UMMC is committed to ensuring you are provided with a competitive, affordable, and comprehensive benefits plan. We also understand the needs of each employee may be different, and we continue to strive to meet these differing needs by offering multiple benefit options in addition to those benefits provided by the state.

Annual Open Enrollment is the only opportunity to make changes to your current benefit elections unless there is a qualified status change such as marriage, divorce, death, birth, adoption or loss/gain of coverage.

Each October, we offer an Annual Benefits Open Enrollment to provide an opportunity for employees to review their benefits and make any needed changes. Before you begin this process, please make time to carefully review the information contained in the attached benefits guide. The benefits guide provides an easy-to-read high level summary of the key benefit plans that we offer.

Any changes that you make during Annual Open Enrollment will not be effective until January 1st of the following year. Some benefit plan changes may require Evidence of Insurability (EOI). This means health questions will be required and coverage will not be effective until it is approved by the carrier.

If you currently have either a Flex Medical reimbursement account or Flex Dependent care account, you are required to enroll each year. **Current flex accounts will NOT automatically rollover to the next benefit plan year.**

If you are interested in making changes or elections for Short Term Disability or Whole Life, we will have a separate enrollment period designated for these products in March 2019.

If you have questions or need additional information about any of our benefit programs, you may visit the UMMC Benefits website at www.umc.edu/benefits or email the benefits team via HRBenefits@umc.edu.

Thank you,

UMMC

HR Benefits
Benefits for You and Your Family

The University of Mississippi Medical Center (UMMC) is pleased to offer you a comprehensive benefits program for 2019. The program is designed to provide you with benefit solutions that help you stay healthy, feel secure, and maintain a work/life balance.

During your enrollment period, you will have the opportunity to participate in a variety of available insurance plans including:

- State Employees’ Health Insurance
- Dental
- Vision
- Flexible Benefits Plan (Cafeteria Plan [Section 125 Plan], Medical Reimbursement Account, and Dependent Care Reimbursement Account)
- State Group Term Life
- Supplemental Term Life

Please read the enclosed information carefully and consider each product offering. The benefits program will allow you to protect your income, health, and family in time of need.

Who is Eligible?

If you are a full or part-time employee, working 20 hours or more per week, and have met the established waiting periods for the insurance plans outlined in this enrollment guide, you are eligible to participate. A few of the plans require that you must be actively at work on the day your coverage takes effect.

Eligibility Waiting Period

State Group Term Life, State Employee’s Health Insurance, and Flexible Benefit Plan elections are effective Date of Hire.

The following benefit elections are effective, first of the month following 30 days from Date of Hire:

- Dental
- Vision
- Supplemental Term Life

The following benefit elections are effective following the approval of the carrier:

- Long Term Disability
- Burial Insurance
- Critical Illness
- Accident
- Hospital Indemnity
- Individual Whole Life
- Individual Short Term Disability

Coverage requiring Evidence of Insurability (EOI), will need carrier approval before elected coverage can go into effect.

Changing Coverage During the Year

You can change your coverage during the year only when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, death, or loss of coverage. You must notify your Human Resources Benefits Department of a qualified change within 60 days of the event. The election must be consistent with the event.

Medical Insurance

The State Employees’ Health Insurance Plans are offered through BlueCross BlueShield of Mississippi. You may choose from two plan options: the Base Plan or the Select Plan. BlueCross BlueShield of Mississippi allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers by visiting knowyourbenefits.dfa.ms.gov/ or by calling 1-800-294-6307.

Children are eligible for coverage until the end of the month in which they turn 26 regardless of student or marital status.

The Health Insurance Plan benefits and employee premiums are subject to change pending renewal information provided by the Department of Finance and Administration.

The overview below provides a brief outline of the plan. Please refer to the summary plan description on the UMMC Benefits Website for complete details, including limitations and exclusions.
## Medical Benefits Overview

### Base Plan

<table>
<thead>
<tr>
<th>BASE PLAN FEATURES</th>
<th>AT UMMC</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,800*</td>
<td>$1,800</td>
<td>$1,800</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$3,000*</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Coinsurance After Deductible</td>
<td>WAIVED</td>
<td>80%</td>
<td>60-75%</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td>WAIVED</td>
<td>Individual $6,500, Family $13,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Coinsurance Maximum</td>
<td>WAIVED</td>
<td>Individual $2,500, Family $5,000</td>
<td>Individual $3,500, Family $7,000</td>
</tr>
<tr>
<td>Lifetime Maximum Benefits</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Preventive Medications Deductible (other medications are subject to Calendar Year Deductible)</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>20% discount through UMMC provider, after calendar year deductible is met</td>
<td>After calendar year deductible is met, the following copays apply: $12 generic, $45 preferred, $100 non-preferred, $100 specialty drug. $75 individual deductible for certain preventive medication.</td>
<td></td>
</tr>
<tr>
<td>Primary Care Teledicine Services</td>
<td>$49 per visit then after annual deductible is met, $10 per visit.</td>
<td>$49 per visit then after annual deductible is met, $10 per visit.</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

Participants in the Base Coverage will be charged the full allowable amount until the applicable deductible is met. Certain preventive medications such as anticoagulants, antiarrhythmics, antihypertensives, antidepressants and diabetes medications are only subject to the preventive medications deductible. If the Base Coverage calendar year deductible is already met, a participant does not also have to meet the preventive medications deductible. Once either deductible is met participants will pay the standard prescription drug copays for certain preventive medications.

