

Open Enrollment for 2022 Benefits: November 15 – December 10

The Annual Open Enrollment Period is your once-a-year opportunity to make changes to your current benefit elections for the upcoming plan year, please contact Human Resources if assistance is needed.

Items to Consider During the Annual Enrollment Period

Dependent data:

Gather this information before proceeding with enrollment: Names, birthdates, and social security numbers to complete your enrollment process.

Beneficiary designations:

There are no set deadlines for updating your beneficiary designations, but the Annual Enrollment Period is a great time for you to update them to ensure they are current.

[Standard Life Insurance change form](#)

TIAA: email Richella B. Vincent Lee,

Richella.VincentLee@tiaa.org

Personal information:

If you have changed your name, moved or changed your contact information, be sure to submit that information to Human Resources. It is important to keep your personal information up-to-date at all times.

Faculty and Staff Annual Benefit Fair

While we won't have the normal gathering of benefit providers on campus, they are certainly available to answer questions and provide enrollment assistance. See the "What's New" section below for contact information.

All benefit-eligible employees must complete Open Enrollment, even if you don't plan to make changes or waive coverage. **Elections are effective Jan. 1 – Dec. 31, 2022, unless you have a qualifying event, such as a change in marital status and/or birth or adoption of a child.**

Page 2 of this Guide provides all the information you need to complete the annual enrollment process.

WHAT'S NEW FOR 2022?

- We continue our relationship with **HealthiestYou**. This service provides 24/7 access to certified doctors for you and **all members of your household and there is no cost associated with your HealthiestYou doctor consultation**. For more information, see the **HealthiestYou** section on page five (5) of this Guide and get your account set up today.
- Open Enrollment is a great time to review your retirement plan. Not sure if you've saved enough or even where to begin. That's all the more reason to meet with someone whose sole job is to help you. TIAA Consultant, Richella B. Vincent Lee, is available Dec. 6th and Dec. 7th for counseling sessions. To book a counseling session:
 1. Visit www.tiaa.org/schedulenow
 2. Click "SCHEDULE" under the 'Your Employer' column
 3. Click "SELECT" to pick your state
 4. Then select 'Millsaps College' as the employer
 Or call 800.732.8353 and one of the TIAA phone reps can help you.
- We know that life doesn't always go as planned. Please remember that your MetLife benefits include an **Employee Assistance Program (EAP)** which provides you with easy-to-use services to help with the everyday challenges of life – at no additional cost to you. For additional information, see the EAP flyer ([click here](#)).
- If you currently do not have **Voluntary Life Insurance** coverage, now is a great time to enroll! During this open enrollment period only, employees can enroll for up to \$200,000 of life and AD&D coverage on a guaranteed issue basis (no medical questions or underwriting approval). Further information about this benefit and how to enroll will be e-mailed later this week.
- Contact benefit providers for assistance with enrollment questions or processes:
 - a. TIAA – Richella B. Vincent Lee, Richella.VincentLee@tiaa.org 1-800-842-2003, Ext. 26-3570
 - b. Southern Administrators & Benefit Consultants – Jim Miller, jmiller@sabcflex.com 601-856-9933
 - c. Standard Life Insurance – Tres Townsend, ttownsend@wmorrisgroup.com 601-487-1307
 - d. Blue Cross Blue Shield – Cindy Drew, Ross & Yerger, cdrew@rossandyerger.com 601-944-0975
 - e. MetLife Dental – Cindy Drew, Ross & Yerger, cdrew@rossandyerger.com 601-944-0975
 - f. EAP – Cindy Drew, Ross & Yerger, cdrew@rossandyerger.com 601-944-0975

Open Enrollment for 2022 benefits starts now!

All benefits-eligible employees must complete Open Enrollment, even if you don't plan to make changes or waive coverage.

*This Annual Enrollment Period is your opportunity to add, drop, or waive coverage for you and/or your dependents and to ensure that our records accurately reflect your benefit elections. Your current benefit elections will continue for calendar year 2022 if you do not initiate any changes. **Be aware, making no changes to your current plan is the same as making a decision to retain your current elections for the upcoming plan year.***

To begin the annual benefit enrollment/change process, go to [SABCElect ONLINE | Southern Administrators & Benefit Consultants Inc.](https://www.sabcflex.com/content/sabcelect-on-line) (https://www.sabcflex.com/content/sabcelect-on-line). Under user name enter your social security number (no dashes) and your six-digit date of birth as your password (mmddy).

