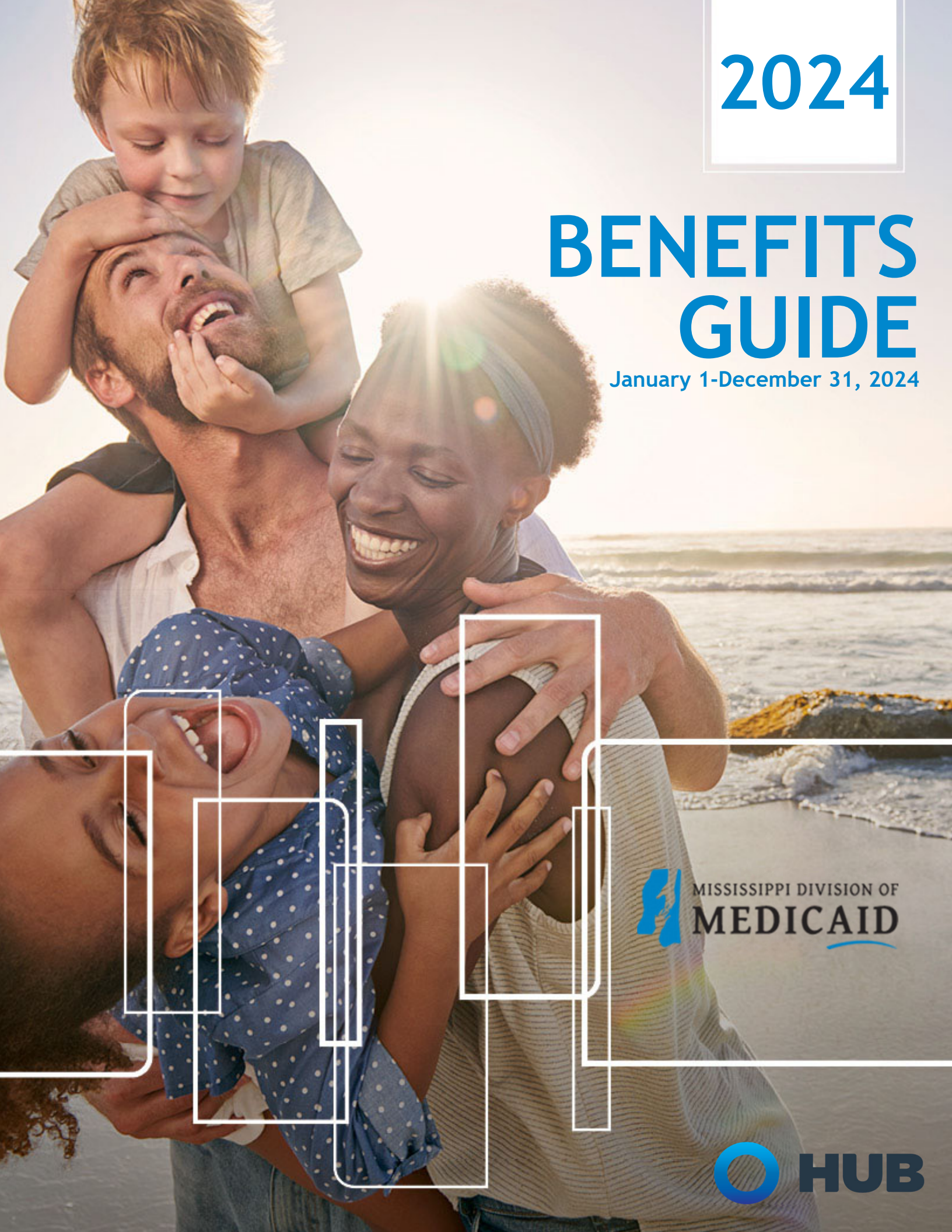



2024

BENEFITS GUIDE

January 1-December 31, 2024



 MISSISSIPPI DIVISION OF
MEDICAID

 **HUB**

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 40 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply).

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage.

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents.

Inside

Dental

Vision

FSA

Voluntary Term Life

Short Term Disability

Long Term Disability

Critical Illness

Accident

Cancer

Hospital Indemnity

Life Lock

Universal Life

Employee Assistance

Program

MEA Care

Dental

We are proud to offer you a Guardian dental plan. To search for providers visit www.guardiananytime.com/fpapp/search.

