

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. <u>All benefit changes</u> <u>must be completed before November 15th at 5 P.M.</u> for a January 1, 2025 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.)

Madiaal Danafita	Blue Cross Blue Shield of Mississippi			
Medical Benefits	In-Network	Out-of-Network ¹		
Deductible (per calendar year)				
Individual	\$1,000 (Realized)	\$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 (physician / specialist)	\$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

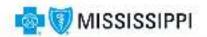
Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, 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 **<u>NO COST</u>** to you.

Benefit Amount

\$25,000



-

2012

S

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 *my*Blue 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

- 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"

BCDS 38980 01/23

Blue Cross & Blue Shield of Mississipal, A Mutual insurance Company is an independent licensee of the Dive Cross and Blue Shield Association. © Registered Marks of the Blue Cross and Blue Shield Association, in Association of Independent Blue Cross and Blue Shield Flore.

ousses

OUVS250W

Aun pos.

ALL DOCT

my Blue

Dir miner







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

- 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.
- You will need your Subscriber ID to retrieve your username or password. Your Subscriber ID will begin with YAQ and end with an M.

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.





*my*Blue for your Dependents 18 and Older

Your Dependents 18 and older have the ability to create their own *my*Blue account. This gives them the opportunity to take more control of their own healthcare and to learn about their benefit plan.

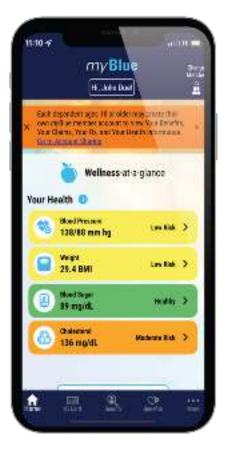
Instead of relying on you to provide them with all of their information, they can have direct access. You will continue to have access to most EOB information, but other Protected Health Information (PHI) will be hidden unless they choose to share that data with you.



Setting up myBlue for Dependents

- 1. When you log in the app, if you have eligible Dependents, select the orange bar at the top.
- 2. Select each Dependent and enter their email address. This will send a registration email to them.
- 3. Your Dependent will verify their identity and create a permanent username and password.
- 4. They can then choose whether or not to share certain account information with you.

Once they log in and go to the "Account Sharing" screen, they will see your name and the status of sharing their account. (They will always have the option to Stop Sharing access with you.)





Group Participants Registration/Use

Please Note:

To register in the Client Portal, you must know your group number. Your group number may be obtained from the **Group Administrator**.

How To Register

Go to: my.mwadmin.com/Register/InsertYourGroupNumberHere

Step I

- I. Choose a Username
- 2. Provide a valid Email Address
- 3. Create a Password

Click the "Continue to Step 2" button.

Step 2

- I. Enter your Last Name
- 2. Enter your Date of Birth
- 3. Enter either the *last four* digits of your **Social Security** number, or the **Smart ID** found on your **ID Card**.

Click the "Next" button to continue to the Dashboard.



View Completed Claims



To view or download your completed claims, click the "View Claims Information" button. You can sort claims by "Type" or "Date Range" to help locate a specific claim. For each completed claim, you will be able to view the **E.O.B.** (Explanation of Benefits) and download the document.

The Dashboard will also allow you to view your Premium Saver medical plan, personal information, dependents, group information, and completed claims.

Click the "Documents & Forms" dropdown to view the PHI Authorization form and the How to File a Claim form.



Virtual Urgent Care

24/7 access to doctors for treatment of common medical concerns

Welcome to Recuro's Virtual Urgent Care solution! We connect you with urgent care doctors through our app when you and your family need to see a doctor. All of our doctors are board-certified and are equipped to quickly treat any common medical concern.

Our urgent care solution provides unlimited 24/7 access with **zero out-of-pocket costs** for you and your family, ensuring that you get quality care when you need it, all from the convenience of your mobile device or computer.

		•••••
Acne & Rashes	Ear Problems	Headache
Allergies	Fever	Pink Eye
Cold/Flu & Cough	Insect Bites	Respiratory Issues
GI Issues	Nausea & Vomiting	And More

Disclaimer: Disclaimer: Recuro services are for non-emergency conditions only. Recuro services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

Top Conditions Treated

What's Included in Your Plan





Scan to Download App

24/7 Access

Recuro physicians are available whenever our patients need them, day or night

Primary Care Coordination

Your Recuro urgent care and primary care physicians can easily transfer your information for seamless care

Easy Prescription Pickup

Your physician will send any prescribed prescriptions to your preferred pharmacy for easy pickup

Phone & Video Capabilities

Live video and phone call options let you receive care the way you prefer

Visit Summaries

Your medical visit is recorded and transcribed, allowing you to access your information at any time





.