Note: You can also login to your customer portal if you are a flex participant to make your election.

Step 1. Review and revise any personal information that is incorrect. Follow the instructions to the next page.

Step 2. Review your current information. If correct and you have no changes, continue to the next page.

If you wish to **enroll** in the **dental** or **vision**, click the enroll button. To **cancel** any supplemental **insurance** product, click the cancel coverage, and simply sign the cancellation form using your SSN#. To review benefits under the plan, click on the name of the product name highlighted in blue.

Step 3. Make your Flexible Spending election. If you are electing to participate in Flexible Spending for the first time, please have your bank account direct deposit information available to enter online. If you participate in Unreimbursed Medical and want a debit card, click on the link provided.

Step 4. Review the summary of your election, and if correct, proceed to the next step. If incorrect, click the back button.

Step 5. Read the plan provisions, acknowledge that you understand, and sign using your SSN#. Your enrollment is complete.

Please print or email yourself a copy for your records and click **done**. If you have questions or trouble with online enrollment, contact Jim Miller, Southern Administrators and Benefit Consultants Inc. at 601-856-9933.

Employee Benefits



Millsaps is pleased to offer a comprehensive benefits package to our employees. In addition to paid vacation, holidays, and sick leave our health care plans provide insurance protection during times of sickness or injury. Additionally, the preventative care benefits contribute to the health and well-being of you and your family. Open enrollment is your opportunity to enroll or change your benefit plan elections. Employee medical and dental monthly premiums will not increase for the 2022 plan year. Although vision premiums have remained flat for the past five years, the rates below for calendar year 2022 include a slight increase of four percent (4%).

Please see the 2022 Plan Summaries on pages 7, 8 and 9 so that you are familiar with plan benefits. If you have a qualifying event, you must apply for coverage within 30 days of the event.

Medical Benefits - Blue Cross of MS

Coverage Level	PPO Plan Monthly Premium	High Deductible Plan Monthly Premium
Employee Only	\$280 per month	\$260 per month
Employee + One	\$640 per month	\$590 per month
Employee + Family	\$765 per month	\$703 per month

Dental Benefits - MetLife

Coverage Level	Monthly Premium
Employee Only	\$ 37.60
Employee + Spouse	\$ 74.10
Employee + Children	\$ 86.27
Employee + Family	\$122.78

Vision Benefits - AlwaysCare Vision

Level of Coverage	Price
Employee Only	\$ 7.28
Employee + Spouse	\$ 14.54
Employee + Children	\$ 15.46
Employee + Family	\$ 24.24

High Deductible Health Plan/Health Savings Account

Our high deductible medical plan qualifies for a Health Savings Account (HSA). An HSA is a savings account that lets you set aside money to pay for qualified medical expenses. It can be used for qualified medical, pharmacy, dental and vision expenses and save on taxes. The key things to know about HSAs are:

- You must be covered by a high-deductible health plan to open an HSA
- You own your HSA and the money in it
- It's not a "use it or lose it account"; funds roll over from year to year
- Anyone can deposit money in your HSA, up to an annual limit set each year by the IRS
- You can claim a tax deduction for contributions you make to your HSA
- Account owners may make tax-free withdrawals for qualified medical expenses

Compared to other health spending accounts, HSAs give you more ways to save on taxes and healthcare expenses now and in the future. You can contribute to your HSA any time of the year, up to the annual limit. For 2022, the limits are \$3,650 for a plan that covers one person, and \$7,300 for a plan that covers more than one person.

Ways to contribute include:

Deposit money that's already been taxed—you can deduct it from your income on your tax return, no matter who it came from.

Invest the funds in your HSA to earn interest; a minimum account balance may be required. You can move money from an IRA to your HSA once—called a one-time rollover.

To qualify for an HSA, you must meet the following requirements:

- You are covered under a high deductible health plan
- You have no other health coverage
- You aren't enrolled in Medicare
- You can't be claimed as a dependent on someone else's tax return

Publication 969 from the IRS will give you more information about qualifying and making contributions. Participation in a Health Savings Account could affect your contributions to Section 125 Cafeteria Plan.