Key Dental Benefits	Guardian– Dental Guard	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Basic, and Major Services combined)		
Per Individual	\$1,250 plus Maximum Rollover	\$1,250 plus Maximum Rollover
Covered Services		
Preventive Services (Oral exam, Cleanings, X-Rays, Sealants)	100%	100%
Basic Services (Fillings, Periodontal, Extractions, Endodontic)	90%	80%
Major Services (Bridges, Implants, Crowns, Inlays, Onlays, Veneers)	60%	50%
Orthodontia Lifetime Maximum (Child only-Up to age 19)	\$1,250	\$1,250

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Election	Monthly Rate (Pre-Tax)
Employee Only	\$28.93
Employee + Spouse	\$57.85
Employee + Child(ren)	\$61.18
Employee + Family	\$95.91

Vision

We are proud to offer you a Guardian, VSP network vision plan. To search for providers visit <https://www.vsp.com/eye-doctor>

Key Vision Benefits	VSP In-Network	Out-of-Network
Exam (once every 12 months)	\$10	\$39 Max
Materials Copay	\$20	N/A
Lenses (once every 12 months)	\$20	\$23 Max
Single Vision		\$37 Max
Bifocal		\$49 Max
Trifocal		\$64 Max
Lenticular		
Frames (once every 12 months)	\$150 Max, plus 20% discount on any overages at participating providers	\$46 Max
Contact Lenses (once every 12 months; in lieu of glasses) Medically Necessary Elective	Covered after Copay \$150 Max (Copay waived)	\$210 Max \$100 Max (Copay waived)

Vision Election	Monthly Rate (Pre-Tax)
Employee Only	\$9.36
Employee + One Dependent	\$16.04
Employee + Family	\$28.07



Flexible Spending Account (FSA)

Employer-sponsored benefit that allows you to set aside pre-tax dollars to pay for eligible healthcare and/or dependent care expenses. The amount you elect for your FSA will be automatically deducted from your paycheck on a pre-tax basis and credited to your FSA over the course of the year through payroll deduction.

INSURANCE

You will receive an increase in spendable income for the current plan year. Please notice the illustration below to see how your taxes will be computed.

WITHOUT PARTICIPATION

\$1,000 GROSS SALARY/W-2 INCOME
-300 TAXES (STATE, FED, SOC. SEC.)
700 NET CHECKS
-100 INSURANCE &/OR OTHER EXPENSES
\$600 NET SPENDABLE INCOME

WITH PARTICIPATION

\$1,000 GROSS SALARY
-100 INSURANCE &/OR OTHER EXPENSES
900 NET CHECKS/W-2 INCOME
-270 TAXES (STATE, FED, SOC. SEC.)
\$630 NET SPENDABLE INCOME

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

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 **\$3,200** (in 2024). 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) 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, 2025 to incur your expenses. This extension applies to URM only.

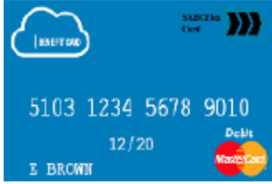
All services rendered for unreimbursed medical should be on the list of eligible deductible medical expenses. Should you have a medical expense not listed, please feel free to contact SABC or see a representative during the enrollment.

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>.



Flexible Spending Account (FSA) Cont.



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 card allows you to pay for your eligible medical, dental and vision expenses anywhere that MasterCard is accepted. You will receive (2) cards. The cost of the card to you will be **\$1.00 per month** and will be deducted tax free. Please see the details below.

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 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.

Voluntary Term Life

Guardian- Voluntary Term Life	Employee	Spouse	Child
Guarantee Issue (GI)	\$250,000	\$50,000	\$20,000
Benefit	\$10,000 to \$500,000 in \$10,000 increments	\$10,000 to \$250,000 in \$5,000 increments, not to exceed 100% of Employees mount	\$10,000 to \$20,000
Maximum Insurance Coverage	\$500,000	\$250,000	\$20,000
Reduction Schedule	Age 65 reduces 35% Age 70 reduces 60% Age 75 reduces 75% Age 80 reduces 85%	Terminates at age 70	Terminates at age 26
Portability	Included without Evidence of Insurability		
Infant Benefit	\$500 (birth to 14 days)		
Dependent Age Limits	14 days to 26 years (26 if full time student). Infant Age: Birth to 14 days. Spouse terminates at 70.		