Prescription Drug Benefits with Prime Therapeutics offer a home delivery program, PrimeMail. Please refer to your SPD for additional information at http://KnowYourBenefits.dfa.ms.gov.

The AHS State Network (Network) is a network of physicians, hospitals and other health care providers within the state. The Network is exclusively available only to Plan participants and is responsible for recruiting, credentialing and communicating with providers. Providers participating in the Network agree to accept the allowable charge established by the Network and agree to file claims for participants.

### Select Plan

<table>
<thead>
<tr>
<th>SELECT PLAN FEATURES</th>
<th>AT UMMC</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Coinsurance After Deductible</td>
<td>WAIVED</td>
<td>80%</td>
<td>60-75%</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td>WAIVED</td>
<td>Individual $6,500, Family $13,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Coinsurance Maximum</td>
<td>WAIVED</td>
<td>Individual $2,500, Family $5,000</td>
<td>Individual $3,500, Family $7,000</td>
</tr>
<tr>
<td>Lifetime Maximum Benefits</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Office Visit Copay*</td>
<td>$25</td>
<td>$25</td>
<td>40%</td>
</tr>
<tr>
<td>Prescription Drug Deductible</td>
<td>$75</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>20% discount through UMMC provider, after prescription drug deductible is met</td>
<td>After prescription drug deductible is met, the following copays apply: $12 generic, $45 preferred, $/.. non-preferred, $/.. specialty drug</td>
<td></td>
</tr>
<tr>
<td>Primary Care Teledicine Services</td>
<td>$10, not subject to deductible</td>
<td>$10, not subject to deductible</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*$25 Copay
- Covers in-network PCP office visit charge only - no deductible or coinsurance
- PCP: family physicians, general practice physicians, gynecologists, internists, pediatricians, and registered dietitians
- Participant owes 20% of other services performed (i.e., labs, x-rays)
- Regular Plan benefits apply to out-of-office lab services
- Does not apply to specialist providers, out-of-network providers, hospital visits

Prescription Drug Benefits with Prime Therapeutics offer a home delivery program, PrimeMail. Please refer to your SPD for additional information at http://KnowYourBenefits.dfa.ms.gov.

The AHS State Network (Network) is a network of physicians, hospitals and other health care providers within the state. The Network is exclusively available only to Plan participants and is responsible for recruiting, credentialing and communicating with providers. Providers participating in the Network agree to accept the allowable charge established by the Network and agree to file claims for participants.
Wellness/Preventive Coverage (Base or Select)
The medical plans provide two adult wellness/preventive services per calendar year. These tests are recommended based on age and gender. Benefits will only be provided when an AHS State Network provider provides services. Unused benefit amounts do not carry over to the next year.

A list of the covered wellness/preventive tests is posted on the State Health Plan’s website, http://knowyourbenefits.dfa.ms.gov/. Services not included on the list will not be covered under wellness/preventive coverage.

Well-Child Care Benefit (Base or Select)
The Well-Child Care benefit is available for dependent children from birth to 18 years of age:

- Well-Newborn Nursery Care 100%
- Well-Child Physician Office Visits 100%
- Specified Routine Tests 100%
- Childhood Routine Immunizations 100%

This benefit is not subject to the calendar year deductible and benefits are only provided when UMMC or another AHS In-Network provider renders services.

Medical Rates (Monthly)

<table>
<thead>
<tr>
<th>COVERAGE TIER</th>
<th>BASE PLAN</th>
<th>SELECT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/19-12/31/19</td>
<td></td>
<td>Horizon</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$0</td>
<td>$39</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$401</td>
<td>$495</td>
</tr>
<tr>
<td>Employee + Spouse &amp; Child(ren)</td>
<td>$611</td>
<td>$705</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$104</td>
<td>$199</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$266</td>
<td>$360</td>
</tr>
</tbody>
</table>

Since Medical Premiums are due 1 month in advance of coverage, open enrollment changes effective January 1 the following year are reflected in your December paychecks.

Dental Insurance

The dental plan is offered through AlwaysCare Benefits. The plan offers three plan options: the Low Plan; the Network Plan; and the Choice Plan. With the Network Plan, you must use a Network provider. The Low Plan and the Choice Plan are passive PPO plans; therefore participants can go to any dentist. For a list of network providers, please visit www.alwayscarebenefits.com and click on Provider Locator.

