

TAKING CARE OF WHAT MATTERS



# 2024 EMPLOYEE BENEFIT GUIDE



**MISSISSIPPI STATE UNIVERSITY™**  
HUMAN RESOURCES MANAGEMENT

# Welcome Message



Mississippi State values every employee. That's why we work hard to give you and your family a benefits package and perks that will keep you thriving, happy, and healthy.

This booklet has been designed to provide you with all the essential information you need to make the most of your employee benefits.

Please take the time to review this booklet thoroughly, and don't hesitate to reach out to our dedicated HR team for any questions or clarifications. We are here to support you every step of the way.

## Contact Information

### Department of Human Resources Management

**Location:** McArthur Hall, Room 150

**Mailing Address:** Human Resources Management

P.O. Box 9603

Mississippi State, MS 39762

**Campus Mail Stop:** 9603

**Phone:** (662) 325-3713

**Fax:** (662) 325-0753

**Email:** [benefits@hrm.msstate.edu](mailto:benefits@hrm.msstate.edu)

# What You Need To Know

## Eligibility

A benefits eligible employee is a full time or part time employee with a 50% FTE or greater appointment that is expected to work four and one-half months or longer. All benefits eligible employees are required to contribute to a state retirement plan.



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## New Hire/ Newly Eligible

As a new or newly benefits eligible employee you will be afforded the opportunity to enroll in benefits elections. Enrollment forms must be submitted completely and correctly to your assigned Benefits Specialist within 30 days of employment.

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## Current Employee

Current employees are only eligible to make changes to their benefit selections during the plan year due to a qualifying life event or during the annual open enrollment period. Please direct questions regarding specific life events to your Benefits Specialist.

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## Open Enrollment

Allows employees, those who previously enrolled or declined coverage, the opportunity to enroll in new coverage, terminate coverage, or to make any benefit changes. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible.)



# Benefits Overview

## 01 Insurance

In this booklet learn more about the different types of insurance MSU provides to it's employees, and find related forms, documents, and other information.

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## 02 Retirement

All benefits eligible employees are required to participate in a retirement plan, PERS or ORP. Additionally, supplemental retirement plans include the Mississippi Deferred Compensation Plan and Trust 457 and a Tax Deferred Annuity 403(b) for all benefits-eligible employees.

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## 03 Employee Assistance Program

The Employee Assistance Program (EAP) provides confidential assistance to employees and their household members covering a wide range of family, marital, work-life challenges, and mental health issues.

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## 04 Employee Perks

Mississippi State University offers a unique array of Employee Perks for faculty and staff.

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## 05 Work/Life Balance

Mississippi State University is dedicated to providing resources that support the effective management of work and personal life for all our employees.





# Meet The Benefits Team

## Justin Brown

*Sr. Benefits Specialist*

Justin assists employees whose last names begin with A-G.

[jbrown@hrm.msstate.edu](mailto:jbrown@hrm.msstate.edu)

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## Aprile Coker

*Benefits Specialist*

Aprile assists employees whose last names begin with P-Z.

[ac3690r@msstate.edu](mailto:ac3690r@msstate.edu)

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## Laura Watson

*Benefits Specialist*

Laura assists employees whose last names begin with H-O.

[let261@msstate.edu](mailto:let261@msstate.edu)

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## Pat Robinson

*Retirement Coordinator*

Pat assists employees who are nearing retirement.

[par151@msstate.edu](mailto:par151@msstate.edu)

# Glossary of Insurance Terms

**Annual Maximum** - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

**Benefit Year** - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Items or services covered under an insurance plan.

**Beneficiary** - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

**Broker** - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

**COBRA** - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

**Claim** - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

**Coinsurance** - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

**Copayment (Copay)** - A fixed amount that the insured is required to pay before receiving the service.

**Deductible** - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

**Dependent** - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

# Glossary of Insurance Terms

**Evidence of Insurability (EOI)** - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

**Flexible Spending Account (FSA)** - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

**Guaranteed Issue** - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

**Horizon Employee** - An employee initially employed on or after January 1, 2006.

**Legacy Employee** - An employee who was initially employed before January 1, 2006. An employee employed on or after January 1, 2006, who was ever a full-time employee of a Mississippi public community college, public library, public school district, State agency or institution for higher learning before January 1, 2006.

**Limited Purpose FSA** - A type of account to be used with an HSA. It is reserved for the payment of dental and vision expenses only.

**Long-Term Care** - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

**Medically Necessary** - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.



# Glossary of Insurance Terms

**Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

**Non-Preferred Provider** - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

**Out-of-Pocket Maximum** - The maximum amount of money you may pay for services in a benefit year.

**Pre-Existing Condition** - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

**Premium/Rate** - The amount you pay for your insurance premiums each month.

**Qualifying Life Event (QLE)** - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).

# How to Enroll/Make Changes

## Checklist of what you will need to enroll

Before beginning your insurance enrollment process please ensure you have the following items available for yourself and each dependent you are enrolling in eligible benefits.

- Full Legal Name
- Social Security Number (If enrolling in medical a copy of the Social Security card for each covered person is required.)
- Date of Birth
- Address

Having these items will expedite the completion of all enrollment forms and required paperwork.