Voluntary Term Life Rates (Post-Tax)										
Age Rates Per \$1000										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Rates	\$0.106	\$0.143	\$0.208	\$0.279	\$0.416	\$0.605	\$0.82	\$0.997	\$1.31	\$2.361
Child	\$10,000					\$20,000				
Premium	\$5.94					\$11.88				

Short-Term Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

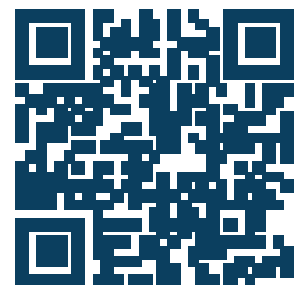
Voluntary Short-Term Disability– Guardian	
Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin Accident/Sickness	1st Day / 8th Day
Maximum Benefit Duration	13 weeks
Employee Rate (Per \$10 of Weekly Indemnity)	\$1.077 (Post-Tax)
Pre-Existing Conditions	3/12 with 2 week limitation, Continuity of Coverage
Annual Income / 52=Weekly Income, Weekly Income x 0.6 = Weekly Benefit, Weekly Benefit / 10 = Units, Units x 1.077= Monthly Premium **Your rate will be calculated for you during enrolment**	

Long-Term Disability

Voluntary Long-Term Disability– Guardian	
Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age
Employee Rate (Per \$100 of Monthly Covered Payroll)	\$1.459 (Post-Tax)
Pre-Existing Conditions	3 months prior, 12 months after Exclusion, Continuity of Coverage
Your estimated monthly premium is determined by multiplying your monthly salary amount by the premium rate of \$0.01459 $\text{Monthly Salary} \times \$0.01459 = \text{Monthly Rate}$ $\text{Monthly Salary} \times 0.6 = \text{Benefit Amount}$ **Your rate will be calculated for you during enrolment**	



Scan the code below to learn more.



Critical Illness

We are proud to offer you a Guardian Critical Illness plan. With critical illness insurance, you'll receive a lump sum benefit if you are diagnosed with a covered condition that you can use however you would like, including help pay for: treatment, prescriptions, travel, increased living expenses and more.

Condition	First Occurrence	Second Occurrence
Cancer		
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	100%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Infectious Contagious Disease	30%	0%
Wellness Benefit (Per Year Limit)	\$50	

Critical Illness Rates (Post-Tax)						
Employee & Spouse						
Benefit Amount	<30	30-39	40-49	50-59	60-69	70+
\$10,000	\$7.80	\$12.50	\$18.90	\$28.50	\$35.30	\$38.20
\$20,000	\$15.60	\$25.00	\$37.80	\$57.00	\$70.60	\$76.40
\$30,000	\$23.40	\$37.50	\$56.70	\$85.50	\$105.90	\$114.60
Children (0 to 26 years) are auto-enrolled in 50% of employees election (Maximum \$15,000)						

Scan the code below to learn more.



Accident

We are proud to offer you a Guardian Accident plan. Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Accident Benefits (Off the Job)	
Accidental Death & Dismemberment Benefit Amount	Employee \$30,000 Spouse \$10,000
Wellness Benefit (Per Year Limit)	\$50
Child(ren) Age Limits	Children age birth to 26 years

Scan the code below to learn



Accident Election	Monthly Rate (Pre-Tax)
Employee Only	\$11.07
Employee + Spouse	\$18.71
Employee + Child(ren)	\$18.90
Employee + Family	\$26.54

Cancer

We are proud to offer you a Guardian Cancer plan. Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2022, it can (literally) pay to be prepared. The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

Cancer Benefits	
Benefit Amount (Initial Diagnosis)	Employee \$5,000 Spouse \$5,000 Child \$5,000
Initial Diagnosis Benefit	Paid when you are diagnosed with internal invasive cancer for the 1st time while insured under this Plan
Wellness Benefit (Per Year Limit)	\$100

