

# **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.

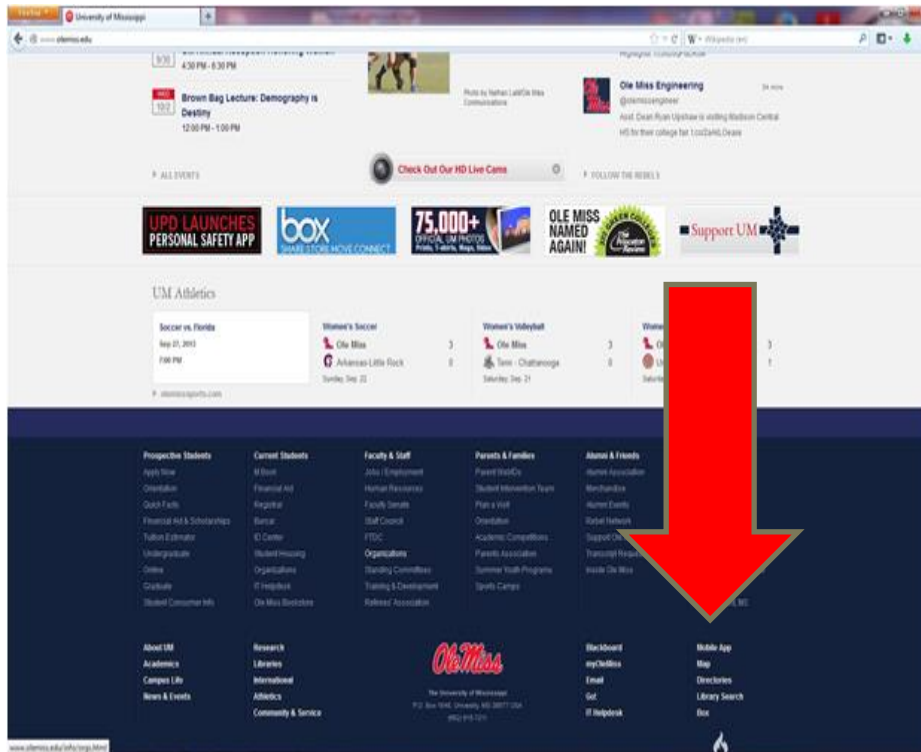
**Open Enrollment is a 2-step process:**

- **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 6<sup>th</sup>.

Faculty and staff have the opportunity to make benefit elections and changes from October 1<sup>st</sup>- 31<sup>st</sup>. 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.

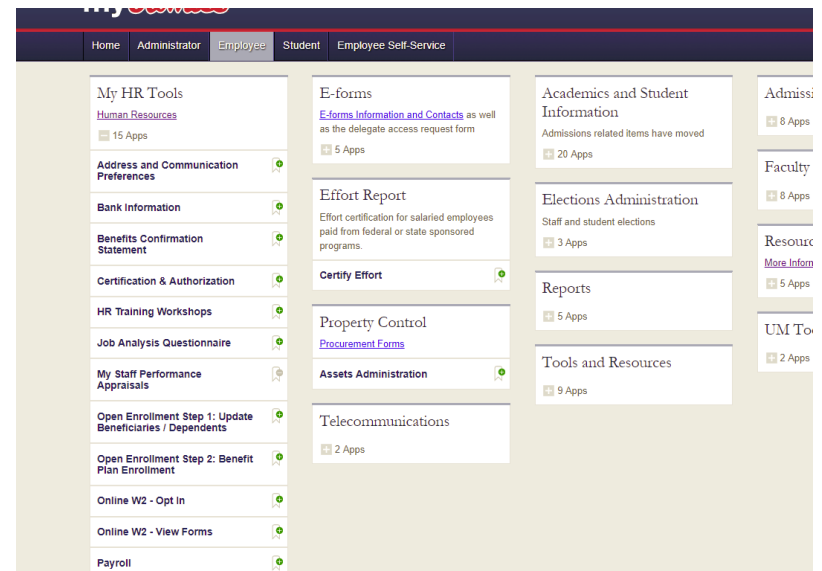
# How do I Access Open Enrollment?



