

# **Fringe Benefits Summary**

# **TABLE OF CONTENTS**

QUICK REFERENCE LIST	3
INTRODUCTION	
RETIREMENT	
Public	

# **QUICK REFERENCE LIST**

State Health Insurance Plan: https://www.dfa.ms.gov/insurance	
Claims Administrator	(800)709-788
Provider Network	(800)294-630
Utilization Review Program	(888)801-1910

# **INTRODUCTION**

University Human Resources at The University of Southern Mississippi created this booklet as a way to inform you of all of					

# Optional Retirement Program (ORP)

Eligibility:	Teaching Faculty Administrative Faculty Coaches Librarians with Academic Rank Administrative Directors of Recognized Departments Research Scientist Post Doctoral Fellows
Vendors:	AIG (Formally VALIC) TIAA VOYA
Type of Plan:	Defined Contribution
Contribution:	Employee – 9.00% University – 17.40% (14.75% to individual's fund & 2.65% goes to PERS to fund the unfunded accrued liability and is never a benefit to the employee)
Vested:	Immediate – no vesting requirement
Options on Leaving l	Jniversity:
	Portable
Time Frame:	30 days



### **Supplemental Retirement**

Employees of The University of Southern Mississippi are offered certain tax advantages in that part of the gross compensation may be excluded from current income taxes when used to purchase an annuity for additional retirement benefits under the provisions of Section 403(b) of the Internal Revenue Code. Invested moneys will be taxed at the time the annuity matures and payment is made to the individual. This could result in considerable tax savings to the individual.

The University of Southern Mississippi also offers the Roth 403(b) as an option to have post-tax earnings deducted for supplemental retirement savings. The earnings from these accounts are allowed to accumulate on a tax free basis as long as proper methods are followed for withdrawals. The contributions limits for Roth 403 (b) accounts are the same as the traditional (pre-tax) 403(b). An employee can choose to contribute to both a post-

### **CAFETERIA PLAN – IRS SECTION 125**

The University of Southern Mississippi offers a pre-tax program called a cafeteria plan that is permitted under Section 125 of the Internal Revenue Service Code. It is referred to as a cafeteria plan because the employee may select from a variety of benefits available. This program allows certain benefits to be paid with before-tax dollars rather than with after tax dollars, increasing the amount of take-home pay and lowering tax liability.

The program does not affect the state retirement contributions nor in any way changes benefits available to the employee when they retire. However, the employee may incur a slightly reduced social security benefit at the time of retirement. But research shows that the resulting difference in social

### State Health Insurance Plan

Legacy Employees:	

### Health Insurance Rates and Network Information

To check whether your physician or the facility that is providing your medical services is part of the AHS State Network you may call or check the AHS website:

**Provider Network: AHS State Network** 

P.O. Box 23070 Jackson, MS 39225 1-800-294-6307

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

### Select Coverage

### **In-AHS Network:**

\$25 copay primary care physician \$1,800.00 Individual Deductible \$3,600.00 Family Deductible 80% / 20% cost sharing, allowable charges

### **Out-of-Network:**

\$2,300.00 Individual Deductible \$4,600.00 Family Deductible 60% / 40%

# **Base Coverage** NOTE: Prescription deductible is included with

### **Prescription Drug Plan**

Provider: <u>CVS Caremark</u>

Toll Free: 1-888-996-0050

Annual Deductible: \$75.00/individual (select plan)

\$1,800.00/individual (base plan)

\$3,200.00/family

Benefits (retail pharmacy): 30 day supply

Generic: \$12.00 Tier 1 (preferred)

\$30.00 Tier 2 (non-preferred)

Preferred Brand: \$45.00 (listed on preferred Drug)

Non-Preferred/Other Brand: \$100.00 (no generic equivalent)

When you purchase a prescription drug at a retail pharmacy, a generic differential is applied when a brand name drug (Non-preferred brand drug with generic equivalent) is dispensed and a generic is available. When a generic drug is available and you receive 0.00000912 0 612 792 reW\* nBT/F1 11.04 Tf1.0488 0 0 1 447.7 453.07 Tm0 G 1 10Qq3/F1 11.04

# **Group Dental Insurance**

**Insurer:** Delta Dental

Effective Date: 1st of the month following a payroll deduction

**Deductible:** \$50 per calendar year/\$150 per family each calendar year.

Deductibles waived for Diagnostic & Preventive and Orthodontics

### **Cancer Insurance**

Insurer: Colonial Life & Accident Insurance

**Address:** P.O. Box 100195

Columbia, SC 29202 www.coloniallife.com

**Phone:** 800-325-4368 **Fax:** 800-880-9325 **Group#:** E9738238

Coverage goes into effective the first of the month following a payroll deduction.

Employee pays full cost of

# Dependent Child Care Reimbursement Plan

The Dependent Child Care Reimbursement plan is

# Minnesota Life - Group Life Insurance (Not Cafeteria)

Employees	are	offered	a I	ife	and	accid	lental	insura	nce	in a	an	amoui	nt	equal	to	double	the

### **Leave Accrual**

### **Major Medical Leave**

Full-time faculty and staff are entitled to major medical leave benefits beginning from their first effective date of employment with the University. The following chart shows the accrual rates for faculty and staff earning major medical leave.

Major Medical Leave Accrual									
Service Time	Hours Per Month								
	12-Month Staff/Faculty	9-Month Faculty							
1 month to 3 years	8	13.33							
37 months to 8 years	7	14.20							
97 months to 15 years	6	15.40							
Over 15 years	5	16							

Except for nine-month faculty, the first eight (8) hours of absence due to illness will be charged to personal leave. Absence requiring routine visits to a doctor's office or hospital for treatment of a chronic illness, in excess of eight (8), will be charged directly to major medical leave. These do not have to be consecutive days. Nonconsecutive days should 97160.00000912 0 612 792 reW\* nBT/F1 9.96

# **CONTACT INFORMATION**