Scan the code below to learn



Cancer Election	Monthly Rate (Pre-Tax)
Employee Only	\$29.78
Employee + Spouse	\$59.93
Employee + Child(ren)	\$41.25
Employee + Family	\$71.40

Hospital Indemnity

We are proud to offer you a Guardian Hospital Indemnity plan. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Hospital Indemnity Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.
Wellness Benefit (Per Year Limit)	\$50 per day, limited to 1 day(s) per insured per benefit year

Hospital Indemnity Election	Monthly Rate (Pre-Tax)
Employee Only	\$19.98
Employee + Spouse	\$34.74
Employee + Child(ren)	\$31.38
Employee + Family	\$46.15

Identity & Fraud Protection

With the ever-changing digital world and new cybercrimes constantly emerging, people should always have the right to feel safe and secure online. You can feel at ease knowing they have protection in place with a Norton LifeLock Benefit Plan.



Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats



Identity Alerts with Credit Monitoring¹ alerts you if there is a fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage.



Social media Monitoring* notifies you of any suspicious links, account takeover attempts, or inappropriate content.



Norton™ Secure VPN** Our Virtual Private Network (VPN) helps protect your sensitive information, browsing history, online activities and webcam are more secure.



Parental Control[∇] makes it easy to monitor your child's online activities and view their search history so they stay safe.

Life Lock Election-Benefit Premier	Monthly Rate (Post-Tax)
Individual	\$7.99
Family	\$14.98

Scan QR code to visit Norton's website for more detailed information:



*Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

∇ Norton Family and Norton Parent Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device—Windows PC, Mac, iOS and Android—via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment.

TransAmerica Universal Life Rates (Post-Tax) Non-Tobacco with Riders: TI, WML, CHR, EXT, RES**			
Issue Age	\$15,000 Face Amount	\$25,000 Face Amount	\$50,000 Face Amount
	Monthly Premium	Monthly Premium	Monthly Premium
18	N/A*	N/A*	\$24.25
19	N/A*	N/A*	\$24.67
20	N/A*	N/A*	\$25.04
21	N/A*	\$13.36	\$26.72
22	N/A*	\$13.58	\$27.15
23	N/A*	\$13.81	\$27.61
24	N/A*	\$14.00	\$28.00
25	N/A*	\$14.22	\$28.43
26	N/A*	\$15.79	\$31.58
27	N/A*	\$16.11	\$32.22
28	N/A*	\$16.31	\$32.61
29	N/A*	\$16.54	\$33.08
30	N/A*	\$16.80	\$33.59
31	N/A*	\$18.74	\$37.48
32	N/A*	\$19.07	\$38.13
33	N/A*	\$19.39	\$38.77
34	N/A*	\$19.81	\$39.62
35	N/A*	\$20.20	\$40.39
36	\$13.30	\$22.17	\$44.33
37	\$13.64	\$22.73	\$45.46
38	\$13.95	\$23.25	\$46.50
39	\$14.26	\$23.77	\$47.54
40	\$14.65	\$24.42	\$48.83
41	\$15.96	\$26.60	\$53.20
42	\$16.38	\$27.30	\$54.60
43	\$16.79	\$27.98	\$55.96
44	\$17.21	\$28.69	\$57.37
45	\$17.72	\$29.54	\$59.07
46	\$19.91	\$33.18	\$66.36
47	\$20.34	\$33.90	\$67.80
48	\$20.95	\$34.91	\$69.81

GI: Employee: \$150,000, Spouse: \$25,000, \$20,000

**TI: Accelerated Death Benefit for Terminal Condition WML: Waiver of Monthly Deductions for Layoff or Strike, CHR: Accelerated Death Benefit for Chronic Condition, EXT: Extension of Benefits, RES: Benefits Restoration,

Values assume that all stipulated premiums are paid to age 120. The guaranteed minimum interest rate is 2.00%. Values are affected by the actual interest rates credited and the cost of insurance rates charged. Issue ages 56+ do not include the WML rider.

Issue ages 76+ do not include the CHR rider. Issue ages 76+ do not include the EXT rider. Issue ages 76+ do not include the RES rider. Issue ages 76+ do not include the TI rider. The Child Term Insurance Rider may be added for additional premium of \$2.50 monthly per \$10,000.