## How to enroll

Employees can access insurance enrollment forms at

<https://www.hrm.msstate.edu/benefits/insurance>

You may choose to:

1) complete your paperwork and submit online at

<https://w.msstate.edu/hrm/online-files/benefits-enrollment.php>

2) make an appointment with your Benefits Specialist to complete/submit your paperwork in person.



# Health Insurance

## BLUE CROSS BLUE SHIELD OF MISSISSIPPI



Health insurance is provided by the State and School Employee's Health Plan. Coverage and administration is provided by Blue Cross Blue Shield of Mississippi. This coverage provides benefits for office visits, preventive care, prescription drugs, and hospital services.

### Employee Status

#### Legacy Employee

A full time employee of a covered entity under the Plan **prior to** 1/1/2006.

#### Horizon Employee

A full time employee of a covered entity under the Plan **after** 1/1/2006.

### Two Plan Options

#### Select Coverage

PPO

- Higher payroll deductions
- Copays apply first

#### Base Coverage

HDHP

- Lower payroll deductions
- Deductible applies first
- HSA eligible

MONTHLY RATES								
	Legacy EE				Horizon EE			
	Base		Select		Base		Select	
	Total Premium	Employee Portion	Total Premium	Employee Portion	Total Premium	Employee Portion	Total Premium	Employee Portion
Employee	\$459	\$0	\$479	\$20	\$459	\$0	\$507	\$48
Employee + Spouse	\$961	\$502	\$1,050	\$591	\$961	\$502	\$1,078	\$619
Employee + Spouse + Child(ren)	\$1,223	\$764	\$1,313	\$854	\$1,223	\$764	\$1,341	\$882
Employee + Child	\$589	\$130	\$680	\$221	\$589	\$130	\$708	\$249
Employee + Children	\$792	\$333	\$881	\$422	\$792	\$333	\$909	\$450

Search for in-network providers:

<https://www.myaccessblue.com/AHSPProviderSearchWeb/#/>



# Health Insurance

## BLUE CROSS BLUE SHIELD OF MISSISSIPPI

### Select (PPO) Coverage Highlights

HEALTH BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Medical Deductible	Individual: \$1,800 Family: \$3,600	Individual: \$2,300 Family: \$4,600
Prescription Drug Deductible	Individual: \$75. You must meet this deductible before the plan begins to pay for prescription services.	
Out-of-Pocket Calendar Year Maximum	Individual: \$6,500 Family: \$13,000	No out-of-pocket limit.
Medical Coinsurance Maximum	\$3,000	\$4,000
Primary Care Physician	\$25 copay/visit. Deductible does not apply.	40% coinsurance
Specialist	20% coinsurance	40% coinsurance
Urgent Care	20% coinsurance	40% coinsurance
Emergency Room	\$50 copay/1 <sup>st</sup> visit; \$200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.	\$50 copay/1 <sup>st</sup> visit; \$200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.
Preventive Care/Screening/Immunization	No charge. Deductible does not apply.	Not covered.
Testing: Diagnostic test (X-ray, blood work) Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance
Telehealth	\$10 copayment	Not covered.
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Preferred Generic Drug	Retail: \$12 copay Mail Order: \$24 copay	You pay 100% then request reimbursement of the in-network amount, less the applicable deductible or copay.
Non-Preferred Generic Drug	Retail: \$30 copay Mail Order: \$60 copay	
Preferred Brand Drug	Retail: \$45 copay Mail Order: \$90 copay	
Non-Preferred Brand Drug	Retail: \$100 copay Mail Order: \$200 copay	
Specialty	Retail: \$100 copay	
		Not covered.

This is only a summary of the medical benefits under Select Coverage. It does not provide all details and provisions of the Plan. Some limitations and exclusions apply and can be found within the Plan Document.

Search for in-network providers:

<https://www.myaccessblue.com/AHSProviderSearchWeb/#/>

# Health Insurance

## BLUE CROSS BLUE SHIELD OF MISSISSIPPI

### Base (HDHP) Coverage Highlights

Base Coverage is a qualifying high deductible health plan that meets the federal government's criteria in regard to establishing a Health Savings Account (HSA). The Plan does not offer or administer HSA accounts. However, participants in Base Coverage may independently secure an HSA.

HEALTH BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Individual: \$1,800 Family: \$3,200	
Preventative Medications Deductible (Other medications are subject to Calendar Year Deductible)	Individual: \$75. You must meet this deductible before the plan begins to pay for prescription services.	
Out-of-Pocket Calendar Year Maximum	Individual: \$6,500 Family: \$13,000	No out-of-pocket limit.
Coinsurance Maximum	Individual: \$3,000 Family: \$5,500	Individual: \$4,000 Family: \$7,500
Primary Care Physician	20% coinsurance	40% coinsurance
Specialist	20% coinsurance	40% coinsurance
Urgent Care	20% coinsurance	40% coinsurance
Emergency Room	\$50 copay/1 <sup>st</sup> visit; \$200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.	\$50 copay/1 <sup>st</sup> visit; \$200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.
Preventive Care/Screening/Immunization	No charge. Deductible does not apply.	Not covered.
Testing: Diagnostic test (X-ray, blood work) Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance
Telehealth	\$10 copayment (Subject to deductible)	Not covered.
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Preferred Generic Drug	Retail: \$12 copay Mail Order: \$24 copay	You pay 100% then request reimbursement of the in-network amount, less the applicable deductible or copay.
Non-Preferred Generic Drug	Retail: \$30 copay Mail Order: \$60 copay	
Preferred Brand Drug	Retail: \$45 copay Mail Order: \$90 copay	
Non-Preferred Brand Drug	Retail: \$100 copay Mail Order: \$200 copay	
Specialty	Retail: \$100 copay	
		Not covered.

