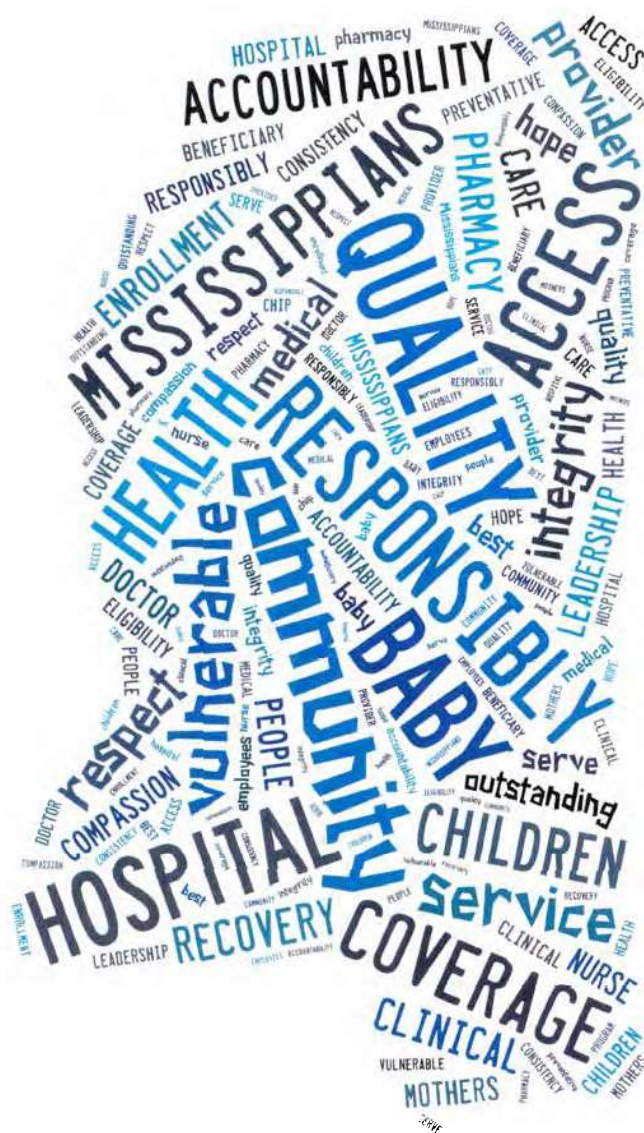
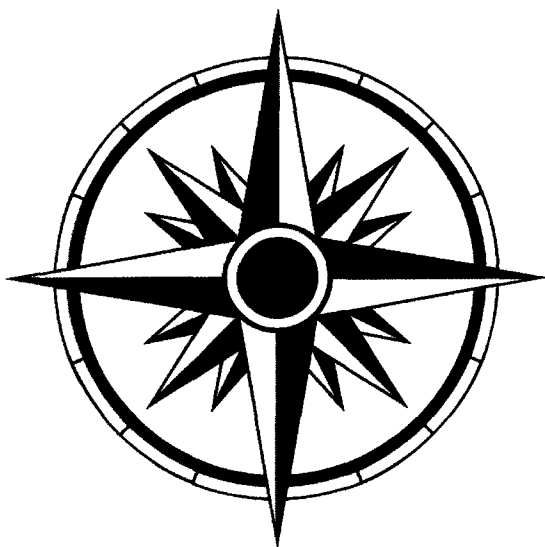


MISSISSIPPI DIVISION OF  
**MEDICAID**

# NAVIGATION GUIDEBOOK

for new employees



*Responsibly providing access to quality health coverage for vulnerable Mississippians*



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The Division of Medicaid (DOM) responsibly provides access to quality health coverage for vulnerable Mississippians. Each member of our diverse workforce plays a critical role in achieving this mission. We are glad you have chosen to work with us, and we look forward to your arrival in the coming days when we can welcome you in person.

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All employees are expected to read and follow the DOM Employee Manual and the State Employee Handbook. Both contain important information that will help guide you in your decision making. We value the talents and abilities of our employees, and our policies seek to foster an open, cooperative, and dynamic environment where everyone can be successful.

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# IMPORTANT Work Policies

## **State Employee Handbook**

The Mississippi state employee handbook governs all state employees and can be found on the Mississippi State Personnel Board website at, [mspb.ms.gov](https://mspb.ms.gov)

## **DOM Employee Manual**

The Dom Employee Manual contains additional policies specific to DOM. It is located on the DOM intranet and you will receive access to it when you begin employment. It is your responsibility to read and follow the policies and rules included in the State Employee Handbook and the DOM Employee Manual. If you have trouble understanding any part, or if you have questions about any section, please contact your supervisor or human resources.

## **Probationary Period**

Employees in state service positions that did not transfer from another agency, must successfully complete a 12-month probationary period. During this time, your performance, attitude, and professional behavior will be evaluated in an attempt to predict your successful continuation with the agency. Once the probationary period is completed, employees gain certain rights, including grievance and appeal rights.

## **Direct Deposit**

Employees become eligible to receive direct deposit once they accrue at least 80 hours of personal leave. You will need to complete the “Authorization Agreement for Automatic Deposits Form” and attach a voided check. You will be provided this form in your new hire enrollment packet on your first day.

## **Transfer Employees**

If you are transferring from another state agency, it is essential you do not have a break in service if you want to keep your leave and other statuses as a state employee.

## **Cell Phone Usage**

Personal cell phone usage should be kept to a minimum during work hours with the exception of lunch and break periods.

## **Breaks**

Employees receive a one hour lunch break and two fifteen minute breaks.

## **Dress Code**

Business attire is required Monday-Thursday. Business casual attire is acceptable on Fridays (except if meeting with outside entities). The Executive Director may grant additional business casual days throughout the year. Refer to section 2.4 of the DOM Employee Manual for specifics on the dress code.

## **Political Solicitation and Commercial Advertising**

Both are prohibited on DOM premises.

## **Outside Employment**

Employees can engage in outside paid employment as long as it is approved in advance by the employee’s office director, legal department, and deputy administrator. Employees must complete an “Outside Employment Request Form” and submit for approval. Any outside employment may not detract from the employee’s effectiveness in discharging their DOM duties nor can the employment violate the state’s ethics in government law.





# First Day

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The first day at a new job can be tough, but it *doesn't* need to be. Prepare yourself in advance for your first day. Keep in mind that you will be meeting a lot of new people, so be friendly and smile! It's contagious! Don't be afraid to ask questions or let your supervisor know if you need something. We are all here to help!

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# EXPERIENCE Your First Day

## What to bring

### Acceptable documents establishing identity

Federal law requires all employees to complete an I-9 form. This form must be completed on your first day and employment cannot continue if it is not. A list of acceptable identification documents can be found on the U.S. Citizenship and Immigrations Services website, [uscis.gov/i-9-central/acceptable-documents](https://uscis.gov/i-9-central/acceptable-documents).

### Spouse and dependent information

This includes social security numbers and dates of birth, needed for benefits enrollment purposes.

### Emergency contact information

This includes three people with their home, work, and cellular numbers.

## Where to park

### Central office

New hires are highly encouraged to park across North President Street from the Sillers Building in a lot owned by First Baptist Church which allows free parking for state employees. There are a limited number of first come spots on the first and second level of the Sillers Building parking garage (entrance on North President Street). Most of these spots are full by 8:00 a.m. Do not park in a space that says “reserved” or indicates that it is for another state agency.

### Regional offices

Each regional office has its own parking lot at its location which is shared by visitors to the office and staff.

## What to expect

The most important parts of your first day will be meeting the people that make up your team, getting settled into your workspace, and completing new hire paperwork. Please feel free to ask questions and actively participate in your onboarding experience.

### Arrival time

Our general office hours are 8 a.m. to 5 p.m. Please arrive for your first day at 8 a.m. unless your supervisor tells you differently.

### Attire

Monday – Thursday, business attire.

Friday, business casual attire.

### Lunch

You will have one hour for lunch and your supervisor will let you know when. All offices have a break room and most have a refrigerator and microwave. You can bring a lunch from home to eat in the break room or you can go out for lunch.

### Breaks

You will receive two 15 minute breaks, one in the morning and one in the afternoon. Most office locations have vending machines available to employees.

### Down time

During your first few weeks, you should spend any free time reviewing the DOM Employee Manual, becoming familiar with the DOM intranet and external website, and completing e-Training. Depending on your area, you may also need to review policy and procedure books.





# Benefits

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The Division of Medicaid offers a flexible and comprehensive benefits package, along with work and family programs. We care about your health and wellness, and our generous retirement program will help provide for you financially after you leave. Our benefits are designed to allow you to tailor a package that best meets the unique needs of you and your family.

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# Mississippi Division of Medicaid | Employee Benefits

## Overview

The Mississippi State and School Employees' Life and Health Insurance Plan is a self-insured plan that provides coverage for more than 197,000 active employees, dependents, spouses and retirees.

Health benefits are administered by Blue Cross & Blue Shield of Mississippi through the AHS State Network of physicians, hospitals and other health care providers, available exclusively only to Plan participants. BCBSMS provides participants with an online medical explanation of benefits and many other tools to manage their health care.

The following page offers a brief introduction to many of the benefits offered by DOM. The purpose is to provide you with basic understanding so you can start thinking about what plans you would like to sign up for during your first week. The details of each plan will be made available to you on your first day. DOM also holds an open enrollment each fall where you can change your health care elections and add or drop eligible dependents from coverage.

## Eligibility

Full time state employees are eligible to participate in the DOM benefits package. Depending on the plan, spouses and children may also participate in coverage.

## Making Changes

When you enroll in or waive benefits your choices remain in effect for the entire plan year. You will have 30 days from your date of hire to make any changes or additions to your benefits. After 30 days, you can only make changes during the annual open enrollment or if you experience a qualifying life event.

