

## Calendar Year 2024 Cafeteria Plan Enrollment

Cafeteria Plan Enrollment for Calendar Year 2024 ends Monday, October 31, 2023.

**Your individual *Participation Agreement for Cafeteria Plan* form, which is attached to this email, must be printed, completed and submitted to Human Resources no later than close of business, Monday, October 31, 2023.**

Simply print the attached personalized enrollment form, complete, sign, date, and forward the original to *Human Resources*.

(You may scan and email a copy to [HR@ago.ms.gov](mailto:HR@ago.ms.gov) and then forward the original via regular mail or handmail.)

Glynn Griffing & Associates is once again hosting our enrollment information webpage. Click on the link below to find information on the benefits, dental and vision enrollment forms, the *Deduction/Insurance Drop Authorization* form, the *Cafeteria Plan Direct Deposit Authorization Form*, and the *Summary Instructions/Checklist* and *Detailed instructions* also included below. (When you click on a document in this webpage, you may have to X out of the popup box. You should have to do this only once when you first go to the webpage.)

**Website Link:**     <https://glynn.info/ago>

Your personalized *Participation Agreement for Cafeteria Plan* enrollment form shows your current Medflex and Careflex deductions as well as your current pre-tax and post-tax insurance premiums. You may only pre-tax Dental, Vision, Cancer, Accident, Health, and State Term Life insurance premiums.

Below are both *Summary Instructions/Checklist* and *Detailed Instructions*. Refer to the *Detailed Instructions* when you have more specific questions about completing the *Participation Agreement for Cafeteria Plan*.

## Summary Instructions/Checklist

**Note: This is only a summary of the enrollment instructions. Please find the detailed instructions on the page following this checklist.**

- ❑ **Print out the attached form.**
- ❑ **Verify/update your personal information.**
- ❑ **Make/decline 2024 Medflex election.** Enter 2024 Yearly and Monthly amounts where indicated and check “Yes” and initial if participating, “No” if not.
- ❑ **Make/decline 2024 Careflex election.** Enter 2024 Yearly and Monthly amounts where indicated and check “Yes” if participating, “No” if not.
- ❑ **Review your current 2023 pre-tax and post-tax insurance premiums.**
- ❑ **Add, change coverage, or drop pre-tax or post-tax premiums/insurance for 2024.** Complete applicable insurance enrollment form(s) or a *Deduction/Insurance Drop Authorization* form found on the webpage and forward completed original form(s) to Human Resources. If adding or changing Colonial Cancer, AFLAC accident, or Pre-Paid Legal Insurance, you must contact the appropriate provider found on the webpage under “Representative/Contact Information.”
- ❑ **Change a premium from pre-tax to post-tax or from post-tax to pre-tax.** Enter the premium to be changed in the appropriate 2024 column. *Remember that only dental, vision, cancer, accident, health, and state term life insurance premiums can be pre-taxed*
- ❑ **Check the “Yes” box on Page 3 if pre-taxing any insurance premiums, “No” if not.**
- ❑ **Sign and date *Pre-tax Participation Agreement* OR *Pre-tax Waiver of Participation* based on pre-tax elections which include Medflex, Careflex, and specific insurance premiums.**
- ❑ **Sign and date the *Payroll Deduction Authorization* authorizing the premium deductions and additional actions required for additions, deletions, and/or coverage changes.**
- ❑ **Complete any necessary Insurance Enrollment forms if you are adding or changing insurance coverages and/or the *Deduction/Insurance Drop Authorization* form if dropping insurance coverage.**
- ❑ **Forward all signed and completed Participation Agreements and other required forms to Human Resources.**