This is only a summary of the benefits under Base Coverage. It does not provide all details and provisions of the Plan. Some limitations and exclusions apply and can be found within the Plan Document.

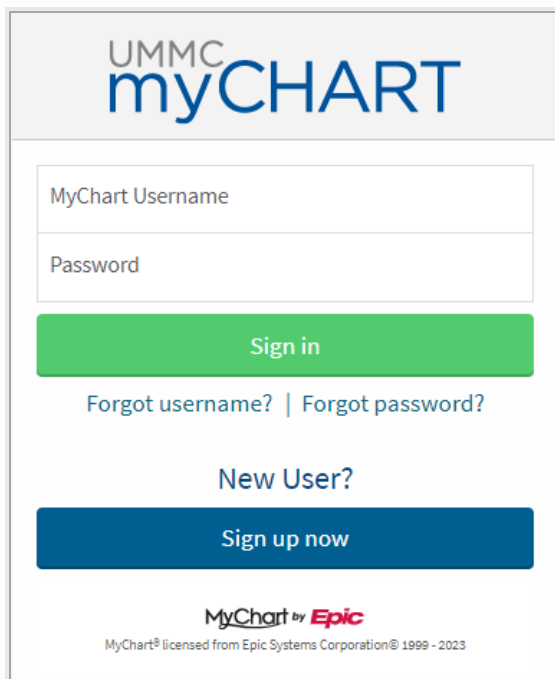
Search for in-network providers:

<https://www.myaccessblue.com/AHSProviderSearchWeb/#/>

# Telehealth Insurance

## UMMC TELEHEALTH

The University of Mississippi Medical Center (UMMC) is the preferred telehealth provider for the Plan. UMMC provides 24-hour access to providers for participants to receive minor medical, mental, or nutrition health care using a smartphone, tablet or webcam enabled computer to access their UMMC 2 You website at [www.umm.edu/Healthcare/Telehealth](http://www.umm.edu/Healthcare/Telehealth) or through their free UMMC 2 You app.



To use UMMC 2 YOU, you'll need a MyChart account and a credit card. Insurance may cover visits.

How to get started:

1. Sign up for MyChart and log in.
2. Select an appointment time.
3. Complete the eCheck-in process.
4. Have your video visit.

### Minor Medical Care

Available 24/7

Same day visits available

- Upper respiratory issues
- Rashes
- Allergies
- Bites
- Joint pain
- And other common health concerns

*Additional \$15 charge for after-hours care*

### Mental Health Care

Available during business hours by appointment

- Depression
- Anxiety
- PTSD
- Bipolar
- ADHD
- Grief and loss
- LGBTQ support
- And more

### Nutrition Care

Available during business hours by appointment

- High blood pressure
- Type 2 diabetes
- Fatty liver
- Weight issues
- Lowered risk of chronic disease

Other network providers may be eligible to render telehealth provider visits.



# Pharmacy

## CVS CAREMARK

CVS Caremark is the pharmacy benefit manager (PBM) for the Plan's prescription drug program. CVS Caremark is responsible for processing prescription claims received from network pharmacies, mail order claims, and paper claims filed directly by participants. The Plan's drug formulary may be obtained through the Plan's website at <https://www.dfa.ms.gov/insurance> or by contacting CVS Caremark directly.

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### Find Cost Effective Prescriptions

Participants should visit [www.caremark.com](http://www.caremark.com) to find the most cost effective place to purchase prescription drugs.

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### 24/7 CVS Caremark Customer Care

Call CVS Caremark for any questions regarding coverage or for assistance with having a prescription filled 888-996-0050.

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### Pharmacy Mail Order Program

Participants can utilize the convenience of receiving medication(s) by mail by using the CVS Caremark Mail Order Pharmacy program. To get started, register at [www.caremark.com](http://www.caremark.com) or contact CVS Caremark Customer Care at 888-996-0050.

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### Prior Authorizations

Certain prescription drugs require prior approval. The prescribing provider must contact CVS Caremark at 800-294-5979 for prior authorization.

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# Flexible Spending Accounts

SOUTHERN ADMINISTRATORS & BENEFIT CONSULTANTS, INC. (SABC)

## Mediflex Plan Highlights

The Mediflex plan (Unreimbursed Medical Expenses) allows employees to set aside up to \$3,200 per calendar year for unreimbursed qualifying medical expenses to be paid for with pre-tax dollars. Mediflex participants also have the option to sign up for a debit card to be used for prescription drug purchases as well as all eligible medical, dental and vision expenses. There is no employee related charge for this debit card.