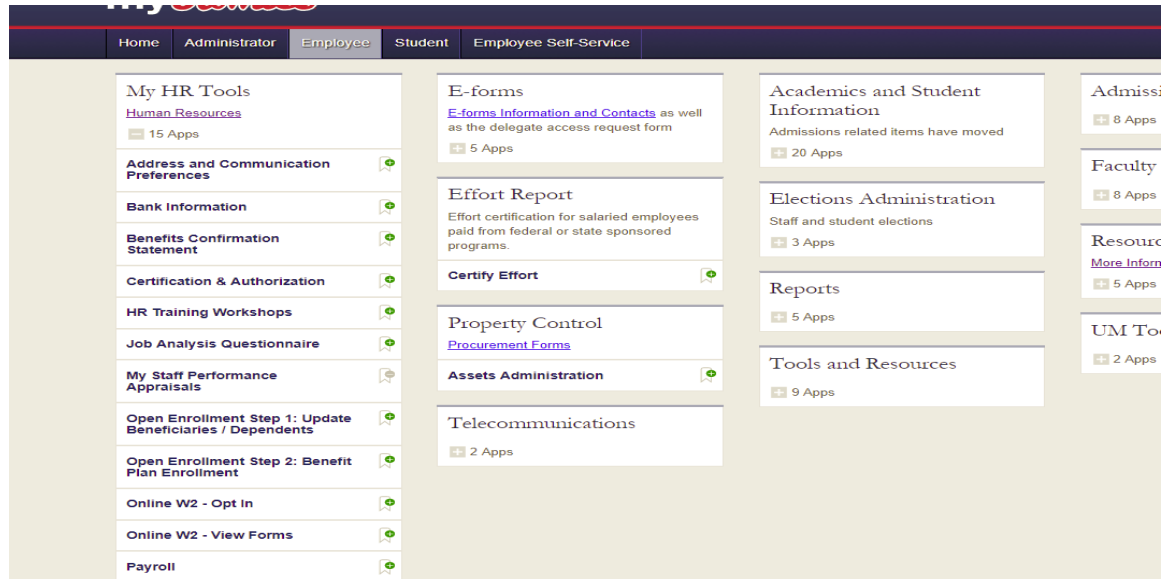
Select the **Employee** tab then **My HR Tools**. Open **Apps**.

Type [www.olemiss.edu](http://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?