## General Terms for Reference

- Premium – the amount you pay, typically on a monthly basis, to be covered by a plan.
- Deductible – the amount you pay each year toward the cost of medical expenses before the plan starts paying benefits.
- Coinsurance maximum – provides protection against catastrophic health care expenses. It is the maximum amount you have to pay in coinsurance for covered medical expenses in a calendar year.
- Coinsurance v. copayments – Coinsurance is a percentage of the cost you pay for certain medical expense, like doctors' visits. A copayment is a flat fee you pay for expenses such as prescription drugs.
- Network – the coverage and expenses for many plans depend on whether you utilize in-network or out-of-network healthcare providers. Generally out- of-network will be more costly and may not cover all of the services an in-network provider does. There may also be separate deductibles for out-of-network providers.

## For More Information

On your first day you will receive a new hire enrollment packet that will include the details of each plan offered. When appropriate, website addresses are given where you can learn more about specific plans. You may also access the Mississippi Department of Finance and Administration's Office of Insurance webpage - Know Your Benefits at <https://www.dfa.ms.gov/insurance>.



## Quick Reference

Questions about a medical claim, benefits, filing an appeal, or need to verify coverage? Call BlueCross BlueShield of Mississippi at 800-709-7881 or visit their website at <https://www.BCBSMS.com>.

Questions about a provider or facility? Call the AHS State Network at 800-294-6307 or use the online [Provider Search](#) to locate a participating network provider or facility.

Questions regarding medical or disease management, or health and wellness programs through Motivating Mississippi - Keys to Living Healthy? Contact ActiveHealth Management at 866-939-4721 or go online to [MyActiveHealth.com/Mississippi](http://MyActiveHealth.com/Mississippi).

Questions about the State and School Employees' Health Insurance Plan? Call the Office of Insurance at 601-359-3411 or toll-free at 866-586-2781. You can also send an email at [KnowYourBenefits@dfa.ms.gov](mailto:KnowYourBenefits@dfa.ms.gov).

Questions regarding pre-certification for hospital admission? Contact Kepro at 888-801-1910 or go online at <https://mississippishp.kepro.com/>.

Questions about a prescription, pharmacy claim, or benefits? Call CVS Caremark at 888-996-0050 or go online at <https://www.caremark.com/>.

# State and School Employee's Health Insurance

## General Information

Health coverage is provided through the State and School Employees' Health Insurance Plan by BlueCross BlueShield of Mississippi. There are two options for coverage, base and select.

DOM pays 100 percent of your premium for base coverage. You can choose whether to cover a spouse and/ or children under the plan at an additional cost.

## Who is Eligible?

DOM State Employees, Spouses, and Dependents up to age 26 may participate.

## Rates & Coverage

### CURRENT HEALTH INSURANCE PREMIUMS

The Plan offers two coverage choices for active employees, COBRA participants and non-Medicare eligible retirees: Base Coverage and Select Coverage. Each coverage type is independent of the other.

An employee may choose Base Coverage or Select Coverage at initial enrollment. If timely application is made and the appropriate premium amount is paid, the effective date of coverage for the employee and any eligible dependent(s) begins the first day of employment. If an employee does not enroll or if he waives coverage within 31 days of employment, application may be made only during an open enrollment or special enrollment period.

- The State pays 100 percent of the active employee premium for employees enrolled in Base Coverage.
- All employees enrolled in Select Coverage pay a portion of their active employee premium.
  - Horizon employees pay \$46 per month for employee only coverage in the Select plan.
  - Legacy employees pay \$20 per month for employee only coverage in the Select plan.

*An employee who was initially employed before January 1, 2006, is a Legacy Employee. An employee employed on or after January 1, 2006, who was ever a full-time employee of a community/junior college, public library, public school district, State agency or university before January 1, 2006, is also considered a Legacy Employee. An employee initially employed on or after January 1, 2006, is a Horizon Employee.*

## Pharmacy Benefits

CVS Caremark is the pharmacy benefit manager (PBM) for the Plan's prescription drug program. CVS Caremark currently processes prescription claims from participating pharmacies, mail order claims and paper claims filed by participants for approximately 103 million members across the country.

## Telehealth Provider Visits

Services are available for all who are covered by the Mississippi State and School Employees' Life and Health Insurance Plan. UMMC 2 You video visits let you see and talk with a UMMC provider on your smartphone, tablet or computer. Sign up and schedule an appointment at: [ummc2you.com](http://ummc2you.com).

**ADDITIONAL RESOURCES FROM THE OFFICE OF INSURANCE FOLLOW THIS PAGE**



**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**Effective January 1, 2023**

Legacy - Initially hired before 1/1/2006

Horizon - Initially hired on or after 1/1/2006

ACTIVE EMPLOYEE	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	\$437	\$0	\$457	\$20	\$437	\$0	\$483	\$46
Employee + Spouse	\$915	\$478	\$1,001	\$564	\$915	\$478	\$1,027	\$590
Employee + Spouse & Child(ren)	\$1,165	\$728	\$1,251	\$814	\$1,165	\$728	\$1,277	\$840
Employee + Child	\$561	\$124	\$648	\$211	\$561	\$124	\$674	\$237
Employee + Children	\$754	\$317	\$840	\$403	\$754	\$317	\$866	\$429

\*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.

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$502	\$525	\$802	\$830
Retiree + Spouse (Non-Medicare)	\$1,052	\$1,151	\$1,608	\$1,712
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,339	\$1,438	\$1,797	\$1,902
Retiree + Child	\$645	\$716	\$945	\$1,021
Retiree + Children	\$866	\$908	\$1,166	\$1,213
Retiree + Spouse (Medicare)	N/A	\$738	N/A	\$1,043
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$929	N/A	\$1,234
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$213	N/A	\$213
Retiree + Spouse (Non-Medicare)	N/A	\$839	N/A	\$1,095
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,126	N/A	\$1,285
Retiree + Child	N/A	\$404	N/A	\$404
Retiree + Children	N/A	\$596	N/A	\$596
Retiree + Spouse (Medicare)	N/A	\$426	N/A	\$426
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$617	N/A	\$617

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$445	\$466	\$445	\$492
Participant + Spouse	\$933	\$1,021	\$933	\$1,047
Participant + Spouse & Child(ren)	\$1,188	\$1,276	\$1,188	\$1,302
Participant + Child	\$572	\$660	\$572	\$687
Participant + Children	\$769	\$856	\$769	\$883
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$655	\$685	\$655	\$724
Participant + Spouse	\$1,372	\$1,501	\$1,372	\$1,540
Participant + Spouse & Child(ren)	\$1,747	\$1,876	\$1,747	\$1,915
Participant + Child	\$841	\$972	\$841	\$1,011
Participant + Children	\$1,131	\$1,260	\$1,131	\$1,299

# Frequently Asked Questions

## Base or Select Coverage

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**Q:1 How do I know what type coverage (Base or Select) I have now?**

A:1 If you are not sure what type coverage you currently have, you can call Blue Cross & Blue Shield of Mississippi (BCBSMS) at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

**Q:2 How do I know what my premium rate is?**

A:2 Your premium rate will depend on the coverage type you select, whether you are a Legacy or Horizon participant, and whether you elect to have dependents covered under the Plan. Please refer to the [current premium rate documents](#) on the [KnowYourBenefits](#) website, consult with Human Resources or contact [Blue Cross & Blue Shield of Mississippi](#) at 800-709-7881.

**Q:3 How can I decide which coverage type is right for me?**

A:3 You first should review your estimated claims activity for the prior year including all medical and prescription drug claims. If you think you will have similar claims in the current year, include these amounts in your estimate. If you are not sure about the total cost of a 30-day supply of a prescription drug you are currently taking, you can talk to your pharmacist, call [CVS Caremark](#) at 888-996-0050, or call the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

After estimating the types of claims and the total cost of each claim, consider how each coverage type works, including the various deductibles and coinsurance maximums. Also remember that the premium rates differ for Base Coverage and Select Coverage.

**Q:4 How does each type of coverage work?**

A:4 Under Select Coverage, there is a separate deductible (individual and family) for medical expenses and a separate individual deductible for prescription drugs. Once the appropriate medical deductible is met, you will start paying 20 percent of the allowable charge for covered medical services. Regardless of whether or not you have met your medical deductible, you will have to meet the \$75 individual prescription drug deductible before you start paying a copayment for a covered drug. Under Select Coverage, there is no prescription drug copayment maximum, so you will continue to pay the copayment for your drug each time you have it filled for the remainder of the year.

Under Base Coverage, you will have to meet the full deductible (\$1,800 for individual coverage, \$3,000 for family coverage) before any covered medical or prescription drug charges will be paid by the Plan. This means that you will pay the full allowable charge for both medical and prescription drugs until the deductible is met. Once the deductible is met, you will start paying 20 percent of the allowable charge for covered medical services and a copayment for covered drugs. There is a \$75 preventive medications individual deductible. Other medications are subject to the calendar year deductible. Once your coinsurance/copayment maximum is met, the Plan will pay 100 percent of the allowable charge for both covered prescription drugs and medical services.

**Q:5      What do I need to do to change coverage types?**

A:5      You need to complete an [Application for Coverage](#) form during Open Enrollment in October. If you are an active employee, you will need to return the completed form to your Human Resources office. Contact your Human Resources office to find out the deadline for submitting your form.

**Q:6      What do I need to do to keep the coverage type I have now?**

A:6      Nothing – your coverage will remain the same if you do not submit an [Application for Coverage](#) form to elect to change your coverage type.

