUP LIFE INS	01/01/2018	Current	GROUP LIFE INSURANCE	G-LIFE COVERAGE LEVEL	100,000.00 USD			4.50 USD Semi-monthly
DISABILITY INS.	01/01/2018	Current	LONG-TERM DISABILITY	LTD COVERAGE LEVEL 180 DAY	44,950.80 USD			15.02 USD Semi-monthly
UNUM LIFE INS.	01/01/2018	Current	UNUMPROVIDENT 4X SALARY	UNUM 4X EE SALARY	300,000.00 USD			44.55 USD Semi-monthly

When all elections are made, select **Review and Save**. This page provides an overview:

- Plans to be Added
- Plans to be Changed
- Unchanged Plans
- Plans not Enrolled In

Review for accuracy. If revisions are necessary, select the respective category Health Plans, Insurance Plans, or Flexible Spending Accounts to revise the election. If accurate, click **Save**. Elections will not be saved and updated in the system until this action occurs.

Reminder: Save Your Elections

UM Open Enrollment: Step 5 (Review and Save)

Save

Benefits Summary 2 Health Plans 3 Insurance Plans 4 Flexible Spending Accounts 5 Review and Save

01/01/2018	New	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE
------------	-----	------------------------------	-------------

Unchanged Plans

Plan Type	Starts On	Status	Plan Name	Option
DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTIO
HEALTH INS	01/01/2018	Current	LEGACY SELECT PLAN	NETWORK

Remember, elections are not updated in the system until you click **Save**.

Benefit Elections Summary

UM Open Enrollment

Options

No data was changed

What do you want to do next?

[Print Benefit Elections Summary](#)
[Go to Enrollment](#)

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
AM. HER. CP12	01/01/2018	Current	AM HER CANCER CP12 (LOW OPT)	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
DENTAL INS	01/01/2018	Current	DELTA DENTAL GROUP	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
HEALTH INS	06/01/2017	Current	LEGACY - SELECT PLAN	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
INT CARE LOA	01/01/2018	Current	INTENSIVE CARE LOA 2011	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
AD&D INSURANCE	01/01/2018	Current	AD&D INSURANCE	COVG LEVEL-FAM \$200,000	200,000.00 USD		5.40 USD Semi-monthly	
GROUP LIFE INS	01/01/2018	Current	GROUP LIFE INSURANCE	G-LIFE COVERAGE LEVEL	100,000.00 USD			4.50 USD Semi-monthly
DISABILITY INS.	01/01/2018	Current	LONG-TERM DISABILITY	LTD COVERAGE LEVEL 180 DAY	44,950.80 USD			15.02 USD Semi-monthly
UNUM LIFE INS.	01/01/2018	Current	UNUM/PROVIDENT 4X SALARY	UNUM 4X EE SALARY	300,000.00 USD			44.55 USD Semi-monthly
PUBLIC RET SYS	06/24/2010	Current	PUBLIC EMPLOYEES RET SYSTEM				9.00 % Semi-monthly	
DEP CARE MARRIE	01/01/2018	Current	DEPENDENT CARE - MARRIED				41.67 USD Semi-monthly	
FSA MEDICAL	01/01/2018	Current	MEDICAL REIMBURSEMENT				104.17 USD Semi-monthly	
FSA ADM NO CARD	01/01/2011	Current	FSA ADM FEE NO CARD	FSA ADM FEE (NC)				

This page provides a summary of all benefits in which you are enrolled for calendar year 2024. Please note, coverage in which you are enrolled on 12/31/2023 will continue at the same level for plan year 2024 in the absence of an open enrollment change.

Review for accuracy. Your online election is your official election.

Benefits Summary



Benefits Summary

Employee Name:		Date of Hire: July 17, 1997	
Address:		Personnel Number:	
City / State / Zip:		Home Phone:	
SSN:	Date of Birth:	Work Phone:	
E-mail Address:		Gender:	
Status: Staff Salary	Pay Mode: Semi-Monthly	Marital Status:	