Children may remain on your dental plan through the end of the month following their 26th birthday, regardless of student or marital status. The overview below provides a brief outline of the plan. Please refer to the summary plan description on the UMMC Benefits Website for complete details, including limitations and exclusions.
### Dental Benefits Overview

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>LOW PLAN*</th>
<th>NETWORK PLAN** &amp; CHOICE PLAN*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50 / $150</td>
<td>$50 / $150</td>
</tr>
<tr>
<td>Allowance</td>
<td>Passive PPO/UCR 90th</td>
<td>Network - PPO Only Choice - Passive PPO / UCR 90th</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,000 per person</td>
<td>$1,200 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered at 100%, with no deductible up to the UCR charge</td>
<td>Covered at 100%, up to the MAC Covered at 100%, up to the UCR charge</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Covered at 80%, after deductible up to the UCR charge</td>
<td>Covered at 80%, after deductible up to the MAC Covered at 80%, after deductible up to the UCR charge</td>
</tr>
<tr>
<td>Major Services</td>
<td>N/A</td>
<td>Covered at 50%, after deductible up to the MAC Covered at 50%, after deductible up to the UCR charge</td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>N/A</td>
<td>Covered at 50%, after deductible up to the MAC Covered at 50%, after deductible up to the UCR charge</td>
</tr>
<tr>
<td>Periodontic Services</td>
<td>N/A</td>
<td>Covered at 50%, with no deductible up to the MAC Covered at 50%, with no deductible up to the UCR charge</td>
</tr>
<tr>
<td>Orthodontic Services Adult and Child</td>
<td>N/A</td>
<td>Covered at 50%, with no deductible up to the MAC Covered at 50%, with no deductible up to the UCR charge</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum</td>
<td>N/A</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Carryover Benefit</td>
<td>Up to $300 per year</td>
<td>Up to $350 per year</td>
</tr>
</tbody>
</table>

*90th Percentile of Usual and Customary charges – Passive PPO. If a member goes to an in-network provider, it is based on the Maximum Allowable Charge (MAC) Schedule. If a member goes to an out-of-network provider, it is based on the Usual and Customary (UCR) Schedule.

**Maximum Allowable Charge – If a member goes to an in-network or out-of-network provider, it is based on the MAC Schedule which allows for more balance billing for the member if they go to an out-of-network provider.

### Dental Rates (Monthly)

<table>
<thead>
<tr>
<th>COVERAGE TIER</th>
<th>LOW PLAN</th>
<th>NETWORK PLAN</th>
<th>CHOICE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$20.22</td>
<td>$26.46</td>
<td>$33.96</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$38.96</td>
<td>$51.02</td>
<td>$65.42</td>
</tr>
<tr>
<td>Family</td>
<td>$68.48</td>
<td>$89.72</td>
<td>$115.04</td>
</tr>
</tbody>
</table>

### Vision Insurance

The vision plan is offered through AlwaysCare Benefits. You may use any vision care provider you wish; however, to receive the highest level of benefits, you must go to an in-network provider. For a complete listing of network providers, please visit [www.alwayscarebenefits.com](http://www.alwayscarebenefits.com) and click on Provider Locator.

Children may remain on your vision plan through the end of the month following their 26th birthday, regardless of student or marital status.

The overview below provides a brief outline of the plan. Please refer to the summary plan description on the UMMC Benefits Website for complete details, including limitations and exclusions.
### Vision Benefits Overview

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>IN-NETWORK BENEFITS*</th>
<th>OUT-OF-NETWORK BENEFITS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Eye Exam</td>
<td>$10 exam copay, includes dilation (Once every 12 months)</td>
<td>Up to $35 allowance</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>$25 materials copay</td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>Included under materials copay</td>
<td>Up to $25 allowance</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>Included under materials copay</td>
<td>Up to $40 allowance</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>Included under materials copay</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>$80 allowance</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>$70 allowance</td>
<td>Up to $40 allowance</td>
</tr>
<tr>
<td>Lens Options</td>
<td>(once every 12 months, in lieu of contacts)</td>
<td></td>
</tr>
<tr>
<td>Solid &amp; Gradient Tinting</td>
<td>Included under materials copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Scratch Resistant Coating</td>
<td>Included under materials copay</td>
<td>N/A</td>
</tr>
<tr>
<td>UV Coating</td>
<td>Included under materials copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Polycarbonate Lenses - for children to age 19</td>
<td>Covered at all participating providers</td>
<td>N/A</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>Up to $150 retail allowance (Once every 24 months) (Walmart, Sam’s &amp; Costco’s / $94)</td>
<td>Up to $50 retail allowance</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>$25 copay for evaluation, fitting &amp; follow-up Up to $150 retail allowance to be used towards contacts</td>
<td>Up to $100 allowance</td>
</tr>
<tr>
<td>LASIK</td>
<td>Discounts offered at participating LASIK providers</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*SPLIT BENEFITS – Participants can go to out-of-network for exams and in-network for materials, or vice versa. Separate claim forms will be completed for in-network and out-of-network.