## Detailed Instructions

1. Print out the attached *Participation Agreement for Cafeteria Plan* form.
2. Verify that your personal information is correct. If anything is missing or has changed, please strike through old/incorrect information and add the correct information.
3. **Option 1. Medical Reimbursement Account (Medflex)**
  - a. Review your current 2023 Medflex yearly and monthly election. If you want to add, change, or keep the Medflex deduction:
    - i. Place a check in the “Yes” box;
    - ii. Enter the Yearly and Monthly election amounts in the appropriate boxes for 2024; and
    - iii. Initial in the “Initial” box after reading the statement.
  - b. If you do not want to participate in Option 1. Medical Reimbursement Account, simply place a check in the “No” box.
4. **Option 2. Dependent Care Account (Careflex)**
  - a. Review your current 2023 Careflex yearly and monthly election. If you want to add, change, or keep the Careflex deduction:
    - i. Place a check in the “Yes” box;
    - ii. Enter the Yearly and Monthly election amounts in the appropriate boxes for 2024.
  - b. If you do not want to participate in Option 2. Dependent Care Account, simply place a check in the “No” box.
5. **Option 3. Agreement to Pre-tax Insurance Premiums**
  - a. Review your current 2023 Pre-Tax and Post-Tax insurance premiums.
  - b. **NOTE:** If you currently have Health Insurance, your 2024 Monthly Premium reflects the new rate effective for January 1, 2024 coverage.
  - c. Dental Insurance
    - i. Review your current 2023 Pre-Tax insurance premiums.
    - ii. If you want to add or change your dental coverage to include dropping/adding dependents, check the “Add” box, initial in the box indicated, and print and complete a *Delta Dental Enrollment Form* found on the webpage under *Dental*. The completed/signed form should be forwarded to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.
    - iii. If you want to drop your dental coverage, check the appropriate “Drop” box and print and complete the *Deduction/Insurance Drop Authorization* found on the webpage. The completed/signed original form should be forwarded to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.

- d. Vision Insurance
  - i. If you want to add or change your vision coverage to include dropping/adding dependents, check the appropriate “Add” or “Drop” box, review the premiums and coverage and print and complete the *Superior Vision Enrollment Form* both found on the webpage under *Vision*. Enter the premium in the appropriate 2024 column on the *Participation Agreement for Cafeteria Plan* and forward completed/signed original form to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.
  - ii. If you want to drop Vision insurance, check the appropriate “Drop” box and print and complete the *Deduction/Insurance Drop Authorization* found on the webpage. The completed/signed original form should be forwarded to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.
  
- di. Colonial Cancer, AFLAC Accident, and/or Pre-Paid Legal Insurance
  - i. To add coverage check the appropriate “Add” box on the Cafeteria Enrollment form, review the information on the webpage showing premiums and coverage, and enter the premium in the appropriate 2024 column on the *Participation Agreement for Cafeteria Plan*. Contact the appropriate provider found on the “Contacts and Provider Information List” located on the webpage under “Representative/ Contact information” to complete the necessary paperwork to add the coverage.
  - ii. To drop the coverage check the appropriate “Drop” box and print and complete the *Deduction/Insurance Drop Authorization* form found on the webpage. The completed/signed original form should be forwarded to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.
  
- dii. If you would like to drop any of the remaining insurances shown under Option 3, you must check the appropriate “Drop” box and print and complete the *Deduction/Insurance Drop Authorization* found on the webpage. The completed/signed original form should be forwarded to Human Resources along with your completed original *Participation Agreement for Cafeteria Plan*.
  
- diii. If you are pre-taxing any insurance premiums in 2024, please place a check in the “Yes” box on Page 3 of the *Participation Agreement for Cafeteria Plan*. If not, place a check in the “No” box.

- 6. If you are participating in Medflex, Careflex or have any pre-tax insurance deductions, read and sign and date the *Pre-tax Participation Agreement* on Page 3.**
  
- 7. If you do not have any pre-tax premiums or a Medflex or Careflex deduction, read and sign the *Pre-tax Waiver of Participation* on Page 3.**

8. Read, sign, and date the *Payroll Deduction Authorization* on Page 3 authorizing the premium deductions and additional actions required for additions, deletions, and/or coverage changes.

**Upon Completion of this process, forward your original signed and completed *Participation Agreement for Cafeteria Plan* along with any other required forms to Human Resources.**

If you have any problems or questions, please do not hesitate to contact Mike Lee or Vicki Payne. **Please email questions to [HR@ago.ms.gov](mailto:HR@ago.ms.gov) to ensure that you receive a timely response.**

Finally, you may come see Mike Lee or Vicki Payne on the 14<sup>th</sup> Floor of the Sillers Building for assistance in completing your Cafeteria Plan Enrollment. We are more than willing to assist you as always.

