

2024

Benefits Guide

January 1, 2024 – December 31, 2024



WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer 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 30 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 natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

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 day of the month following 60 days of employment. If you fail to enroll on time, you will not have benefits coverage (except for Company-paid benefits).

Open Enrollment

If you want to make benefit changes log into Employee Navigator to make any changes. **All benefit changes must be completed before November 16th at 5 P.M. for a January 1, 2024 effective date.**

Choose Carefully!

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

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- You lose coverage under your spouse's plan

To make changes to your benefit elections, you must contact Human Resources within 30 days of the Qualifying 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.

See inside to learn more about your benefits.

Medical Plans

Methodist Children's Home is proud to offer you a medical plan through Blue Cross Blue Shield of Mississippi and Morgan White Group (GAP insurance.)

Medical Benefits	Blue Cross Blue Shield of Mississippi	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual	\$1,000 (<i>Realized</i>)	\$5,000
Family	\$2,000	\$10,000
Out-of-Pocket Maximum (per calendar year)		
Individual	\$4,150	Unlimited
Family	\$8,300	Unlimited
Covered Services		
Office Visits	\$25/\$40	Ded. 30%
Routine Preventive Care	Healthy You	Not Covered
Outpatient Diagnostic Lab & X-ray	Ded. 10%	Ded. 30%
Emergency Room	Ded. 10%	Ded. 30%
Inpatient Hospital Stay	Ded. 10%	Ded. 30%
Outpatient Surgery	Ded. 10%	Ded. 30%
Prescription Drugs (Tier 1 / Tier 2 / Tier3 /Tier 4)		
Retail Pharmacy (30-day supply)	\$50 ded. then \$15/\$35/\$75/\$100	Not Covered

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

* Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Health Insurance Rates		
Coverage Type	Monthly Rate	Bi-Weekly Deductions
Employee Only	\$626.58	\$28.92
Employee + Spouse	\$1,309.60	\$302.22
Employee + Child(ren)	\$1,154.74	\$224.94
Employee + Family	\$1,921.60	\$581.91

Group Life Insurance / AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

BASIC Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	\$25,000
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Your Virtual ID Card

Some items go everywhere with us. Our phones, keys, driver's licenses and credit cards are kept at our fingertips at all times. It's easy to see why. Those items are unique to each of us, and provide access to the things we need. When it comes to healthcare, that item is your Blue Cross & Blue Shield of Mississippi (BCBSMS) Virtual ID card.



Your Virtual ID card contains key information about your Health & Wellness Benefit Plan and is required when you need care or a prescription at the pharmacy. Your Virtual ID card is always available on your mobile device or computer, and it works the same as a physical card. Use it when you schedule an appointment or visit a Network Provider. When you access your Virtual ID card, you can be confident you're seeing your current Benefit Plan details.

Never search for your Member ID card again.

Ever have those "I left my card at home" moments? We make it easier for you by providing a Virtual ID card that can be saved to your phone straight from the *myBlue* mobile app.



How to use your Virtual ID Card

- Share it right from your phone with covered family members, doctors and healthcare professionals.
- Email it from your mobile device or computer.

To add your Virtual ID card to Apple Wallet

1. Open the *myBlue* App on your device and then log in (credentials are the same as your *myBlue* Member portal)
2. Select "View ID Card"
3. Tap "Add to Apple Wallet"



You can share your Virtual ID with covered family members or your physician

1. Open the *myBlue* App on your device and then log in (credentials are the same as your *myBlue* Member portal)
2. Select "View ID Card"
3. Tap "Add to Apple Wallet"

To help protect your privacy and health information, make sure to only share your Member ID with family members you trust or your healthcare providers.

myBlue Account Registration FAQ

I did not receive an email with a temporary username and password

- Use the “Forgot My Username” Function then use the “Forgot my Password” Function.

I’m receiving an error message when registering with my BCBS ID#.

- Make sure you’ve included the M behind your ID number
- You may already have a username setup. Use the “Forgot my Username” function.

