MISSISSIPPI STATE UNIVERSITY™
HUMAN RESOURCES MANAGEMENT

2026 EMPLOYEE BENEFIT GUIDE

WELCOME

TAKING CARE OF WHAT MATTERS

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 guide is designed to help you understand the programs and options available to support your health, financial security, and overall well-being.

Inside, you'll find clear explanations of each benefit and helpful tips for enrollment. Our goal is to make navigating your benefits simple and stress-free, so you can focus on what matters most — your success and well-being.

Contact Information:
Human Resources Management

Location: McArthur Hall, Room 150
Mailing Address:
Human Resources Management
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Campus Mail Stop: 9603
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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.

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.

Current Employee

Current employees are only eligible to make changes to their benefit selections during the plan year within 60 days of a qualifying life event or during the annual open enrollment period. Please direct questions regarding specific life events to your Benefits Specialist.

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.)

MEET THE TEAM

Sandy Simpson-Helms

Benefits Specialist

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

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Laura Watson

Benefits Specialist

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

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Aprile Coker

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Pat Robinson

Retirement Coordinator

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HOW TO ENROLL/MAKE CHANGES

WHAT YOU NEED TO ENROLL

Before beginning your benefit 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
- Date of Birth
- Address

BENEFITS ORIENTATION AND ASSISTANCE

Benefits Orientation helps with selecting plans and coverage options.

Attendance requires a reservation through the bookings page.

You may also schedule an appointment with your benefits specialist: **https://outlook.office.com/book/EmployeeBenefits@bookings.msstate.edu/?ismsaljsauthenabled**

HOW TO ENROLL

Insurance Enrollment
Employees must complete their insurance enrollment in Employee Navigator. **https://www.employeenavigator.com/benefits/Account/Login**

Please review benefit offerings or attend orientation prior to completing enrollment in Employee Navigator.

Mandatory Paper Forms
Additional mandatory paper forms, including state retirement enrollment forms, must be completed.

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

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.

Monthly Rates

Legacy - Initially hired **before** 1/1/2006 **Horizon** - Initially hired **on or after** 1/1/2006	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
ACTIVE EMPLOYEE	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	$513	$0	$533	$20	$513	$0	$566	$53
Employee + Spouse	$1,074	$561	$1,173	$660	$1,074	$561	$1,205	$692
Employee + Spouse & Child(ren)	$1,367	$854	$1,467	$954	$1,367	$854	$1,499	$986
Employee + Child	$659	$146	$759	$246	$659	$146	$790	$277
Employee + Children	$886	$373	$983	$470	$886	$373	$1,015	$502

*The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

Which Plan is Right for You?

Select Coverage

PPO

- Higher payroll deductions
- Copays apply first
- FSA eligible
- Manage your budget with copays if you expect to frequently visit your primary care physician and/or have multiple non-preventative medication prescriptions.

Base Coverage

HDHP

- Lower payroll deductions
- Deductible applies first
- HSA eligible
- FSA eligible in lieu of HSA
- Great way to save dollars if you don't expect significant health issues and are comfortable managing higher upfront costs.

HEALTH INSURANCE

MISSISSIPPI

Select PPO Coverage Highlights

HEALTH BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Medical Deductible	Individual: $1,800	Individual: $2,300
	Family: $3,600	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	No out-of-pocket limit.
	Family: $13,000	
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/1st visit; $200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.	$50 copay/1st 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	You pay 100% then request reimbursement of the in-network amount, less the applicable deductible or copay.
	Mail Order: $24 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.dfa.ms.gov/insurance