**Please do not wait until the last minute to complete your enrollment.**



## STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES Effective January 1, 2024

Legacy - Initially hired before 1/1/2006

Horizon - Initially hired on or after 1/1/2006

| ACTIVE EMPLOYEE                | LEGACY EMPLOYEES |                  |               |                  | HORIZON EMPLOYEES |                  |               |                  |
|--------------------------------|------------------|------------------|---------------|------------------|-------------------|------------------|---------------|------------------|
|                                | BASE             |                  | SELECT        |                  | BASE              |                  | SELECT        |                  |
|                                | TOTAL PREMIUM    | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION | TOTAL PREMIUM     | EMPLOYEE PORTION | TOTAL PREMIUM | EMPLOYEE PORTION |
| Employee*                      | \$459            | \$0              | \$479         | \$20             | \$459             | \$0              | \$507         | \$48             |
| Employee + Spouse              | \$961            | \$502            | \$1,050       | \$591            | \$961             | \$502            | \$1,078       | \$619            |
| Employee + Spouse & Child(ren) | \$1,223          | \$764            | \$1,313       | \$854            | \$1,223           | \$764            | \$1,341       | \$882            |
| Employee + Child               | \$589            | \$130            | \$680         | \$221            | \$589             | \$130            | \$708         | \$249            |
| Employee + Children            | \$792            | \$333            | \$881         | \$422            | \$792             | \$333            | \$909         | \$450            |

\*The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

| RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE             | LEGACY RETIREES |         | HORIZON RETIREES |         |
|--|-----------------|---------|------------------|---------|
|  | BASE            | SELECT  | BASE             | SELECT  |
| Retiree  | \$527           | \$550   | \$842            | \$872   |
| Retiree + Spouse (Non-Medicare)                      | \$1,105         | \$1,207 | \$1,688          | \$1,798 |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | \$1,406         | \$1,509 | \$1,887          | \$1,998 |
| Retiree + Child                                      | \$677           | \$751   | \$992            | \$1,073 |
| Retiree + Children                                   | \$909           | \$952   | \$1,224          | \$1,274 |
| Retiree + Spouse (Medicare)                          | N/A             | \$774   | N/A              | \$1,096 |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$975   | N/A              | \$1,297 |

  

| RETIRED EMPLOYEE - MEDICARE ELIGIBLE                 | LEGACY RETIREES |         | HORIZON RETIREES |         |
|--|-----------------|---------|------------------|---------|
|  | BASE            | SELECT  | BASE             | SELECT  |
| Retiree  | N/A             | \$224   | N/A              | \$224   |
| Retiree + Spouse (Non-Medicare)                      | N/A             | \$881   | N/A              | \$1,150 |
| Retiree + Spouse & Child(ren) (Non-Medicare)         | N/A             | \$1,183 | N/A              | \$1,350 |
| Retiree + Child                                      | N/A             | \$425   | N/A              | \$425   |
| Retiree + Children                                   | N/A             | \$626   | N/A              | \$626   |
| Retiree + Spouse (Medicare)                          | N/A             | \$448   | N/A              | \$448   |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$649   | N/A              | \$649   |

| COBRA                             | LEGACY  |         | HORIZON |         |
|-----------------------------------|---------|---------|---------|---------|
|                                   | BASE    | SELECT  | BASE    | SELECT  |
| Participant                       | \$468   | \$488   | \$468   | \$517   |
| Participant + Spouse              | \$980   | \$1,071 | \$980   | \$1,099 |
| Participant + Spouse & Child(ren) | \$1,247 | \$1,339 | \$1,247 | \$1,367 |
| Participant + Child               | \$600   | \$693   | \$600   | \$722   |
| Participant + Children            | \$807   | \$898   | \$807   | \$927   |

  

| COBRA DISABILITY EXTENSION        | LEGACY  |         | HORIZON |         |
|-----------------------------------|---------|---------|---------|---------|
|                                   | BASE    | SELECT  | BASE    | SELECT  |
| Participant                       | \$688   | \$718   | \$688   | \$760   |
| Participant + Spouse              | \$1,441 | \$1,575 | \$1,441 | \$1,617 |
| Participant + Spouse & Child(ren) | \$1,834 | \$1,969 | \$1,834 | \$2,011 |
| Participant + Child               | \$883   | \$1,020 | \$883   | \$1,062 |
| Participant + Children            | \$1,188 | \$1,321 | \$1,188 | \$1,363 |