I’ve logged in before but I don’t remember my credentials

- If you do not know your username, retrieve your username by using the “Forgot My Username” Function.
- If you do not know your password, reset your password by using the “Forgot My Password” Function.

The image shows a side-by-side comparison of a welcome email and the web page it links to. On the left is a dark blue email header with the text 'WELCOME EMAIL' and a paragraph explaining that the email is sent before an employee's effective date to provide benefit information. On the right is a screenshot of the 'Welcome to Blue!' web page. The page features the BCBS Mississippi logo and provides temporary login information: 'myBlue Login Information: Here's the temporary login information you will need to access your myBlue account.' It lists 'USERNAME: \$UserName' and '*PASSWORD: \$UserPassword', with a note that passwords are case sensitive. Below this, there are two columns: 'Start Here to Activate your Benefits' and 'After Activating your Benefits...'. The first column has two steps: 'Step 1: Activate your benefits. Download the myBlue mobile app and register using the username and password above.' and 'Step 2: Complete your Blue Wellness Profile. This unlocks the full potential of your Benefit Plan. You will'. The second column says 'Don't forget to schedule your wellness visit.' and has a page number '3'.



RE: Premium Saver Plan ID Card - Supplemental/Secondary Insurance

AmFirst Insurance Company is pleased to provide the enclosed card for your Premium Saver Plan insurance coverage. Used in combination with the ID card from your major medical insurance company, this card includes all the information your healthcare provider will need to file your medical claim on your behalf. The Premium Saver Plan pays based on the amount applied to your major medical deductible, coinsurance, and copayments as outlined in your policy.

How this card works:

1. At your next visit, provide your doctor with BOTH of your ID cards – Major Medical and Premium Saver
2. Tell your doctor's office that the claim should be filed with your major medical company first
3. The major medical insurance company will process the claim and send you an EOB (Explanation of Benefits) showing the payment to the provider based on your deductible, coinsurance, or copay
4. Once the major medical insurance company has paid, the doctor's office should electronically submit the claim to AmFirst using the information on the back of your ID card
5. AmFirst will then process the claim and send you an EOB (Explanation of Benefits) showing the secondary payment to the provider based on your deductible, coinsurance, or copay

Premium Saver EOBs for processed claims are available on your secure portal. See instructions located on the back of this page. If you prefer to file the claim yourself, visit <https://premiumsaverplan.com/file-claim> for instructions.

We at AmFirst know your insurance coverage is important, and we look forward to serving you. If you or your provider has any questions, contact us at 1-888-888-2519.