### Vision Rates (Monthly)

<table>
<thead>
<tr>
<th>Rate Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.60</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$14.62</td>
</tr>
<tr>
<td>Family</td>
<td>$24.08</td>
</tr>
</tbody>
</table>

### Flexible Benefits Plan

#### Section 125 Cafeteria Plan with Flexible Spending

A Section 125 Cafeteria Plan is simply a tax savings plan which you deduct certain expenses from gross earnings before federal, state, and social security taxes are deducted, thus making these expenses tax-free. The premium(s) you have deducted from your paycheck for State Employees’ Health Plan, Dental, Vision, and Accident are automatically deducted under the Cafeteria Plan tax-free. Our plan offers the following two (2) options for Flexible Spending:

#### Option 1: Medical Spending Account

If you, your spouse or qualifying dependent(s) have medical expenses, which you have to pay out of pocket such as; medical deductibles, co-insurance, co-pays, prescription drugs, dental expenses or eye care expenses, you will save valuable tax dollars by participating in this spending account. The maximum annual contribution is $2,650.
You have two options using the funds you set aside in the Medical Spending Account. The first option is the SABCFlex card, which will be preloaded with your annual election. If you are already a participant in the medical spending account, your SABCFlex card will be re-loaded with your new election. If you are new to the spending account, you will receive 2 pre-loaded cards. The second option is to submit a request for reimbursement form along with your documentation (i.e. itemized bill, itemized receipt, or the Explanation of Benefits from the health plan, etc.), to Southern Administrators & Benefits Consultants (SABC). Please keep in mind that if you use your SABCFlex card, you may have to validate the card usage. If documentation is required, you will receive an email from the card company. To validate card usage, you will submit your documentation to SABC. The forms are available online at www.umc.edu/benefits. Your claims may be faxed or mailed directly to SABC or you may access claims online thru the SABC portal or mobile app. Claims are processed daily. Reimbursements are direct deposited into your checking or savings account or you may choose to pick them up at the SABC office in Ridgeland, MS.

Please make sure you plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. You have until March 15th of the following plan year to incur expenses and an additional 30 day for filing claims. The FSA program will not roll over into the next year. **Re-enrollment is required each year.**

**Option 2: Dependent Care Reimbursement Account**

If you have eligible dependents that require care while you and/or your spouse work, participation in this account will save you valuable tax dollars. Expenses include day care, after school care, nursery school, pre-school and summer day camp. An eligible dependent under the Dependent Care Account is defined as:

- Dependent children under 13 years of age who live with you
- Physically or mentally handicapped children of any age
- A spouse, parent, or other relative who is incapable of caring for himself or herself, who spends at least 8 hours a day in your home, and who is dependent upon you for at least half of his/her support

The maximum yearly contribution is $5,000 if married filing jointly or single and head of household. The maximum is $2,500 if married taxpayers are filing separate returns.

To receive reimbursement, you must submit the Reimbursement Request Form and a Dependent Care Certification form or receipt (from the childcare provider). Your payroll deductions must be in the account in order for your reimbursement to go out. Your claims may be faxed or mailed directly to SABC or you may access claims online thru the SABC portal or mobile app. Claims are processed daily. Reimbursements are direct deposited into your checking or savings account or you may choose to pick them up at the SABC office in Ridgeland, MS.

Please make sure you plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. The grace period for filing dependent care claims is April 15th of the following year. The FSA program will not roll over into the next year. **Re-enrollment is required each year.**

**What type of receipt should I submit with my claim for reimbursement?**

**Dependent Care:** Providers’ tax identification number or social security number, dependents’ name and date of birth, date of service and cost of service. Cancelled checks are not accepted for Dependent Care Claims.

**Unreimbursed Medical:** Providers’ name and address, date of service (not date paid), type of service and cost. If claiming prescription drugs the receipt must also include the name of the drug and RX number. If insurance is going to pay a portion of your expense an EOB may be required. Cancelled checks are not accepted for Unreimbursed Medical Claims. You have until March 15 of the following year to incur your expense and an additional thirty (30) days to submit your request for reimbursement. Changes to your election are only permitted in the event of a status change. However, should your premiums increase or decrease during the plan year, you may make a corresponding change. To do this, simply contact your Benefits Department at HRBenefits@umc.edu.

You are welcome to contact SABC at (601) 856-9833 or www.sabcflex.com for questions. You may also submit claims via SABCFlex Mobile, a free app for Apple and Android phones. This app allows you to check your balance and file claims from your phone. You can even upload a picture of your documentation! To download the app, go to your Apple or Android App store and type in SABC Mobile in the search function.
**State Group Term Life Insurance**

UMMC offers a voluntary term life insurance plan which includes accidental death and dismemberment (AD&D) through Minnesota Life Insurance Company. When you select this plan, UMMC pays half your premium. The amount of coverage is equal to twice the amount of your annual salary rounded to the next $1,000 with a minimum of $30,000 and a maximum of $100,000. The AD&D amount is equal to the amount of your life insurance benefit.