### Eligible Expenses

#### Samples of Common Eligible Expenses\*

- Eye glasses, eye exams, sunglasses (prescription)
- Over-the-counter drugs
- Eye surgery
- Dental expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

\*These are only examples of common eligible expenses. This is not an all-inclusive list. Additional information is available in IRS Publication 502.

### Mediflex Debit Card

#### SABCFLEX CARD INFORMATION



Participants have the option to sign up for the SABC FLEXCard which allows you pay for eligible medical, dental, and vision expenses. You may be required to validate expenses on your FLEXCard by submitting your receipt or Explanation of Benefits statement from your insurance provider.



### SABCFlex Mobile

Download the mobile application for convenient access to your account and to submit claims. You must register for SABC's online portal to use the mobile app.

Available for Apple iOS/iPhone and Android devices.

1. On your phone's browser type in [www.sabcflex.com/mobile](http://www.sabcflex.com/mobile).
2. An instruction box will appear to add the app to your home screen.

**Eligible expenses must be incurred during the plan year plus the 2.5 month extension. If you don't incur the expense by March 15th of the following year, your funds will be forfeited.**

View account balances and qualifying expenses on SABC's website  
<https://www.sabcflex.com/content/>

# Flexible Spending Accounts

SOUTHERN ADMINISTRATORS & BENEFIT CONSULTANTS, INC. (SABC)

## Careflex Plan Highlights

The Careflex plan (Dependent Day Care) allows employees to set aside up to \$5,000 per calendar year for dependent day care expenses to be paid for with pre-tax dollars.

### How Does It Work?

- First you must determine the amount you will be spending on dependent care during your plan year. (You may pre-tax up to \$5,000 or \$2,500 if you are married filing a separate tax return) amount may vary if spouse is full time student.
- Your yearly amount will be divided by the number of pay periods in your plan year (24 or 18).
- That amount will be deducted tax free and placed into an account.
- As the expense is incurred, you submit a receipt to SABC to be reimbursed.

### Qualifying Dependent

- A dependent who was under age 13 when the care was provided and for whom you can claim an exemption.
- A spouse who is physically or mentally not able to care for himself or herself.
- A dependent who was physically or mentally not able to care for themselves and for whom you can claim an exemption.

### Samples of Common Eligible Expenses\*

- Nursery school, preschool, or a similar program below the kindergarten level
- Before-or after-school care
- Dependent care centers
- Day camp

\*These are only examples of common eligible expenses. This is not an all-inclusive list. Additional information is available in IRS Publication 503.

**Eligible expenses must be incurred during the plan year. If you don't incur the expense by December 31st of the plan year, your funds will be forfeited. A Grace Period does not apply to the Dependent Care Spending Plan.**

To submit a reimbursement request go to  
<https://www.sabcflex.com/content/>



# Dental Insurance

## DELTA DENTAL

Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services. We offer two levels of coverage.

Monthly Rates	Low Plan	High Plan
Enrollee only	\$28.82	\$41.57
Enrollee + 1 or more dependents	\$60.13	\$86.49

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes			
<b>Maximums</b>	<b>Low Plan:</b> \$1,000 per person each calendar year <b>High Plan:</b> \$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services 12 Months	Prosthodontics 12 Months	Orthodontics 12 Months

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and posterior composites	50 %	50 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	25 %	25 %	50 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	25 %	25 %	50 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	50 %	50 %	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	25 %	25 %	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures	25 %	25 %	50 %	50 %
<b>Orthodontic Benefits</b> Dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,200 Lifetime	\$1,200 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

<sup>†</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

To locate a provider in the **DELTA DENTAL PPO Network** use the link below.  
<https://www.deltadental.com/us/en/member/find-a-dentist.html>

# Vision Insurance

## DAVIS VISION

Vision insurance is offered to help people by providing affordable access to high-quality eye care and eyewear. An individual or family vision insurance plan saves you money on frames, lenses, contacts, eye exams, and more.

Benefit	Frequency	In-Network Copay	In-Network Coverage	
<b>Eye Examination</b>	Once Every Calendar Year	\$10	Covered in full. <i>Includes dilation when professional indicated.</i>	
<b>Spectacle Lenses</b>	Once Every Calendar Year	\$15	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)	
<b>Frame</b>	Once Every Other Calendar Year	\$0	<b>Covered in Full Frames:</b> Any Fashion or Designer level frame from Davis Vision's Collection <sup>2</sup> (retail value, up to \$160).  <b>OR, Frame Allowance:</b> \$150 toward any frame from provider plus 20% off any balance. <sup>1</sup> No copay required.	
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Once Every Calendar Year	\$35	<b>Davis Vision Collection Contacts:</b> After copay, covered in full <b>Standard, Soft Contacts:</b> After copay, covered in full	
<b>Contact Lenses (in lieu of eyeglasses)</b>	Once Every Calendar Year	\$0	<b>Covered in Full Contacts:</b> Planned Replacement Disposable  <b>OR, Contact Lens Allowance:</b>  <b>OR, Visually Required Contacts:</b>	From Davis Vision's Collection <sup>2</sup> , up to: Two boxes/multi-packs* Four boxes/multi-packs*  \$150 allowance toward any contacts from provider's supply plus 15% off balance. <sup>1</sup> No copay required.  Covered in full with prior approval.  *Number of contact lens boxes may vary based on manufacturer's packaging.