HEALTH INSURANCE

Base HDHP Coverage Highlights

HEALTH BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Individual: $1,800 Family: $3,400	
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.	
Coinsurance Maximum	Individual: $3,000 Family: $5,500	Individual: $4,000 Family: $7,500
Out-of-Pocket Calendar Year Maximum (In no event shall any one individual with family coverage exceed $6,500 out-of-pocket expenses for covered network expenses.)	Individual: $6,500 Family: $13,000	No out-of-pocket limit.
Primary Care Physician	20% coinsurance	40% coinsurance
Specialist	20% coinsurance	40% coinsurance
Urgent Care	20% coinsurance	40% coinsurance
Emergency Room	$50 copay/1st visit; $200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.	$50 copay/1st visit; $200 copay/each additional visit plus 20% coinsurance. Copayment waived if admitted.
Hospital (Inpatient & Outpatient)	20% coinsurance	40% coinsurance
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 (Minor Medical & Dietitian)	$10 copayment (Subject to deductible)	Not covered.
Telehealth (Mental Health)	20% coinsurance	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.

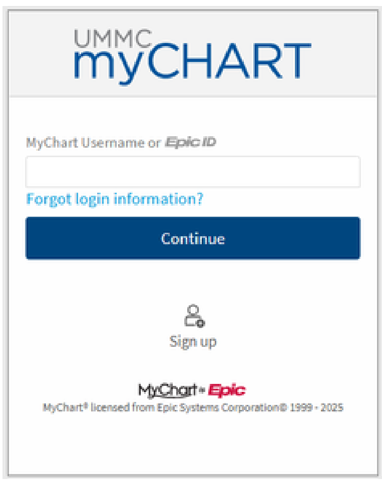
This is only a summary of the medical benefits under Base Coverage. It does not provide all details and provisions of the Plan. Some limitations and exclusions apply and can be found within the Plan Document.

Search for in-network providers:

https://www.dfa.ms.gov/insurance

TELEHEALTH INSURANCE

The University of Mississippi Medical Center (UMMC) is the Plan's preferred telehealth provider. UMMC offers access to healthcare professionals for minor medical, mental health, and nutrition services. Participants can connect using a smartphone, tablet, or computer through the UMMC 2 You app or website at **www.umc.edu/Healthcare/Telehealth**.



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

How to get started:

1. Visit **ummc2you.com**
2. Sign up for MyChart and log in.
3. Select an appointment time.
4. Complete the eCheck-in process.
5. Have your video visit.

Minor Medical Care

Available Monday - Friday, 7am - 7pm

Same day visits available

- Respiratory infections
- Rashes
- Allergies
- Insect bites
- Joint aches and pain
- And other common minor medical issues

Mental Health Care

Available Monday - Friday, 8am - 5pm

- Depression
- Anxiety
- PTSD
- Bipolar disorder
- ADHD
- 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 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.

VISIT HTTPS://WWW.DFA.MS.GOV/CVS-CAREMARK TO ACCESS:

- Pharmacy Locator Tool
- Drug Formulary
- Mail Order Brochure
- Caremark Cost Saver Information
- Prescription Drug Clinical Criteria
- Pharmacy Prior Authorization Statistics

REGISTER AT CAREMARK.COM

When you register at Caremark.com, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

You can register online at **Caremark.com**, click Register, and follow the instructions to sign up.

Once you register you can:

- Refill your prescriptions
- Check the status of your order
- Check medication costs
- Review your coverage and track annual spending
- View prior authorization information and status

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HEALTH SAVINGS ACCOUNT

A health savings account (HSA) helps you save smarter through all stages of life. It lets you use income tax-free dollars to pay for qualified medical, dental and vision expenses. Your HSA dollars are yours to keep. Balances carry over from year to year, to new jobs and even into retirement. NOTE: If you enroll in a HSA, you may not participate in the Mediflex plan.

HSA Benefits:

Contribute income tax- free money to your account (up to IRS limits) and adjust at any time during the year.
Grow your savings with tax-free interest and investment growth. If you maintain a minimum balance of $1,000 your additional funds can be invested in mutual funds, a self-directed brokerage account, or a professional managed portfolio.
Spend your HSA dollars on thousands of qualified medical expenses like glasses, prescriptions, doctor's visits, and more.

Am I eligible?

