

STATE AND SCHOOL
EMPLOYEES'

Life AND Health
P L A N

Know Your Benefits

2009 Health Risk Assessments

Adult participants age 18 and older must complete a new health risk assessment (HRA) on or after January 1, 2009, prior to a wellness/preventive visit, in order to be eligible for the \$1,000 wellness benefit for calendar year 2009. Covered wellness/preventive services for adult participants residing in Mississippi are not subject to the calendar year deductible and must be provided by an AHS State Network provider in order to qualify for benefits. For a complete list of covered wellness services, please visit the Plan's website at <http://knowyourbenefits.dfa.state.ms.us>. If you do not have internet access, you can call BCBSMS at (800) 709-7881 to receive a copy of the list. Remember, if you do not complete an HRA, you will not be eligible to receive any adult wellness and preventive service benefits.

2009 Open Enrollment

The State and School Employees' Health Insurance Plan's 2009 Open Enrollment period will be from October 1 through October 31, 2008. During this time, you will have the opportunity to add or change health insurance coverage for yourself and your eligible dependents.

Active Employees: If you or your eligible dependents are not currently covered under the Plan, you may apply for coverage during the month of October. You may choose either Base Coverage or Select Coverage during Open Enrollment. Coverage additions or changes made during Open Enrollment will be effective January 1, 2009. Remember, you must be covered in order to cover your dependents. To add coverage or make changes to your coverage, you will need to contact your Human Resources office to obtain an *Application for Coverage* form. Your Human Resources office can advise you of their deadline for receiving completed forms.

Retirees: If you are a covered non-Medicare eligible retiree, you may choose either Base Coverage or Select Coverage during Open Enrollment. Coverage changes will be effective January 1, 2009. You will need to return a completed *Application for Coverage* form to Blue Cross & Blue Shield of Mississippi (BCBSMS) by October 31, 2008. Please contact BCBSMS at (800) 709-7881 if you need to request a form. Please note that retirees cannot add dependents during Open Enrollment.

COBRA Participants: If your eligible dependents are not currently covered under the Plan, you may apply for coverage for your dependents during the month of October, with coverage to be effective January 1, 2009. You may choose either Base Coverage or Select Coverage during Open Enrollment. You will need to return a completed *Application for Coverage* form to BCBSMS by October 31, 2008. Please contact BCBSMS at (800) 709-7881 to request a form.

Base Coverage Deductibles

For Base Coverage to continue to qualify as a high deductible health plan under federal tax regulations, the calendar year 2009 deductibles will be as follows:

Base Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,150	
Calendar Year Deductible - Family Coverage	\$2,300	

Select Coverage Deductibles

Calendar year deductibles for Select Coverage will not change in 2009. The calendar year deductible amounts will remain:

Select Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$500	\$1,000
Calendar Year Deductible - Family Coverage	\$1000	\$2,000

Prescription Drug Program

Effective January 1, 2009, there will be changes to the co-payment amounts you pay for prescription drugs. Participants with Select Coverage must continue to satisfy a \$50 prescription drug deductible before receiving benefits under the program. Participants with Base Coverage must satisfy the applicable calendar year deductible (medical and/or prescription drug) before receiving benefits under the program. The following chart shows the new co-payment amounts that will be effective January 1, 2009 for prescription drugs:

	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Generic Drugs	\$12	\$24
Preferred Brand Drug	\$36	\$72
Non-Preferred Brand Drug	\$60	\$120

Smoking Cessation Prescription Drugs

Effective January 1, 2009, the Plan will begin providing coverage for certain smoking cessation prescription drugs. The prescribing physician must contact Catalyst Rx at (866) 757-7839 for prior authorization, and the participant must be enrolled in the Plan's smoking cessation counseling program. Coverage for the approved smoking cessation prescription drugs will be subject to the participant's applicable deductible and the appropriate prescription drug co-payment amount, and will be limited to a lifetime maximum of \$350. Over-the-counter smoking cessation products will not be covered.

Diabetic Supplies

Effective January 1, 2009, the co-payment for non-preferred brand diabetic testing strips and lancets will be increased to \$36 when purchased at a retail pharmacy. The co-payment for preferred brand testing strips and lancets will be \$12 when purchased at a retail pharmacy. Participants enrolled in the Diabetic Sense program will receive a 90-day supply of preferred brand diabetic testing strips or lancets for \$24. To enroll or learn more, please contact Diabetic Sense at (877) 852-3512.

Adult Wellness Preventive Coverage Out-of-Area Participants

Effective January 1, 2009, the Plan will provide a 75% benefit level, up to the \$1,000 maximum, for covered wellness services provided to out-of-area participants age 18 and older by non-AHS State Network providers. Out-of-area participants are those participants who live outside the State of Mississippi. These services are subject to the Plan's allowable charge, but are not subject to the calendar year deductible. Out-of-area participants must complete a health risk assessment on or after January 1, 2009, prior to a wellness/preventive visit to be eligible for the \$1,000 wellness benefit for calendar year 2009.

Chiropractic Benefits

Effective January 1, 2009, the maximum benefit for chiropractic services will increase to \$2,000 per participant per calendar year. This annual limitation pertains only to manipulative therapy services (i.e., adjustments, heat/cold pack therapy, traction), and does not apply to x-rays or laboratory services provided in connection with chiropractic services.

Pulmonary Rehabilitation Programs

Effective January 1, 2009, benefits will be provided for pulmonary rehabilitation services for participants enrolled in the Plan's disease management program for Chronic Obstructive Pulmonary Disease (COPD) or Asthma. Benefits for these services must be certified by CareAllies and will be subject to the participant's deductible and coinsurance. Benefits will only be provided for programs certified by the American Association of Cardiovascular and Pulmonary Rehabilitation. To enroll or learn more about the Plan's disease management program, please contact CareAllies at (800) 523-8739.

Well-Child Immunizations

Effective January 1, 2009, coverage for immunizations for your covered dependents under age 18 will increase from 80% to 100%. These services are not subject to the calendar year deductible and you must use an AHS State Network provider in order to receive these benefits. For a complete list of covered well-child care services, please visit the Plan's website at <http://knowyourbenefits.dfa.state.ms.us>, or call BCBSMS at (800) 709-7881 to request a copy.