Significant savings on optional frames, lens types and coatings!	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$25
Tinting of Plastic Lenses.....	\$0
Oversize Lenses.....	\$0
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating .....	\$30
Ultraviolet Coating.....	\$12
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$35   \$48   \$60   \$85
Polycarbonate Lenses .....	\$0
High-Index Lenses: 1.67   1.74 .....	\$55   \$120
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$50   \$90   \$140   \$175
Polarized Lenses.....	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>3</sup> Plastic   Glass .....	\$65   \$20
Digital Single Vision Lenses .....	\$30
Blended Lenses.....	\$20
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40
Trivex Lenses .....	\$50
Blue Light Filtering.....	\$15

### Additional Savings!

Retinal Imaging.....	\$39
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Coverage	Monthly Premium
Employee Only	\$8.34
Employee + One	\$14.96
Employee + Family	\$23.26

(1) Some limitations apply to additional discounts, discounts not applicable at all in-network providers. (2) The Davis Vision Collection is available at most participating independent provider locations. (3) Transitions® is a registered trademark of Transitions Optical Inc.

To locate a provider use the link below.

<https://idoc.davisvision.com/DavisVision.Member/FindAProvider/Index>

# Life Insurance

## MINNESOTA LIFE INSURANCE COMPANY

### State Life Plan Highlights

Insured for twice the employee's annual wage, with a minimum of \$30,000 and a maximum of \$100,000 coverage. Please note that state-sponsored group term life insurance coverage over \$50,000 is subject to imputed tax under the Internal Revenue Service Code Section 79.

- Coverage is available to employees only
- Comes with an additional, equal amount of coverage for Accidental Death and Dismemberment (AD&D) at no additional cost
- All life insurance through this plan is guaranteed issue if the employee applies for coverage within 31 days of becoming eligible for such coverage
- An Evidence of Insurability (EOI) is required if applying for coverage after 31 days from date of hire or initial insurance eligibility

Monthly Premium			
	Employee Portion	Employer Portion	Total Premium
Per \$1,000 of coverage	\$0.10	\$0.10	\$0.20

\*If an employee applies for life insurance after the first 31 days of employment or initially waives coverage when first eligible and subsequently elects to participate, he will be considered a "late enrollee" applicant. As a late enrollee, he will be required to complete an Evidence of Insurability Statement in addition to the life insurance Enrollment/Change Request Form. Coverage may be denied to late enrollees/applicants based on Minnesota Life's underwriting guidelines. See Plan Document for more details.

For more information regarding State Life insurance visit  
<https://www.dfa.ms.gov/insurance/life-insurance>

# Life Insurance

UNUM PROVIDENT

## Term Life and AD&D Plan Highlights

Your needs vary greatly upon age, number of dependents, dependents' ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life. AD&D insurance covers you and your beneficiaries in the event of an accidental loss of life.

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident. Premiums are based on age and amount of coverage.

### Who Can Get Term Life Coverage?

<b>You:</b>	Choose from \$10,000 to \$750,000 in \$10,000 increments, up to 5 times your earnings. You can get up to \$200,000. This is the amount of coverage you can qualify for with no medical underwriting.
<b>Your spouse:</b>	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$100,000 with no medical underwriting, if eligible (see delayed effective date).
<b>Your children:</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

\*Guarantee Issue (GI) only applies to new hires and employees newly eligible for benefits. If you waive coverage when first eligible and wish to enroll later, Evidence of Insurability (EOI) must be provided and UNUM has the right at that time to refuse the request for coverage. Refer to the Plan Document for more details.

### What Else is Included?

- **A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living.
- **Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.
- **Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

# Disability Insurance

## AMERICAN FIDELITY

Disability insurance provides income protection in the event that you miss work due to an injury or sickness.

### Plan Highlights

#### **Benefits are Payable Directly to You**

You have the freedom to use the funds for your daily expenses such as groceries, mortgage, daycare, etc.

#### **Customized to Meet Your Individual Needs**

You can select a benefit amount and elimination period that best meets your financial needs. Premiums are based on benefit amount and elimination period.

#### **Return-to-Work Benefit**

Employees may receive a partial benefit for going back to work part-time while still on Disability.

### Definitions

**Injury** means physical harm or damage to the body you sustained which results directly from an accidental bodily injury.

**Sickness** means a disease or illness (including pregnancy). Disability must begin while your coverage is active.

**Disability** or disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation.

**Pre-Existing Condition** means a disease, injury, sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care, diagnosis or advice from a physician, during the 12 month period immediately before your effective date.

### **BENEFITS BEGIN on the day of Disability due to a covered Injury or Sickness**

Plan I	On the 15 <sup>th</sup> day	Plan IV	On the 91 <sup>st</sup> day
Plan II	On the 31 <sup>st</sup> day	Plan V	On the 151 <sup>st</sup> day
Plan III	On the 61 <sup>st</sup> day		

\*Guarantee Issue (GI) only applies to new hires and employees newly eligible for benefits. If you waive coverage when first eligible and wish to enroll later, Evidence of Insurability (EOI) may be required and American Fidelity has the right at that time to refuse the request for coverage. Refer to the Plan Document for more details.