If you do not elect coverage when you are first eligible, you will be required to complete an Evidence of Insurability (EOI) form if you want to apply for coverage during annual open enrollment. An application and EOI form will be sent to you after open enrollment by the UMMC Benefits Department.

**Supplemental Term Life Insurance**

<table>
<thead>
<tr>
<th>COVERAGE TIER</th>
<th>COVERAGE AMOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>1 times, 2 times, 3 times, 4 times, 5 times, or 6 times your annual earnings to a maximum of $600,000 or 6 times annual earnings, whichever is less</td>
</tr>
<tr>
<td>Spouse</td>
<td>$25,000, $50,000, $75,000, or $100,000, not to exceed 50% of employee coverage</td>
</tr>
</tbody>
</table>
| Children      | Live Birth to 6 months of age - $5,000  
6 months to age 26 - $10,000 |

Note: Employee must elect Employee coverage in order to elect Spouse or Child(ren) coverage.

**Your individual cost varies depending on your age.** Changes in your premiums due to age band changes and salary changes will take place on January 1 of each year. In the event you die as a result of a covered accident, the AD&D benefit is paid out in addition to the term life benefit.

All new hires are eligible to purchase up to six times your annual earnings to a maximum of $200,000 on a guaranteed issue basis (no medical underwriting). You may purchase up to 6 times your annual earnings up to a maximum of $600,000 whichever is less, with a completed evidence of insurability.

If you are enrolled in the supplemental term life and AD&D program, you have the opportunity to purchase life and AD&D insurance for your spouse and children. All new hires can elect $25,000 of Life and AD&D insurance for your spouse on a guaranteed issue basis as long as it does not exceed 50% of your coverage amount. Amounts over guaranteed issue will require an evidence of insurability form. You may also elect to provide coverage of $10,000 of Life and AD&D ($5,000 if younger than six months of age) for each of your dependent children as long as it does not exceed 50% of your coverage amount. If you did not elect coverage for yourself when you were first eligible, during annual open enrollment, you can elect up to 1 times your salary for yourself without an Evidence of Insurability (EOI). If you were previously declined coverage, you will be required to complete an EOI form. **It is always the employee’s responsibility to drop spouse and/or child coverage for which they are no longer eligible. If you are out of compliance, a life claim would not be payable should a loss occur, even if premiums have been paid.**

If you and your eligible dependents are enrolled in the plan and wish to increase your Life and AD&D insurance, you may apply for additional coverage during the annual enrollment period or within 60 days of a qualifying event. You may increase your Employee Life and AD&D coverage by one times your salary without evidence of insurability up to 6 times annual earnings or $200,000 whichever is less. Evidence of insurability is required for any increase in your Spouse Life and AD&D coverage.

**Unum is offering a limited open enrollment for 2019 in which late entrants may elect 1 times your annual earnings, up to $200,000 without evidence of insurability. Prior declines would remain ineligible without evidence of insurability.**

Supplemental term life insurance is underwritten by: Unum Life Insurance Company of America, Portland, ME
Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
The policy or its provisions may vary or be unavailable in some states. If the terms of this summary differ from the Policy, the Policy will govern. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your insurance representative for specific provisions and details of availability.

CE-12682 (09-12)
Whole Life Insurance

Unum’s whole life insurance is designed to pay a death benefit to your beneficiaries but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won’t increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement. If you did not elect coverage for yourself when you were first eligible, you can elect up to Guarantee Issue for yourself without an Evidence of Insurability (EOI). If you were previously declined coverage, you will be required to complete an EOI form.

Advantages of the plan

- Coverage is available to eligible employees age 15 to 80 who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- The policy accumulates cash value at a guaranteed rate of 4.5%.** Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller “paid-up” policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

Who can get coverage?

There is one life coverage option available for your spouse. You may purchase an individual policy.

- Individual spouse coverage — Can be purchased without purchasing employee coverage. The minimum policy amount is $2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse’s policy and be billed directly at home.

There are two life coverage options available for your children. You may purchase an individual policy, a term life benefit or both.