You are eligible for an HSA if you:

- Are enrolled in a qualified High Deductible Health Plan (HDHP). The Base Plan at MSU.
- Aren't covered by any other health plan that is not a HDHP.
- Are not enrolled in Medicare, TRICARE or TRICARE for Life.
- Haven't received Veterans Affairs (VA) benefits within the past 3 months, except for preventative care. If you have a disability rating from the VA, this exclusion does not apply.
- Can't be claimed as a dependent on someone else's tax return.
- Don't have a health care FSA (flexible spending account) or HRA (health reimbursement arrangement).

Using your HSA:

Your HSA dollars are available not only to you but also to your spouse and eligible dependents, even if they're not covered by your HDHP. You can use your HSA funds to pay for qualified medical expenses such as:

- Doctor office visits
- Dental care
- Chiropractic and acupuncture services
- Vision care
- Prescription medications
- Hearing aids
- Eligible over-the-counter (OTC) expenses

HSA Debit Card

Participants receive a debit card to use at their doctor's office, pharmacy, or any health care facility that accepts payment cards.

2026 Contribution Limits

Individual coverage: $4,400
Family coverage: $8,750
Catch-up Contribution*: $1,000
*Applies only to participants aged 55 or older.

Refer to IRS Publication 969 for additional information regarding participant and expense eligibility.

Additional HSA resources: https://www.optumbank.com/health-savings-accounts/resources.html

Southern Administrators
and Benefit Consultants Inc.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible expenses, helping reduce your taxable income. Two types of accounts are offered: an Unreimbursed Medical FSA (Mediflex) and a Dependent Care FSA (Careflex).

Mediflex
Unreimbursed Medical FSA

Use Mediflex for yourself and dependents for qualified health care expenses such as:

- Copays, deductibles, coinsurance
- Eye glasses, eye exams, prescription sunglasses
- Prescriptions and over-the-counter drugs
- Dental, orthodontia expenses
- Hearing aids, batteries, exams
- Immunizations, vaccines, flu shots
- Psychologist, therapy

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

NOTE: If you enroll in Mediflex, you may not participate in a HSA.

Mediflex Debit Card

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 receipts.

Eligible expenses must be incurred during the plan year. March 15 of the following year for Mediflex, December 31 for Careflex. If you don't incur the expense by the end of the plan year, your funds will be forfeited.

Careflex
Dependent Care FSA

Use Careflex to pay for eligible dependent care expenses such as babysitters, daycare, home nursing care, etc. so you (and your spouse, if applicable) can work or attend school.

Eligible Dependents: Child under the age of 13 or a household dependent who is physically or mentally unable to care for themselves and whom you claim as a tax dependent.

Additional information is available in IRS Publication 503.

2026 Contribution Limits

Mediflex: $3,400

Careflex: $7,500 ($3,750 if married and filing separate tax returns)

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.
2. An instruction box will appear to add the app to your home screen.

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. 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

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

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

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

† 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.

VISION

DavisVision by MetLife

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. To **locate a provider** in the Davis Vision Network use the link: **https://www.metlife.com/insurance/vision-insurance/#find-a-provider**

