



THE UNIVERSITY of MISSISSIPPI

HUMAN RESOURCES

OPEN ENROLLMENT 2023 OVERVIEW GUIDE

University of Mississippi faculty and staff have the opportunity to make benefit elections and changes for calendar year 2024 online via the myOleMiss portal during the annual open enrollment. 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 by MetLife
- 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

*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. Go to www.olemiss.edu 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 disenroll in coverage for plan year 2024.

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 to or dropping from an insurance plan.
- **Birth Dates:** for you, your spouse, and/or other dependents you are adding to or dropping from 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 in 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, all listed names on insurance applications must be listed as legal names, nicknames are not permitted.
- In order to ensure the accuracy of W-2 processing for 2023 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, updating your contact information within myOleMiss will update your address with the University, insurance vendors, and the Public Employees’ Retirement System of Mississippi (PERS). Changes to the Optional Retirement Plan (ORP), supplemental 403(b), and Deferred Compensation must be made via your online account with each vendor

Helpful Information:

For those employees considering retirement in fiscal year 2024 (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!**

The following pages include an overview of your insurance options for
Plan Year 2024 (January 1, 2024 – December 31, 2024)

Pre-tax Cafeteria Benefits

State and School Employees' Health Plan

Participants will experience a 5% premium rate increase January 1, 2024. Base plan participants will also notice an increase in the annual deductible for family coverage. Detailed information is available in the **Benefits Change Summary** which can be accessed at <https://hr.olemiss.edu/benefits/open-enrollment/> or via the Plan's website at <https://knowyourbenefits.dfa.ms.gov>. The Plan will mail a newsletter to participants in mid-October.

The following is a summary of deductibles, co-insurances, and pharmacy co-pays followed by an overview of benefit changes.

Benefit Changes for 2024

- **Premium Rate Increase**

The Office of Insurance announced the State Health Plan will implement a 5% premium rate increase effective January 1, 2024. The following is a comparison of current premiums and new premiums.

Current Premiums

PREMIUMS	Select Coverage Option		Base Coverage Option	
	12-month	9-month	12-month	9-month
Legacy Employees				
*Employee	\$ 20.00	\$ 26.68	\$ -	\$ -
Employee + spouse	\$ 564.00	\$ 752.00	\$ 478.00	\$ 637.34
Employee + child	\$ 211.00	\$ 281.34	\$ 124.00	\$ 165.34
Employee + children	\$ 403.00	\$ 537.34	\$ 317.00	\$ 422.68
Employee + family	\$ 814.00	\$ 1,085.34	\$ 728.00	\$ 970.68
	Select Coverage Option		Base Coverage Option	
Horizon Employees	12-month	9-month	12-month	9-month
*Employee	\$ 46.00	\$ 61.34	\$ -	\$ -
Employee + spouse	\$ 590.00	\$ 786.68	\$ 478.00	\$ 637.34
Employee + child	\$ 237.00	\$ 316.00	\$ 124.00	\$ 165.34
Employee + children	\$ 429.00	\$ 572.00	\$ 317.00	\$ 422.68
Employee + family	\$ 840.00	\$ 1,120.00	\$ 728.00	\$ 970.68
<i>*The University pays \$437 for employee only coverage.</i>				

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.

New Premiums

PREMIUMS	Select Coverage Option		Base Coverage Option	
	12-month	9-month	12-month	9-month
Legacy Employees				
*Employee	\$ 20.00	\$ 26.68	\$ -	\$ -
Employee + spouse	\$ 591.00	\$ 788.00	\$ 502.00	\$ 669.34
Employee + child	\$ 221.00	\$ 294.68	\$ 130.00	\$ 173.34
Employee + children	\$ 422.00	\$ 562.68	\$ 333.00	\$ 444.00
Employee + family	\$ 854.00	\$ 1,138.68	\$ 764.00	\$ 1,016.68
	Select Coverage Option		Base Coverage Option	
Horizon Employees	12-month	9-month	12-month	9-month
*Employee	\$ 48.00	\$ 64.00	\$ -	\$ -
Employee + spouse	\$ 619.00	\$ 825.34	\$ 502.00	\$ 669.34
Employee + child	\$ 249.00	\$ 332.00	\$ 130.00	\$ 173.34
Employee + children	\$ 450.00	\$ 600.00	\$ 333.00	\$ 444.00
Employee + family	\$ 882.00	\$ 1,176.00	\$ 764.00	\$ 1,016.68

***The University pays \$459 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.

- **Deductible Increase:** The Office of Insurance announced the State Health Plan will implement an increase in deductible from \$3,000 to \$3,200 for the Base Coverage family health plan effective January 1, 2024.

Plan Options

	Select Coverage		Base Coverage (High Deductible Health Plan)	
	In- Network	Out-of- Network	In Network	Out-of- Network
Calendar Year Deductible (per member)	\$1,800	\$2,300	\$1,800 for Base Coverage	
Calendar Year Family Deductible	\$3,600	\$4,600	\$3,200 for Base Coverage	
Co-insurance	80/20	60/40	80/20	60/40
Individual Medical Coinsurance Maximum	\$3,000	\$4,000	*\$3,000/\$5,500	\$4,000/\$7,500
Out-of-Pocket Limit (Individual/Family)	\$6,500/\$13,000	N/A	*\$6,500/ \$13,000	N/A

Definitions

- **Premiums:** A monthly payment you make to have health insurance coverage.
- **Copay:** A predetermined rate you pay for health care services. (i.e. primary care office visit)
- **Deductible:** The amount you pay for covered medical expenses before insurance starts to pay.
- **Coinsurance:** The percentage of covered medical expenses paid by you and the insurance plan once the deductible is satisfied.