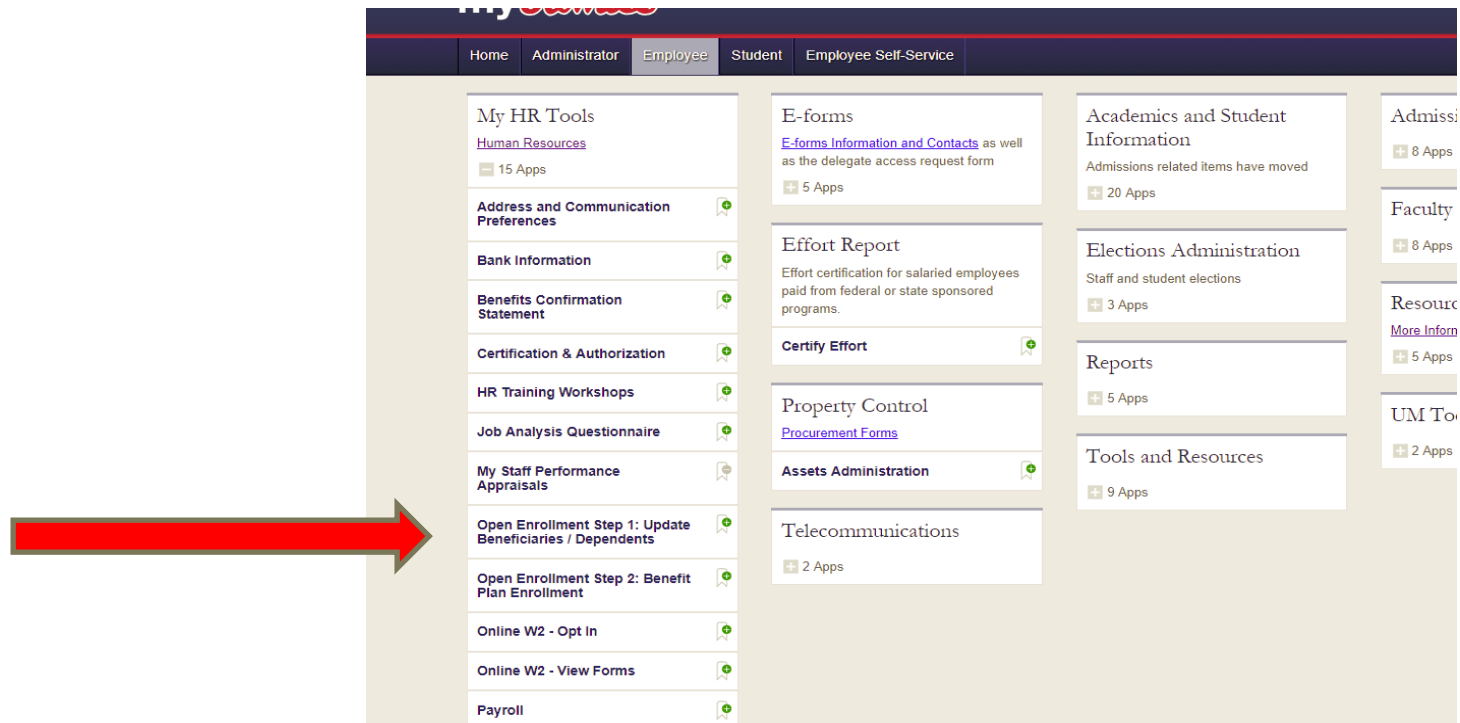


**Open Enrollment Step 1: Update Beneficiaries / Dependents** – List of family members who may be eligible for insurance coverage.

**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



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
<b>Name</b>				
First Name: * STEVE				
Last Name: * MALLORY				
Other Title:				
<b>Data at Birth</b>				
Date of Birth: 1/1/1983				
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female				
<b>Other Personal Data</b>				
Social Security Number: 111-22-2345				
Nationality: American US				
Second Nationality:				
Third Nationality:				
Reference Personnel Number:				
<b>Address</b>				
Street and House Number:				
Address Line 2:				
City:				
State: X				
ZIP Code:				
Country:				
Telephone: 000				
<b>Physicians</b>				
Physician 1:				
ID Number:				
Physician 2:				
ID Number:				
<b>Status and Challenge</b>				
Status:				
<input type="checkbox"/> Student				
<input type="checkbox"/> Medicare				
<input type="checkbox"/> Smoker				
<input type="checkbox"/> Military Service				
<input type="checkbox"/> Financially Independent				
<input type="checkbox"/> Challenge				
Disability Date:				
Notification Date:				
<input checked="" type="radio"/> Valid as of Today				
<input type="radio"/> Valid as of Future Date				
<input type="radio"/> Validity Period				
<input type="button" value="Previous Step"/> <input type="button" value="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

