

Know
Your

Benefits



MISSISSIPPI STATE & SCHOOL EMPLOYEES'
LIFE AND HEALTH INSURANCE PLAN

Quarterly Newsletter - 2016

OPEN ENROLLMENT

Open enrollment time is fast approaching for participants in the Mississippi State and School Employees' Life and Health Insurance Plan (Plan). Open enrollment is from October 1 through October 31.

During this time, active employees, non-Medicare eligible retirees and COBRA participants have an opportunity to make changes to their health insurance coverage.

You can download an *Application for Coverage* from KnowYourBenefits.dfa.ms.gov/rates-coverage/, contact your Human Resources office or call Blue Cross & Blue Shield of Mississippi (BCBSMS) at (800) 709-7881 for an application.

Active Employees

If you want to change coverage types (Base or Select) or add eligible dependents, you'll need to complete and return an *Application for Coverage* to your Human Resources (HR) office no later than Oct. 31, 2016. Check with your HR office for more details. Remember, you must be a Plan participant to cover your dependents.

Non-Medicare Retirees

If you are a non-Medicare retiree and you want to change coverage types (Base or Select), you will need to return a completed *Application for Coverage* to BCBSMS by Oct. 31, 2016. Retirees cannot add dependents during open enrollment.

COBRA Participants

If you have coverage through COBRA and want to make changes to your coverage or add eligible dependents, you will need to complete and return the *Application for Coverage* to BCBSMS by Oct. 31, 2016.

Medicare Eligible Retirees

Medicare eligible retirees cannot make coverage changes during open enrollment.

NOTE: The effective date for any coverage changes made during open enrollment is Jan. 1, 2017.

OCTOBER IS
OPEN 
Enrollment

Open Enrollment: Time to review your benefits

Open enrollment is a once a year opportunity to review your health benefits and coverage.

If you have had a change in family size, health or just want to review what insurance you currently have and see what options are available, this is your time.

With the exception of a qualifying event, changes are not permitted during other months of the year.

Take some time in October to review your benefits and coverage.



What's Inside

- Premiums, Copays & Deductibles
- Wellness/Preventive Benefits
- 2017 Monthly Premium Rate Sheet
- Diabetes Benefits for Plan Participants
- Terms You Need to Know

2017 BENEFIT CHANGES

The Plan provides coverage for nearly 200,000 active employees, dependents, spouses, retirees and COBRA beneficiaries.

Your State and School Employees Health Insurance Management Board has continued to add new benefits and services while providing greater access to comprehensive and affordable health insurance coverage.

The Board continues to closely monitor increasing health care and prescription costs in an effort to manage the Plan without implementing significant premium increases.

Premiums, Copays & Deductibles



Good news! For the sixth year in a row active employees and dependents will see no increase in their health insurance premiums! Premiums for Medicare eligible retirees and Horizon non-Medicare eligible retirees will have to be increased in 2017 in order to bring them

to their actuarial cost, as required by State law.

For a listing of all coverage classes and their respective premiums effective Jan. 1, 2017, please refer to the premium rate sheet on page 4 of this newsletter.

More good news! Copays and deductibles for both Base and Select Coverage are not changing in 2017. There will be some changes to the coinsurance and out of pocket limits, which should make it easier for participants to compare coverage types (Base or Select) when making coverage decisions. Beginning in 2017, the Plan will standardize coinsurance terminology and dollar limits, and have the same combined out-of-pocket limit for both coverage options.

The in-network medical coinsurance maximums for Base Coverage will be \$2,500 for individuals and \$5,000 for families. The Base Coverage out-of-network medical coinsurance maximums will be \$3,500 (individual) and \$7,000 (family). The combined out-of-pocket limit for individuals will be \$6,500 for both Base and Select Coverage, and will be \$13,000 for families with Base Coverage.

Prescription Drug Coverage

The Plan's strategy for prescription benefits is to provide access to safe, effective and affordable medication for participants. Maintaining a continued emphasis on generic utilization, there will be no change in 2017 to the coverage tiers, and no increases in deductibles and copayment amounts for retail or mail-order prescriptions.