Flexible Spending

The 2022 Unreimbursed Medical Spending Limit will be \$2,850. For additional information, see the SABC Education Letter ([click here](#)).

Millsaps is happy to offer our employees and members of your household access to HealthiestYou Teladoc an online medical care service that gives you 24/7 access to a healthcare professional via web, phone, or mobile app. This service is free and unlimited!

Teledoc doctors can diagnose many health issues like cold and flu symptoms, allergies, ear infection, rash and skin problems and so much more!

What is Teledoc?

Teledoc gives you 24/7/365 access to U.S. board-certified doctors who can treat many of your medical issues by phone or video. It is not insurance but an added medical benefit that gives you an affordable alternative to costly urgent care or ER visits.

When Can I Use Teledoc?

Teledoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, a business trip or away from home

How Does it Work?

When you need medical advice, you can receive convenient, quality care from a licensed health care professional in three easy steps:

1. Request: Ask for a visit with a doctor 24 hours a day, 365 days a year by web, phone or mobile app.
2. Visit: Talk to the doctor. Take as much time as you need to explain your medical situation – there is no limit. Want to see the doctor? Choose “video” as the method for your visit.
3. Resolve: If medically necessary, a prescription will be sent to the pharmacy of your choice.

Register Your Account Today – Don't worry, you're already enrolled, you just need to activate your account.

Three Easy Ways to Register

1. Download the App “healthiestyou” in the app store or Google play store.
 - a. Select “First Time Here”, enter your Name, DOB, and Zip Code to create your account login.
2. Visit <https://member.healthiestyou.com/user/sign-in> and select “**Register Now**”, enter your Name, DOB, and Zip Code to create your account login.
3. Call 866-703-1259, ext. 1 to connect with a care representative to register your account over the phone.

Note, once registered, you can log-in via the app or online with the same login information. Update your medical history and add your preferred pharmacy and you are all set! Once you're set up, a Teledoc doctor is always just a call or click away.

For additional information, see the HealthiestYou flyer ([click here](#)).

2022 College Holiday Schedule*

2021 Winter Holidays	December 20 – December 31, 2021
Martin Luther King Day	January 17, 2022
Good Friday	April 15, 2022
Memorial Day	May 30, 2022
Juneteenth Nat. Independence Day	June 20, 2022
Independence Day	July 4, 2022
Labor Day	September 5, 2022
Thanksgiving	November 21-25, 2022
2022 Winter Holidays	December 21, 2022 – January 3, 2023

*College Holiday Schedule Subject to Change

Personal Days

Full-time staff members also have up to three personal days per fiscal year. This will enable staff members to observe other national holidays (e.g., President’s Day, Veteran’s Day, etc.), other religious holidays, or enjoy a day off when schools are closed and/or family members are not at work. Personal days are pro-rated based on hire date.

Dependent Eligibility Guidelines

Please make sure your dependents continue to be eligible for plan coverage. If changes are necessary, contact humanresources@millsaps.edu or Betsy (ext. 1013)/Trish (ext. 1127).

Insurance Type	Dependent Status	Age Limit
Life	Part-time or non-student	20
Life	Full-time student	24
Dental	Part-time or non-student	18
Dental	Full-time student	24
Medical	Age-only requirement	26
Vision	Age-only requirement	26