Sincerely,

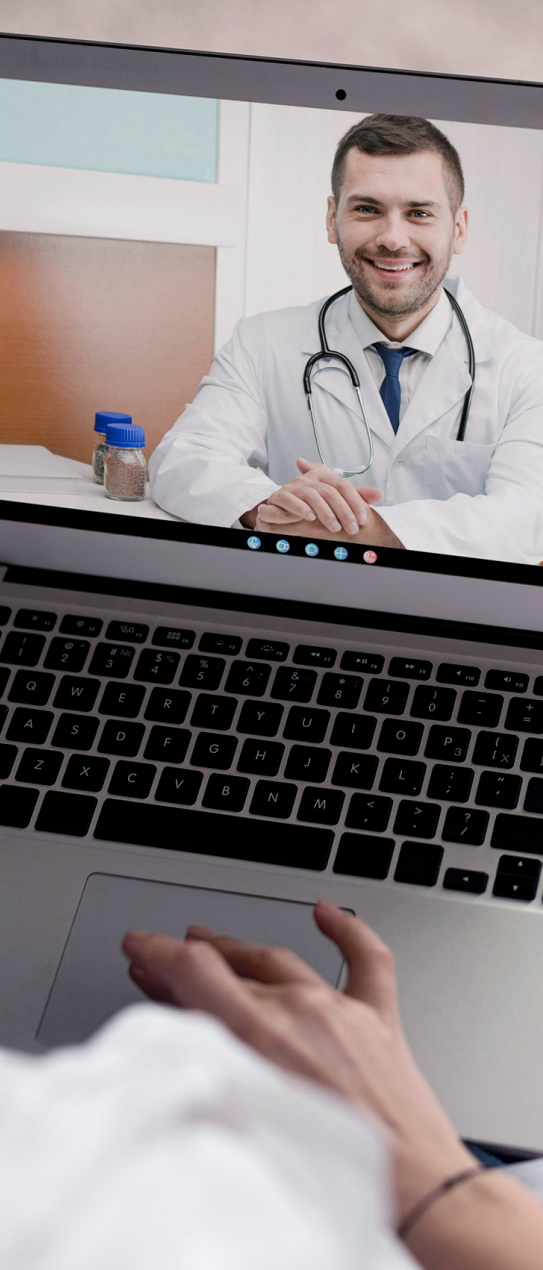
AmFirst Insurance Company

Premium Saver Plan		Claims Submission	Eligibility
		Change Healthcare Payer ID: 64090 Submit Electronic Claims to: www.changehealthcare.com	To confirm eligibility, verify benefits or check the status of a claim, please call AmFirst Insurance Company at 888.888.2519 .
Member		SoftCare Payer ID: 01757 Submit Electronic Claims to: www.softcare.com	Disclaimer
Member:		Mail: Amfirst Insurance Company P.O. Box 211747 Eagan, MN 55121 888.888.2519	The individual named has enrolled in the Insurance Program of the Group identified on the front of this card. This card is for identification purposes only and is not a guarantee of coverage.
Member ID:			Benefits are paid to the provider.
Employer:	United Methodist Children's Homes of Mississippi		
Group #:	25576		
Secondary Medical Plan			

EOBs for claims processed are available online.

Check out the back of this page for instructions on accessing EOBs online.

POWERED BY:



Need a Doctor?

No long wait.
No big bill.

\$0 CONSULT TELEHEALTH

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or app. Pediatricians are available 24/7, and family members are also eligible. Treating over 50 conditions:

- ✓ Acne / Rashes
- ✓ Allergies
- ✓ Cold / Flu / Cough
- ✓ Constipation / Diarrhea
- ✓ Ear Problems
- ✓ Fever / Headache / Sore Throat
- ✓ Insect Bites
- ✓ Nausea / Vomiting
- ✓ Pink Eye
- ✓ Respiratory Issues
- ✓ UTI's / Vaginitis
- ✓ and more

Licensed Physicians

U.S. board-certified doctors with an average of 15 years of experience.

Confidential Appointments

Consultations can be made from your home, office, or on-the-go, and are always private and secure.

Prescriptions Available

Prescriptions can be sent to your nearest pharmacy, when your doctor feels it is medically necessary.

ACTIVATE & REGISTER

WEB ACTIVATION
247MDAccess.com

PHONE: 888.674.2490
GROUP ID: 247Doctor

Telehealth

\$0 CONSULT TELEMEDICINE

Per Visit: \$0

Dental Plan

You have an opportunity to enroll in the UNUM dental plan. You can find in-network providers at unumdentalcare.com.

Dental Benefits	PPO Plan	
	In-Network	Out-of-Network
Deductible (per calendar year)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1000	\$1000
Covered Services		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Children up to age 19)	\$1000	

Dental Election	Monthly Rate	Bi-Weekly Deduction
Employee Only	\$31.58	\$14.58
Employee + Spouse	\$62.32	\$28.76
Employee + Child(ren)	\$81.59	\$37.66
Employee + Family	\$121.59	\$56.12

Vision Plan

You have an opportunity to enroll in the UNUM vision plan. Search for providers and manage your benefits online at unumvisioncare.com.