Overview Edit **Review and Save** Confirmation

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

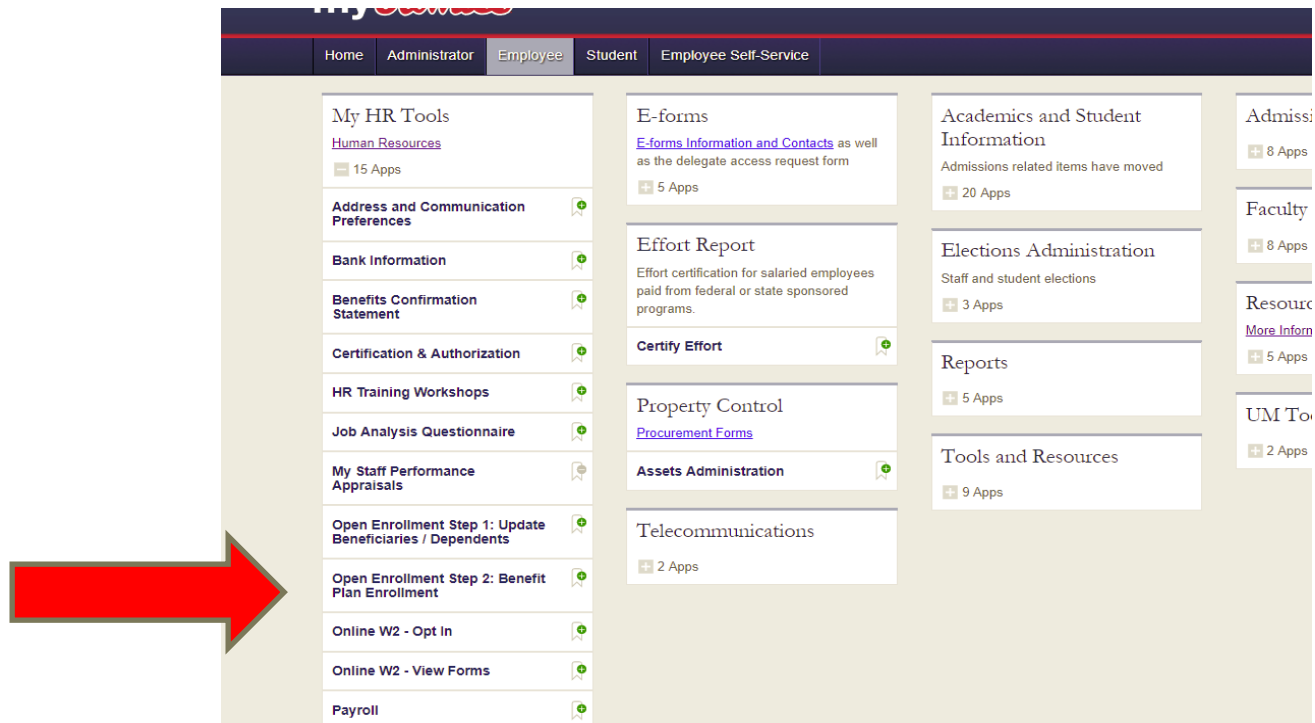
The screenshot shows the 'myVeritas' web application interface. The top navigation bar includes links for Home, Administrator, Employee, Student, and Employee Self-Service. The 'Employee' tab is selected. Below the navigation bar, there is a search bar and an 'Options' button. The main content area displays a list of family members, each with a 'Valid from Today' status and fields for First Name, Last Name, and Date of Birth. The list includes SAMANTHA, PEEPSE, HANNAH, and NICHOLAS. Below the list, there are buttons for 'New Child' and 'New Stepchild'. At the bottom of the page, there is a row of buttons for adding new family members: '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 Child', 'New Legal Guardian', and 'New Stepchild' buttons.

Family Member	Valid from Today	First Name	Last Name	Date of Birth
SAMANTHA	Valid from Today	SAMANTHA	MALLORY	9/23/2014
PEEPSE	Valid from Today	PEEPSE	MALLORY	8/10/2017
HANNAH	Valid from Today	HANNAH	MALLORY	10/23/1980
NICHOLAS	Valid from Today	NICHOLAS	MALLORY	10/25/2010

Buttons at the bottom: New Divorced Spouse, New Father, New Mother, New Domestic Partner, New Child, New Legal Guardian, New Testator, New Guardian, New Stepchild, New Related Persons.