- Individual child coverage — Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to $50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- Child Term Life benefit — Employees must purchase coverage to add the Child Term Life benefit. This benefit covers all eligible children. Coverage is available from $1,000 to $10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

Additional coverage options

- Long Term Care — please see your plan administrator for more information.
- An Accidental Death Benefit can be added to this coverage. This feature can double the life benefit amount if you die due to a covered accident before age 70.
  - Available for employee and spouse age 15 to 65
  - Maximum additional benefit amount is $150,000
  - Adding this benefit will increase the cost of coverage
- Living Benefit Option Rider — Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of $150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.
- Waiver of Premium — Included with this coverage. If you become disabled for at least six months and are under age 65, you won’t have to pay the premium for your policy. Unum will waive your cost while you are receiving benefits until you recover and return to work.
- You may have two premium payment options:
  1. A “paid-up at age 70” option is available if you are between ages 15 and 50. You pay an adjusted premium so the policy will be paid in full by age 70. You will continue to receive coverage without having to pay any more premiums.
  2. “Pay the premium until age 120” option. At age 120, you will receive a payment for the full benefit amount.
Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage. This information is not intended to be a complete description of insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

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CU-9712 (09/14) — form number to be supplied by Unum’s Marketing Communications area

Individual Short Term Disability Insurance

Unum’s individual short term disability insurance replaces a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. Common reasons people use this coverage include injuries, a covered pregnancy, and digestive problems – such as gall bladder surgery.

Advantages of the plan

- Coverage is available to eligible employees age 17-69 who are actively at work*.
- Choose a monthly benefit between $400 and $5,000 for covered disabilities due to injury or illness.
- Coverage of up to 60% of your gross monthly salary may be offered.
- The affordable premium is based on your age when you buy the insurance and will not increase as you get older.
- Your policy is guaranteed renewable, until age 72, as long as you pay the premiums on time.
- Your plan includes a Waiver of Premium, included at no extra charge for covered injuries and illnesses. This means you don’t have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They’ll be waived as long as the disability continues, up to the maximum benefit period.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly for the same premium amount.
- This plan includes convenient payroll deduction, so you don’t have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

*Premiums can be changed only if we change them on all policies of this kind in force in the state in which the policy is issued.

+Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

POLICY PROVISIONS

- if you have a pre-existing condition** within a 12-month period before your coverage effective date, benefits will not be paid for a disability period if it begins during the first 12 months the policy is in-force.

**A pre-existing condition is a condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated or received medical advice from a physician, or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.

- Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered illness, subject to the pre-existing condition limitation.
Monthly Benefit | Up to 60% of Monthly Salary in $100 increments
---|---
Maximum Monthly Benefit | $5,000
Elimination Period | 14 Days for Injury / 14 Days for Sickness
Maximum Benefit Period | 3 Months
Pre-Existing Condition for New Participants | 12/12

All new hires and enrollees during the open enrollment are eligible for guaranteed issue coverage up to $3,000 (based on salary per month; this means that no medical questions will be asked for amounts of coverage up to $3,000. Keep in mind that any amount of coverage over $3,000 will be subject to medical questions. Your individual cost varies based on your salary. If you did not elect coverage for yourself when you were first eligible, you can elect up to Guarantee Issue for yourself without an Evidence of Insurability (EOI). If you were previously declined coverage, you will be required to complete an EOI form.

Underwritten by Provident Life and Accident Insurance Company, Chattanooga, Tennessee
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**Long Term Disability Insurance**

Long term disability insurance can provide you with the security of knowing you will have income replacement in the event of an extended disability due to an illness or accident. Upon approval of a disability claim, you can receive up to 60% of your base monthly salary to a maximum monthly benefit of $6,000 once you have been out of work for 90 days.

Long term disability does have a pre-existing limitation of 3/12. Your plan does not cover any disabilities caused by, contributed to by, or resulting from your pre-existing condition.

Coverage for those who wish to enroll in Plan 1 is subject to medical evidence of insurability (EOI) and will be effective upon underwriting approval if coverage is not elected upon initial date of hire. Those eligible for Plan 2 may elect coverage on a guarantee issue basis (no medical underwriting) for 1/1/2019 annual enrollments, excluding those employees whose evidence of insurability form was previously disapproved.

**Your individual cost varies depending on the plan and your salary.** Changes in your premiums due to salary changes will take place throughout the year as your salary changes.

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>PLAN 1*</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier</td>
<td>The Standard Insurance Company</td>
<td>Unum</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Admin UHHS, CEO, CFO, Chief (except Chief Dental Assistants), CNO, Comptroller, COO, CRNA, Director, Instructor, Nurse Practitioner, Pharmacist, Physician, Professor, and VC, Assistant Administrator, Administrator - Children’s Hospital, Perfusionist, General Counsel, Administrator-Rehab SVCS, Dept Business Administrator, Admin-Dir, Admin House SVP/Nursing, Admin-Transplant SVCS, Division Business Admin, Physicians Assistant</td>
<td>All employees excluding those with the following titles: Admin UHHS, CEO, CFO, Chief (except Chief Dental Assistants), CNO, Comptroller, COO, CRNA, Director, Instructor, Nurse Practitioner, Pharmacist, Physician, Professor, and VC, Assistant Administrator, Administrator - Children's Hospital, Perfusionist, General Counsel, Administrator-Rehab SVCS, Dept Business Administrator, Admin-Dir, Admin House SVP/Nursing, Physicians Assistant, Admin-Transplant SVCS, Division Business Admin, Pharmacy Residents, House Officers, and Fellows.</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>60% of Monthly Earnings</td>
<td>30% or 60% of Monthly Earnings</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>90 Days</td>
<td>90 Day</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>To age 65 (five year/age 70 grading)</td>
<td>To age 65 (five year/age 70 grading)</td>
</tr>
</tbody>
</table>

*You may be eligible for additional disability insurance through the William Morris Group, P.A. See below for more details.