Key Vision Benefits	In-Network	Out-of-Network
Exam (once every 12 months)	100% after \$10 copay	Up to \$35
Lenses (once every 12 months)		
Single Vision	100% after \$25 copay	\$25
Bifocal		\$40
Trifocal		\$50
Standard Progressive	\$70	\$40
Frames (once every 24 months)	\$150 after \$25 copay	Up to \$50
Contact Lenses (once every 12 months; instead of glasses)	Up to \$150	Up to \$100



Vision Election	Monthly Rate	Bi-Weekly Deduction
Employee Only	\$7.03	\$3.24
Employee + Spouse	\$14.07	\$6.49
Employee + Child(ren)	\$15.57	\$7.19
Employee + Family	\$24.40	\$11.26

Voluntary Short Term Disability

You are eligible for Voluntary Short Term Disability Insurance that replaces part of your lost income due to sickness or accident.

UNUM Voluntary Short-Term Disability	
Benefit Percentage	60% of weekly salary up to \$1,250
Maximum Benefit Duration	25 Weeks
When Benefits Begin	8th day
Rate	60% of weekly income / \$10 x Rate Below

Voluntary STD Rates		
	Rates Per \$10 of Weekly Benefit	Bi-Weekly
Ages <25	\$0.990	\$0.457
Ages 25-29	\$0.991	\$0.457
Ages 30-34	\$0.992	\$0.458
Ages 35-39	\$0.993	\$0.458
Ages 40-44	\$1.010	\$0.466
Ages 45-49	\$1.020	\$.471
Ages 50-54	\$1.030	\$0.475
Ages 55-59	\$1.040	\$0.48
Ages 60-64	\$1.040	\$0.48
Ages 65+	\$1.040	\$0.48

Disability worksheet						
1 Calculate your weekly disability benefit.						
\$ _____ ÷ 52 = \$ _____	x	60% =	\$ _____			
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$1,250, enter \$1,250).			
2 Calculate your cost per paycheck.						
\$ _____ ÷ 10 = \$ _____	x	\$ _____ =	\$ _____ x 12 = \$ _____	÷	12 =	\$ _____
Your weekly benefit amount	Your rate	Your monthly cost	Your annual cost	Number of paychecks per year	Your cost per paycheck	

Voluntary Life Insurance

	EMPLOYEE	SPOUSE	CHILD
Guarantee Issue (GI)	\$100,000	\$25,000	\$10,000
Life Insurance Increments	\$10,000 increments up to GI	\$5,000 increments up to GI	\$10,000
Maximum Insurance Coverage Evidence of Insurability is required when applying over GI	\$300,000	\$100,000	\$10,000
Rates are age banded see below	Rates change at policy renewal when your age determines you should change age brackets	Spouse rates are determined using the employees age.	Children are covered up to age 19
Reduction Schedule	Age 65 reduces 35% Age 70 reduces 15%		
Portability	Included	Included	Included

Life/ AD&D Rates (Bi-Weekly)			
Rates Per \$1,000	Employee	Spouse	Child
			\$0.011 per \$1,000
Ages 15-24	\$0.044	\$0.044	
Ages 25-29	\$0.044	\$0.044	
Ages 30-34	\$0.048	\$0.048	
Ages 35-39	\$0.058	\$0.058	
Ages 40-44	\$0.083	\$0.083	
Ages 45-49	\$0.141	\$0.141	
Ages 50-54	\$0.257	\$0.257	
Ages 55-59	\$0.383	\$0.383	
Ages 60-64	\$0.737	\$0.737	
Ages 65-69	\$1.1158	\$1.1158	
Ages 70-74	\$2.137	\$2.137	



Accident Insurance

UNUM Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Accident Insurance Election	Monthly Rate	Bi-Weekly Deduction
Employee Only	\$13.68	\$6.31
Employee + Spouse	\$23.62	\$10.90
Employee + Child(ren)	\$29.86	\$13.78
Employee + Family	\$39.80	\$18.37

Hospital Insurance

UNUM Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Accident Insurance Election	Monthly Rate	Bi-Weekly Deduction
Employee Only	\$15.77	\$7.28
Employee + Spouse	\$26.90	\$12.42
Employee + Child(ren)	\$22.12	\$10.21
Employee + Family	\$33.25	\$15.35

Who is eligible for Accident & Hospital Insurance coverage?