Current Benefit Elections		Plan Year 2022 Elections	
Medical			
Benefit Plan:	Legacy - Select Plan	Benefit Plan:	High-Ded State Health Plan
Plan Option:	Network	Plan Option:	Network
Dependent Coverage:	Employee only	Dependent Coverage:	Employee + Spouse
Employee Pre-Tax Cost:	\$10.00	Employee Pre-Tax Cost:	\$212.50
Employer Cost:	\$194.50	Employer Cost:	\$194.50 <input type="checkbox"/>
Dependents:		Dependents:	MICHAEL Relation: Spouse
Dental			
<i>No Plan Selected</i>		<i>No Plan Selected</i>	
Vision			
Benefit Plan:	Davis Vision	Benefit Plan:	Davis Vision
Plan Option:	Vision Option 1	Plan Option:	Vision Option 1
Dependent Coverage:	Employee + 1	Dependent Coverage:	Employee + 1
Employee Pre-Tax Cost:	\$7.04	Employee Pre-Tax Cost:	\$7.04
Dependents:		Dependents:	MICHAEL Relation: Spouse

Name:	Personnel Number:	Page 3 of 3
--------------	--------------------------	--------------------

I acknowledge that I voluntarily and without coercion made elections/waivers as documented on this form. I understand my salary will be reduced by the amount(s) shown on this enrollment form for the eligible benefit options I have elected and since premiums are collected one month in advance, the University will collect premiums in arrears as an additional payroll deduction. If my salary reduction for the elected insurance benefit(s) are increased or decreased while this agreement remains in effect, my salary will automatically be adjusted to reflect the change.

Section 125 Cafeteria Plan elections will be irrevocable for the Plan Year except for modifications due to a qualifying event (divorce, marriage, death of spouse/dependent child, birth/adoption of a child, change of employment status of me or my spouse, cost of coverage/change, HIPAA special enrollment rights, or other event specified by the IRS) provided I complete enrollment paperwork with the Department of Human Resources to request the election change within 60 days after the date of the qualifying event.

Prior to each Plan Year, I will be given the opportunity during Open Enrollment to change my benefit election. If I fail to complete and submit to the Department of Human Resources a new election form within the allotted enrollment period, I understand my election will remain unchanged.

Select plans are subject to underwriting and I understand that evidence of insurability must be completed for underwriting review. Failure to complete all required documentation or declination of coverage by the underwriter will result in non-issuance of the policy.

I certify the accuracy of elections reflected on this Benefits Summary and will notify a member of the Human Resources benefits team in writing if a change is necessary.

I understand my social security benefits may be reduced due to my participation in the Cafeteria Plan. My employer may reduce or cancel the amount of my salary reduction or otherwise modify this agreement in order to satisfy certain provisions of the Internal Revenue Code.

I understand my elected benefits will cease upon my termination of employment but will be afforded an opportunity to continue coverage via COBRA for qualifying plans.

If I participate in dependent care, reimbursements cannot exceed the amount incurred during the Plan Year. If I participate in an unreimbursed medical expense plan, I may be reimbursed for qualifying out-of-pocket medical expenses. Claims must be filed with Southern Administrators and Benefit Consultants (SABC) no later than 60 days into the subsequent Plan Year. Any account balance in excess of the \$500 rollover processed after the 60-day grace period will be forfeited.

I understand that privacy statements are available via the University website at <http://hr.olemiss.edu/benefits/>. If I do not have access to the internet, I can request a paper copy from the Department of Human Resources. As an employee, I acknowledge that I am the subscriber of coverage, and that the Privacy Policy is also applicable to my spouse and/or my dependents. I also understand I will be reissued the Privacy Statement, as a material modification is made, and every three years, via the University's email system.

This election and salary reduction agreement is subject to the terms of my employer's cafeteria plan document.

Employee Signature: _____ **Date Signed:** _____

Make certain to log out when you finish online enrollment.

If you forgot to complete enrollment forms and/or Evidence of Insurability, they are also available on the benefits website.

<https://hr.olemiss.edu/benefits/open-enrollment/>

Department of Human Resources

Contact Information

Madison Hickey	Human Resources Associate: (Alpha Range A-L)
Teresa Yarbrough	Human Resources Associate: (Alpha Range M-Z)
Lauren Hatton	Human Resources Generalist: Leave Administration/Workers Compensation
Sherelyn Gooch	Human Resources Manager for Benefits

Human Resources Benefits Office (main line):

Phone: 662-915-7431 • **Fax:** 662-915-5836

Email: hrbenefits@olemiss.edu

Location: Jackson Avenue Center - Central

Office Hours: Monday – Friday from 8:00 a.m. – 5:00 p.m.

HR Website: <http://hr.olemiss.edu/benefits/>