# Disability Insurance

## UNUM FIDELITY

Disability insurance provides income protection in the event that you miss work due to an injury or sickness. Choose a plan to receive a benefit of 60% (Integrated) or 25% (Non-Integrated) of your monthly earnings, to a maximum of \$10,000.

### Plan Highlights

**How long do I have to wait to receive benefits?** The elimination period is the length of time you must be continuously disabled before you can receive benefits. You have the option to have a 90 day or 180 eliminations period. You could begin receiving LTD benefits if, after your elimination period, you are still disabled (as described in the definition of disability). No loss of income is required during the elimination period.

**How long will my benefits last?** You can receive LTD benefits as long as you continue to meet the definition of disability. Benefit payments will continue based on your age when your disability occurs. If your disability occurs before age 60, you may receive benefits to age 65, but not less than 5 years. If your disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule.

**What is my actual benefit amount?** Your total monthly benefit (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, your total monthly benefit (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment). Premiums are based on age and earnings.

Choose the plan that is right for you	
Plan 1	<b>60% integrated benefit with 90 day elimination period:</b> 60% of monthly earnings to a maximum benefit of \$10,000 per month.
Plan 2	<b>25% non-integrated benefit with 90 day elimination period:</b> 25% of monthly earnings to a maximum benefit of \$10,000 per month.
Plan 3	<b>60% integrated benefit with 180 day elimination period:</b> 60% of monthly earnings to a maximum benefit of \$10,000 per month.
Plan 4	<b>25% non-integrated benefit with 180 day elimination period:</b> 60% of monthly earnings to a maximum benefit of \$10,000 per month.

\*Guarantee Issue (GI) only applies to new hires and employees newly eligible for benefits. If you waive coverage when first eligible and wish to enroll or increase coverage later, Evidence of Insurability (EOI) must be provided and UNUM has the right at that time to refuse the request for coverage. Pre-Existing limitations may apply. Refer to the Plan Document for more details.

# Cancer Indemnity Insurance

AFLAC

Aflac's Personal Cancer Indemnity insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

## Receive benefits paid directly to you for:

- First occurrence diagnosis
- Hospital confinement
- Medical imaging
- Radiation and chemotherapy
- Experimental treatment
- Immunotherapy
- Nursing services
- Antinausea
- Skin cancer surgery
- Surgical/anesthesia
- Outpatient hospital surgical
- Prosthesis
- Reconstructive surgery
- In-hospital blood and plasma
- Outpatient blood and plasma
- Second surgical opinion
- National Cancer Institute evaluation/consultation
- Ambulance
- Transportation
- Lodging
- Bone marrow transplant
- Stem cell transplant
- Egg harvesting and storage
- Extended-care facility
- Hospice
- Home health care
- Cancer screening

## Personal Cancer Indemnity Semi-Monthly Premiums

	Employee Only	One-Parent Family	Two-Parent Family
Level 3 Base Plan	\$16.75	\$20.10	\$27.95
Building Benefit Rider / \$100 per unit (5 unit max)	\$0.30	\$0.45	\$0.65

\*This policy has limitations and exclusions that may affect the benefits payable. This brochure is for illustration purposes only. Refer to the policy and riders for complete definitions, details, limitations, and exclusions.

# Critical Care Insurance

AFLAC

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.

## Specified Health Events Covered by the Policy Include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

### Receive benefits paid directly to you for:

- First occurrence diagnosis
- Subsequent specified health event
- Coronary angioplasty
- Hospital confinement
- Ambulance
- Continuing Care
- Transportation
- Lodging

Critical Care Insurance Semi-Monthly Premiums

Age Range	Individual	Named Insured/Spouse	One-Parent Family	Two-Parent Family
18 to 35	\$4.68	\$6.70	\$5.20	\$7.74
36 to 45	\$7.28	\$11.18	\$7.54	\$12.35
46 to 55	\$10.14	\$16.77	\$10.46	\$18.20
56 to 70	\$13.65	\$24.57	\$13.98	\$26.26

\*This policy has limitations and exclusions that may affect the benefits payable. This brochure is for illustration purposes only. Refer to the policy and riders for complete definitions, details, limitations, and exclusions.

# Accident Advantage Insurance

AFLAC

Accidents can happen at any time. In the event of an unexpected injury, Aflac can help protect your personal finances. Aflac pays cash benefits directly to you so you can use the cash for anything you want.

## What does the policy include:

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

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Accident Advantage Insurance Semi-Monthly Premiums				
Age Range	Individual	Named Insured/Spouse	One-Parent Family	Two-Parent Family
18 to 75	\$10.99	\$15.60	\$18.46	\$23.92

\*This policy has limitations and exclusions that may affect the benefits payable. This brochure is for illustration purposes only. Refer to the policy and riders for complete definitions, details, limitations, and exclusions.

# Long Term Care Insurance

## GENWORTH LIFE INSURANCE COMPANY

Long Term Care benefits provides a means to pay for services in the event of unforeseen accident, illness, or chronic condition that requires in-home assistance or use of a nursing home or assisted living facility. Premiums are based on monthly benefit and coverage maximum.