You	If you're actively at work*
Your Spouse	Can get coverage as long as you have purchased coverage for yourself.
Your Children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

Critical Illness Insurance

We are proud to offer you a UNUM 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.

What's Covered?			
Critical Illness	Cancer conditions	Progressive diseases	Supplemental conditions
Heart Attack	Invasive Cancer: (All breast cancer is considered invasive)	Amyotrophic Lateral Sclerosis (ALS)	Loss of sight, hearing or speech
Stroke	Non-invasive cancer (25%)	Dementia, including Alzheimer's disease	Benign brain tumor
Major Organ Failure	Skin Cancer—\$500	Multiple Sclerosis (MS)	Coma
End-stage kidney failure		Parkinson's Disease	Permanent Paralysis
Coronary Artery Disease: Major (50%), Minor (10%)		Functional Loss	Occupational HIV, Hepatitis B, C or D
			Infections Diseases (25%)
Employee Coverage	\$10,000	\$20,000	\$30,000
Spouse Coverage	\$5,000	\$10,000	\$15,000
Wellness Benefit	\$50	\$75	\$100

Critical Illness Rates (Bi-Weekly)		
Age	Critical Illness attained age rates per \$1,000	
	Employee & Child(ren)	Spouse
<25	\$0.182	\$0.182
25-29	\$0.228	\$0.228
30-34	\$0.283	\$0.283
35-39	\$0.376	\$0.376
40-44	\$0.486	\$0.486
45-49	\$0.634	\$0.634
50-54	\$0.791	\$0.791
55-59	\$1.063	\$1.063
60-64	\$1.470	\$1.470
65-69	\$2.116	\$2.116
70-74	\$3.283	\$3.283
75-79	\$4.839	\$4.839
80-84	\$7.045	\$7.045
85	\$11.342	\$11.342



Preventive Wellness Guidelines

Services Recommended/Number of Times Recommended for Age Range	Female 8 days through 35 months	Male 8 days through 35 months	Female 3-11 Years	Male 3-11 Years	Female 12-17 Years	Male 12-17 Years	Female 18-34 Years	Male 18-49 Years	Female 35-49 Years	Male 50+ Years	Female 50-64 Years	Female 65+ Years
Preventive Medicine Evaluation or Re-Evaluation Once per calendar year As part of preventive medicine evaluation or re-evaluation, preventive counseling as appropriate for age or stage of development and risk factors.	10 Visits	10 Visits	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemoglobin, Hematocrit or CBC	1 ◆	1 ◆	1 ◆	1 ◆	1 ◆	1 ◆						
Immunizations See pages 8-9 for details	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Blood Pressure Once per calendar year	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Glucose Once per calendar year			2 ◆	2 ◆	2 ◆	2 ◆	2 ◆	2 ◆	◆	◆	◆	◆
Lipid Profile Once per calendar year	3 ◆	3 ◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Pap Smear Once every three or five years							4 ◆		4 ◆		4 ◆	4 ◆
Pelvic Exam Once per calendar year					5 ◆		◆		◆		◆	◆
Breast Exam Once per calendar year					◆		◆		◆		◆	◆
Mammogram Once per calendar year									6 ◆		6 ◆	6 ◆
Bone Density Once per lifetime												◆
Flexible Sigmoidoscopy once every five years OR Colonoscopy once every ten years								7 ◆	7 ◆	7 ◆	7 ◆	7 ◆

Preventive Wellness Guidelines are based on recommendations from the following:
 - U.S. Preventive Task Force
 - Advisory Committee on Immunizations of the Centers of Disease Control
 - Preventive care and screenings of infants, children, and women by Health Resources and Services Administration
 - National Medical Societies



It's good to be Blue.

Call your Primary Care Network Provider to schedule your *Healthy You!* visit. Locate a Primary Care Network Provider using the Find a Provider feature of *myBlue* or on our website at www.bcbsms.com.

