

STATE AND SCHOOL
EMPLOYEES'

Life AND Health

P L A N

Know Your Benefits

2016 Benefit Changes

Office Visit Copay

We are excited to announce that beginning January 1, 2016, a \$25 Network Primary Care Physician (PCP) copay benefit will be added for participants enrolled in Select coverage in the State and School Employees' Health Insurance Plan. A copay is a fixed amount you pay for the provider's office visit charge. That means no deductible! The \$25 copay only applies to the office visit charge. For any other services performed during the visit, such as labs or x-rays, you will be responsible for the 20% coinsurance, but you will not have to meet any deductible! PCPs include family physicians, general practice physicians, gynecologists, internists, pediatricians, and registered dietitians. The \$25 PCP copay will only apply to PCPs participating in the network, and does not include specialist providers, out-of-network providers, or hospital visits.

Maternity Management Program

To help promote healthy, full-term deliveries and reduce complications, the Plan provides a maternity management program, at no cost to the participant. This program provides pregnancy education, assists in the early identification of risk factors, and provides ongoing monitoring throughout the pregnancy. All services provided through this program are performed by a dedicated nurse with ActiveHealth Management. Beginning in January, in order to encourage expectant mothers to participate in the program, the Plan will provide 100% coverage for covered routine prenatal care and delivery services provided by a network physician for participants who complete the maternity management

program. This benefit does not apply to dependent children. For any participant choosing not to complete the program, regular Plan benefits will apply. For more information on the maternity management program, contact ActiveHealth at (866) 939-4721.

MRI and CT Scans

Currently, certain outpatient imaging services (MRI, CT, CAT scans, etc.) must be pre-certified as medically necessary in order to be covered by the Plan. Starting in 2016, these services will no longer require pre-certification.

Contraceptive Coverage

The Plan currently provides benefits for all FDA-approved generic contraceptive drugs at no cost to the participant. Recently, federal guidelines were issued that require health plans to begin covering at least one form of contraception within each method identified by the FDA, at no charge to the participant. As a result of these new guidelines, the Plan will begin providing coverage at 100% for certain brand contraceptives when a generic is not available or not medically appropriate. If a generic is available and appropriate, and the participant chooses to purchase a brand, the applicable deductible and copay will apply.

Chiropractic Care

Chiropractic therapy services are currently limited to a calendar year maximum of \$2,000 per participant. The dollar limit is being removed and replaced with an annual 30 visit limit for chiropractic services.

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Health Insurance Premium Rate Changes

Your State and School Employees Health Insurance Management Board has worked hard to ensure that all Plan participants have access to comprehensive and affordable health insurance coverage at the lowest possible cost to you and the State. We are happy to announce that health insurance premiums will not increase January 1, 2016. This marks the fifth year in a row that premiums have remained stable. And if you are a Medicare-eligible retiree, your premiums will decrease in January by approximately 5.5%. While we know cost increases can't be avoided indefinitely, we will continue to work hard to ensure that future premium increases are as low as possible to maintain the coverage and provider access you need.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES

Effective January 1, 2016

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*	\$356	\$0	\$376	\$20	\$356	\$0	\$394	\$38
Employee + Spouse	\$745	\$389	\$819	\$463	\$745	\$389	\$837	\$481
Employee + Spouse & Child(ren)	\$949	\$593	\$1,023	\$667	\$949	\$593	\$1,041	\$685
Employee + Child	\$457	\$101	\$531	\$175	\$457	\$101	\$549	\$193
Employee + Children	\$614	\$258	\$688	\$332	\$614	\$258	\$706	\$350

*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	\$409	\$432	\$597	\$620
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,232	\$1,317
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,387	\$1,472
Retiree + Child	\$525	\$587	\$690	\$775
Retiree + Children	\$706	\$744	\$847	\$932
Retiree + Spouse (Medicare)	N/A	\$612	N/A	\$800
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$767	N/A	\$955
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$180	N/A	\$180
Retiree + Spouse (Non-Medicare)	N/A	\$689	N/A	\$877
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$924	N/A	\$1,032
Retiree + Child	N/A	\$335	N/A	\$335
Retiree + Children	N/A	\$492	N/A	\$492
Retiree + Spouse (Medicare)	N/A	\$360	N/A	\$360
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$515	N/A	\$515
RETIRED NON-MEDICARE MARRIED TO ACTIVE	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$409	\$432
Retiree + Child	\$510	\$587	\$510	\$587
Retiree + Children	\$667	\$744	\$667	\$744