Plan 1 Long Term Disability Insurance is underwritten by The Standard Insurance Company of Portland, OR.

Plan 2 Long Term Disability Insurance is underwritten by Unum Life Insurance Company of America, Portland, ME

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Plan 1 and Plan 2: The policy or its provisions may vary or be unavailable in some states. If the terms of this summary differ from the Policy, the Policy will govern. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your insurance representative for specific provisions and details of availability.

CE-13140 (09-13)
Supplemental Individual Disability Income Insurance

Individual Disability Insurance through The William Morris Group, P.A. is available to the following job classes: Admin UHHS, CEO, CFO, Chief (except for Chief Dental Assistants), CNO, comptroller, COO, CRNA, Director, Instructor, Nurse Practitioner, Pharmacist, Physician, Professor, VC, Assistant Administrator, Administrator – Children’s Hospital, Perfusionist, General Counsel, Administrator-Rehab SVCS, Dept Business Administrator, Admin-Dir, Admin House SUPV-Nursing, Admin-Transplant SVCS, Division Business Admin, Pharmacy Residents, House Officers and Fellows. This individual non-cancellable/guaranteed renewable policy covers earnings not covered by other long term disability plans. These earnings may include private practice income or your UMMC income.

<table>
<thead>
<tr>
<th>Monthly Benefit Amounts will vary based on individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Waiting Period 90, 180 or 365 days</td>
</tr>
<tr>
<td>Benefit Period 2 years, 5 years, age 65 or 67</td>
</tr>
<tr>
<td>Disability Definitions Total and partial disabilities may be covered based on Own Occupation definitions</td>
</tr>
<tr>
<td>Other Options Cost of Living Rider and Future Insurability Option</td>
</tr>
<tr>
<td>Premium Discounts All policies carry permanent premium discounts negotiated for eligible UMMC employees</td>
</tr>
</tbody>
</table>

Eligible employees may elect this benefit at any time, subject to evidence of insurability, by contacting Chris Walters at 1-601-948-0037 or cwalters@wmorrisgroup.com, or Scott Bates at 601-948-0047 or sbates@wmorrisgroup.com. The policy is completely portable should you leave UMMC.

Accident Insurance

Aflac Accident insurance helps address the medical or out-of-pocket expenses that may add up after a covered accident—not just for emergency treatment, hospital stays, and medical exams, but also for other related expenses such as transportation and lodging.

If you have a covered accident, Aflac pays cash benefits directly to you (unless you tell them otherwise), and you decide the best way to use them.

You may receive cash benefits for these and other expenses that might not be fully covered by your major medical insurance:

- Emergency Dental Work
- Concussions
- Hospital Intensive Care Confinement
- Ambulance (ground or air)
- Emergency Room Services and Supplies
- Lacerations

Who Is Eligible?

- Employee
- Employee’s spouse
- Employee’s dependent children under age 26, regardless of student or marital status

Additional Features:

- Coverage begins on the date you sign the enrollment form, as long as the premium amount is paid.
- Premiums are paid through convenient payroll deduction and are pre-taxed.
- The coverage is portable, so you may take it with you if you leave your employer (with certain stipulations).
- The plan includes a Wellness Reimbursement Benefit.

Coverage Underwritten by Continental American Insurance Company (CAIC)

A proud family of the Aflac family of insurers

If the coverage outlined in this summary will replace any existing individual policy, please be aware that it may be in your employees’ best interest to maintain their individual guaranteed-renewable policy.

CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205
1-800-433-3036 toll-free • 1-866-849-2970 fax
**Critical Illness Insurance**

Aflac Critical Illness Insurance can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Your individual cost varies depending on your age and coverage amount.

**Examples of Covered Critical Illnesses and Conditions:**
- Cancer
- Stroke
- Paralysis
- Heart Attack
- End-Stage Renal Failure
- Coma
- Coronary Artery Bypass Surgery
- Major Organ Transplant
- Occupational HIV

**Who Is Eligible?**
- Employee
- Employee’s spouse

**Additional Features:**
- Coverage begins on the date you sign the enrollment form, as long as the premium amount is paid.
- Premiums are paid through convenient payroll deduction.
- The coverage is portable (with certain stipulations).
- The plan includes a wellness reimbursement benefit.