Download Our App!

Product Highlights



ECURO

Decrease Your Healthcare Costs

Using virtual care in place of in-person visits decreases healthcare costs on average by 61%, letting you keep more money in your pocket



24/7 Access to Care

Our physician network is available 24/7, 365 days of the year with members experiencing an average of only 9 minutes wait time to speak with a physician



Save Unnecessary Trips to the ER

30% of ER visits by members with a chronic condition are potentially avoidable, and can save you up to \$500 each time you use Virtual Urgent Care instead of visiting an ER



Same-Day Prescriptions

If your physician determines that you need a prescription, they will send it to your preferred pharmacy on the same day as your appointment when possible



Don't Skip Care Due to Costs

40% of Americans have delayed or skipped care due to the high associated costs of seeing a doctor. With Recuro spend \$0/visit

Get Started Online or in the App Scan QR Code

പ്പു

Request a Doctors Visit Speak with Customer Service 1.855.6RECURO

•

Scan to Get

Started

Need Immediate Help?

Recuro doctors are available 24/7/365 by phone, mobile app, or online.





Dental Plan

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

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, an	d 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	\$33.79	\$15.60
Employee + Spouse	\$66.68	\$30.78
Employee + Child(ren)	\$87.30	\$40.29
Employee + Family	\$130.10	\$60.05

Vision Plan

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

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 Bifocal Trifocal Standard Progressive	100% after \$25 copay \$70	\$25 \$40 \$50 \$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 Percentage60% 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

Calculate your weekly disability benefit.

2 Calculate your cost per paycheck.

-	Calculate your cost per payerie						
	\$÷ 10 = \$ ×	\$=	\$ × 1	12 =	\$ ÷	12 =	\$
	Your weekly benefit amount	Your rate	Your monthly cost		cost		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 re- quired when applying over GI	\$300,000	\$100,000	\$10,000
Rates are age banded see be- low	Rates change at policy re- newal when your age de- termines 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, regard- less of martial 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 Alzhei- mer'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)				
٨٣٥	Critical Illness attain	Critical Illness attained age rates per \$1,000		
Age	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		

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)	

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 **800-851-2201** Wespath Benefits and Investments 1901 Chestnut Avenue, Glenview, IL 60025-1604

MEA Cares (EAP)

MEA Cares is a service for individuals, couples and families seeking brief outpatient counseling for today's problems in a confidential setting. Therapy is provided by a licensed professional counselor



MEA Cares for Families provides help for:

- Marital Issues
- Communications Problems
- Parenting Issues
- Times of Transition
- Pre-adolescent and adolescent emotionl, behavioral and academic concerns including Attention Deficit/ Hyper Activity Disorder (ADHD)

MEA Cares for Life provides help for personal issues:

- Stress
- Depression
- Anxiety
- Anger
- Substance abuse
- Grief or loss

Co-Dependency

How to access live assistance

Toll Free 1-800-844-6503

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

All Calls Are Confidential

www.meacarescounseling.com



BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. You can then use these tax-free funds to pay for qualified out-of-pocket medical costs and other eligible expenses. With an FSA, you save FICA, federal, state, and local taxes by reducing your taxable income, an increasing your take-home pay.

HOW IT WORKS

Example: An employee makes \$2,000 each month and decides to participate in their employer's Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

Without the Plan		With the Plan	
Monthly Expenses		Monthly Expenses	
Employee's Gross Earnings	\$2,000	Employee's Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500	Insurance Premium	- \$100
Insurance Premium	- \$100	Health and Daycare Expenses	- \$300
Health and Daycare Expenses	- \$300	Adjusted Gross Earnings	\$1,600
Net Earnings	\$1,100	FICA, Federal, State Taxes	- \$400
		Net Earnings	\$1,200

FSAs MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



Self-Service Employee Portal Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.



Mobile App Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.



Debit Smart Card Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.



How do you benefit by participating?

The biggest advantage is the tax savings. Every dollar set aside in your FSA account reduces your income taxes and can be used on qualified expenses.

Why should you participate in the FSA when you already have health insurance?

This account is used to pay for qualified expenses not covered by insurance.

Can you change your contributions during the year?

Only if you have a change in status such as: marriage, divorce, birth, adoption, or a change in employment status for you, your spouse, or your dependent.