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$363	\$383	\$363	\$401
Participant + Spouse	\$759	\$835	\$759	\$853
Participant + Spouse & Child(ren)	\$967	\$1,043	\$967	\$1,061
Participant + Child	\$466	\$541	\$466	\$559
Participant + Children	\$626	\$701	\$626	\$720
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$534	\$564	\$534	\$591
Participant + Spouse	\$1,117	\$1,228	\$1,117	\$1,255
Participant + Spouse & Child(ren)	\$1,423	\$1,534	\$1,423	\$1,561
Participant + Child	\$685	\$796	\$685	\$823
Participant + Children	\$921	\$1,032	\$921	\$1,059

Introducing Castlight

Your One-Stop Shop For Health Care

We are excited to announce the October launch of our new transparency tool powered by Castlight. Health care is more complicated than ever. It's often difficult to understand your options for high-quality care, and you usually won't know the cost of a doctor or hospital visit until the bill comes. We want to help you and your families get the most out of your benefits.

Castlight is a personalized online healthcare shopping tool provided free to Plan participants (age 18+). Castlight lets you compare doctors and medical facilities based on cost and quality ratings. You will be able to view physician board certifications, specialties, and even driving directions to their office! It's time you were able to make more informed health care decisions.

castlight

HEALTH

After all, when it comes to health care, higher cost doesn't always equal higher quality. Beginning in October, you will be able to register to use this new user-friendly tool at www.mycastlight.com/mississippi or by calling a Castlight Guide at (866) 970-5986.



2015 Open Enrollment

The Plan's 2016 Plan Year Open Enrollment period will be from October 1 through October 31, 2015. Active employees, non-Medicare eligible retirees, and COBRA participants may choose Base or Select Coverage during Open Enrollment with the coverage to be effective January 1, 2016. You can find an Application for Coverage form on the Plan's website, at your employer's Human Resources office, or by calling Blue Cross & Blue Shield of Mississippi (BCBSMS) at (800) 709-7881. Refer to the enrollment categories below to see what changes you can make during Open Enrollment.

Active Employees: If you want to change coverage types (Base or Select) or add eligible dependents, you will need to return a completed *Application for Coverage* form to your Human Resources office. Contact your Human Resources office to find out the deadline to submit the form. Remember, you must be participating in the Plan in order to cover your dependents.

Non-Medicare Retirees: If you want to change coverage types (Base or Select), you will need to return a completed *Application for Coverage* form to BCBSMS by October 31, 2015. Please note that retirees cannot add dependents during Open Enrollment.

COBRA Participants: If you are a COBRA participant and want to change coverage types (Base or Select) or add eligible dependents, you will need to return a completed *Application for Coverage* form to BCBSMS by October 31, 2015.

Medicare Eligible Retirees: Medicare eligible retirees cannot make coverage changes during open enrollment.



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New Pharmacy Benefits Manager

Prime Therapeutics

We are pleased to announce that Prime Therapeutics LLC (Prime) will begin serving as the Plan's new pharmacy benefits manager (PBM) beginning January 1, 2016. Selected as a result of a comprehensive RFP process, Prime is a national PBM currently providing services to approximately 26 million members. Prime's focus is on keeping medicines affordable while providing customer service experience that makes it easier to get the medicine you need.

Catamaran, the Plan's current PBM whose contract will end in December, is working with the Board and Prime to help ensure a smooth transition. Most open prescriptions you currently have should transfer to Prime automatically. If you currently participate in Catamaran's home delivery service, you will need to register for PrimeMail to continue receiving your medications by mail. Information on registering for PrimeMail will be included in the welcome packet you will receive in December, along with your new ID card, as well as other helpful information to assist you with any pharmacy benefit questions you may have.



Summary of Benefits and Coverage and Uniform Glossary

The Patient Protection and Affordable Care Act (PPACA) requires group health plans provide participants with an easy-to-understand summary of benefits and coverage and a uniform glossary of terms commonly used in health insurance coverage. Coverage examples in the summary illustrate how the Plan covers care for common benefit scenarios. You can find a summary for both Base and Select Coverage and the Uniform Glossary on the Plan's web site at www.KnowYourBenefits.dfa.ms.gov. You can also find the glossary on the health care reform web site at www.HealthCare.gov and www.dol.gov/ebsa/healthreform. If you do not have access to the internet, you may request a paper copy of these documents by calling the Office of Insurance at (601) 359-3411 or toll-free at (866) 586-2781.