- **Discontinuation effective January 1, 2024:**
 - The office of Insurance has announced the State Health Plan's Wellness Incentive Program offering a \$300 individual deductible reduction for Base Coverage has been discontinued.

- The Office of Insurance has announced the Choice Plan, enacted and initially offered in early 2023 for the benefit of Plan participants enrolled or enrolling in a Health Savings Account (HSA), had been discontinued.
During Open Enrollment, participants currently enrolled in the Choice Plan must enroll in either the Select Plan or Base Plan (high deductible health plan). If an election is not made, the participant will be defaulted to the Base Plan.

There are no changes to pharmacy benefits for 2024.

Pharmacy Benefits

	<u>Retail</u> <i>1-30 day supply</i>	<u>Mail Order</u> <i>90-day supply</i>
Duel-Tier Generic:		
Tier I (preferred)	\$ 12.00	\$ 24.00
Tier I (non-preferred)	\$ 30.00	\$ 60.00
Preferred Brand:	\$ 45.00	\$ 90.00
Non-preferred Brand:	\$100.00	\$200.00
Specialty Drug:	\$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 \$3,200 family deductible. Preventive medications are covered upon satisfying a \$75.00 calendar year deductible.

Dental – Delta Dental

Premium, deductibles and co-insurance percentages will remain unchanged for the new Plan Year. 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

	12-Month Employee	9-Month Employee
Employee Only	\$28.81	\$38.42
Employee & Family	\$60.12	\$80.16

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

	12-Month Employee	9-Month Employee
Employee Only	\$41.57	\$55.42
Employee & Family	\$86.49	\$115.32

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 662-915-7431 to request a card.

Vision – Davis Vision by Metlife

Premium, deductibles and co-insurance percentages will remain unchanged for the new Plan Year

Plan Benefits	Coverage
Examination (every January 1 st)	100% after \$10.00 co-pay
Frames (every other January 1 st)	<u>Davis Vision Designer Collection</u> – 100% after \$15.00 co-pay <u>Network Provider</u> – \$150 credit plus 20% discount on overages
Spectacle Lenses (every January 1 st) <i>in lieu of contacts</i>	Lens types and coatings are either included in the cost or covered at a discount
Contact Lenses (every January 1 st) <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> – \$150 credit plus 15% discount on overages

Lens Options and Additional Savings:

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate).....	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate).....	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount†

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.⁴

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

⁴Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Fully Insured product Underwritten by HM Life Insurance Company. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

For a listing of participating providers and more information please visit Davis Vision's Website: www.mybenefits.metlife.com.

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 by MetLife 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	\$ 8.74	\$11.66
Employee + 1	\$15.36	\$20.48
Employee + Family	\$23.66	\$31.55

American Heritage Cancer / Specified Disease / Intensive Care

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. The American Heritage plan will remain unchanged.

- No lifetime maximum for radiation therapy and injected and oral chemotherapy
- Increase in coverage for a second surgical opinion from \$100 to \$200 for the low option and \$200 to \$400 for the high option
- Increase in the number of covered specified diseases from 23 to 29
- Addition of non-surgical prosthesis for hair at \$25 and breast at \$50
- No age restriction for ICU hospitalization benefits
- Covers actual charges for ICU ambulance transportation benefits
- Inclusion of intensive care benefits (\$400/day for the low option and \$600/day for the high option)

Monthly Rates:

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.71	\$4.25	\$3.97	\$5.51
Monthly	\$11.73	\$18.40	\$17.20	\$23.84

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.97	\$7.73	\$7.26	\$10.01
Monthly	\$21.51	\$33.47	\$31.43	\$43.37

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Plan Benefits/Amounts:

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases
from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services (daily)	\$100	\$200
Extended Care Facility (daily)	\$100	\$200
At Home Nursing (daily)	\$100	\$200
Hospice Care Center (daily) or	\$100	\$200
Hospice Care Team (per visit)	\$100	\$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
Hematological Drugs ¹ (every 12 months)	\$100	\$200
Medical Imaging ¹ (every 12 months)	\$250	\$500
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ⁴ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ⁴	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Intensive Care (ICU)		
ICU (daily)	\$400	\$600
Step-Down (daily)	\$200	\$300
Ambulance	Actual Charges	Actual Charges

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. ⁴At least 70 miles away, up to 700 miles. ^{**}Transportation up to 700 miles per continuous hospital confinement.

Life of Alabama Cancer / Specified Disease / Intensive Care

*This plan is no longer available to new enrollments.

Current participants may experience a rate increase. Please reach out to the HR benefits team to inquire about monthly premiums for 2024.

AIG Life Accidental Death and Dismemberment (AD&D)

No changes for Plan Year 2024.

Current Rates:

Employee Only	\$0.38 per \$10,000 in coverage
Family	\$0.55 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

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, some over-the-counter medications, or any family medical expenses that would qualify as a deduction on your federal income tax return. The annual limit per employee is \$3,050.

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.

Reimbursement Details:

- Pharmacy debit cards (FlexCard)
- 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: A maximum of \$610 unclaimed funds in the 2023 Medical Reimbursement account will rollover to the 2024 Medical Reimbursement account. This rollover will occur after the March 1st reimbursement deadline has expired. All 2023 claims must be received by Southern Administrators & Benefit Consultants (SABC) by **March 1, 2024** to receive reimbursement. 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 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)

No changes for Plan Year 2024

The University and employee share the cost.

\$.10/\$1,000 of coverage employee paid
\$.10/\$1,000 of coverage employer paid

The University will continue to pay half.

Available Coverage

- Employee only – 2x salary (minimum coverage: \$30,000 and maximum coverage: \$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 2024*

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, 2024, with the exception of plans that are subject to underwriting (cancer plans, life insurance, and long-term disability.)