IRS Announces 2022 Plan Contribution & Benefit Limits

Elective Deferrals 403(b) -- \$20,500

457 Elective Deferrals -- \$20,500

Catch-up Contributions -- \$6,500

2022 Social Security Taxable Wage Base – \$147,000

Medical Benefit Options effective January 1, 2022

Services	PPO Plan		HD Plan	
	In-Network	Non-Network	In-Network	Non-Network
Deductible - Individual	\$2,500 \$7,500		\$3,000 \$9,000	\$6,000 \$18,000
Coinsurance	80%	60%	80%	\$60%
Out-of-Pocket - Individual - Family	\$8,150 \$16,300	\$16,300 \$32,600	\$6,900 \$13,800	\$13,800 \$27,600
Amounts that apply to Out- of-Pocket	Deductible, Coinsurance and Copays	N/A	Deductible and Coinsurance	N/A
Hospitalization	You Pay Ded, then 20%	You Pay Ded, then 40%	You Pay Ded, then 20%	You Pay Ded, then 40%
Emergency Room	You Pay Ded, then 20%		You Pay Ded, then 20%	You Pay Ded, then 40%
Physician Office Visits - Primary Care - Specialist - Other Services in office (including diagnostic services)	You Pay \$50 Copay You Pay \$75 Copay You pay 20%, ded waived	You Pay Ded, then 40%	Deductible, then you pay 20%	Deductible, then you pay 40%
Preventive Care	Wellness (100%)	40% Coinsurance, Ded. waived	Wellness (100%)	Deductible, then you pay 40%
Outpatient Surgery/Anesthesia/Facility	Deductible, then you pay 20%	Deductible, then Coinsurance	Deductible, then you pay 20%	Deductible, then you pay 40%
HealthiestYou (telemedicine)	Covered at 100%. You may use this service for all members of your household and there is no cost associated with your Healthiest You doctor consultation.			
Chiropractic Care	40% copay, 20%, 26 visits/yr		Deductible, then you pay 20%	Deductible, then you pay 40%
Home Health	20% coinsurance 100 visits		Deductible, then you pay 20%	Deductible, then you pay 40%
Hospice	100% ded waived		No charge after Deductible	
Retail Prescription Drugs Category 1 Category 2 Category 3 Category 4 Disease Specific RX	\$15 \$35 \$75 \$150 10%, \$150 Min - \$350 Max		Deductible, then you pay 20%	Not covered
Monthly Employee Cost Employee Only	\$280.00		\$260.00	
Employee + 1 Dependent	\$640.00		\$590.00	
Employee + Family	\$765.00		\$703.00	

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Voluntary Dental Benefits Effective January 1, 2022

MetLife Dental		
Dental Benefits	In-network % of Negotiated Fee	Non-Network % of R&C Fee
Dental Plan Network Network Provider Search	Preferred Dentist Program www.MetLife.com	
Oral Exams/Frequency Deductible*	1 Exam every 6 months \$50 (Up to \$150/family)	
	*Waiver for Type A (Oral Exam)	
Coverage Type	In-network % of negotiated Fee	Non-Network % of R&C Fee
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Employee Monthly Cost		
Annual Maximum Per Individual	\$1000	
Orthodontia Lifetime	\$1000 (Ortho only applies to Child Only up to age 19)	
Employee Only	\$37.60	
Employee + Child(ren)	\$86.27	
Employee + Spouse	\$74.10	
Family	\$122.78	



Voluntary Vision Benefits Effective January 1, 2022

Always Care Vision		
Vision Benefits	In-Network	Non-Network
Vision Plan Network	Always Vision Network	
Network Provider Search	www.AlwaysAssist.com	
Eye Exams Frequency Copayment required	1 Exam every 12 months \$10 Copay	
Eye Exams		
Frequency	1 Exam every 12 months None	
Copayment Required	\$10 Copay	None
Maximum Reimbursement	100% After Copay	Up to \$35
Coverage Type	In-network % of negotiated Fee	Non-Network % of R&C Fee
Lenses	2 set of lenses every 12 months	
Copayment Required	\$25 copay	None
Single Vision Lenses	100% after copay	Up to \$25/pair
Bifocal Lenses	100% after copay	Up to \$40/pair
Trifocal Lenses	100% after copay	Up to \$50/pair
Lenticular Lenses	Up to \$80/pair	Up to \$50/pair
Necessary Contact Lenses	Up to \$210/pair	Up to \$210/pair
Elective Contact Lenses	Up to \$120/pair	Up to \$100/pair
Frames		
Frequency	1 set of frames every 24 months	
Copayment Required	\$25 Copay	None
Maximum Reimbursement	Up to \$120/pair	Up to \$50
Employee Monthly Cost		
Employee Only	\$7.28	
Employee + Child(ren)	\$15.46	
Employee + Spouse	\$14.54	
Family	\$24.24	

The Benefits Guide gives you an overview of your benefits including eligibility, plan options, rates, how to enroll, and other important information. Information that is more detailed is available in the official plan documents. For all plan information and related forms, visit the [Faculty/Staff Benefit Information page](#).

If you have any questions regarding a specific plan, please contact Betsy Watson, Human Resources Coordinator, betsy.watson@millsaps.edu or Trish Bruce, Payroll Manager, bruceps@millsaps.edu.