### Plan Options

#### 1 Choose a Monthly Benefit

This is the maximum amount you'll be reimbursed each month for covered long term care expenses. You have the following choices.

Monthly Benefit Choices	Will reimburse up to this amount for covered:		
	Home Care	Assisted Living Care	Nursing Facility Care
<input type="checkbox"/> \$1,500/month	\$1,500/month	\$1,500/month	\$1,500/month
<input type="checkbox"/> \$3,000/month	\$3,000/month	\$3,000/month	\$3,000/month
<input type="checkbox"/> \$4,500/month	\$4,500/month	\$4,500/month	\$4,500/month
<input type="checkbox"/> \$6,000/month	\$6,000/month	\$6,000/month	\$6,000/month
Mississippi cost of care <sup>3</sup>	\$3,818/month	\$3,500/month	\$7,314/month

#### 2 Select a Coverage Maximum

Choose from one of the Coverage Maximums that corresponds to the Monthly Maximum you selected above. The Coverage Maximum is the total amount of money available to reimburse you for covered expenses for the life of your coverage. The Coverage Maximum corresponds to your Monthly Benefit selection above.

Monthly Benefit Choices	Coverage Maximum Choices		
\$1,500/month	<input type="checkbox"/> \$36,000	<input type="checkbox"/> \$54,000	<input type="checkbox"/> \$72,000
\$3,000/month	<input type="checkbox"/> \$72,000	<input type="checkbox"/> \$108,000	<input type="checkbox"/> \$144,000
\$4,500/month	<input type="checkbox"/> \$108,000	<input type="checkbox"/> \$162,000	<input type="checkbox"/> \$216,000
\$6,000/month	<input type="checkbox"/> \$144,000	<input type="checkbox"/> \$216,000	<input type="checkbox"/> \$288,000

For more information or to apply:



Go to: [genworth.com/MSU](https://genworth.com/MSU)



or Call: 800 416.3624 to speak with a program specialist

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.



# Accidental Death & Dismemberment Insurance

## NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

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### Accidental Death Benefit

If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

### Accidental Dismemberment Benefit

Select a principal sum of \$25,000 to \$500,000\* in \$25,000 increments. Premiums are based on principal sum.

If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<b><u>For Loss of</u></b>	<b><u>Percentage of Principal Sum</u></b>
Both Hands or Both Feet .....	100%
Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and the Sight of One Eye .....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears .....	100%
One Hand or One Foot .....	50%
Sight of One Eye .....	50%
Speech or Hearing in Both Ears .....	50%
Hearing in One Ear .....	25%
Thumb and Index Finger of Same Hand .....	25%

\*Principal amounts selected over \$200,000 may not exceed ten times your annual earnings.

# Contact List

Description	Phone	Address
<b>Medical</b> <i>Blue Cross &amp; Blue Shield</i>	Customer Service: 800-942-0278 Claims: 800-709-7881	3545 Lakeland Dr. Flowood, MS 39232
<b>Telehealth</b> <i>UMMC</i>	601-815-2020	2500 North State St. Jackson, MS 39216
<b>Pharmacy</b> <i>CVS Caremark</i>	888-996-0050	P.O. Box 6590 Lee's Summit, MO 64064
<b>Mediflex</b> <i>SABC</i>	800-844-2555	P.O. Box 2449 Madison, MS 39110
<b>Careflex</b> <i>SABC</i>	800-844-2555	P.O. Box 2449 Madison, MS 39110
<b>State Life</b> <i>Minnesota Life Insurance Co.</i>	877-348-9217	400 Robert Street North St. Paul, MN 55101
<b>Supplemental Term Life</b> <i>UNUM Provident</i>	800-445-0402	P.O. Box 100158 Columbia, SC 29202
<b>Dental</b> <i>Delta Dental</i>	800-521-2651	P.O. Box 1809 Alpharetta, GA 30023
<b>Vision</b> <i>Davis Vision</i>	833-393-5433	175 E. Houston St. San Antonio, TX 78205
<b>Disability</b> <i>American Fidelity Assurance</i>	800-323-3748	P.O. Box 25523 Oklahoma City, OK 73125

Description	Phone	Address
<b>Disability</b> <i>UNUM Provident</i>	800-858-6843	P.O. Box 100158 Columbia, SC 29202
<b>Cancer</b> <i>Aflac</i>	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
<b>Critical Illness</b> <i>CVS Caremark</i>	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
<b>Accident</b> <i>Minnesota Life Insurance Co.</i>	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
<b>Long Term Care</b> <i>Genworth Life Insurance Co.</i>	800-416-3624	P.O. Box 64010 St. Paul, MN 55164
<b>AD&amp;D</b> <i>National Union Fire Ins. Co.</i>	800-209-3515	1200 Abernathy Rd. BLD 600 Atlanta, GA 30328

To learn more about the benefit plans offered at Mississippi State University please visit the Human Resources Management website at <https://www.hrm.msstate.edu/benefits>

or scan the QR Code below:



# Retirement

## PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

PERS is a defined benefit plan that is designed to provide a monthly retirement benefit to employees at time of retirement.

