



GLYNN GRIFFING & ASSOCIATES

EMPLOYEE BENEFITS AND INSURANCE • PROFESSIONAL SERVICE. PERSONAL CARE.

MS Gaming Commission

2024 Open Enrollment

AGENDA

- Allstate Benefits (Accident, Cancer, and Critical Illness)
- Beam (Dental and Vision)
- Reliance (Short-term, Long-term Disability & Voluntary Group Term Life)
- Cafeteria Plan and Flexible Spending Accounts (FSAs)



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Allstate Benefits

PRODUCTS AVAILABLE FROM ALLSTATE

- Off-the-Job Accident
- Cancer
- Critical Illness



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SUMMARY OF BENEFITS

- All these products are 100% voluntary, employee paid
- Benefits are paid in addition to other insurance
- Coverage can be continued if you leave employment
- Only a few health questions that have to be answered during open enrollment, except Off the Job Accident insurance, no questions required
- Accident, Cancer, and Critical Illness coverage can cover dependent children to age 26





ALLSTATE BENEFITS: OFF-THE-JOB ACCIDENT

- The policy is design to pay benefits **due to accidental injury that occur away from work.**
- These benefits are paid in addition to your major medical insurance.
- While this plan offers many benefits, we are going to focus on the top most frequently utilized benefits.
- You can choose from either a low plan or high plan, with the high plan paying more in benefit.



OFF-THE-JOB ACCIDENT: TOP BENEFITS

The top benefits most utilized on this policy include:

- Dislocation and Fracture – pays up to 4,000 or 5,000 for dislocations and fractures per accidental injury
- Outpatient Physician Treatment – pays a benefit when you see a licensed physician outside of the hospital, up to 2 days per person per calendar year, no more than 4 days for the family.
- Emergency Room – if covered person, as a result of an injury, receives ER services - \$300 or \$400
- Accident Physician's Treatment – covered person receives treatment by a physician for an accident – either \$125 or \$175
- X-Ray – covered person receives an x-ray - \$250 or \$350
- Accidental Death and Dismemberment - \$60,000 or \$80,000



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OFF-THE-JOB ACCIDENT: CLAIM SCENARIO

- One day you're leaving your home, slip on a stair, fall and land hard on your arms and hands. You decide to go to the emergency room, where then you are seen by a physician and have an x-ray performed. The x-ray reveals you have fractured your wrist.
- If you had the low plan, eligible benefits may include:
 - \$300 for the emergency room visit, \$125 for being treated by a physician, \$250 for the x-ray, and \$1,400 for a fractured wrist. A total of \$2,075.



OFF-THE-JOB ACCIDENT: OUTPATIENT PHYSICIAN TREATMENT

- This is the one benefit that can be claimed on without having an off the job accident.
- This will pay \$50 up to 2 days per covered person per calendar year when you go see a physician outside of the hospital for any reason – does not have to be accident related.
- This includes doctor, dentist, optometrist.
- If dependents are covered, it's 2 days per covered person per calendar year, no more than 4 days total (4 total visits for dependent coverage, but one person can't claim more than twice).





OFF-THE-JOB ACCIDENT: SUMMARY

- There are no health questions on the application
- Please keep in mind it **will not pay for prior injuries**
- The same benefit percentage is paid for all tiers
- You can continue coverage if you leave employment
- You can cover yourself, spouse, and dependent children to age 26
- Claims can be filed online, fax, or mailed and benefits can be received via check or direct deposit.
- Premiums can be pre-taxed
- This benefit can be used for routine outpatient procedures like dental and vision services.





ALLSTATE BENEFITS: CANCER

- The policy is design to pay benefits due to treatment of cancer and specified diseases
- Benefits are paid in addition to your major medical insurance
- While this plan offers many benefits, we are going to focus on the top 5 most frequently utilized benefits.
- You can choose from 3 plan options



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CANCER: TOP BENEFITS

The top benefits most utilized on this policy include:

- **Chemotherapy & Radiation** – this pays the actual cost, up to 10,000, 15,000, or 20,000 every 12 months, for radiation therapy and chemotherapy treatment for cancer, received by a covered person. Depending on which plan design you choose.
- **Wellness/Cancer Screening** – pays \$75 or \$100 per covered person per calendar year when a screening test is performed
- **Cancer Initial Diagnosis Benefit** – one-time benefit when a covered person is diagnosed for the first time in their life as having cancer other than skin cancer – either \$2,000, \$4,000, or \$5,000.
- **Surgery Benefit** – pay actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure for the purpose of treating a diagnosed cancer or specified disease – no more than \$3,000
- **Hospital Confinement** - \$200, \$300, or \$400 a day



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CANCER: OTHER BENEFITS AND IMPORTANT NOTES

- Other important benefits include travel and transportation, second opinion, medical imaging, blood plasma and platelets plus many others.
- The radiation/chemotherapy benefit pays actual costs instead of being capped on a per day or per week basis
- Initial diagnosis benefit is an eligible benefit for those who have not been diagnosed with cancer before.