**Q:7      What are some of the main differences in Base and Select Coverage?**

A:7      The premium rates differ for Base and Select Coverage. Another difference between Base and Select Coverage is how the deductibles work. Under Base Coverage, all charges (medical and prescription drug) apply to the calendar year deductible. Under Select Coverage, there is a separate deductible for medical charges and a separate deductible for prescription drug charges.

**Q:8      Are the same services covered in Base and Select Coverage?**

A:8      Yes, covered services are the same in both coverage types.

**Q:9      If I choose Base Coverage and have covered dependents but I am the only one in the family that has claims, what is my deductible?**

A:9      The family deductible for Base Coverage is \$3,000; therefore, you would have to meet the entire \$3,000 deductible.

**Q:10     If my spouse and I are both employees under the Plan, one of us has family coverage and one of us has individual coverage, and we both enroll in Base Coverage, do we share the family deductible?**

A:10     Yes.

**Q:11     Under Base Coverage, what is my in-network deductible and my out-of-network deductible?**

A:11     Under Base Coverage, the Calendar Year Deductible, (\$1,800 individual or \$3,000 family) applies to both in-network and out-of-network services. Remember that the coinsurance maximum amounts differ between in-network and out-of-network services.

**Q:12     If I have Base Coverage, what is my deductible for prescriptions drugs?**

A:12     There is no separate deductible for prescription drugs in Base Coverage with the exception of a \$75 preventive medications deductible for certain drugs. Refer to the Plan Document for additional information. Medical and prescription drug expenses all apply to the calendar year deductible. This means that prescription drug expenses along with medical expenses are included in the deductible (\$1,800 individual or \$3,000 family). Until you meet your deductible (whether through medical and/or pharmacy claims), the Plan will not provide any prescription drug benefits.



**Q:13 Can I change coverage types if I have a Special Enrollment Event during the year?**

A:13 Yes, you can change coverage types if you have a Special Enrollment Event during the year; however, any deductible or out-of-pocket credit previously met will not transfer to your new coverage type.

**Q:14 Why do I have to pay for a part of my active employee premium under Select Coverage while someone enrolled in Base Coverage does not pay any part of the active employee premium?**

A:14 The State is required by law to provide 100 percent of the cost of a “basic level” (currently Base Coverage) of health insurance coverage to active full-time employees.

**Q:15 What is a Health Savings Account (HSA) and am I required to have one if I choose Base Coverage?**

A:15 A Health Savings Account allows an individual to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. Just because you choose Base Coverage does not mean you have to have a Health Savings Account.

**Q:16 When do I start paying a copayment for prescription drugs under Base Coverage?**

A:16 After you meet your calendar year deductible (\$1,800 individual or \$3,000 family), you will start paying a copayment for covered prescription drugs.

**Q:17 When do I start paying a copayment for prescription drugs under Select Coverage?**

A:17 Under Select Coverage, you must first pay your \$75 individual prescription drug deductible before you start paying a copayment for covered prescription drugs.

**Q:18 If my spouse and I are both employees participating in the Plan and neither has dependent coverage, can one of us choose Select Coverage and the other choose Base Coverage?**

A:18 Yes.

**Q:19 If my spouse and I are both employees participating in the Plan, can one choose family coverage under Base Coverage and the other choose individual coverage under Select Coverage?**

A:19 Yes, however, deductibles cannot be shared between Base and Select Coverage.

**Q:20 Who can I contact if I have questions on Base and Select Coverage?**

A:20 You can email your question to [KnowYourBenefits@dfa.ms.gov](mailto:KnowYourBenefits@dfa.ms.gov) or call Blue Cross & Blue Shield of Mississippi at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free at 866-586-2781.



## Mississippi's State & School Employee's Life and Health Insurance Plan

### Your Rights and Protections Against Surprise Medical Bills

You have protections against surprise billing or balance billing when you (1) receive emergency care or (2) receive care from a Non-Network Provider at a Network Hospital or Network Ambulatory Surgery Facility.

#### **What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may also have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Non-network" describes providers and facilities that haven't signed a contract with your health plan and, therefore, are not in your health plan's network. Non-network providers may be permitted to bill you for the difference between what your health plan agreed to pay and the full amount the non-network provider charged for a service. This is called "balance billing." This amount is likely more than the cost for the same service by a network provider and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at a network facility but are unexpectedly treated by a non-network provider.

#### **You are protected from balance billing for:**

##### **Emergency Services**

If you have an emergency medical condition and get emergency services from a non-network provider or facility, the most the provider or facility may bill you is your plan's network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

##### **Certain Services at a Network Hospital or Network Ambulatory Surgical Facility**

When you get services from a network hospital or ambulatory surgical facility, certain providers there may be non-network. In these cases, the most those providers may bill you is your plan's network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these network facilities, non-network providers can't balance bill you, unless you give written consent and give up your protections.

##### **Mississippi Law Also Protect You From Balance Billing**

Mississippi law also prohibit balance billing. Under Mississippi law, you can direct the insurance company to pay the non-network provider directly for your treatment and that payment is considered payment in full to the non-network provider. This means the provider cannot bill you later for any amount more than the payment received from your health plan, other than normal deductibles, co-payments or co-insurance.

**You are never required to give up your protections from balance billing. You also aren't required to get care non-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was network). Your health plan will pay non-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by non-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay a network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or non-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed,** you may contact Blue Cross & Blue Shield of Mississippi's Customer Service Team at 800-709-7881, Monday through Friday, 8:00 a.m. to 5:00 p.m. You may also contact the following state or federal agencies for assistance:

Department of Finance and Administration  
Office of Insurance  
P.O. Box 24208  
Jackson, MS 39225-4208  
Telephone: (601) 359-3411 or (866) 586-2781  
Website: <https://knowyourbenefits.dfa.ms.gov/>

Centers for Medicare and Medicaid Services  
Attn: No Surprises Act Consumer Protection  
Telephone: (800) 985-3059  
Website: <https://www.cms.gov/nosurprises/consumers>

Visit [www.cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.



# MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



**KNOW YOUR**  
*Benefits*



October 2022

## Open Enrollment

**The open enrollment period for 2022 has been extended to occur from October 1 through November 15.** During open enrollment, employees may make changes to their health insurance benefits that will take effect January 1, 2023. Employees can change health coverage elections between Base and Select plans, add or drop dependents, or cancel coverage. October open enrollment is for health insurance only. If you do not make any changes during open enrollment, your current elections will carry-over through next year. For more information regarding open enrollment please visit the Plan's website <https://www.dfa.ms.gov/insurance> or speak to your human resources representative.

## 2023 Premium Rate Changes

### Health Insurance

Effective January 1, 2023, the Plan will implement a 6% premium rate increase for all coverage options. This increase will affect active and retiree plans, as well as COBRA and Medicare eligible participants. The new 2023 monthly premium rate sheet is included in this newsletter and is available at <https://www.dfa.ms.gov/rates-and-coverage>.

### Life Insurance

The current premium rate for life insurance is 18¢ per \$1,000. Effective January 1, 2023, the premium rate for life insurance coverage will increase to 20¢ per \$1,000. The premium is shared between the employee and the employer, each paying 50%. The amount of your life insurance coverage is determined by your annual salary. Active employees receive coverage in the amount of 2 times their annual salary, subject to a minimum coverage of \$30,000 and a maximum coverage of \$100,000. The new active employee life insurance premium rate sheet is available at <https://www.dfa.ms.gov/rates-and-coverage>.

*Example – If you receive a salary of \$40,000 per year, your life insurance coverage amount will be \$80,000 ( $\$40,000 \times 2 = \$80,000$ ). The current monthly premium for your policy would be \$14.40 ( $18¢ \times 80 = \$14.40$ ). You are responsible for 50% of the premium. You would currently pay \$7.20 per month for \$80,000 of life insurance ( $\$14.40 \div 2 = \$7.20$ ). Effective January 1, 2023, the new cost for the same coverage amount increases to \$8.00 ( $20¢ \times 80 = \$16.00$ .  $\$16.00 \div 2 = \$8.00$ ).*

## 2023 Deductible Changes

### Medical Deductible Increase

Effective January 1, 2023, the Select Coverage plan will see network deductible increases of \$300 for individual coverage, and \$600 for family coverage. There are no changes to out-of-network deductibles. Base Coverage plan deductibles will remain at their current levels.

### 2023 Deductibles

- Select Individual Deductible- \$1,800      Select Family Deductible - \$3,600
- Base Individual Deductible - \$1,800      Base Family Deductible - \$3,000

**\*Employees may reduce their deductible by participating in the Wellness Incentive Program, as outlined below.**

### Employee Wellness and Incentive Program

ActiveHealth Management continues to provide our participants with beneficial wellness programs at no cost to you. With a wide variety of programs ranging from weight loss to maternity management, ActiveHealth Management strives to ensure our participants have the tools they need to achieve and maintain their personal health goals.

Participants who complete the required components of the Plan's **Wellness Incentive Program**, administered by ActiveHealth Management, will continue to receive a \$300 individual deductible reduction for Base Coverage. Due to the increase in the 2023 Select Coverage individual deductible, the reduction for Select Coverage for plan year 2023 is being increased to \$600. To complete the program, first register on the web at [www.myactivehealth.com/mississippi](http://www.myactivehealth.com/mississippi) or on the ActiveHealth app. Next, log-in to the website or app and complete the health assessment. Lastly, schedule and complete a compliant wellness visit with a network provider. To qualify for the incentive, the health assessment and a compliant wellness visit must be completed by October 31 each year. Call ActiveHealth at (866) 939-4721 if you have any questions about the program or program requirements. Medicare primary retirees, spouses, and dependents are not eligible to participate in the program.