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



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)**

Options

1 2 3 4 5

Benefits Summary Health Plans Insurance Plans Flexible Spending Accounts 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, PEEPIE 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**

Plan Type
LOA CANCER
VISION INS.
UNUM LIFE CHILD
UNUM SPOUSE
DEP CARE SINGLE

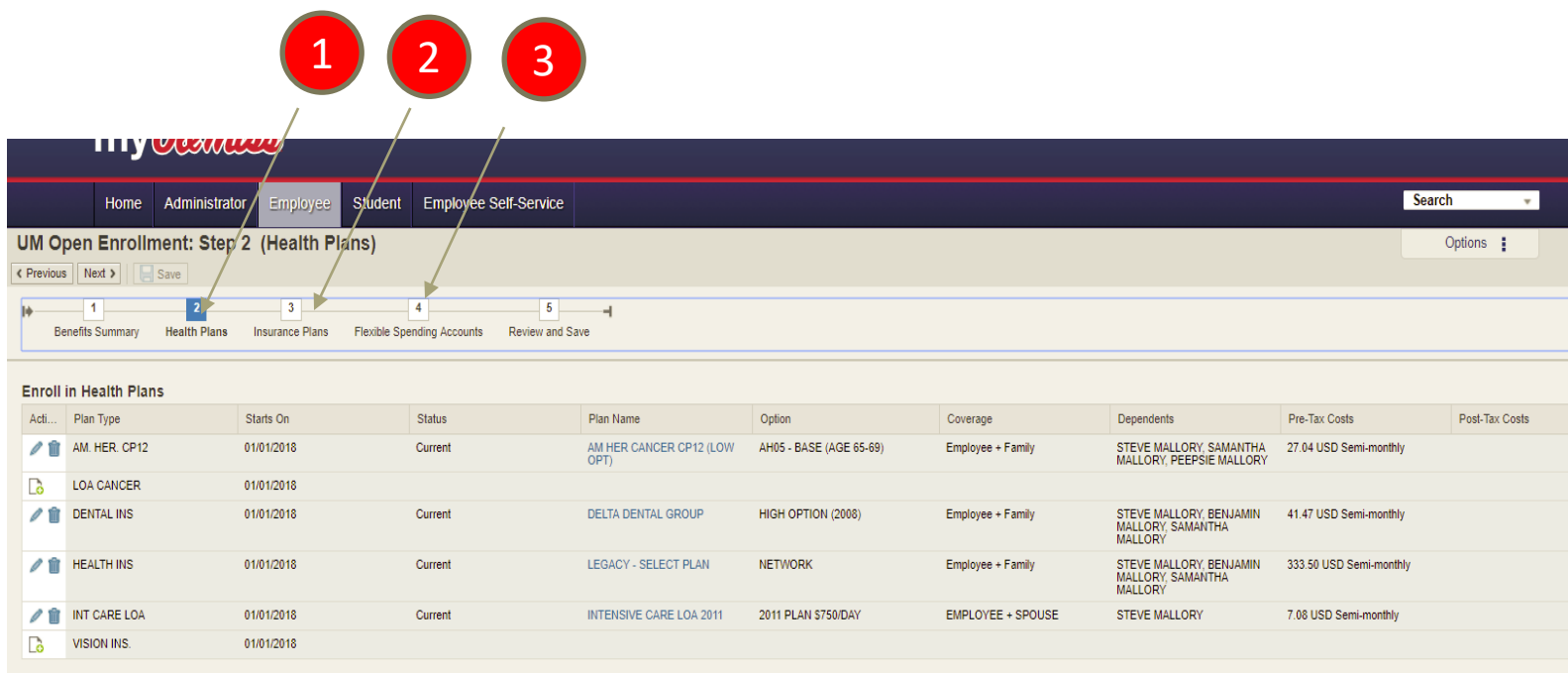
You must agree to the acknowledgement statement to move forth.

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.



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							

# 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' portal for '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 and a list of dependents to be enrolled.