CANCER: CLAIM SCENARIO

- Option 2 Plan
 - A trip to the doctor for an annual wellness screening: \$100. This results to further tests.
 - Sadly, a lung cancer diagnosis is made
 - Initial Diagnosis: \$4,000
 - Medical Imaging performed: \$750
 - You elect to have a second opinion of the treatment or surgery recommended: \$400
 - A few treatments of chemotherapy or radiation therapy result in reaching the \$15,000 benefit limit
 - In addition to the treatment, surgery is also required (amount based on surgical schedule)
 - Total Benefit: around \$20,000 plus any eligible surgery benefits



CANCER: SUMMARY

- Again, there are three plan designs to choose from
- There are only a few health questions regarding cancer/specified disease history on the application; Premiums can be pre-taxed
- There is a 12 month pre-ex limitation; Allstate will credit for time insured under prior coverage if currently enrolled in payroll deducted cancer plan
- The radiation therapy/chemotherapy benefits renews every 12 months
- Annual wellness benefit (result of test does not matter)
- You can continue coverage if you leave employment, rates and benefits will be like the group policy
- You can cover yourself, spouse, and dependent children to age 26
- Claims can be filed online, fax, or mailed and benefits can be received via check or direct deposit.





ALLSTATE BENEFITS: CRITICAL ILLNESS

- The policy is design to pay a lump sum benefit if diagnosed with a covered critical illness.
- These benefits are paid in addition to your major medical insurance.
- You can choose from a \$10,000 or \$20,000 lump sum benefit. If you currently are enrolled in a different amount.
- Spouse and children receive 50% of the benefit if included in coverage.
- Children are already included in employee only cost. But, must be enrolled in the coverage if desired to be covered.



CRITICAL ILLNESS: OTHER BENEFITS AND IMPORTANT NOTES

- Has a \$50 Wellness Benefit
- No Pre-Existing Condition Limitation
- Premiums can be pre-taxed
- Coverage can be continued if you leave employment. Coverage will stay in force until the insured reaches age 70, or 36 months after the coverage is continued, whichever occurs later.
- There is a 2nd event benefit for initial critical illness which will pay if a covered person is diagnosed for a second time with an initial critical illness for which a benefit was previously paid under the initial critical illness benefit. The 2nd date of diagnosis must be 12 months after the first diagnosis
- A covered person can receive benefits for different critical illnesses if the date of diagnosis for each critical illness is separated by at least 90 days.





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Reliance Benefits:

**Short-Term, Long-Term Disability &
Voluntary Group Term Life**

RELIANCE BENEFITS: SHORT-TERM DISABILITY

Benefit	Option 1	Option 2	Option 3
Elimination Period	14/14	30/30	60/60
Benefit Amount	60% of weekly salary	60% of weekly salary up to \$1000/week	60% of weekly salary up to \$1000/week
Benefit Duration	24 weeks	22 weeks	17 weeks



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RELIANCE BENEFITS: LONG-TERM DISABILITY

Benefit	Option 1	Option 2
Elimination Period	90 consecutive days of total disability	180 consecutive days of total disability
Benefit Amount	60% up \$5000/month	60% up to \$5000/month
Max. Benefit Duration	Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits (See policy of details)	



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RELIANCE BENEFITS: VOLUNTARY GROUP TERM LIFE

- Benefit Amount:
 - Employee & Spouse (in \$10,000 increments)
 - Minimum: \$10,000
 - Maximum: \$500,000
 - Eligible Dependent Child(ren)
 - 14 days to 6 months: \$1,000
 - 6 months to 20 years of age: \$10,000 (26, if a full-time student)
- Portable – If you leave employment, you can take the coverage with you
- Waiver of premium



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Beam Benefits:

Dental and Vision

BEAM BENEFITS: DENTAL

- Preventive services are covered at 100% and have no waiting period.
- Basic services are covered at 80% and have no waiting period.
- Major are covered at 50% and have no waiting period.
- Orthodontics are covered for children through age 19 at 50% and have no waiting period.
- \$50 per person, per benefit year deductible for basic and major services.
- \$1,500 per calendar year benefit maximum plus carryover benefit.