### Beneficiary Updates

While reviewing your health insurance coverage, it is also a great time for employees to update and verify your life insurance beneficiary information. Life insurance beneficiaries do not have to be updated every year, and they can be changed at any time. To update your life insurance beneficiaries, visit your BCBSMS myBlue member page at <https://www.bcbsms.com/>. Beneficiary information is found under the **Your Benefits** tab.

### Know Your Benefits Website Redesign

Please visit our newly redesigned website at: <https://www.dfa.ms.gov/insurance>

# Retirement

## Retirement | PERS

One of the most valuable benefits as a state employee is your membership in the Public Employees Retirement System (PERS) which offers the promise of a secure retirement. We also offer an additional retirement savings plan, Deferred Compensation.

**RESOURCES FROM PERS AND DEFERRED COMPENSATION FOLLOW THIS PAGE**





A New Member's Guide

# Welcome to PERS

Public Employees' Retirement System of Mississippi



## Welcome Aboard

Congratulations on your new job! Among the benefits offered in your employer's human resources package is membership in the Public Employees' Retirement System of Mississippi (PERS).

## Your Membership

PERS covers employees of state agencies, public schools, community colleges, universities, and participating political subdivisions like cities and counties, and participation is mandatory, which means you are required to contribute a set percentage of your salary toward your retirement while you are employed in PERS-covered service. Additionally, your employer pays contributions to the plan so that, once you retire, you will receive monthly benefits for life. Furthermore, the money you contribute is tax-deferred until you begin receiving retirement benefits or

unless you refund, which you may only do if you terminate employment from all PERS-covered employers. You cannot receive loans, partial refunds, or hardship withdrawals of your contributions.

As a new member, your first step toward retirement is to become vested, which happens when you have worked the required number of years of service as a contributing member. Being vested entitles you and your beneficiaries to certain benefits when you reach a specified age or years of service. If you became a member of PERS on or after July 1, 2011, you are in PERS Retirement Tier 4 and must work eight years to vest.

You remain a member of PERS as long as you leave your funds in your member account. Your membership can only be terminated by refunding or upon your death.

## Never Too Early to Plan

Contributing toward your retirement may not be your top priority right now, or even something you want to do. But making the sacrifice now could mean greater peace of mind and stability later.

One of the best starting points for planning for your future is to understand the benefits offered to you and your loved ones by PERS. This guide can provide you with a general overview about your retirement plan; however, we encourage you to read through the PERS Member Handbook (found online) or contact us any time you have a question.



Providing Benefits for Life

# Your Benefits with PERS



## Two Types of Pensions

There are basically two types of pensions: defined benefit plans and defined contribution plans.

### Defined Benefit Plans

PERS is a defined benefit plan, which is a plan designed based on strength in numbers, automatic participation, and pooled risk so that members may receive a benefit for life at retirement.

While you and your employer contribute to PERS on your behalf, your benefit is not based on these contributions. Instead, your benefit is based upon a formula that factors your years of service credit and your average compensation.\* The contributions plus investment earnings on those contributions constitute the trust from which benefits are paid. These investments are handled by professional investment managers hired by the PERS Board of Trustees.

### Defined Contribution Plans

Under a defined contribution plan—like 401(k), 403(b), and 457 plans—retirement benefits are based on the investment earnings on contributions. You control how your money is invested, and you can take your account balance with you when you leave employment.

\* *Average compensation is defined as a member's average salary for the four highest paid years of employment.*

## Protecting Your Loved Ones

PERS provides disability and survivor coverage to help give you peace of mind about the well-being of you and your loved ones should you become permanently disabled or die before retirement. Details on each of these benefit plans and eligibility requirements are provided in the PERS Member Handbook, PERS Disability Retirement Guide, and PERS Survivor Retirement Guide (all found online).

## Guarding Your Assets

PERS is administered by its 10-member Board of Trustees, which includes the state treasurer, one gubernatorial appointee, and eight trustees elected by members like you. The Board, in conjunction with its consulting actuary, monitors System funding to ensure the plan remains financially sound.

## Keeping You Informed

Along with providing a statement about your account status every fall, PERS provides newsletters, annual reports, educational opportunities, and a team of dedicated and trained staff to answer your questions or provide you with information should you need to contact PERS. You may also request that PERS come to your area to present an Early Career/New Employee seminar. To request this seminar, simply e-mail [retirementeducation@pers.ms.gov](mailto:retirementeducation@pers.ms.gov).

# Saving for Even More Peace of Mind

## Retirement Stability

The best time to begin saving for the future is now, using the three-legged-stool approach to retirement planning.

Your defined benefit with PERS will provide one important leg of retirement security. In addition, a strong retirement strategy includes Social Security and personal savings.

This three-legged-stool approach provides a strong and stable foundation for a more secure retirement.

## Even Small Investments Can Make a Difference

Regardless of whether you are a couple of decades or just a few years from retirement, you should consider enrolling in Mississippi Deferred Compensation Plan & Trust (MDC) because small investments now could result in large rewards later.

MDC is a voluntary supplemental tax-deferred retirement savings plan offered through PERS to all state employees, elected officials, employees of participating political subdivisions, and independent contractors of the state or participating political subdivisions. It is a convenient and valuable way to supplement retirement income regardless of your age and salary and no matter how investment-savvy you may be. Plus, plan participation offers two tax advantages:

- Your current income taxes are reduced immediately because you defer part of your compensation.
- Any interest and/or earnings also accumulate on a tax-deferred basis until paid.

If you enroll in MDC, the actual amount you will have at retirement will be determined by (1) how much you invest, (2) when you begin investing, and (3) the performance of your investments. For example, a biweekly contribution of \$25 (\$650 a year) that earns an annual compounded return of 7 percent, will produce the following:

- After five years: \$3,872
- After 10 years: \$9,304
- After 20 years: \$27,605
- After 30 years: \$63,607

For more information, visit MDC online at [www.mdcplan.com](http://www.mdcplan.com).







Public Employees' Retirement System of Mississippi  
429 Mississippi Street, Jackson, Mississippi 39201-1005  
800.444.7377 or 601.359.3589  
customerservice@pers.ms.gov  
www.pers.ms.gov



## Disclaimer

This guide is published for members of the Public Employees' Retirement System of Mississippi (PERS) to provide general information regarding PERS laws, policies, and regulations and is subject to periodic revision as laws, policies, and regulations change. See all current PERS Board of Trustees Regulations at [www.pers.ms.gov/Content/Pages/Board-Regulations.aspx](http://www.pers.ms.gov/Content/Pages/Board-Regulations.aspx).

PERS administers the benefits described in this guide on behalf of participating employers. This guide is meant to serve as a general reference to our members and should not be used as a legal reference or a complete statement of the laws or administrative rules related to retirement. If any conflict exists between the information in this guide and the applicable laws or administrative rules, the laws and administrative rules shall prevail.

## Other Resources

The following resources can be found on the PERS website.

- PERS Member Handbook
- PERS Disability Retirement Guide
- PERS Survivor Retirement Guide
- PERS Board Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*
- PERS Board Regulation 60, *Contribution Rates*

# FAQs

## The 15 Most Frequently Asked Questions of the Public Employees' Retirement System of Mississippi

### 1. When can I retire?

Eligibility for retirement is based on your retirement tier. Each tier has its own required vesting period, required years of service for eligibility, retirement formulas, Partial Lump Sum Option (PLSO) eligibility, and non-duty-related-disability plan.

[See PERS Member Handbook, page 25 - Retirement Tiers.](#)

### 2. How do I begin the retirement process?

Active members (currently contributing to PERS through covered employment) who want to apply for retirement benefits should complete sections 1 through 4 of [Form 9A SRVC, Pre-Application for Service Retirement Benefits](#), then forward the form to their employer to complete Section 5. Once all sections are complete, the completed form should be submitted to PERS.

Inactive members (no longer contributing to PERS) should contact PERS about applying for retirement benefits.

### 3. How is my retirement date determined?

Your retirement date will be no earlier than the first day of the month following your termination from employment with all PERS-covered agencies and receipt of your completed retirement application.

### 4. Do I have to visit PERS in Jackson or meet with a counselor in person to apply for retirement?

No. Completed documents may be mailed to 429 Mississippi Street, Jackson, MS 39201 or faxed to PERS directly to 601-359-6707. PERS also offers counseling sessions with a retirement counselor by telephone or virtually using Microsoft Teams.

### 5. Can I apply for Disability Retirement?

PERS offers two types of disability retirement benefits: non-duty-related and duty-related.

[See PERS Disability Retirement Guide.](#)

### 6. Can I work for a PERS-covered employer and still receive my retirement check from PERS?

State law limits reemployment options for PERS retirees. Please see Guide for PERS Retirees Returning to Covered Service or PERS Regulation 34, *Reemployment for Retirement*.

[See Guide for PERS Retirees Returning to Covered Service.](#)

[See PERS Regulation 34, Reemployment for Retirement.](#)

### 7. Can I change my retirement option after I retire?

An option change is only allowed for the following scenarios:

- A retiree who selected Option 2, Option 4, or Option 4A may change to the Maximum Retirement Allowance Option if the designated beneficiary predeceases the retiree or if the retiree divorces the designated beneficiary.
- A retiree who selected the Maximum Retirement Allowance Option or Option 1 may change to Option 2, Option 4, or Option 4A to provide beneficiary protection to a new spouse if married after the retiree selected the Maximum Retirement Allowance Option or Option 1. The retiree must apply for this provision within one year of the date of the marriage.

**8. What happens if my beneficiary dies before I do?**

You will need to file with PERS an amended [Form 1B, Beneficiary Designation](#). If you are a retiree and selected Option 2, Option 4, or Option 4A, you may change to the Maximum Retirement Allowance Option. To do this, you will need to submit a [Form R, Application for Recalculation of Benefits](#).