Preventive Medications

While a number of specific preventive medications are already available to all participants with no cost sharing (no deductible/no copayment), under the Affordable Care Act (ACA), high deductible health plan (HDHP) regulations



permit coverage of certain preventive medications before meeting the Base Coverage deductible.

Beginning Jan. 1, 2017, for certain preventive medications, (e.g., anticoagulants [blood thinners], antiarrhythmics [cardiac drugs], cholesterol, osteoporosis, antidepressants, asthma and diabetes medications) participants with Base Coverage will have the same pharmacy benefit deductible and copayment tiers as Select Coverage: \$75 deductible; \$12 generic, \$45 brand and \$70 non-preferred brand copayments.

Eliminating the high deductible for these medications will provide Base Coverage participants with the same access as participants with Select Coverage. A complete list of covered preventive medications can be accessed on the KnowYourBenefits.dfa.ms.gov website.

Telemedicine Services

The State and School Employees Health Insurance Management Board authorized the procurement of a telemedicine vendor to offer Plan participants with real-time, interactive consultations (via video conference, Web applications and other electronic media) with medical providers for routine and urgent care 24/7!

The value of this benefit to participants in terms of greater access and lower cost is significant. In addition to 24/7 availability, the participant will enjoy a lower, flat copay when receiving these services. The Board approved a \$10 copay for basic telemedicine visits with primary care providers, not subject to deductibles, for participants with Select Coverage. Due to IRS regulations, participants with Base Coverage will first have to meet their deductible before the \$10 copay begins, but will nonetheless experience a much lower cost than what they would have with a traditional office visit.

Once the Board has selected the telemedicine vendor, more information will be provided about this new benefit to be available later in 2017.

2017 PLAN DOCUMENT

Beginning Dec. 1, 2016, the 2017 State and School Employees' Life and Health Insurance Plan Document will be available online at <http://knowyourbenefits.dfa.ms.gov>.

You may receive a printed copy of the 2017 Plan Document by sending a request with your name, mailing address and phone number to:

Mail: Department of Finance and Administration
Office of Insurance
P.O. Box 24208
Jackson, MS 39225-4208

Email: KnowYourBenefits@dfa.ms.gov

Printed copies will be available after January 1, 2017.



WELLNESS/PREVENTIVE BENEFITS

The Plan is required by the ACA to cover a number of preventive services recommended by the United States Preventive Services Task Force (USPSTF) at no participant cost sharing.

As a result of their ongoing review and evaluation process, the USPSTF has recently modified their recommended services. Beginning January 1, coverage for the following Preventive Wellness Services will be revised as follows:

PSA Screening

Based on the Task Force recommendations, **PSA tests will no longer be covered as a wellness/preventive benefit for prostate cancer.** This test will continue to be covered under regular medical benefits when medically necessary.

Cervical Pap Smears

The American College of Obstetricians & Gynecologists, the Centers for Disease Control and Prevention, and the USPSTF have modified their recommendation for cervical cancer screenings. In following these new medical guidelines, **pap smears for women ages 21 to 65 years will be covered only once every three years as**

a wellness/preventive benefit. This test will continue to be covered more frequently under regular medical benefits when medically necessary.

Urinalysis (children and adults)

The USPSTF and the CDC recommend that a urinalysis only be done as a diagnostic test, never as a preventive service. National guidelines recommend against the test unless a patient is symptomatic. **Routine urinalysis testing will no longer be covered for children and adults as a wellness/preventive benefit.**

Iron Deficiency Anemia (CBC, hemoglobin or hematocrit)

Testing for iron deficiency anemia will be covered once for children age 6 to 24 months because there is insufficient evidence to support routine screenings for anemia in asymptomatic children under the age of two. The task force has also concluded that evidence is insufficient to recommend routine screenings for adults unless a patient is pregnant. Therefore, **additional testing for anemia will no longer be covered as a wellness/preventive benefit.** (Continued on page 4)

Screening for Lipid Disorders (patients 20 years old and younger)

Cholesterol screenings are not recommended for patients 20 years old and younger. The USPSTF has concluded that current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders in this age group. Therefore, **routine testing for lipids will no longer be covered as a wellness/preventive benefit.**

The aforementioned services currently covered under wellness/preventive benefits may still be covered under regular Plan benefits, based on medical necessity and subject to applicable deductibles and coinsurance.