**Coverage Underwritten by Continental American Insurance Company (CAIC)**

A proud family of the Aflac family of insurers

CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

If the coverage outlined in this summary will replace any existing individual policy, please be aware that it may be in your employees’ best interest to maintain their individual guaranteed-renewable policy.

Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205
1-800-433-3036 toll-free • 1-866-849-2970 fax

**Hospital Indemnity Insurance**

Aflac Hospital Indemnity insurance helps address the medical or out-of-pocket expenses that may add up after a covered accident or illness resulting in a hospital stay. If you have a covered accident or illness that requires hospital admission, Aflac pays cash benefits directly to you (unless you tell them otherwise), and you decide the best way to use them. You may receive cash benefits for these and other expenses that might not be fully covered by your major medical insurance:
- Hospital Admission
- Hospital Confinement
- Surgery
- Anesthesia
- Outpatient Prescription Drug Benefit (High Plan only)

**Who Is Eligible?**
- Employee
- Employee’s spouse
- Employee’s dependent children under age 26, regardless of student or marital status

**Additional Features:**
- Premiums are paid through convenient payroll deduction.
- The coverage is portable, so you may take it with you if you leave your employer (with certain stipulations).

**Coverage Underwritten by Continental American Insurance Company (CAIC)**

A proud family of the Aflac family of insurers

CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.
Other Available Benefits

Burial Insurance
You may purchase burial insurance through Transamerica Life Insurance Company for each member of the family – employee, spouse, children, and grandchildren. All permanent plans have cash and loan values and premiums are guaranteed and cannot be increased. If there is a change in your employment, the policy is portable and you can continue your coverage with no decrease in your benefits and no increase in your premiums.

To enroll, please call the The Catchings Insurance Agency at 1-601-355-7489.

Important Telephone Numbers, Addresses and Websites

<table>
<thead>
<tr>
<th>State Health Insurance Plan</th>
<th>Claims Administrator</th>
<th>BlueCross BlueShield of Mississippi / State Employees’ Administrator / P.O. Box 23071 Jackson, MS 39225-3071 / 1-800-709-7881</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Provider Network</td>
<td>AHS State Network / P.O. Box 23070 Jackson, MS 39225 / 1-800-294-6307 / <a href="http://knowyourbenefits.dfa.state.ms.us">http://knowyourbenefits.dfa.state.ms.us</a></td>
</tr>
<tr>
<td>demolish</td>
<td>Medical Management/ Utilization Review Program</td>
<td>ActiveHealth Management / 1-866-939-4721</td>
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<tr>
<td>flexibile</td>
<td>Pharmacy Benefit Manager Pharmacy Mail Order Program</td>
<td>Prime Therapeutics / MyPrime.com / 877-357-7463</td>
</tr>
<tr>
<td>plan administrator</td>
<td>Plan Administrator</td>
<td>Health Insurance Management Board / Department of Finance and Administration / Office of Insurance / P.O. Box 24208 Jackson, MS 39225-4208 / 1-601-359-3411 or 1-866-586-2781</td>
</tr>
<tr>
<td>dental insurance</td>
<td>Dental Insurance</td>
<td>AlwaysCare Benefits / 1-888-729-5433 / <a href="https://www.alwayscarebenefits.com">https://www.alwayscarebenefits.com</a></td>
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<tr>
<td>vision insurance</td>
<td>Vision Insurance</td>
<td>Southern Administrators &amp; Benefits Consultants, Inc. / 1-601-856-9933 (Phone) / 1-601-856-8088 (Fax) / <a href="https://www.sabcflex.com">https://www.sabcflex.com</a></td>
</tr>
<tr>
<td>flexible benefits plan</td>
<td>Flexible Benefits Plan</td>
<td>AlwaysCare Benefits / 1-888-729-5433</td>
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<tr>
<td>state group term life</td>
<td>State Group Term Life Insurance</td>
<td>Minnesota Life Insurance Company / 1-877-348-9217</td>
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<tr>
<td>insurance</td>
<td>Supplemental Term Life Insurance Long Term Disability Insurance (See pg 10 for eligibility)</td>
<td>Unum / 1-800-421-0344 / 1-800-633-7479 / <a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>accident insurance</td>
<td>Accident Insurance</td>
<td>The William Morris Group, P.A. / 1-601-948-0030</td>
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<tr>
<td>critical illness insurance</td>
<td>Critical Illness Insurance</td>
<td>Aflac / 1-800-433-3036 / <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
</tr>
<tr>
<td>hospital indemnity insurance</td>
<td>Hospital Indemnity Insurance</td>
<td>Unum / 1-800-635-5597 / <a href="http://www.unum.com">www.unum.com</a></td>
</tr>
<tr>
<td>short term disability</td>
<td>Short Term Disability Insurance Whole Life Insurance</td>
<td>Unum / 1-800-635-5597 / <a href="http://www.unum.com">www.unum.com</a></td>
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<td>Transamerica Life Insurance Company / The Catchings Insurance Agency / 1-601-355-7489</td>
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