**9. What is an Advanced Application and when can I submit this application to PERS?**

An *Advanced Application* allows you to pre-select any benefit option for which you are eligible and designate beneficiaries should you die before you retire. [Form 16, Advanced Application](#), can be submitted once you are eligible for retirement.

**10. Should I attend a retirement seminar? And if so, which seminar should I attend?**

PERS offers three seminars: Early Career/New Employees Seminars, Pre-Retirement Full-Day Seminars, and Focus Sessions.

If you are just beginning your career in Mississippi state government, you should attend the Early Career/New Employees Seminar. If you are mid-career or up to two years within retirement eligibility, you should attend the Pre-Retirement Full-Day Seminar, and if you are seriously considering retirement within the next few years, you should attend a Focus Session.

[See the Retirement Education page on the PERS website for dates and times.](#)

**11. What deductions are withheld from my retirement check?**

Federal taxes and insurance premiums from certain PERS- and employer-sponsored (health and life) insurance coverages you select are withheld from your retirement check. PERS retirement is not subject to Mississippi state tax.

**12. How can I get a balance letter of my account or a letter verifying my retirement benefits?**

You may request this information by calling 800-444-7377, emailing [customerservice@pers.ms.gov](mailto:customerservice@pers.ms.gov), or mailing the request to 429 Mississippi St, Jackson, MS 39201. Once the request is received, we will mail the information to the current address on file at PERS.

**13. May I borrow or withdraw from my retirement account?**

No. You cannot receive loans, partial refunds, or hardship withdrawals of your retirement account. However, upon termination from employment, you may apply for a full refund of your contributions.

**14. What can I do with my PERS account if I leave my job but am not eligible to retire?**

You may leave your contributions with PERS (as you may qualify for benefits if you are already vested or as you may return to another PERS-covered agency in the future). You also have the option to refund your contributions. If you decide to take a refund of your contributions, all rights and future benefits are forfeited.

**15. How do I refund from PERS?**

If you are no longer actively employed at a PERS-covered agency, you may complete a [Form 5, Member Refund Application](#), if you decide to refund your contributions.

[See PERS Member Handbook, page 14 - Refunding Your Contributions.](#)



## Summary of Major Plan Provisions

As of July 1, 2022

	Public Employees' Retirement System of Mississippi (PERS)	MS Highway Safety Patrol Retirement System (MHSPRS)	Supplemental Legislative Retirement Plan (SLRP)
<b>General Plan</b>			
<b>Plan Established</b>	February 1, 1953	July 1, 1958	July 1, 1989
<b>Coverage Group</b>	Non-federal public employees	Sworn officers of the Mississippi Highway Patrol	Members of the Mississippi Legislature
<b>Employee Contribution Rate</b>	9 percent of earned compensation <i>effective July 1, 2010</i>	7.25 percent of earned compensation <i>effective July 1, 2008</i>	3 percent of earned compensation <i>effective July 1, 1989</i>
<b>Employer Contribution Rate</b>	17.40 percent of earned compensation <i>effective July 1, 2019</i>	49.08 percent of earned compensation <i>effective July 1, 2018</i>	7.40 percent of earned compensation <i>effective January 1, 2012</i>
<b>Annual Interest</b>	1 percent posted monthly <i>effective July 1, 2016</i>	1 percent posted monthly <i>effective July 1, 2016</i>	1 percent posted monthly <i>effective July 1, 2016</i>
<b>Maximum Reportable Earnings</b>	\$305,000 per fiscal year or proportionately for less than a fiscal year* <i>effective July 1, 2022</i>	Not to exceed compensation paid to agency head/director	Same as PERS
<b>Vesting period for service, Non-Duty-Related disability, and Non-Duty-Related survivor benefits</b>	8 years of service as a contributing member; 4 years for those who joined before July 1, 2007	5 years of service as a contributing member	Vested in PERS

\* Other laws may limit the compensation payable to an employee



	Public Employees' Retirement System of Mississippi (PERS)	MS Highway Safety Patrol Retirement System (MHSPRS)	Supplemental Legislative Retirement Plan (SLRP)
<b>Service Retirement</b>			
<b>Average Compensation</b>	4 highest fiscal years of earned compensation, 4 highest calendar years of earned compensation, combination of 4 highest fiscal and calendar years that do not overlap, or final 48 months of earned compensation prior to termination of employment plus a lump sum leave payment of up to 30 days	4 highest consecutive years of earned compensation for Service Retirement, or final 24 months of earned compensation prior to termination of employment for Disability Retirement plus a lump sum leave payment of up to 30 days	4 highest fiscal years of earned compensation, 4 highest calendar years of earned compensation, combination of 4 highest fiscal and calendar years that do not overlap, or final 48 months of earned compensation prior to termination of employment
<b>Service Retirement Eligibility</b>	30 years of creditable service at any age – 25 years for those who joined before July 1, 2011 – or age 60 and vested	25 years of creditable service at any age or age 55 and vested, or 20 years of creditable service at age 45	Eligible in PERS
<b>Partial Lump Sum Option Eligibility upon initial Service Retirement</b>	33 years of creditable service at any age; 28 years for those who joined on or after July 1, 2007, but before July 1, 2011; 28 years or age 63 and vested for those who joined before July 1, 2007	25 years of creditable service at any age or age 55 and vested	Eligible in PERS
<b>Percent of Average Compensation Per Year of Service for Retirement</b>	2 percent per year up to 30 years, plus 2.50 percent per year for each year over 30, with an actuarial reduction for each year of creditable service below 30 or for each year in age below age 65, whichever is less; 2 percent per year for up to 25 years, plus 2.50 percent per year for each year over 25 for those who joined before July 1, 2011	2.50 percent for all years, not to exceed 100 percent of average compensation, with an actuarial reduction for each year of creditable service below 25 or for each year in age below age 55, whichever is less	1 percent per year up to 30 years, plus 1.25 percent per year for each year over 30, with an actuarial reduction for each year of creditable service below 30 or for each year in age below age 65, whichever is less; 1 percent per year for up to 25 years, plus 1.25 percent per year for each year over 25 for those who joined before July 1, 2011
<b>Minimum Monthly Benefits for Service Retirement under the Single Life Annuity</b>	\$10 per month for each year of service for those who joined before July 1, 2011	\$250 per month if less than 10 years of service; \$300 per month if 10 to 14.75 years of service; \$500 per month if 15 or more years of service	\$5 per month for each year of service for those who joined before July 1, 2011

	Public Employees' Retirement System of Mississippi (PERS)	MS Highway Safety Patrol Retirement System (MHSPRS)	Supplemental Legislative Retirement Plan (SLRP)
<b>Survivor Retirement</b>			
<b>Spouse Survivor Benefits due to Non-Duty-Related death of vested member</b>	For the lawful spouse to whom a vested member who has no <i>Advanced Application</i> on file has been legally married for at least one year prior to his or her death, the greater of: a lifetime benefit calculated under Option 2 (100 percent joint and survivor annuity) or 20 percent of the deceased member's average compensation, but not less than \$50 per month.	For the lawful spouse of a vested member who has no <i>Advanced Application</i> on file, a lifetime benefit equal to 50 percent of the retirement benefit calculated using the plan's service retirement formula.	For the lawful spouse to whom a vested member who has no <i>Advanced Application</i> on file has been legally married for at least one year prior to his or her death, the greater of: a lifetime benefit calculated under Option 2 (100 percent joint and survivor annuity) or 10 percent of the deceased member's average compensation, but not less than \$25 per month.
<b>Spouse Survivor Benefits due to Duty-Related death of active member</b>	For the lawful spouse of an active member who has no <i>Advanced Application</i> on file, the greater of: a lifetime benefit equal to 50 percent of the deceased member's average compensation; or the Non-Duty-Related death benefit.	For the lawful spouse of an active member who has no <i>Advanced Application</i> on file, the greater of: a lifetime benefit equal to 50 percent of the deceased member's average compensation; or the Non-Duty-Related death benefit.	For the lawful spouse of an active member who has no <i>Advanced Application</i> on file, the greater of: a lifetime benefit equal to 25 percent of the deceased member's average compensation; or the Non-Duty-Related death benefit.
<b>Dependent Child Survivor Benefits due to Non-Duty-Related death of vested member</b>	For dependent child(ren) of a vested member who has no <i>Advanced Application</i> on file, a benefit equal to 10 percent of the deceased member's average compensation for each dependent child, up to 30 percent for 3 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.	For dependent child(ren) of a vested member who has no <i>Advanced Application</i> on file, a benefit equal to 25 percent of the retirement benefit calculated using the plan's service retirement formula for 1 dependent child or 50 percent for 2 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.	For dependent child(ren) of a vested member who has no <i>Advanced Application</i> on file, a benefit equal to 5 percent of the deceased member's average compensation for each dependent child, up to 15 percent for 3 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.
<b>Dependent Child Survivor Benefits due to Duty-Related death of active member</b>	For dependent child(ren) of an active member who has no <i>Advanced Application</i> on file, a benefit equal to 25 percent of the deceased member's average compensation for 1 dependent child or 50 percent for 2 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.	For dependent child(ren) of an active member who has no <i>Advanced Application</i> on file, a benefit equal to 25 percent of the deceased member's average compensation for 1 dependent child or 50 percent for 2 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.	For dependent child(ren) of an active member who has no <i>Advanced Application</i> on file, a benefit equal to 12.50 percent of the deceased member's average compensation per dependent child, up to 25 percent for 2 or more dependent children (under age 19 and never married or under age 23 if a full-time student and never married). Upon approval by the PERS Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.

