

*Voluntary Benefits, Employee Education,
Enrollment Services & Benefit Administration*

NEWLY HIRED EMPLOYEE





PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Welcome to employment at MS Department of Corrections!

MS Dept. of Corrections partners with **Amerilife Benefits | Taylor & Sons** to provide our employees with a comprehensive and valuable benefits package.

As a newly hired employee, the benefits offered at this time are State Health, State Life, Dental, Vision, Catchings Agency Burial Benefits and Legal Shield as well as other MDOC Organizational contributions(MAPC, CPO, MASE, ERF, SSCA).

Other benefits will be offered during the annual enrollment period in September of each year.

You have 30 days to make your new hire benefit elections.



Benefits Portal

<http://mybenefitsportal.com/mdoc/>



Welcome to the Mississippi Department of Corrections benefits portal.
Please use the quick links below to navigate to learn more about the vast array of employee benefit options offered by MDOC.

*Know what's available!
The Benefits Portal houses generic information (brochures, forms, etc.) about the benefits that are offered by MDOC.*

The portal is available 24 hours a day, 7 days a week for you to review the information.



Always Care Dental Plan – Low Option

Type of Service	
Annual Maximum Benefit (per calendar year)	\$1,000 per covered person
Annual Deductible (per calendar year)	\$25 per person, \$75 family max
Preventive Procedures – exams, cleanings, etc. (2 per calendar year)	100%, no wait
Basic Procedures – fillings, simple oral surgery, etc.	50% after deductible, no wait
Major Procedures – complex oral surgery, endodontics, periodontics, crowns, bridges, dentures, etc.	25% after deductible, 1 year wait

Monthly Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Employee	\$17.46	\$34.82	\$40.62	\$52.24





Always Care Dental Plan – High Option

Type of Service	
Annual Maximum Benefit (per calendar year)	\$1,500 per covered person
Annual Deductible (per calendar year)	\$50 per person, \$150 family max
Preventive Procedures – exams, cleanings, etc. (2 per calendar year)	100%, no wait
Basic Procedures – fillings, simple oral surgery, etc.	80% after deductible, no wait
Major Procedures – complex oral surgery, endodontics, periodontics, crowns, bridges, dentures, etc.	50% after deductible, 1 year wait
Orthodontia (adult & child)	\$1,000 lifetime maximum per covered person, 1 year wait

Monthly Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Employee	\$29.40	\$58.70	\$68.44	\$88.04



Always Care Vision Plan

Type of Service	In Network Benefits (WalMart and Others) www.AlwaysCareVision.com	Out of Network Allowance
Exam – one per plan year	\$10 copay	Up to \$30
Lenses – one set per plan year (single vision, bifocal, trifocal)	No copay	\$25 / \$40/\$50/\$50 / \$40
Frames – one set every other plan year	Up to \$94 allowance	Up to \$50
Contact Lenses - (in lieu of glasses)	No copay – exam & fitting \$130 allowance for contacts – elective \$210 allowance for contacts – medically necessary	\$130 \$210

Monthly Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Employee	\$8.98	\$17.60	\$16.76	\$23.36



How Do I Complete My Elections?

Complete the Participation Agreement and return to HR – it is very important that information is **LEGIBLE** and **COMPLETE!**

Participation Agreement for Benefit Enrollment
Mississippi Department of Corrections

Plan Year Effective: January 1, 2022 through December 31, 2022 Email Address: _____
 Employer Name: MS Department of Corrections (MDOC) Phone Number: _____
 Name: _____ Location: _____
 Address: _____ Date of Birth: _____ Date of Hire: _____
 City, State, Zip: _____ Social Security Number: _____
 Annual Salary _____
 Job Title _____



wish to enroll in the Cafeteria Plan YES NO

The purpose of this agreement is to authorize the election of eligible benefits and the reduction in salary necessary to facilitate the employer providing the employee with voluntary selected benefits. This agreement is designed to conform with the requirements of the MDOC Cafeteria Plan in accordance with Sections 125, 79, 105, 106 and 126 of the Internal Revenue Code.

State of Mississippi Employee Benefit Plans – Voluntary Employee Benefits

Benefit Description and Administrator	Coverage Type Employee Only, Employee + Child, Employee + Spouse, Family	Rate/Amount	Election for Pre-Tax Cafeteria (this column can be left blank if you did not enroll in the Cafeteria Plan above)
Dental Insurance thru Always Care Benefits, Inc.			
Vision Care thru Always Care Benefits, Inc.			

The Benefit Plans listed below must be elected with your HR Specialist prior to meeting with a Benefit Counselor.

Payroll Elections	Coverage Type: Employee Only, Employee + Child, Employee + Spouse, Family	Rate/Amount
State Health		
State Life		
TransAmerica Burial Policy		
Legal Shield		
MAFC		
CFO		
MASE		
ERF		
SSCA		

*****On the top portion of the form be sure to mark whether you want your deductions to be pre-taxed or not.**
 Pre-tax deduction = Yes After-tax deduction = No

Dependent Information

If electing employee + spouse, employee + children, or family coverage on any elections please provide the following information on your dependents (please continue listing dependents on the back of this paper if necessary):

Name	Relation	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am requesting MDOC payroll deduct premiums for the listed dependents and coverages indicated on this form.

EMPLOYEE SIGNATURE: _____ DATE: _____



Other Employee Benefits

**The following benefits will be made available
at Annual Open Enrollment later in the year:**

- **Accident**
- **Universal Life Insurance with Long Term Care**
- **Cancer**
- **Critical Illness**
- **Short Term Disability**
- **Hospital Indemnity**
- **Allstate Identity Protection**
- **Medical Reimbursement**
- **Dependent Care Reimbursement**