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 Benefits Summary   **2 Health Plans**   3 Insurance Plans   4 Flexible Spending Accounts   5 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	<a href="#">AM HER CANCER CP12 (LOW OPT)</a>	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	<a href="#">DELTA DENTAL GROUP</a>	HIGH OP		STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly
 	HEALTH INS	01/01/2018	Current	<a href="#">LEGACY - SELECT PLAN</a>	NETW		STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly
 	INT CARE LOA	01/01/2018	Current	<a href="#">INTENSIVE CARE LOA 2011</a>	2011 PLAN \$750/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**

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		City		State	ZIP
Secondary Telephone Number		Personal Email Address			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		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 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 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 authorized 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) through the PLAN, but I elect not to be covered. I understand that by waiving coverage at this time, I may only get 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. If you are waiving coverage because you are currently covered under another health insurance policy, please complete Section D.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Coverage

Type: <input type="checkbox"/> Legacy	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 6<sup>th</sup>.



# Making a Benefit Election

**Enrollment: Step 5 (Review and Save)**

Options

1 2 3 4 5

Summary Health Plans Insurance Plans Flexible Spending Accounts 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**  Save

Progress bar: 1 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	<a href="#">AM HER CANCER CP12 (LOW OPT)</a>	AH05 - BASE (AGE 65-69)	Employee + Family	STEVE MALLORY, SAMANTHA MALLORY, PEEPSIE MALLORY	27.04 USD Semi-monthly	
DENTAL INS	01/01/2018	Current	<a href="#">DELTA DENTAL GROUP</a>	HIGH OPTION (2008)	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	41.47 USD Semi-monthly	
HEALTH INS	06/01/2017	Current	<a href="#">LEGACY - SELECT PLAN</a>	NETWORK	Employee + Family	STEVE MALLORY, BENJAMIN MALLORY, SAMANTHA MALLORY	333.50 USD Semi-monthly	
INT CARE LOA	01/01/2018	Current	<a href="#">INTENSIVE CARE LOA 2011</a>	2011 PLAN \$750/DAY	EMPLOYEE + SPOUSE	STEVE MALLORY	7.08 USD Semi-monthly	
AD&D INSURANCE	01/01/2018	Current	<a href="#">AD&amp;D INSURANCE</a>	COVG LEVEL-FAM \$200,000	200,000.00 USD		5.40 USD Semi-monthly	
GROUP LIFE INS	01/01/2018	Current	<a href="#">GROUP LIFE INSURANCE</a>	G-LIFE COVERAGE LEVEL	100,000.00 USD			4.50 USD Semi-monthly
DISABILITY INS.	01/01/2018	Current	<a href="#">LONG-TERM DISABILITY</a>	LTD COVERAGE LEVEL 180 DAY	44,950.80 USD			15.02 USD Semi-monthly
UNUM LIFE INS.	01/01/2018	Current	<a href="#">UNUM/PROVIDENT 4X SALARY</a>	UNUM 4X EE SALARY	300,000.00 USD			44.55 USD Semi-monthly
PUBLIC RET SYS	06/24/2010	Current	<a href="#">PUBLIC EMPLOYEES RET SYSTEM</a>				9.00 % Semi-monthly	
DEP CARE MARRIE	01/01/2018	Current	<a href="#">DEPENDENT CARE - MARRIED</a>				41.67 USD Semi-monthly	
FSA MEDICAL	01/01/2018	Current	<a href="#">MEDICAL REIMBURSEMENT</a>				104.17 USD Semi-monthly	
FSA ADM NO CARD	01/01/2011	Current	<a href="#">FSA ADM FEE NO CARD</a>	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	
<b>Medical</b>			
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:	
		MICHAEL	Relation: Spouse
<b>Dental</b>			
No Plan Selected		No Plan Selected	
<b>Vision</b>			
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	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

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

### **Human Resources Benefits Office (main line):**

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

**Email:** [hrbenefits@olemiss.edu](mailto: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/>