1. CBC performed at 12 months of age and once between ages 11-18.
2. Annual glucose screenings are available for at risk individuals age 3-39.
 - a. At risk individuals are defined as follows:
 - i. Family history of diabetes (i.e., parents or siblings with diabetes)
 - ii. Obesity
 - iii. Blood pressure of 135/80 or greater
 - iv. Race/ethnicity (i.e., African-Americans, Hispanic-Americans, Native Americans, Asian-Americans or Pacific Islanders)
 - v. Previously identified pre-diabetic or diagnosed diabetic
 - vi. Low HDL cholesterol or high triglycerides
 - vii. History of gestational diabetes
3. Annual lipid profile screenings are available beginning at age 2. High-risk individuals should have their first lipid profile screening before age 11. A fasting lipid profile is the recommended screening method. High risk is defined as a family history of high lipids or early CVD; unknown history or other CVD risk factors such as overweight, obesity, hypertension or diabetes.
4. Pap smears are available once every 3 years beginning at age 21 through age 65. For women ages 30-65 who wish to extend the time between pap smear screenings, a pap smear will be covered every 5 years when it is accompanied by HPV screening. For females ages 12-20, these services are available and may be covered under the appropriate medical portion of your benefit plan. These should be performed based upon patient and provider discretion.
5. Pelvic exams are available annually for women over the age of 12. These should be performed based upon patient and provider discretion.
6. Mammograms for women ages 35 and older are available. These should be performed based upon patient and provider discretion. Mammograms recommended every 2 years for ages 50-74.
7. Flexible sigmoidoscopy and colonoscopy recommended for ages 45-75. Additional screenings (flexible sigmoidoscopy, colonoscopy) for individuals considered to be at high risk for colorectal cancer, as outlined below, may be covered under the appropriate medical portion of your benefit plan. High-risk individuals in this category are defined as follows:
 - a. Strong family history of colorectal cancer or polyps (in first-degree relative younger than 60 or two first-degree relatives of any age). A first-degree relative is defined as a parent, sibling or child.
 - b. Known family history of colorectal cancer syndrome
 - c. Personal history of colorectal cancer polyps
 Gastroenterology consultations prior to colonoscopy are not covered under *Healthy You!*

Paid Time Off & Holidays

Methodist Children's Home HR 78 Paid Time Off	
Level One	1 to 3 years 128 hours / year (4.92 hours / pay period)
Level Two	3 to 6 years 168 hours/year (6.46 hours/pay period)
Level Three	6+ years 208 hours/year (8.00 hours/pay period)

Methodist Children's Home Holidays		
New Year's Day	Memorial Day	Labor Day
Martin Luther King Day	Juneteenth	Thanksgiving (including Friday after)
Good Friday	Independence Day (July 4th)	Christmas Day (including Christmas Eve)

Employee Assistance Program

MCH Cares is a comprehensive employee assistance program that is available to all employees regardless of employment status, employees' spouse and any other dependents living in the employee's home under the age of 26. The services provided by MEA Cares are free and confidential. MEA Cares uses therapists from various disciplines in order to meet individual, couple and family needs, there is no one size fits all.

Contact Information:

www.mchcarecounseling.com

MEA Cares EAP

308 Corporate Drive, Ridgeland, MS 39157

601-898-7820

United Methodist Personal Investment Plan- Wespath 403B-EN# 121866

Employees can contribute to the agency's plan at any time after becoming employed with MCH. After an employee has been employed for one year, and worked 1000 hours, the plan will match the employee's pre-tax deduction, dollar for dollar up to the first 5% that the employee defers from their wages.

Employees are always fully vested in their contribution, but after 3 years (36 months) of employment the employee is 100% vested in the agency contribution.

Employees can contact Human Resources for an enrollment form or retrieve a form from Wespath.org. Once the enrollment form is completed the form is returned to the Human Resources department so that the payroll deduction can be set up before the form is forwarded to Wespath for enrollment in the plan.