*The requested face amount results in a premium less than the minimum planned premium.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract. High Face Amount - HFA

Universal Life Cont.

TransAmerica Universal Life Rates (Post-Tax) Non-Tobacco with Riders: TI, WML, CHR, EXT, RES**			
Issue Age	\$15,000 Face Amount	\$25,000 Face Amount	\$50,000 Face Amount
	Monthly Premium	Monthly Premium	Monthly Premium
49	\$21.36	\$35.60	\$71.20
50	\$21.91	\$36.51	\$73.01
51	\$25.07	\$41.79	\$83.57
52	\$25.98	\$43.30	\$86.60
53	\$27.03	\$45.05	\$90.10
54	\$27.99	\$46.65	\$93.30
55	\$29.11	\$48.51	\$97.01
56	\$31.16	\$51.93	\$103.85
57	\$33.36	\$55.60	\$111.20
58	\$36.00	\$60.00	\$120.00
59	\$38.88	\$64.80	\$129.60
60	\$42.07	\$70.12	\$140.23
61	\$45.64	\$76.07	\$152.14
62	\$49.81	\$83.02	\$166.04
63	\$54.11	\$90.18	\$180.36
64	\$59.33	\$98.89	\$197.77
65	\$65.97	\$109.94	\$219.88
66	\$71.94	\$119.89	\$239.78
67	\$77.92	\$129.86	\$259.72
68	\$84.49	\$140.81	\$281.61
69	\$91.59	\$152.64	\$305.28
70	\$99.54	\$165.90	\$331.79
71	\$108.90	\$181.50	\$363.00
72	\$119.74	\$199.56	\$399.12
73	\$131.66	\$219.43	\$438.86
74	\$144.69	\$241.15	\$482.30
75	\$159.42	\$265.69	\$531.38
76	\$105.97	\$176.61	\$353.22
77	\$114.78	\$191.30	\$382.59
78	\$124.16	\$206.93	\$413.86
79	\$134.23	\$223.71	\$447.42
80	\$144.87	\$241.45	\$482.89

GI: Employee: \$150,000, Spouse: \$25,000, \$20,000

**TI: Accelerated Death Benefit for Terminal Condition WML: Waiver of Monthly Deductions for Layoff or Strike, CHR: Accelerated Death Benefit for Chronic Condition, EXT: Extension of Benefits, RES: Benefits Restoration,

Values assume that all stipulated premiums are paid to age 120. The guaranteed minimum interest rate is 2.00%. Values are affected by the actual interest rates credited and the cost of insurance rates charged. Issue ages 56+ do not include the WML rider.

Issue ages 76+ do not include the CHR rider. Issue ages 76+ do not include the EXT rider. Issue ages 76+ do not include the RES rider. Issue ages 76+ do not include the TI rider. The Child Term Insurance Rider may be added for additional premium of \$2.50 monthly per \$10,000.

*The requested face amount results in a premium less than the minimum planned premium.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract. High Face Amount - HFA

Universal Life Cont.

TransAmerica Universal Life Rates (Post-Tax) Tobacco with Riders: TI, WML, CHR, EXT, RES**			
Issue Age	\$15,000 Face Amount	\$25,000 Face Amount	\$50,000 Face Amount
	Monthly Premium	Monthly Premium	Monthly Premium
18	N/A*	\$17.64	\$35.28
19	N/A*	\$18.20	\$36.39
20	N/A*	\$18.72	\$37.44
21	N/A*	\$19.30	\$38.59
22	N/A*	\$19.82	\$39.64
23	N/A*	\$20.46	\$40.91
24	N/A*	\$21.03	\$42.05
25	\$13.01	\$21.67	\$43.34
26	\$13.56	\$22.60	\$45.20
27	\$14.08	\$23.47	\$46.94
28	\$14.52	\$24.19	\$48.38
29	\$15.01	\$25.02	\$50.04
30	\$15.50	\$25.83	\$51.65
31	\$16.28	\$27.13	\$54.25
32	\$16.85	\$28.08	\$56.16
33	\$17.41	\$29.01	\$58.02
34	\$18.08	\$30.14	\$60.27
35	\$18.78	\$31.30	\$62.60
36	\$19.86	\$33.09	\$66.18
37	\$20.57	\$34.28	\$68.55
38	\$21.34	\$35.57	\$71.14
39	\$22.18	\$36.96	\$73.92
40	\$23.04	\$38.39	\$76.78
41	\$24.16	\$40.27	\$80.53
42	\$25.32	\$42.20	\$84.39
43	\$26.28	\$43.79	\$87.58
44	\$27.73	\$46.21	\$92.41
45	\$29.30	\$48.83	\$97.65
46	\$31.01	\$51.68	\$103.36
47	\$32.82	\$54.70	\$109.40
48	\$34.88	\$58.14	\$116.27