Benefit	Frequency	In-Network Copay	In-Network Coverage
Eye Examination	Once Every Calendar Year	$10	Covered in full. *Includes dilation when professional indicated.*
Spectacle Lenses	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.)
Frame	Once Every Other Calendar Year	$0	**Covered in Full Frames:** Any Fashion or Designer level frame from Davis Vision's Collection[2] (retail value, up to $160). **OR, Frame Allowance:** $150 toward any frame from provider plus 20% off any balance.[1] No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	Once Every Calendar Year	$35	**Davis Vision Collection Contacts:** After copay, covered in full **Standard, Soft Contacts:** After copay, covered in full
Contact Lenses (in lieu of eyeglasses)	Once Every Calendar Year	$0	**Covered in Full Contacts:** From Davis Vision's Collection[2], up to: Planned Replacement: Two boxes/multi-packs* Disposable: Four boxes/multi-packs* **OR, Contact Lens Allowance:** $150 allowance toward any contacts from provider's supply plus 15% off balance.[1] No copay required. **OR, Visually Required Contacts:** 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 I $0 I $25
Tinting of Plastic Lenses	$0
Scratch-Resistant Coating	$0
Premium Scratch-Resistant Coating	$30
Ultraviolet Coating	$12
Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate	$35 I $48 I $60 I $85
Polycarbonate Lenses	$0
High-Index Lenses 1.6711.74	$55 I $120
Progressive Lenses: Standard | Premium | Ultra | Ultimate	$50 I $90 I $140 I $175
Polarized Lenses	$75
Photochromic Lenses (i.e. Transitions®, etc.)[3] Plastic | Glass	$65 | $20
Digital Single Vision Lenses	$30
Blended Lenses	$20
Scratch Protection Plan: Single Vision 1 Multifocal Lenses	$20 I $40
Trivex Lenses	$50
Blue Light Filtering	$0
Retinal Imaging	$39

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.

STATE LIFE INSURANCE

securian FINANCIAL

This voluntary term life insurance is through Minnesota Life Insurance Company, an affiliate of Securian Financial. It is 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.

Plan Details:

- 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.
- Lifestyle benefits such as legal, financial, grief resources, travel assistance, and legacy planning resources are also included 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. Coverage may be denied to late enrollees/applicants based on Minnesota Life's underwriting guidelines.
- Coverage can be elected anytime through out the year, pending approval of EOI.
- See Plan Document for more details.

Monthly Premium

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

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

TERM LIFE AND AD&D INSURANCE

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.

Plan Details:

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 included, 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?

You:	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.
Your spouse:	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).
Your children:	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.

TERM LIFE AND LTC INSURANCE

Aflac Term Life Insurance with Long Term Care provides employees with affordable, guaranteed-issue financial protection for their families. This coverage helps ensure your loved ones are supported in the event of your passing. It also includes built-in benefits that can offer support during chronic illness or long-term care needs.

Premiums are based on issue age, tobacco use, level of coverage, and volume of coverage.

Coverage Highlights

Guaranteed Issue Amounts

- **Employee:** Up to $150,000
- **Spouse:** Up to $50,000 or 50% of employee amount, whichever is less
- **Child:** $25,000

Coverage can be elected up to age 70. Once enrolled, coverage remains in force up to age 120 as long a premiums are paid. Your benefit amount never reduces while the policy is active.

Included Benefits

Basic Life Insurance

Provides a lump sum payment to your chosen beneficiary.

Long Term Care (LTC) Accelerated Benefit

If diagnosed with a qualifying chronic condition, choose:

- Up to 25 periodic payments equal to 4% of your benefit with an extension rider for an additional 25 months; or
- A one time lump sum payment of 50% of your benefit.

Restoration of Death Benefit

Restores 100% of your death benefit after LTC payments are made.

*Limitations and exclusions 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

Long Term Care benefits provide a means to pay for services in the event of unforeseen accident, illness, or chronic condition that require 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.

	Will reimburse up to this amount for covered:		
Monthly Benefit Choices	**Home Care**	**Assisted Living Care**	**Nursing Facility Care**
☐ $1,500/month	$1,500/month	$1,500/month	$1,500/month
☐ $3,000/month	$3,000/month	$3,000/month	$3,000/month
☐ $4,500/month	$4,500/month	$4,500/month	$4,500/month
☐ $6,000/month	$6,000/month	$6,000/month	$6,000/month
Mississippi cost of care[3]	$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	☐ $36,000	☐ $54,000	☐ $72,000
$3,000/month	☐ $72,000	☐ $108,000	☐ $144,000
$4,500/month	☐ $108,000	☐ $162,000	☐ $216,000
$6,000/month	☐ $144,000	☐ $216,000	☐ $288,000

For more information or to apply:

Go to: **genworth.com/MSU**

or Call: **800 416.3624** to speak with a program specialist

LONG TERM DISABILITY INSURANCE

Disability insurance provides income protection in the event that you miss work due to an injury or sickness. Benefits are payable directly to you to use for daily expenses such as groceries, mortgage, daycare, etc. Two long term disability plans are available: American Fidelity and Unum.