What if you currently take the dependent care credit on your annual tax return?

Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents, and annual daycare expenses. The amount deposited into your Dependent Care Account reduces the amount, dollar for dollar, that can be claimed as a credit on your tax return. Contact a tax advisor for further information.

How do you get reimbursed for qualified expenses?

Use your Benefit Card, if applicable or submit claims online in the Employee Portal or Mobile App. Manual claims may be submitted with a claim form via fax, secure email, or mail.

Do you have to wait for the money to be deposited in your account in order to make a claim for reimbursement?

The annual amount allocated for the Medical/ Limited Flexible Spending Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Care Account is the amount you have contributed to date.

How to check your account balance?

Check your account balance using the Employer Portal, Mobile App or Interactive Voice Response System (IVR). For manual claims, you will receive a statement attached to your check or advice of deposit indicating your election amount and claims paid-to-date.

What happens to your account if you terminate your employment?

Most FSA plans include a run-out period for terminated employees. During this time, you can submit claims for reimbursement on qualified expenses incurred on or before the date of termination. Check your Summary Plan Description for any additional rights or benefits provided by your company's plan.

What if you don't use all of the money set aside in your accounts?

You should carefully review your expenses prior to selecting your annual election amount and refer to your SPD for plan details. Unused funds at the end of the plan year will not be paid to you in cash.

What if you are not covered under your company's health insurance plan?

Good news! You can still participate in the Medical/Limited or Dependent Care Flexible Spending Accounts as long as you are eligible for their group medical plan.

Are there any negatives to know about?

Yes, because you are not paying social security tax on the portion of your income that has been redirected, your social security benefits may be slightly reduced.

ELIGIBLE EXPENSE LIST



MEDICAL EXPENSES

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille books and magazines
- Breast pump
- Childbirth classes mother-tobe expenses only; partner's expenses not eligible
- Chiropractic care
- Coinsurance
- Contact lens(es), solutions, and cleaners
- CPAP Devices and Apparatus Cleaner
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives

- Diagnostic testing fees
- Prescription eyeglasses
- Guide dog
- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Osteopath fees
- Oxygen
- Physician fees
- Practical nurse fees
- Prescribed drugs see cosmetic exceptions below

- Psychiatric care
- Psychologist fees or individual therapy
- Radial keratotomy/ Laser eye surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Wheelchairs
- X-rays

EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A and vein surgery.*
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)

- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA.



OVER-THE-COUNTER

Over-the-Counter Items that **REQUIRE** a Doctor's Prescription.

- Acid controllers
- Allergy & Sinus
- Antibiotic products
- Anti-diarrheals
- Anti-gas
- Anti-itch and Insect bite
- Anti-parasitic treatments
- Baby rash ointments/creams
- Callous and corn removers

- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Eye drops
- Feminine anti-fungal/anti-itch
- Hemorrhoidal preps
- Hydrogen peroxide

Over-the-Counter Items that **DO NOT REQUIRE** a Doctor's Prescription.

- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Cholesterol tests
- Contact lens solution
- Crutches
- Denture care products

- Diabetes care: Blood test strips, glucose kits, monitors, and testers
- Reading glasses
- First aid kits
- Gauze and gauze pads
- Heating pads

Nebulizers

- Ointments
- Pain relief
- Respiratory treatments
- Rubbing alcohol
- Sleep aids
- Sunburn cream
- Stomach remedies
- Wart removal products
- Incontinence supplies for adults
- Medical bracelets and necklaces
- Medical tape
- Orthopedic shoe inserts
- Sunscreen (15+ SPF)
- Supports and braces
- Thermometers

DUAL USE (REQUIRES DOCTOR LETTER)

- Activity Trackers*
- Accommodations made for disabling medical condition
- Foot spa
- Gloves and masks
- Herbs

- Humidifier
- Massagers
- Minerals
- MultivitaminsOrthopedic shoes
- Special supplements

- Tuition at special school for learning disabled
- Vitamins
- Weight Loss Programs

*Activity trackers (aka fitbits, step counter) are a wearable device with the primary purpose of tracking activity. The device's purpose is to record a person's daily physical activity, together with other data relating to their health, the number of calories burned, heart rate, number of steps someone walks, sleep quality etc.

LaxativesNasal strips

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
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	1-855-6RECURO	www.recurohealth.com
Employee Assistance Program	MEA Cares EAP	601-898-7520	www.meacarescounceling.com
Personal Investment Plan-Gina Markon	Wespath Benefits and Investments	847-866-4023	gmarkon@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.