GI: Employee: \$150,000, Spouse: \$25,000, \$20,000

**TI: Accelerated Death Benefit for Terminal Condition WML: Waiver of Monthly Deductions for Layoff or Strike, CHR: Accelerated Death Benefit for Chronic Condition, EXT: Extension of Benefits, RES: Benefits Restoration,

Values assume that all stipulated premiums are paid to age 120. The guaranteed minimum interest rate is 2.00%. Values are affected by the actual interest rates credited and the cost of insurance rates charged. Issue ages 56+ do not include the WML rider.

Issue ages 76+ do not include the CHR rider. Issue ages 76+ do not include the EXT rider. Issue ages 76+ do not include the RES rider. Issue ages 76+ do not include the TI rider. The Child Term Insurance Rider may be added for additional premium of \$2.50 monthly per \$10,000.

*The requested face amount results in a premium less than the minimum planned premium.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract. High Face Amount - HFA

Universal Life Cont.

TransAmerica Universal Life Rates (Post-Tax) Tobacco with Riders: TI, WML, CHR, EXT, RES**			
Issue Age	\$15,000 Face Amount	\$25,000 Face Amount	\$50,000 Face Amount
	Monthly Premium	Monthly Premium	Monthly Premium
49	\$36.84	\$61.39	\$122.78
50	\$38.95	\$64.92	\$129.83
51	\$41.37	\$68.94	\$137.88
52	\$43.35	\$72.25	\$144.50
53	\$45.61	\$76.01	\$152.01
54	\$47.88	\$79.80	\$159.60
55	\$50.47	\$84.11	\$168.21
56	\$53.17	\$88.61	\$177.21
57	\$56.04	\$93.39	\$186.78
58	\$59.19	\$98.65	\$197.30
59	\$62.51	\$104.19	\$208.37
60	\$66.09	\$110.15	\$220.30
61	\$68.29	\$113.81	\$227.62
62	\$73.36	\$122.26	\$244.51
63	\$78.79	\$131.32	\$262.64
64	\$85.05	\$141.75	\$283.49
65	\$92.73	\$154.55	\$309.10
66	\$102.00	\$170.00	\$339.99
67	\$109.82	\$183.03	\$66.06
68	\$118.54	\$197.57	\$395.13
69	\$127.87	\$213.12	\$426.23
70	\$137.91	\$229.85	\$459.70
71	\$150.03	\$250.05	\$500.09
72	\$163.79	\$272.98	\$545.95
73	\$178.83	\$298.05	\$596.10
74	\$195.02	\$325.04	\$650.07
75	\$213.13	\$355.21	\$710.42
76	\$146.47	\$244.12	\$488.23
77	\$157.00	\$261.66	\$523.32
78	\$168.21	\$280.35	\$560.70
79	\$180.00	\$299.99	\$599.98
80	\$192.01	\$320.02	\$640.03

GI: Employee: \$150,000, Spouse: \$25,000, \$20,000

**TI: Accelerated Death Benefit for Terminal Condition WML: Waiver of Monthly Deductions for Layoff or Strike, CHR: Accelerated Death Benefit for Chronic Condition, EXT: Extension of Benefits, RES: Benefits Restoration,

Values assume that all stipulated premiums are paid to age 120. The guaranteed minimum interest rate is 2.00%. Values are affected by the actual interest rates credited and the cost of insurance rates charged. Issue ages 56+ do not include the WML rider.

Issue ages 76+ do not include the CHR rider. Issue ages 76+ do not include the EXT rider. Issue ages 76+ do not include the RES rider. Issue ages 76+ do not include the TI rider. The Child Term Insurance Rider may be added for additional premium of \$2.50 monthly per \$10,000.