American Fidelity Plan Details:

- Select an elimination period and benefit amount (up to 70% of your monthly compensation not to exceed a maximum monthly benefit of $7,500) that best meet your needs.
- Benefits are paid for each month disability* continues beyond the Elimination Period, not to exceed the Maximum Disability Period stated in the plan documents.
- Disability occurring at age 60 or later are paid according to a benefit duration schedule.
- Coverage can be elected anytime throughout the year without Evidence of Insurability.
- Premiums are based on benefit amount and elimination period.

Plan Options:

Benefits begin on the day of disability due to a covered injury or sickness.

Plan I: On the 15th day
Plan II: On the 31st day
Plan III: On the 61st day
Plan IV: On the 91st day
Plan V: On the 151st day

Unum Plan Details:

- Select an elimination period and benefit amount (up to 60% of your monthly compensation not to exceed a maximum monthly benefit of $10,000) that best meet your needs.
- Benefits are paid for each month disability* continues beyond the Elimination Period, not to exceed the Maximum Disability Period stated in the plan documents.
- Disability occurring at age 60 or later are paid according to a benefit duration schedule.
- Coverage is Guarantee Issue (GI) for 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.
- Premiums are based on age and earnings.

Plan Options:

Plan I: 60% integrated with 90 day elimination period
Plan 2: 25% non-integrated with 90 day elimination period
Plan 3: 60% integrated with 180 day elimination period
Plan 4: 25% non-integrated with 180 day elimination period

*As defined by plan documents.

Pre-existing limitations may apply. Refer to each plan document for additional details.

SUPPLEMENTAL HEALTH INSURANCE

These plans are designed to complement, not replace, a primary medical insurance policy by providing extra financial support in the event of a qualifying health event or injury.

Each of these plans pay a cash benefit directly to you giving you the freedom to use the money however you choose.

Accident Plan Details:

Aflac pays benefits for accidental death, dismemberment, or injury caused by a covered non-occupational accident.

Benefits payable for:

- A wellness benefit for routine medical exams to encourage early detection and prevention.
- Fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, surgical procedures, X-rays, major diagnostic exams, initial and follow up treatments, physical, speech, and occupational therapy. As well as for hospital stays and stays in a hospital intensive care unit and more.

Accident Insurance Monthly Premiums			
Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
$12.32	$20.45	$22.52	$30.65

Critical Illness with Cancer Plan Details:

Aflac will pay benefits for a covered critical illness or cancer diagnosis. The plan provides a lump-sum benefit to help with out-of-pocket expenses that can accompany a covered critical illness. Employees choose their volume of coverage: $10,000, $20,000 or $30,000.

Benefits payable for:

- Heart attack, stroke, coma, loss of hearing, sight, speech, paralysis, invasive and non-invasive cancer, skin cancer, childhood conditions, progressive diseases, specified diseases, and heart conditions.
- A health screening benefit.

Premiums are based on age, coverage level, and elected coverage amount, with spouse coverage determined by the spouse’s age and chosen policy amount, and children under 26 automatically covered at 100% of the employee-elected amount.

Hospital Indemnity Plan Details:

Aflac will pay benefits to help cover medical and non-medical costs from a covered hospital stay.

Benefits payable for:

- Hospital inpatient admission: $1,000
- Hospital confinement per day: $150
- Hospital intensive care per day: $150
- Intermediate intensive care step-down unit per day: $75

Hospital Indemnity Insurance Monthly Premiums			
Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
$18.28	$34.76	$28.08	$44.56

*Each 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.

