



**MISSISSIPPI STATE
UNIVERSITY**

Department of Human Resources Management
 150 McArthur Hall
 Phone: (662) 325-3713 Fax: (662)325-0753
 Web: www.hrm.msstate.edu

**State Health Insurance
 Pre-Tax and Flex
 Updates for 2011**

STATE HEALTH RATE INCREASE EFFECTIVE JANUARY 1, 2011

Effective January 1, 2011, the health insurance plan deductibles and premium rates increased. Your new premium deduction began in your December 15, 2010 paycheck. For the first time, “Legacy” employees with “Select Coverage” pay a monthly premium for employee only coverage.

New deductibles and rates for the year 2011 are below. Please refer to the Department of Finance and Administration’s October 2010 newsletter, **“Know Your Benefits,”** for additional 2011 plan changes.

PREMIUMS	PREVIOUS SEMI-MONTHLY PREMIUMS		JANUARY 1, 2011 SEMI-MONTHLY PREMIUMS	
	Base Coverage	Select Coverage	Base Coverage	Select Coverage
LEGACY EMPLOYEE (INITIALLY HIRED BEFORE 1/1/2006)				
Employee	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10.00
Employee + Spouse	\$ 169.50	\$ 192.50	\$ 194.50	\$ 231.50
Employee + Spouse & Child(ren)	\$ 258.50	\$ 281.50	\$ 296.50	\$ 333.50
Employee + Child	\$ 44.50	\$ 67.50	\$ 50.50	\$ 87.50
Employee + Children	\$ 112.50	\$ 135.50	\$ 129.00	\$ 166.00
HORIZON EMPLOYEE (INITIALLY HIRED ON OR AFTER 1/1/2006)				
Employee	\$ 0.00	\$ 9.00	\$ 0.00	\$ 19.00
Employee + Spouse	\$ 169.50	\$ 201.50	\$ 194.50	\$ 240.50
Employee + Spouse & Child(ren)	\$ 258.50	\$ 290.50	\$ 296.50	\$ 342.50
Employee + Child	\$ 44.50	\$ 76.50	\$ 50.50	\$ 96.50
Employee + Children	\$ 112.50	\$ 144.50	\$ 129.00	\$ 175.00

DEDUCTIBLES	PREVIOUS CALENDAR YEAR DEDUCTIBLES		JANUARY 1, 2011 CALENDAR YEAR DEDUCTIBLES	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
SELECT COVERAGE <i>LEGACY and HORIZON EMPLOYEE</i>				
Individual	\$ 500	\$ 1,000	\$ 1,000	\$ 2,000
Family	\$ 1,000	\$ 2,000	\$ 2,000	\$ 4,000
Individual Prescription Drug	\$ 75	\$ 75	\$ 75	\$ 75
BASE COVERAGE <i>LEGACY and HORIZON EMPLOYEE</i>				
Individual*	\$ 1,200	\$ 1,200	\$ 1,800	\$ 1,800
Family*	\$ 2,400	\$ 2,400	\$ 3,000	\$ 3,000

*Prescription drugs are included in this same deductible. There is no separate prescription drug deductible under the Base Coverage.

NEW PLAN SERVICE PROVIDER AND CONTACT INFORMATION EFFECTIVE JANUARY 1, 2011

Southern Administrators and Benefit Consultants, Inc. (SABC) has been selected as the new Plan Service Provider for Flexible Spending Account (Mediflex and Careflex) and Pre-Tax Benefit Plans effective January 1, 2011. The plan year runs January 1, 2011 – December 31, 2011. Their contact information is below.

Southern Administrators and Benefit Consultants, Inc.

P. O. Box 2449

Madison, MS 39130-2449

Website: www.sabcflex.com

Phone: 601-856-9933 or 1-800-844-2555

Fax: 601-856-8088

E-Mail: CLAIMS@SABCFLEX.COM

PLAN AND REGULATORY CHANGES EFFECTIVE JANUARY 1, 2011

- **MOST OVER-THE-COUNTER DRUGS WILL NO LONGER BE ELIGIBLE FOR REIMBURSEMENT UNDER FSA.**
- Mediflex claims will be processed daily.
- Employees electing the Base Coverage under the State Employees' Health Insurance Plan and wish to establish a Health Savings Account (HSA) should read the information below about HSA's.

PHARMACY CARD CHANGE

SABC FLEX Card: (Debit Card)

Cost - \$.55 semi-monthly

If you participate in mediflex, you have the option to sign up for the debit card to be used for prescription drug purchases. Instead of sending in receipts for your prescriptions, you will simply swipe your card at most major retailers and your account will automatically be debited. Log on to www.sabcflex.com to find participating merchants and other information. The cost will be payroll deducted semi-monthly on a tax free basis. You will receive (2) cards.

DIRECT DEPOSIT FOR FSA REIMBURSEMENTS

All employees continuing or electing direct deposit for FSA reimbursements will need to complete a direct deposit form. Direct deposits can only be made to a checking account and you must have a valid e-mail for notification of scheduled deposits. An e-mail will be sent to you once the claim has been processed for payment. The form is available at <http://www.hrm.msstate.edu/forms/DirectDepositSABC.PDF>.

CLAIM FILING FOR CALENDAR YEAR 2010 AND 2011

- All claims for 2010 FSA money should still be sent to Glynn Griffing and Associates Administrators (GGAA). This includes claims for expenses incurred during the 2 ½ month extension period, if it involves money left over from your 2010 election. **All employees are encouraged to file claims as soon as possible for 2010 to avoid confusion, but must file no later than the deadline of April 15, 2011.** You may obtain a claim form for GGAA at <http://www.hrm.msstate.edu/forms/FLEXFORM.pdf>.
- All claims for 2011 money should be sent to our new administrator SABC. You may obtain a claim form for SABC at <http://www.hrm.msstate.edu/forms/SABCClaimForm.PDF>.
- Employees may “walk in” to the SABC office before 4:00 p.m. each business day to drop off and obtain a reimbursement. Claims received after 4:00 p.m. are processed the next business day.
- Employees may e-mail or fax claims to SABC. E-mailed claims should be sent to claims@sabcflex.com and faxed claims should be sent to 601-856-8088. If received by SABC before 3:00 p.m. each business day, mailed check claims will be processed. If received by SABC after 3:00 p.m., mailed check claims are processed the next business day. If you have elected direct deposit, your claim must be received by SABC by 12:00 noon in order to be processed for the next business banking day.
- Careflex reimbursement claims are based upon the availability of individual funds deposited. Funds are generally available a few days after the payroll deduction has occurred.
- For 2011 claims, there is a \$15.00 minimum on all reimbursements issued. Reimbursements for less than \$15.00 are issued once additional claims are submitted exceeding \$15.00, or at plan year end when the minimum is lowered to \$1.00.

HEALTH SAVINGS ACCOUNTS (HSA)

If you elect to participate in the Base Coverage (High Deductible) under the State Employees' Health Insurance Plan, and you have no other health coverage, you are eligible to enroll in an HSA at your local bank. An HSA is an IRA type account established to pay qualified medical expenses. Please note, you cannot participate in an HSA if you have other coverage, including unrestricted participation in the above medical reimbursement spending account. You may have optional (accident, disability, vision, dental, etc.) coverages. You can also participate on a restricted basis in the above medical reimbursement spending account, which means you can claim dental and vision expenses only. For more information on HSA go to www.sabcflex.com/page10.html.

ADDITIONAL INFORMATION NEEDED

For additional information regarding this notice, please contact the benefits staff in the Department of Human Resources Management at (662) 325-3713.