	Public Employees' Retirement System of Mississippi (PERS)	MS Highway Safety Patrol Retirement System (MHSPRS)	Supplemental Legislative Retirement Plan (SLRP)
<b>Disability Retirement</b>			
<b>Non-Duty-Related disability of vested member</b>	<p>Tiered Disability Plan Temporary Allowance equals the higher of either: 40 percent of average compensation; or benefits calculated under the service retirement formula based on actual years of service accumulated prior to disability retirement. The temporary allowance also may include an additional supplement of 10 percent of average compensation per dependent child, up to 20 percent of average compensation for 2 or more dependent children. Deferred Allowance is the greater of either: benefits under the service retirement formula based on actual years of service accumulated prior to disability retirement; or benefits not exceeding 40 percent of average compensation based on the total of actual service credit plus service credit for the period of the Temporary Allowance.</p> <p>For those who joined before July 1, 1992, who did not elect the Tiered Disability Plan, the Age-Limited Disability Plan benefits are calculated under the service retirement formula based on actual years of service accumulated prior to disability retirement plus service credit calculated from the effective date of retirement to age 60.</p>	<p>Benefits calculated under the service retirement formula based on actual years of service accumulated prior to disability retirement plus service credit calculated from the effective date of retirement to age 55.</p>	<p>Tiered Disability Plan Temporary Allowance equals the higher of either: 20 percent of average compensation; or benefits calculated under the service retirement formula based on actual years of service accumulated prior to disability retirement. The temporary allowance also may include an additional supplement of 5 percent of average compensation per dependent child, up to 10 percent of average compensation for 2 or more dependent children. Deferred Allowance is the greater of either: benefits under the service retirement formula based on actual years of service accumulated prior to disability retirement; or benefits not exceeding 20 percent of average compensation based on the total of actual service credit plus service credit for the period of the Temporary Allowance.</p> <p>For those who joined before July 1, 1992, who did not elect the Tiered Disability Plan, the Age-Limited Disability Plan benefits are calculated under the service retirement formula based on actual years of service accumulated prior to disability retirement plus service credit calculated from the effective date of retirement to age 60.</p>
<b>Duty-Related disability of active member</b>	A benefit equal to the higher of: 50 percent of the member's average compensation; or the Non-Duty-Related disability benefit.	A benefit equal to the higher of: 50 percent of the member's average compensation; or the Non-Duty-Related disability benefit.	A benefit equal to the higher of: 25 percent of the member's average compensation; or the Non-Duty-Related disability benefit.
<b>Post Retirement</b>			
<b>Cost-of-Living Adjustment</b>	3 percent of annual benefit for each full fiscal year in retirement until age 60 with 3 percent compounding beginning at age 60; compounding beginning at age 55 for those who joined before July 1, 2011	3 percent of annual benefit for each full fiscal year in retirement until age 60 with 3 percent compounding beginning at age 60	3 percent of annual benefit for each full fiscal year in retirement until age 60 with 3 percent compounding beginning at age 60; compounding beginning at age 55 for those who joined before July 1, 2011

# PLAN HIGHLIGHTS

**Mississippi Deferred Compensation (MDC) can help you save more for the retirement you want — and it makes saving automatic.**

## How is saving with MDC different than saving on my own?

It's never too early to start planning for the future you want, and participating in MDC can make saving for that future much easier.

MDC allows you to save a portion of each paycheck for your retirement. You might wonder, "How is saving through MDC different than saving on my own?" With MDC, you save money on a pre-tax basis, which means your savings are deducted from your paycheck before any taxes are taken out. The deductions happen automatically. You don't have to remember to set that money aside on your own — and you always pay yourself first with each paycheck.

Also, participating in MDC can help you build savings momentum. You can invest the money you save in MDC's investment options (discussed later in this document), and any earnings from your savings are reinvested. You don't pay taxes on the money you contribute or on any earnings your contributions may generate until you take a withdrawal (also called a distribution). Distributions are subject to ordinary income tax.

You may also qualify for a federal income tax credit by participating in MDC. For more information about this tax credit, please contact your MDC Retirement Plan Advisor.

## Who can participate?

If you are a current full- or part-time employee, an elected official, or an independent contractor with the state of Mississippi or one of its participating political subdivisions, you are eligible to enroll and begin building your savings with MDC today.

## How do I enroll?

It's easy to get started. To enroll online, you will need the Plan Enrollment Code. Visit [www.mdcplan.com](http://www.mdcplan.com), click on *About your plan*, select *Enroll now*, and scroll down to the *How to enroll* section. You can also contact your human resources department or your local MDC Retirement Plan Advisor for assistance. Once you have the Plan Enrollment Code, go to [www.mdcplan.com](http://www.mdcplan.com), click on the *REGISTER* button, and select *I have a plan enrollment code*. Follow the prompts using the information provided on the flier. The website will guide you through the enrollment process.

## How much can I contribute each year?

You may defer as little as \$25 per month. In 2022, the maximum amount you may defer is the lesser of 100 percent of includible compensation or \$20,500.

If you are nearing retirement age, you may be eligible to save more. The standard catch-up provision allows people to contribute up to double the annual contribution limit, or \$41,000, in the three calendar years prior to normal retirement age. The amount you may be able to contribute with this option depends on the amounts you were eligible to contribute in previous years but did not.

If you are age 50 or older in 2022, the age 50+ catch-up provision allows you to contribute up to an additional \$6,500. Please note that you may not use the standard catch-up provision and the age 50+ catch-up provision in the same year.



## How soon will I be vested?

With your MDC account, your contributions and any earnings are always 100 percent vested (including rollovers from previous employers). Vesting refers to the percentage of your account you are entitled to receive when you retire or experience what's known as a distributable event (see below for more information).

## How do I stay informed about my account?

After you enroll and start making contributions, you'll want to keep tabs on your account and the performance of your investments. Each quarter, MDC will provide you with a statement showing your account balance and activity. To receive account updates and an email when your statement is ready, log in to your account at [www.mdcplan.com](http://www.mdcplan.com). Click on your name in the top right corner of the page and scroll down to *Communication preference*. Click *Change*, then select your preferred email address in the drop-down menu. If you have not provided an email address, you can add one in the *Personal contact information* section by clicking on *Change Contact Information*. Click *Save* to capture your changes. You can also check your account balance and move money among investment options online anytime at [www.mdcplan.com](http://www.mdcplan.com).<sup>1</sup>

## What are my investment choices?

With MDC, you can build a diversified portfolio that fits your saving and investing goals using a wide selection of investment options.<sup>2</sup> You can find out more about each option with MDC's fund sheets available at [www.mdcplan.com](http://www.mdcplan.com), or you can call the voice response system toll free at **(800) 846-4551**. The website and voice response system are available 24 hours a day, seven days a week.

## Can I combine other accounts with my MDC account?

For many people, combining accounts from previous employers makes it easier to manage their retirement savings and track their progress. If you have a balance in an eligible governmental 457(b), 401(k), or 403(b) plan or an individual retirement account (IRA), you may be able to roll that money into your MDC account.<sup>3</sup>

You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitations of investment options.

## How do I access my money?

Remember, the money you save through MDC is yours and you can access your money for any of the following reasons:

- Attainment of age 59½
- Retirement
- Severance of employment (as defined by the Internal Revenue Code provisions)
- Death (your beneficiary receives your benefits)
- Unforeseeable emergency (as defined by the Internal Revenue Code)

These are known as distributable events. Distributions may be made to purchase permissive service credit. Each distribution is subject to ordinary income tax.



# EMPOWER RETIREMENT ADVISORY SERVICES

If you would like assistance building your portfolio, MDC offers Empower Retirement Advisory Services, a suite of services provided by Advised Assets Group, LLC, a registered investment adviser.

**Online Advice** is available at no additional cost and gives you the professional support you may need when it comes to selecting specific investments based on your savings goals and financial situation.

**My Total Retirement™** provides a personalized investment strategy with ongoing professional account management. Experienced professionals get to know your individual situation and consider your goals to create a plan designed specifically for you. Then they monitor and manage your investments to help you stay on track and reach the future you want. If you choose to enroll in the service, there is an annual fee, assessed quarterly, charged as a flat fee of 0.40 percent of your assets under management.

For more information or to enroll, log in to your account at [www.mdcplan.com](http://www.mdcplan.com) and click on *Investing help*, or contact your local Retirement Plan Advisor.

*There is no guarantee provided by any party that participation in any of the advisory services will result in a profit.*

## Are there early withdrawal penalties?

You pay no penalties for eligible withdrawals of 457(b) money. Any withdrawals will be taxed as ordinary income and will be subject to a 20 percent mandatory withholding. Mississippi state income tax will also be withheld.

Distributions you receive prior to age 59½ from money sources other than governmental 457(b) money sources may be subject to the 10 percent early withdrawal federal tax penalty.

## What are my distribution options?

When it's time to access your money, you'll have a choice to make: Do you want it all at once, or would you rather access it gradually over time? You can choose the option that makes the most sense for you.



If you are currently working and have reached age 59½, you have the option to take an in-service withdrawal. Please note that you must stop all deferral elections prior to submitting the distribution request. Once the in-service withdrawal is complete, you may start a new deferral election for future contributions.

### With MDC, you can receive payments in the following ways:

- Periodic payments
- Partial lump sum with remainder paid as periodic payments
- A lump sum

Keep in mind, you have the option of leaving some or all of the value of your MDC account until a future date. You may also be eligible to roll over your account balance to an eligible retirement plan or IRA.<sup>4</sup>

You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitations of investment options.

### What fees do I pay?

**Distribution fees** – When you take a distribution, you have several delivery options available to you:

- Check by U.S. Postal Service mail
  - Estimated delivery time is 7-10 business days
  - No additional charge
- Check by express delivery
  - Estimated delivery time is 1-2 business days
  - Additional \$30 non-refundable charge
- Direct deposit via Automated Clearing House
  - Estimated delivery time is 2-3 business days
  - No additional charge
- Wire transfer
  - Estimated delivery time is 1-2 business days
  - Additional \$40 non-refundable charge

**Investment option fees** – Each MDC investment option has an associated investment management fee that varies by investment option. These fees pay for trading of securities within the investment options and other management expenses. The investment option's management company deducts the fees before the daily price or performance is calculated.