Any benefits eligible employee may elect to participate in PERS. However, if an employee has made a previous ORP election while employed with another IHL institution through the State of Mississippi and holds an ORP eligible position through Mississippi State University, they are not eligible for participation in PERS.

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### Contributions

#### Employee

All employees enrolled in PERS contribute 9% of their pre-tax gross wages each pay period into PERS.

#### Employer

The University contributes 17.40% of the gross wages each pay period into the Employee's PERS account.

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### Vesting Schedule

#### Prior to July 1, 2007

A member who entered PERS prior to July 1, 2007, is vested after 4 years of service as a contributing member provided that he or she does not subsequently refund his or her account balance.

#### After July 1, 2007

A member who entered PERS on or after July 1, 2007, is vested after 8 years of service as a contributing member provided that he or she does not subsequently refund his or her account balance.

# Retirement

## OPTIONAL RETIREMENT PLAN (ORP)

ORP is a defined contribution plan with the availability of funds being portable and transferable.

ORP eligible employees have 30 days from date of hire to make their retirement election between ORP and PERS. Once an ORP election is made, this election is irrevocable as long as an employee holds an ORP eligible position. If no election is made within 30 days from date of hire, an employee will automatically default to PERS unless a previous ORP election was made while the individual was employed with another IHL institution through the State of Mississippi and he or she now holds an ORP eligible position through Mississippi State University. In that situation, the employee must participate in ORP. Individual consultants are available to assist with investment options.

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### Eligibility

Benefits eligible employees holding specific positions as defined by state law are eligible to participate in the ORP plan.

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### How to Enroll

The three approved providers are listed on the next page. Employees should make their election by following these steps:

1. Contact the provider(s) to find the plan that best fits your retirement income strategies. You may select multiple providers.
2. Once you have selected the provider(s) in which you wish to participate, complete the [ORP Retirement Plan Election/Vendor Selection \(Form 4E\) Local form download](#) and return to the [HRM Benefits staff](#).
3. Complete an application for each provider you select. Contact the provider(s) to obtain an application.



# Retirement

## OPTIONAL RETIREMENT PLAN (ORP)

### Contributions

#### Employee

All employees enrolled in ORP contribute 9% of their pre-tax gross wages each pay period into ORP.

#### Employer

The University's contribution of 17.40% of the participant's earned compensation shall be disbursed as follows:

1. One percent (1%) of the employer contributions (or the equivalent of 0.174 percent of the participant's earned compensation) shall be paid to PERS as an administrative fee.
2. Two and one-half percent (2.5%) of the participant's earned compensation reduced by the pro-rata share of the 1% administrative fee, or an equivalent of 2.475 percent of the participant's earned compensation, shall be remitted to PERS for application to the unfunded accrued liability.
3. Fourteen and nine tenths percent (14.90%) of the participant's earned compensation reduced by the pro-rata share of the 1% administrative fee, or an equivalent of 14.751 percent of the participant's earned compensation, shall be remitted to the appropriate company or companies for application to the participant's contract or account or both.

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### Vesting

Immediately vested upon election of ORP.

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### Providers

Employees enrolled in ORP may choose VOYA, TIAA, or Corebridge Financial as their ORP provider.

# Supplemental Retirement

## MISSISSIPPI DEFERRED COMPENSATION (457)

The Mississippi Deferred Compensation Plan and Trust is a plan authorized under Section 457 of the Internal Revenue Code through the Mississippi Public Employees' Retirement System (PERS).

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### Eligibility

All employees regardless of benefits eligible status are eligible to enroll. (Student workers are not eligible)

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### Contributions

Employees may contribute as little as \$25 per month. In 2024, the maximum amount you may defer is the lesser of 100 percent of includable compensation or \$23,000. There are no employer contributions into this account.

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### Vesting

Your contributions and any earnings are always 100% vested.

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### How to Enroll

Employees may schedule a virtual/telephone appointment at their convenience to receive information and assistance signing up online. To schedule an appointment with Katrina Yarbrough, MSU's MDC Advisor, visit <https://govremote239670.empowermytime.com/#/>.

# Supplemental Retirement

## TAX DEFERRED ANNUITY (403B)

Mississippi State University permits eligible employees to make contributions to certain annuity contracts and custodial accounts for purposes of providing retirement benefits, as permitted in accordance with section 403(b) of the Internal Revenue Code of 1986.

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### Eligibility

All employees regardless of benefits eligible status are eligible to enroll. (Student workers are not eligible)

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### Contributions

In 2024, the maximum amount you may defer is the lesser of 100 percent of includable compensation or \$23,000. There are no employer contributions into this account.

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### Vesting

Your contributions and any earnings are always 100% vested.

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### How to Enroll

Employees may begin a 403(b) plan at any time by following these steps:

1. Contact the provider(s) to find the plan that best fits your retirement income strategies. You may select multiple providers; however, the maximum contribution per year remains the same.
2. Once you have selected the provider(s) in which you wish to participate, establish a contract with the provider(s).
3. In order for MSU to withhold money from your paycheck for your 403(b) contribution, complete a Salary Reduction Agreement which both you and your provider sign.