Contact Information:

Wespath.org

Wespath Benefits and Investments

1901 Chestnut Avenue, Glenview, IL 60025-1604

800-851-2201

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. **Please refer to the separate insert rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Kirk Scoggins	HUB International	601-502-5318	Kirk.Scoggins@HUBInternational.com
Cindy Maddox	HUB International	601-607-5521	Cindy.Maddox@HUBInternational.com
Adrienne Buckles	HUB International	601-499-2978	Adrienne.Buckles@HUBInternational.com
Haley Nipper	HUB International	601-499-2979	Haley.Nipper@HUBInternational.com
Medical	Blue Cross Blue Shield of MS	601-664-4590	www.bcbsms.com
Dental, Vision, Life & AD&D, and Work Site Products	UNUM	1-866-679-3054	www.unum.com
Flexible Spending Accounts	Paylocity	1-800-520-2687	www.Paylocity.com
Telemedicine	Recuro Health	1-888-674-2490	www.247mdaccess.com
Employee Assistance Program	MEA Cares EAP	601-898-7520	www.meacarescounseling.com
Personal Investment Plan	Wespath Benefits and Investments	800-851-2201	Wespath.org

Human Resources

If you have additional questions, you may also contact **Chris Bratcher** in Human Resources at (601-853-5000 ext. 1700) or cbratcher@mchms.org.



Important Note: 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.



It's good to be Blue.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

This form is used to authorize Blue Cross & Blue Shield of Mississippi (BCBSMS) to disclose a Member's Protected Health Information to the individuals or organizations named in this form. See second page for instructions.

A. MEMBER INFORMATION - This is the individual whose information will be released. (Individuals over 18 years of age must complete their own form, except for legal Personal Representative situations.)

Member's Name: Address (Street, City, State, and Zip Code): Telephone Number: Member's I.D. Number: (as it appears on I.D. card)

B. AUTHORIZED PARTY - This is the person or organization who will receive the Member's information.

I authorize BCBSMS to release the above Member's Protected Health Information to: Cindy Maddox, Adrienne Buckles, Haley Nipper Kirk Scoggins

C. INFORMATION TO BE RELEASED - If limiting disclosures, please describe. Check one box only.

[X] ALL information relating to provision or payment of healthcare benefits or services may be released. [] Other (please describe):

D. EXPIRATION AND REVOCATION - When this Authorization will end. Check one box only.

Expiration: (check one box only) [X] Six (6) months after termination of BCBSMS coverage. (This option will apply if no other expiration is specified.) [] On this specific date or occurrence of this event:

Revocation: You may revoke this Authorization at any time by notifying BCBSMS in writing. Your revocation will not affect any action BCBSMS took before your revocation was received. To revoke this Authorization, contact the BCBSMS Privacy Office.

E. MEMBER SIGNATURE - Please sign and date below.

This Authorization is voluntary and completed at my own request. I understand that if the person or organization I have authorized to receive the information is not subject to federal health information privacy laws, the information may be re-disclosed and no longer be protected by federal privacy laws. I understand that giving this Authorization is not a condition of enrollment in a health plan or eligibility for benefits. This Authorization is not valid unless completely filled out, signed and dated by the Member or by the Member's legal Personal Representative.

Signature of Member (or Member's Personal Representative) ** Date

** If the Member is a dependent minor child, the child's parent or legal guardian must sign this form. This form may not be signed on behalf of the Member by a spouse or parent of an individual 18 years of age or older unless they are the Member's legal Personal Representative and provide proof of this legal authority to BCBSMS.

F. PERSONAL REPRESENTATIVE INFORMATION - If you are signing this Authorization as the Member's Personal Representative, please complete this section and attach a copy of the legal document establishing this authority (except for parent of minor, dependent child).

Name of Personal Representative: Relationship to the Member: [] Parent of dependent minor child (copy of legal document is not necessary) [] Legal guardian or conservator *** [] Health Care Power of Attorney *** [] Executor or Administrator of Estate *** [] Other: ***

*** Other than the parent of a dependent minor child, all other Personal Representatives must attach proof of their legal authority to this Authorization, unless these legal papers are already on file at BCBSMS.