Funds may also charge redemption fees on certain transfers, redemptions, or exchanges. Asset allocation funds generally include a fee for fund operating expenses, as well as prorated fund operating expenses for each underlying fund in which they invest. For more information, please refer to the fund prospectus and/or disclosure document.

You may also pay a recordkeeping or administrative fee for investing in certain investment options. For more information about any potential investment option fees, please contact MDC or visit **www.mdcplan.com** to review the online prospectuses of applicable funds.

**Recordkeeping/administrative fees** – You pay an annual administrative fee of \$47.50, assessed quarterly. For new MDC participants, the annual recordkeeping and communication fee will not be assessed for 365 days after the date the new participant is effective on MDC's recordkeeping system. However, if a new participant takes a full withdrawal in the first 365-day period, a fee will be charged representing one month of the annual recordkeeping and communication fee.



## WHERE CAN I FIND MORE INFORMATION?

Visit **www.mdcplan.com** to learn more about MDC and for access to financial calculators and educational tools.

To speak with a representative, call **(800) 846-4551**, weekdays between 7 a.m. - 9 p.m. Central time, and Saturdays between 8 a.m. - 4:30 p.m. Central time. You can also contact your MDC Retirement Plan Advisor. To find your local advisor, visit **www.mdcplan.com** and click on *Contact us*.



1 Transfer requests received on business days prior to close of the New York Stock Exchange (4 p.m. Eastern time or earlier on some holidays or in other special circumstances) will be initiated at the close of business the same day the request was received. The actual effective date of your transaction may vary depending on the investment option selected.

2 Diversification does not ensure a profit and does not protect against loss in declining markets.

3 Money from other types of plans or accounts that are rolled over into a governmental 457 plan may still be subject to the 10 percent federal early withdrawal penalty upon distribution from the 457 account prior to the investor reaching age 59½.

4 Governmental 457 dollars rolled over to another type of plan or account may be subject to the 10 percent federal early withdrawal penalty upon distribution from the non-457 account prior to the investor reaching age 59½.

If there are any discrepancies between this document and the MDC Plan Document, the MDC Plan Document will govern.

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"I love what I do because my major was social work and I love helping people, so I understand the disadvantage that people encounter, especially in the medical arena. I am happy to serve others like others have always helped me, so it is a joyful thing to be able to serve the people that help you in your community."

It's gratitude, always helping your brothers. It's a good feeling waking up everyday knowing you can make a difference in someone else's life."

- Darlene Washington, Yazoo City RO



# Supplemental Benefits

DOM offers many optional, supplemental plans for you to choose from. Many of these plans are offered pre-tax as part of our cafeteria plan. Some of the plans allow you to cover your spouse and/or children. All of these plans are optional. Please note that supplemental health plans are no replacement for health insurance as they only cover specified sickness or accidents. Employees are encouraged to enroll within the first 30 days of employment. Information for all benefits is included on the new employee page on the DOM intranet.

## Delta Dental

### Who is eligible?

DOM state employees, spouse, and children to age 26 may participate in this optional plan.

	Employee Only	Employee + Spouse	Employee + Children	Family
Monthly Rate	\$28.05	\$56.09	\$59.32	\$92.99

### Monthly premiums

#### Deductibles and maximums

There is a \$50 per person and \$150 per family deductible each calendar year. Deductibles are waived for eligible diagnostic and preventative services. A \$1,000 maximum per person applies. Some waiting periods apply.

### For more information

You may view plan details on the New Employee page on the DOM intranet. You may also visit the delta dental website at [deltadentalins.com](http://deltadentalins.com)

## Superior Vision

### Who is eligible?

DOM state employees, spouse, and children to age 26 may participate in this optional plan.

	Employee Only	Employee + one dependent	Family
Monthly Rate	\$7.63	\$14.78	\$21.76

### Monthly Premiums

#### Exams and co-pays

Covered individuals are eligible for an in-network exam every 12 months with a \$10 co-pay. There is a \$20 co-pay for lenses and frames. The service frequency for lenses are every 12 months and frames every 24 months.

### For more information

You may view plan details on the New Employee page on the DOM intranet. You may also visit the Superior Vision website at [superiorvision.com](http://superiorvision.com)

## **Met Life/Bay Bridge Group Cancer and Specified Disease**

### **Who is eligible?**

DOM state employees, spouse, and eligible children may participate in this optional plan.

### **Monthly Premiums**

This plan offers three options of coverage with the ability to add an intensive care rider. Plans range from \$26.23 to \$83.43 depending on the number of people covered and the option selected.

### **Plan Benefits**

This plan covers many types of cancers as well as other specified diseases. It includes donor benefits, wellness benefits, coverage of certain lodging and transportation costs, and pays regardless of other coverage.

## **Humana Critical Illness and Cancer**

### **Who is eligible?**

DOM State employees, spouse, and eligible children may participate in this optional plan.

### **Monthly premiums**

This plan offers many levels of coverage from \$5,000 to \$50,000 for employees. The premiums depend on your age and amount of coverage you select.

### **Plan benefits**

This plan pays a benefit after a serious illness or a condition such as heart attack, stroke, coronary artery disease, or cancer is diagnosed.

## **Cigna Life Insurance**

### **Who is eligible?**

DOM state employees, spouse, and eligible children may participate in this optional plan.

Plan benefits offer additional life insurance for **employees up to \$200,000; spouse up to \$30,000; children up to \$10,000.**

## **Monthly Premiums**

The term life insurance coverage premiums are based on your age and the amount of coverage you desire.

## **Lincoln Accident Insurance**

### **Who is eligible?**

DOM state employees, spouse, and eligible children may participate in this optional plan.

The accident portion of the plan starts at \$16.94 for employee only to \$37.98 to cover an entire family.

### **Plan benefits**

The accident portion of this plan covers over 40 different types of accidents and provides cash payments directly to the insured to help cover out of pocket expenses.

## **American Fidelity Long-Term Disability Income**

### **Who is eligible?**

DOM state employees may participate in this optional plan. Proof of good health may be required.

### **Monthly Premiums**

There are several plans to choose from with premiums dependent on the type of coverage you select.

### **Plan benefits**

This plan is designed to offer income protection if you become disabled and can no longer work. The plan will pay you a monthly income based upon the coverage you select if your disability is covered under the plan.



“My favorite part of my job is getting to interact with clients, talking to them, and just being a help to them. When you help them out of situations, it kind of brightens your day because you start learning these people that you have to deal with on a day-to-day basis, month-to-month basis, year-to-year basis and you learn them and essentially become part of their family.”

- Steve Culpepper, Meridian RO



## Aflac Hospital Advantage

### Who is eligible?

DOM state employees, spouse, and eligible children may participate in this optional plan.

### Monthly premiums

There are several plans to choose from with premiums dependant on the type of coverage you select.

### Plan benefits

This plan is designed to pay certain expenses in the event of a hospital confinement. Certain other hospital related expenses may also be covered.

## LegalShield

### Who is eligible?

DOM state employees may participate in this optional plan.

### Plan benefits

This plan is a comprehensive identity theft protection plan. It also includes coverage for certain types of legal advice and discounts in the event that you need to hire an attorney.

## Aflac Short-Term Disability

### Who is eligible?

DOM state employees may participate in this optional plan.

### Monthly Premiums

There are several plans to choose from with premiums dependent on the type of coverage you select.

### Plan benefits

This plan is designed to pay a cash benefit for each day you are disabled as long as the disability is caused from a covered sickness or accident.



## Cafeteria plan

A section 125 cafeteria plan is a tax savings plan which allows expenses from gross earnings before the computation of federal, state, and social security taxes. DOM's cafeteria plan is facilitated by Southern Administrators and DOM pays the administrative costs on your behalf.

### 1) Eligible pre-tax plans

The following is a list of plans where the monthly premium can be deducted from your paycheck, pre-tax:

- Term life insurance (State Employees' Life Insurance Plan)
- Health insurance (State Employees' Health Insurance Plan)
- Dental insurance (Delta Dental)
- Vision insurance (Superior Vision)
- Cancer/ICU insurance (Bay Bridge)
- Hospital Indemnity (AFLAC)

### 2) Dependent care

If you have dependents that require care while you work, participation in this part of the plan can save money by pre-taxing the expenses for the current plan year, up to a maximum of \$5,000 per calendar year.

### 3) Unreimbursed medical expenses

Certain medical expenses which you have to pay out of your own pocket such as, medical deductibles, co-insurance, co-pays, dental expenses, and eye care

expenses can be reimbursed through the use of a flexible spending account. You decide how much each month should be placed into your account and then when you incur eligible out-of-pocket expenses, you submit a receipt and claim form to have the expense reimbursed from your account.

## Example of savings

Below is an example of how utilizing the cafeteria plan can save money

### Without participation

\$2,000 gross salary  
- \$600 taxes (state, federal, social security)  
= \$1,400 net check  
- \$200 insurance and/or other expense  
= \$1,200 net spendable income

### With participation

\$2,000 gross salary  
- \$200 insurance and/or other expenses  
= \$1,800 net check  
- \$540 taxes (state, federal, social security)  
= \$1,260 net spendable income

### For more information

Visit the Southern Administrators website at [sabcflex.com](http://sabcflex.com)





## Cafeteria/Insurance Enrollment Information

We will soon begin the enrollment of our Section 125 Cafeteria Plan and Insurance Products. A schedule will be sent out to all locations. Please try and attend your location, however, if you are unable, please feel free to join us at another location.