*The requested face amount results in a premium less than the minimum planned premium.

A detailed illustration will be provided on delivery of a contract or earlier if requested. This is a quotation, not a contract. High Face Amount - HFA

Employee Assistance Program

Sometimes life can feel overwhelming. It doesn't have to. Guardian's Employee Assistance Program provides confidential counseling, expert guidance, and valuable resources to help you handle any of life's challenges, big or small. **In order to take advantage of this program, you must be enrolled in at least one Guardian product.

How it can help:



Financial resources and legal guidance

- Retirement planning, taxes
- Wills, trusts and estate planning

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

Legal/Financial assistance and resources services are not available in the state of New York.

The Employee Assistance Program is a suite of services solely created and offered by ComPsych. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program. This information is for informational purposes only. It is not a contract. Only the plan service agreement can provide the actual terms, services, limitations and exclusions. Guardian and ComPsych reserve the right to discontinue the Employee Assistance Program at any time without notice. Legal services provided through the Employee Assistance Program will not be provided in connection with or any action against Guardian, ComPsych, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.



Work and lifestyle support

- Child, elder and pet care



Confidential emotional support

- Anxiety, depression, stress

How to access 24/7 live assistance



Call

1-855-239-0743

TRS: Dial 711



Visit

guidanceresources.com

App: GuidanceNow

Organization web ID: Guardian

Note: First-time users will need to register first with the organization web ID: Guardian

MEA Cares (EAP)

MEA Cares is a comprehensive program offering training and education, a confidential employee assistance line, assessments, outpatient counseling and referral for employees and their immediate dependents. Today's personal problems are identified and resolved in a confidential, professional manner. The focus of MEA Cares is to assist employees in achieving balance by resolving personal and family problems.

- Stress, Anxiety, Depression
- Relationship Difficulties
- Family, Extended Family & Parenting Problems
- Alcohol, Drug, or Other Addictions
- Grief, Bereavement, and Loss
- Significant Life or Workplace Change
- Financial Difficulties
- Eating Disorders
- Adoption, Pregnancy, Infertility
- Single Parenting
- Elderly Parent Issues

How to access live assistance

Toll Free 1-800-844-6503

Local 601-898-7520 8am-5pm, Mon-Fri

All Calls Are Confidential

www.meacarescounseling.com



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. Pre-Tax elections include Dental, Vision, Accident, Cancer, & Hospital Indemnity. Post-Tax elections include Voluntary Life, Short Term Disability, Long Term Disability, Critical Illness, Life Lock & Universal Life.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Kirk Scoggins	HUB International	601-502-5318	Kirk.Scoggins@HUBInternational.com
Adrienne Buckles	HUB International	601-499-2978	Adrienne.Buckles@HUBInternational.com
Cindy Maddox	HUB International	601-607-5521	Cindy.Maddox@HUBInternational.com
Dental	Guardian	1-888-482-7342	www.guardiananytime.com/fpapp/search
Vision	Guardian	1-888-482-7342	www.guardiananytime.com/fpapp/vision
FSA	SABC	800-844-2555	Jmiller@sabcflex.com
Voluntary Term Life Short-Term Disability Long-Term Disability Critical Illness Accident Cancer Hospital Indemnity	Guardian	1-888-482-7342	www.guardianlife.com
Universal Life	TransAmerica	1-800-797-2643	www.transamerica.com/insurance/whole-life-insurance
LifeLock	Norton	1-866-917-4801	www.lifelock.norton.com
Employee Assistance Program	Guardian	1-855-239-0743	www.guidanceresources.com
MEA Cares (EAP)	MEA	1-800-844-6503	www.meacarescounseling.com
Wellness Screening Claims	Guardian	1-800-541-7846	**Be prepared to provide information related to insured member, date of service, doctors name, and wellness screening **

Questions?

If you have additional questions, you may also contact:

Vernetha Caston

(601) 359-6483

Vernetha.Caston@medicaid.ms.gov

LaTasha Evans

(601) 359-6224

LaTasha.Evans@medicaid.ms.gov

Kayla Pyron

(601) 359.6073

Kayla.Pyron@medicaid.ms.gov

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

