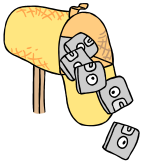


JACKSON PUBLIC SCHOOLS

BENEFIT INFO AT A GLANCE



STATE /SCHOOL EMPLOYEES' HEALTH AND LIFE INSURANCE



- Blue Cross Blue Shield- Health Ins **1/800-709-7881** or <http://knowyourbenefits.dfa.state.ms.us>
Claims: PO Box 23071 Jackson, MS 39225
- Pharmacy - Catamaran RX- **1/866-757-7839**
- Network Provider-AHS **1/800-294-6307** or <http://knowyourbenefits.dfa.state.ms.us>
- Wellness Benefit **1/866-939-4721** or <https://www.myactivehealth.com/mississippi>



2014 ADULT WELLNESS BENEFITS

- No questionnaire needed to obtain the wellness service prior to visit.
 - All covered adult wellness services (as listed on the Plan's website) will be covered without an annual maximum limit.
 - Benefits will be provided for a maximum of 2 wellness office visits per calendar year.
 - These services must be provided by AHS State **Network provider**. View on line age/gender approved codes or call HQ.
- **1-866-939-4721.**



JPS CONTACT PERSONS:

Paula Collins - 601/960-8790
Velma Chisholm- 601/960-8976

FMLA- Family Medical Leave Act- Apply for FMLA if you are going to be out for illness, birth of baby, illness of immediate family member longer than 4 days.

- Contact HR at 601/960-8744

MAIL ORDER PHARMACY SERV.

3 Steps to Enroll in the Mail Order Service & Receive 3 months for the price of 2 months.

1. Call your physician and obtain a new 90- day prescription with refills.
2. Enroll in Catamaran Home Delivery call 1-866-814-7105. To obtain a Prescription Order Form at www.mycatamaranrx.com
Mail to Catamaran
P.O.Box 99 Avon Lake, Ohio 44012
3. Order your refill 7-10 days before your supply runs out. This will allow ample time for shipping and delivery of your order.

2014 HEALTH OPTIONS

Base Coverage

Deductible **\$1,800.00** Medical & Pharmacy

Select Coverage

Deductible **\$1,000.00** Medical **\$75.00** Pharm.

Generic Drugs \$12.00

Preferred Brand Drugs \$45.00

Non-Preferred Brand Drugs \$70.00

HEALTH INS ENROLLMENT

Month of OCTOBER Enrollment

Add a dependent, drop dependents or change option:
(Base to Select or Select to Base) **Effective Jan 1st**
Only time to **add a dependent**
unless there has been a **family status change**.



Check List for Change of Family Status

*Change address- contact HR at
601/960-8745

*Marriage, Divorce, Death- to change beneficiary-
contact HR

* Drop or Add Dependent from health or other
voluntary Ins- Medicare or Medicaid Eligible, Death,
Lost coverage, Divorce, or End Children's Ins Eligibility @
age 26 – Contact **Paula Collins 601/960-8790**

BENEFITS INFO AT A GLANCE

Health Insurance Rates for 2014

Legacy Emp (Hired before 1/1/06) Horizon Emp (Hired after 1/1/06)

RATES	SELECT \$1,000.00 Deductible	BASE \$1,800.00 Deductible	SELECT \$1,000.00 Deductible	BASE \$1,800.00 Deductible
EMPLOYEE ONLY	\$ 20.00	\$ 0	\$ 38.00	\$ 0.00
PLUS SPOUSE	\$ 463.00	\$ 389.00	\$ 481.00	\$ 389.00
PLUS SPOUSE AND CHILDREN	\$ 667.00	\$ 593.00	\$ 685.00	\$ 593.00
PLUS CHILD	\$ 175.00	\$ 101.00	\$ 193.00	\$ 101.00
PLUS CHILDREN	\$ 332.00	\$ 258.00	\$ 350.00	\$ 258.00

Direct Calls to Vendors (You maybe eligible for a Wellness Rebate)

Insurance Product	Company	Phone Number	Fax Number
Accident Insurance	AFLAC/Emily Ingram	601 853-0664	601-856-0097
Cancer Insurance	AFLAC/Emily Ingram	601 853-0664	601-856-0097
Dental Insurance	Humana Compbenefits/Catchings Agency	601 355-7489	601 355-7513
Dental Insurance	Delta Dental-Jack Lane-Creative Grp Benefits	601 914-2107	601 914-1661
Disability Insurance	American Fidelity/DeMario Smith	601 932-8090	601 932-1076
Disability Insurance	UnumProvident/Ruby Hendricks	601 977-0039	601 977-9083
Life Insurance	Blue Bonnet Life	601 664-4725	601 664-5067
Life/Burial Insurance	Transamerica/Catching Agency	601 355-7489	601 355-7513
Vision Insurance	United Healthcare Vision/Catchings Agency	601 355-7489	601 355-7513
Cancer, Hosp. Income, Critical Illness, Disability	Colonial Life Ins/ Mike Norris Cafeteria Plan Enrollee	601 856-0068	601 856-0079
Legal Services Insurance	Pre-paid Legal Services-Marshand Crisler	601 906-0516	601 373-8265



EMPLOYEE ASSISTANCE PROGRAM- Marion Counseling Services - **601 956-4816**
Counseling for personal, emotional or substance problems –3 free sessions



Credit Union- JAFUCU-Jackson Area Federal Credit Union- Go to 5675 Hwy 18 W, Jackson to join *** **601/922-7055**

Direct Deposit- Obtain forms from the [JPS Intranet](#) or the Business Office in Central Office

CAFETERIA PLAN-

What is the Cafeteria Plan- It is a Section 125 Cafeteria Plan that allows participating employees to deduct eligible expenses such as: eligible insurance products issued below, daycare or certain out-of-pocket medical expenses, from gross earnings before the computation of federal, state, and social security taxes during a plan year (January-December). Three options are allowed:

1. Insurance: Your eligible insurance premiums will be deducted before taxes
2. Dependent Care Expense: Shelter the daycare expense monthly up to \$5,000 annually
3. Unreimbursed Medical Expenses: Out of pocket medical expense such as medical deductibles, pharmacy co-pay, dental expenses and eye care expenses. You estimate the out of pocket medical expenses you will incur during the plan year up to maximum \$2,500.00 then divide by the deductions per year and deduct tax-free. Once you incurred these expenses, submit proof of the expense with a reimbursement form and you will be reimbursed the requested amount not to exceed the annual amount.

- Enroll contact Colonial Life Insurance – **Mike Norris at 601/856-0068**

Reimbursement forms website: www.sabcflex.com Forms or Account Balance

SOUTHERN ADMINISTRATORS AND BENEFIT CONSULTANTS, INC. (SABC)

601/856-9933 or 1-800-844-2555