BEAM BENEFITS: VISION

- There are no deductibles and no waiting periods
- \$10 co-pay for exams
- \$25 co-pay for materials
- \$130 frame allowance
- \$130 Contact lenses allowance (in lieu of eyeglass lenses & frames)
- Benefit frequency is every 12 months





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Cafeteria Plan and FSA Accounts: How it Works

SECTION 125 CAFETERIA PLAN

Benefits of Participation

- IRS program that allows employees to pay for certain eligible benefits with pre-tax dollars.
- Participation increases your take-home pay.
- You can pick and choose the parts of the plan in which you want to participate.
- You do not have to pay taxes on any of the dollars that go through the plan.

Components

- Premium Conversion
- Health FSA
- Dependent Care FSA



CAFETERIA PLAN SAVINGS EXAMPLE

No Cafeteria	vs.	Cafeteria
\$3,000	Income Before Taxes or Benefits	\$3,000
0	Health FSA	200
0	Health Insurance (Pre-Tax)	500
3,000	Taxable Income	2,300
830	Taxes Paid (27.65%)	636
500	Health Insurance (After-Tax)	0
1,670	Take-Home Pay	1,664
200	Out-of-Pocket Med. Expenses	0
\$1,470	Total Take-Home Pay	\$1,664

Savings of \$194 a month or \$2,328 a year



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HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)

- Annual Maximum of \$3,200
- Eligible expenses include deductibles, RX drugs, dental fees, eye exams, etc.
- Annual election amount is available at the beginning of the plan year (Pre-funded)





DEPENDENT CARE ACCOUNT (DEPCARE FSA)

- Contribution Limits
 - \$5,000 for a married couple filing jointly
 - \$5,000 for a single parent
 - \$2,500 for a married person filing separately
- Eligible expenses include child care centers, nursery schools, pre/after school care, summer day camps, private sitters, etc.
- Not a pre-funded account





MGC CAFETERIA PLAN OUTLINE

- Run-Out Period ends March 31
- \$640 Carryover
- Status Change is 30 days
- Documentation required when filing for reimbursement
- Health FSA balance will be withheld out of the last check if a termination of employment occurs





MGC REIMBURSEMENT PROCEDURE

- Claims paid daily
- Reimbursements will be mailed directly to the employee
- FSA Debit Card available
- Claims can be submitted via online portal, secure fax, mail, or in-person





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Benefits Debit Card: How it Works

GENERAL INFORMATION

- Debit card is loaded with your annual election at the beginning of each Plan Year.
- Monies are immediately deducted from your account, so there is no waiting for reimbursement.
- There is no PIN number required, just swipe as a credit.



DEBIT CARD ACTIVATION

- Cards will be activated upon first use and are issued for a 36 month period
- Additional cards can be ordered for dependents
- If your card is lost or stolen call our office at (601) 982-0331
- Verify/Update Contact Information



WHERE CAN I USE THE DEBIT CARD?

- Hospitals
- Physician Offices
- Dental Offices
- Vision Service Locations
- Certified Pharmacies



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DOCUMENTING DEBIT CARD TRANSACTIONS

- You will receive email notifications from noreply@glynn.info regarding the status of your debit card transactions.
- Substantiation may be required, so keep all debit card documentation.
- Upload, use mobile app or fax appropriate documentation to our office
- Debit card transactions not substantiated must be paid back to your employer or your card will be suspended.





WHAT IS A VALID RECEIPT?

The IRS requires each TPA to collect specific information to verify the purchases made with your FSA Debit Card.

Acceptable Documentation should Include:

- Provider's Name
- Date(s) of Service
- Detailed statement of services rendered or and EOB (Explanation of Benefits)
- Amount charged for each procedure
- Person who received this service



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ONLINE RESOURCES

<https://glynn.info>

- Forms
- Education
- News, Alerts, & Updates
- Contact Information

FSA Management Portal

- Account Balances
- Online Claims Submission
- Debit Card and FSA Payment Tracking



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