EMPLOYEE ASSISTANCE PROGRAM

TELUS Health

The Employee Assistance Program (EAP) assists employees with a wide range of support for family, marital, work-life challenges, stress, parenting, legal and financial consultations and more. TELUS Health provides a short-term, solution focused model.

This service is free to all employees, your spouse/partner, and to your immediate family members/dependents.

Types of Services Available

Clinical Counseling	Work-Life Services	Legal Consultation	Financial Consultation	Fitness	Employee Discounts
• Personal/ emotional issues • Family • Couples/ relationships • Conflict resolution • Work related • Addiction related	• Family support services • Planning a family • Special needs • Elder care • Community programs	• Separation/ divorce • Child custody • Criminal law • Wills/estates • Civil ligation *excludes workplace disputes	• Debt/credit • Investment planning • Taxes • Retirement • Insurance • Budgeting • Saving • Income changes	• Virtual classes • Fitness coaches • Workouts to fit your lifestyle • No equipment required	• Access over 200 exclusive offers and discounts including: • Car rentals • Retail • Gyms • Electronics • Hotels • Pet, home, and auto Insurance

How to Utilize the Services

Clinical Counseling:

- 3 sessions per issue, per year, with unlimited issues

Work Life Services:

- TELUS helps you find community resources and information

Legal Consultation:

- 30 minute call per issue with a lawyer with experience in your state

Financial Consultation:

- TELUS connects you to a CPA or financial professional in your state

Fitness

- Unlimited fitness journeys, each session lasts 30 minutes, a typical journey is three sessions per week for six weeks

How to Contact TELUS Health:

Toll-free by phone, 24 hours a day, seven days a week, 365 days of the year: Connect with a professional consultant for support, strategies, tools, and referrals.
1-800-433-7916

Online at one.telushealth.com: Access hundreds of articles, e-books, audio recordings, assessments, toolkits, and more.
Username: msu
Password: msu

By free mobile app (for iOS & Android). Download the TELUS Health One app on your mobile device.

All services are 100% confidential, within the limits of the law. No one will know you have used the EAP unless you tell them. All types of contact you make with the EAP remain confidential and is not reported to colleagues, departments, supervisors, administration, or to the Department of Human Resources Management.

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.

Retirement Tiers

	Hire/Entry Date	Retirement Eligibility
Tier 1	June 30, 1992 or earlier	25 years at any age or age 60 and vested
Tier 2	July 1, 1992 through June 30, 2007	25 years at any age or age 60 and vested
Tier 3	July 1, 2007 through June 30, 2011	25 years at any age or age 60 and vested
Tier 4	July 1, 2011 through February 28, 2026	30 years at any age or age 60 and vested
Tier 5	March 1, 2026 or later	30 years at any age or age 62 and vested

Visit **https://www.pers.ms.gov/** for more information.

PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

Tiers 1, 2, 3, 4

Contributions

All contributions are in a traditional defined benefit pension.

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

Employer
The University contributes 18.40% of the gross wages each pay period to PERS.

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.

Visit **https://www.pers.ms.gov/** for more information.

PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

Tier 5

Contributions

This is a hybrid of defined benefit pension and defined contribution plan.

Employee
All employees enrolled contribute 9% of their pre-tax gross wages each pay period with 4% into Defined Benefit and 5% into Defined Contribution.

Employer
The University contributes 18.40% of the gross wages each pay period to PERS.

Vesting Schedule

Defined Benefit

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.

Defined Contribution

Immediate. Your contributions and any earnings are always 100% vested.

Visit **https://www.pers.ms.gov/** for more information.

OPTIONAL RETIREMENT PLAN (ORP)

PERS of MISSISSIPPI

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.

Eligibility

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

Contributions

Employee

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

Employer

Prior to July 1, 2025

A member who entered ORP prior to July 1, 2025, **14.9%** of the participant's total earned compensation will be applied to the participant's retirement account.

After July 1, 2025

A member who entered ORP on or after July 1, 2025, **9%** of the participant's total earned compensation will be applied to the participant's retirement account.

Visit **https://www.orp.ms.gov/** for more information.