During the enrollment, you will have the opportunity to review current benefits, rates, and make any necessary changes. All changes will be effective for the January 1, 2023 thru December 31, 2023 plan year.

**NEW DEBIT CARD OPTION:** If you currently participate in the unreimbursed medical spending account or elect to participate this year, you will be given the option of electing the SABC FLEXCard from Wex which is tied to your unreimbursed medical account. The cost of the card to you will be \$1.00 per month and will be deducted tax free. Please see the details below.

### **CAFETERIA PLAN**

A Section 125 Cafeteria Plan is simply a tax savings plan which allows participating employees to deduct certain expenses from gross earnings before the computation of federal, state, and social security taxes. Under our Plan there are four (3) options in which you may participate. **You may pick any or all in which to participate**

### **CURRENT DEDUCTIONS ELIGIBLE TO PRE-TAX**

**Insurance:** Option 1. Term Life Insurance – State of Mississippi  
Health Insurance – State of Mississippi  
Dental Insurance – Delta Dental  
Vision Insurance – Superior Vision  
Cancer/ICU Insurance – Bay Bridge  
AFLAC – Hospital Indemnity  
AD&D - ACE USA  
Lincoln Accident  
Colonial and American Fidelity Cancer (Renewal Only)

**Flexible Spending:** Option 2. Dependent Care Expenses  
Option 3. Unreimbursed Medical Expenses

### **ILLUSTRATION OF SAVINGS IN THE CAFETERIA PLAN**

Samples of how your taxes will be computed. *As you can see, participation in the plan increases your spendable income.*

<i>WITHOUT PARTICIPATION</i>	<i>WITH PARTICIPATION</i>
\$1,000 GROSS SALARY/W-2 INCOME	\$1,000 GROSS SALARY
-300 TAXES (STATE, FED, SOC. SEC.)	-100 INSURANCE &/OR OTHER EXPENSES
700 NET CHECKS	900 NET CHECKS/W-2 INCOME
-100 INSURANCE &/OR OTHER EXPENSES	-270 TAXES (STATE, FED, SOC. SEC.)
\$ 600 NET SPENDABLE INCOME	\$ 630 NET SPENDABLE INCOME

\* Because of the reduction in Social Security taxes, participation in the Cafeteria Plan could reduce Social Security benefits.

### **OPTION 1. INSURANCE**

In order to participate in the insurance part of the Cafeteria Plan, you will simply sign your enrollment form indicating you wish to participate. You will receive an increase in spendable income for the current plan year. Please notice the illustration above to see how your taxes will be computed.

### **OPTION 2. DEPENDENT CARE EXPENSE**

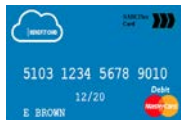
If you have dependents that require care while you and your spouse work, participation in this part of the plan can save taxes by pre-taxing the expense. Simply estimate your dependent care expenses for the **current plan year**, up to a maximum of **\$5,000 per calendar year, (\$2,500 if married filing a separate return.)** Your election will be divided by the number of pay periods in the plan year and deducted tax free. For more information log on to: [www.sabcflex.com/content/dependent-care](http://www.sabcflex.com/content/dependent-care)

### **OPTION 3. UNREIMBURSED MEDICAL EXPENSES**

If you have medical expenses which you have to pay out of your own pocket, such as; your medical deductibles, co-insurance, dental expenses, eye care expenses, etc., you may save valuable tax dollars by pre-taxing these expenses. To participate, you must estimate the out-of-pocket medical expenses you will incur during the plan year up to a maximum of **\$2,850**. Your plan year election will be divided by the number of deductions in the plan year and deducted tax free. After eligible expenses have been incurred, simply submit proof of the expense with a reimbursement form and you will be reimbursed up to the amount you have requested, not to exceed your annual election. Please go to ([www.sabcflex.com/content/eligible-medical-expenses](http://www.sabcflex.com/content/eligible-medical-expenses)) for more information on eligible expenses. Expenses may be for you, your spouse or children under age 27. Your plan offers a 2 ½ month grace period for participants to incur expenses. Therefore, with the extension you will actually have until March 15, 2024 to incur your expenses. This extension applies to URM only.

All services rendered for unreimbursed medical should be on the list of eligible deductible medical expenses. Should you have a medical expense not listed, please feel free to contact SABC or see a representative during the enrollment.

**SABC FLEXCard** - If you are a participant in Unreimbursed Medical, you have the option to sign up for the SABC FLEXCard. The card allows you to pay for your eligible medical, dental and vision expenses anywhere that MasterCard is accepted. The funds will automatically be deducted from your balance. You will receive (2) cards and cost of the card is \$1.00 per month and will be payroll deducted.



#### **HOW TO USE THE CARD**

When you use the card for prescription drug purchases at participating merchants (most major pharmacies), or for certain co-pays you usually will not have to follow up with receipts. However, it is important to understand that when you use the card at other medical, dental or vision facilities, you will have to validate the expense with an Explanation of Benefits statement from your insurance provider, or a detailed printout from your provider. Always keep your receipts. You will receive an email, stating the need for you to submit your receipts to SABC. Simply print the email and send it to SABC along with your receipt(s). You may send it via fax; utilize the secure on-line portal at [www.sabcflex.com](http://www.sabcflex.com) or SABC's smart phone app. When completing the information online, make sure to click on *File Receipts of Validation* under online forms.

After notification, if you fail to submit your receipts within 20 days from receiving the first email, a second reminder email will be sent, with a deadline date. If you still fail to follow-up with necessary documentation after the deadline date, your card will be suspended, and no further claims will be processed, until the request has been satisfied.

All elections made under your flexible benefit cafeteria plan are irrevocable unless a Status Change occurs. Examples of Status Changes are - marriage, divorce, birth, death, adoption or, a change of your spouses' employment. Election under Dependent Care and/or Unreimbursed Medical should be conservative. Any monies not claimed by the end of the plan year or at least sixty (60) days after the close of the plan year, will be forfeited. **All expenses must be incurred within the benefit period listed as described on page 2.**

### **CLAIMS PROCEDURES**

To receive reimbursement for expenses incurred during the plan year you must submit a Claim Form (Request for Reimbursement) to Southern Administrators and Benefit Consultants, Inc. With the claim form, you must provide a receipt from the third party provider for each expense. An Explanation of Benefits from your insurance provider is your best receipt and may be required. You may also scan your receipts and submit your claim online through our website. For more information logon to: <https://www.sabcflex.com/content/claim-procedures>.



# Leave

DOM offers one of the most generous leave policies you will find. New state employees accrue 30 days of leave per year. You will accrue two types of leave, personal and medical.

## Personal and medical leave

### Accrual rates

State employees accrue two types of leave, personal and medical. The chart below shows the accrual rate for full time employees.

Continuous Service	Personal Monthly	Medical Monthly	Total Accrual (Personal and Medical) Per Year
1 month to 3 years	12 hours	8 hours	30 days
37 months to 8 years	14 hours	7 hours	31.5 days
97 months to 15 years	16 hours	6 hours	33 days
Over 15 years	18 hours	5 hours	34.5 days

### Minimum leave balances

It is highly recommended that employees maintain a healthy leave balance. You maintain a minimum amount of personal leave in order to be eligible for direct deposit.

### eLeave

DOM uses an electronic time management program, eLeave. You will enter any time off you take into eLeave. On your first day, you will receive instructions on how to access it on the DOM

intranet.

### Requesting time off

If you know in advance you will need time off, you should request it from your immediate supervisor for their approval and enter it into eLeave before your absence. You should talk to your supervisor about what to do if you must miss work because of sickness. The general rule is that you should notify your supervisor of a sickness by the time you are scheduled to report to work.

### Holidays

DOM employees receive paid time off for the following holidays. If a holiday falls on a weekend, the holiday will be observed based on proclamation by the Governor

January 1	New Year's Day
Third Monday of January	Dr. Martin Luther King Birthday
Third Monday of February	Washington's Birthday
Last Monday of April	Confederate Memorial Day
Last Monday of May	Memorial Day
July 4	Independence Day
First Monday of September	Labor Day
November 11	Veteran's Day
Proclamation by the Governor	Thanksgiving Day
December 25	Christmas Day





# Work/Life Programs

DOM provides access to a variety of programs designed to help you balance your work and personal needs. Some services are also available to covered family members like our employee assistance program and wellness visits. DOM participates in annual events like providing access to flu shots on site and fitness programs.

## Employee Assistance Program (EAP)

The health and well-being of our employees is a vital concern. DOM pays for all employees to be covered by an EAP program provided by MEA Cares. The program provides a confidential employee assistance line, assessments, and professional counseling for you and your covered family members for personal, family and work-related issues. Examples of covered issues include:

- Stress and anxiety
- Depression, grief, or loss
- Substance abuse
- Marital issues
- Times of transition
- Co-dependency
- Pre-adolescence, adolescence, and parenting

MEA Cares has over 80 professional counselors located throughout the state to serve us. Employees pay nothing for this service and can receive up to 10 counseling sessions per year. To find out more information or to locate a counselor, call the employee assistance hotline at 800-844-6503, which is available 24 hours a day.

## Wellness visits

The State and Schools Employee Health Insurance Plan provides cost free wellness visits. The number of visits per year and the covered services depend on your age and gender. Employees are highly encouraged to take advantage of these cost free visits.

## Other Programs

### Mississippi Public Employees Credit Union

Serves city, state, and federal employees of Mississippi. For more information or to join, visit [masecwa.org](http://masecwa.org)

### Mississippi College Tuition Savings

Offers sever opportunities for you to save for college expenses. For more information or to join, [visit treasury.ms.gov](http://visit.treasury.ms.gov).