OPTIONAL RETIREMENT PLAN (ORP)

PERS of MISSISSIPPI

Vesting

Immediately vested upon election of ORP.

Providers

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

How to Enroll

Employees should make their election by following these steps:

- Contact the provider(s) to find the plan that best fits your retirement income strategies. You may select multiple providers.
- 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.
- Complete an application for each provider you select. Contact the provider(s) to obtain an application.

Visit **https://www.orp.ms.gov/** for more information.

MISSISSIPPI DEFERRED COMPENSANSATION

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).

Eligibility

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

Contributions

Employees may contribute as little as $25 per month. In 2026, the maximum amount you may defer is the lesser of 100 percent of includable compensation or $24,500. An additional $8,000 catch up contribution is available to participants over the age of 50. For employees aged 60, 61, 62 and 63 who participate in this plan for 2026, the higher catch-up contribution limit is $11,250 instead of $8,000. There are no employer contributions into this account.

Vesting

Your contributions and any earnings are always 100% vested.

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://katrina.empowermytime.com/#/.

Visit **https://mdcplan.empower-retirement.com/** for more information.

403 (B)
RETIREMENT SAVINGS PLAN

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.

Eligibility

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

Contributions

In 2026, the maximum amount you may defer is the lesser of 100 percent of includable compensation or $24,500. An additional $8,000 catch up contribution is available to participants over the age of 50. For employees aged 60, 61, 62 and 63 who participate in this plan for 2026, the higher catch-up contribution limit is $11,250 instead of $8,000. There are no employer contributions into this account.

Vesting

Your contributions and any earnings are always 100% vested.

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.

PROVIDER CONTACT LIST

Plan	Phone	Address
Medical *Blue Cross & Blue Shield*	Customer Service: 800-942-0278 Claims: 800-709-7881	3545 Lakeland Dr. Flowood, MS 39232
Telehealth *UMMC*	601-815-2020	2500 North State St. Jackson, MS 39216
Pharmacy *CVS Caremark*	888-996-0050	P.O. Box 6590 Lee's Summit, MO 64064
HSA *Optum Bank*	886-234-8913	P.O. Box 271629 Salt Lake City, UT 84127
Mediflex *SABC*	800-844-2555	P.O. Box 2449 Madison, MS 39110
Careflex *SABC*	800-844-2555	P.O. Box 2449 Madison, MS 39110
Dental *Delta Dental*	800-521-2651	P.O. Box 1809 Alpharetta, GA 30023
Vision *Davis Vision by MetLife*	833-393-5433	175 E. Houston St. San Antonio, TX 78205
State Life *Minnesota Life Insurance Co.*	877-348-9217	400 Robert Street North St. Paul, MN 55101
Supplemental Term Life *Unum*	800-445-0402	P.O. Box 100158 Columbia, SC 29202
Term Life with LTC *Aflac*	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999

PROVIDER CONTACT LIST

Plan	Phone	Address
Disability *American Fidelity*	800-323-3748	P.O. Box 25523 Oklahoma City, OK 73125
Disability *Unum*	800-858-6843	P.O. Box 100158 Columbia, SC 29202
Accident *Aflac*	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
Critical Illness with Cancer *Aflac*	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
Hospital Indemnity *Aflac*	800-992-3522	1932 Wynnton Rd. Columbus, GA 31999
Long Term Care *Genworth Life Ins. Co.*	800-416-3624	P.O. Box 64010 St. Paul, MN 55164

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:

MISSISSIPPI STATE UNIVERSITY
HUMAN RESOURCES MANAGEMENT

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.

GLOSSARY OF INSURANCE TERMS

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

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.

Health Savings Account (HSA) - A tax-advantaged savings account available to those with a high-deductible health plan (HDHP) that allows you to save money pre-tax to pay for qualified medical expenses.

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. MSU does not offer a Limited Purpose FSA.

GLOSSARY OF INSURANCE TERMS

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.

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).