DIABETES BENEFITS FOR PLAN PARTICIPANTS

Did you know one in three Mississippians may be at risk for diabetes?

Type 2 diabetes can be life threatening, but it doesn't have to be. With appropriate treatment, diabetes can be both preventable and manageable.

Complications include:

- Blindness
- Amputations
- Heart attack, stroke
- Kidney failure
- Severe infections

Diabetes resources for Plan participants include:

Self-Management Education

The Mississippi State Department of Health provides Diabetes Self-Management Education (DSME), an evidence-based program for those living with diabetes.

For more information on how to receive these services at no cost to you, call the MSDH Office of Preventive Health at (844) 367-2566 or go to HealthyMS.com/Freedom.

Clinical Care

With a customized plan of care developed by the Diabetes Care Group's (DCG), you can take control of your diabetes. There are no copays or out-of-pocket expenses for those with an A1c of 7 or greater. Participants with an A1c less than 7 can schedule a visit with DCG at regular Plan benefits. Contact DCG at (800) 639-2621 or go online to DiabetesCareGrp.com.

Diabetic Supplies

Through Prime Therapeutics, you can receive free health education support, a free blood glucose meter and diabetic supplies at a reduced copay. Call (855) 457-0408 or go to MyPrime.com for diabetic supplies.

Condition Management

Managing your diabetes with free, individualized training through the Informed Care Management Program, ActiveHealth stands ready to help you keep your diabetes under control. Call (866) 939-4721 or go to MyActiveHealth.com/Mississippi for more information.



MOTIVATING MISSISSIPPI - KEYS TO LIVING HEALTHY

Want to stay healthy and feel your best? Now you can — at no extra cost!

One resource that is available to you through the Plan is the Informed Care Management program provided by ActiveHealth to help you manage chronic health conditions such as:

- Diabetes
- High Blood Pressure
- Coronary Artery Disease
- Congestive Heart Failure
- Cancer
- Asthma
- Chronic back and neck pain
- Osteoarthritis and Rheumatoid arthritis
- Kidney disease
- Lupus

The dedicated team of ActiveHealth registered nurses is available by phone Monday through Saturday to support you. Call today (866) 939-4721 to set up an appointment with a registered nurse.

You can also visit the Motivating Mississippi-Keys to Living Healthy website at MyActiveHealth.com/Mississippi and utilize any of the Digital Coach self-management programs from your computer or smartphone.



2017 MONTHLY PREMIUM RATES

STATE & SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

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

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	LEGACY RETIREES		HORIZON RETIREES	
	BASE	SELECT	BASE	SELECT
Retiree	\$409	\$432	\$653	\$676
Retiree + Spouse (Non-Medicare)	\$856	\$941	\$1,309	\$1,394
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,091	\$1,176	\$1,464	\$1,549
Retiree + Child	\$525	\$587	\$746	\$831
Retiree + Children	\$706	\$744	\$903	\$988
Retiree + Spouse (Medicare)	N/A	\$616	N/A	\$860
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$771	N/A	\$1,015
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$184	N/A	\$184
Retiree + Spouse (Non-Medicare)	N/A	\$693	N/A	\$902
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$928	N/A	\$1,057
Retiree + Child	N/A	\$339	N/A	\$339
Retiree + Children	N/A	\$496	N/A	\$496
Retiree + Spouse (Medicare)	N/A	\$368	N/A	\$368
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$523	N/A	\$523
COBRA	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

Rates effective January 1, 2017

Legacy - Initially hired before January 1, 2006

Horizon - Initially hired on or after January 1, 2006

TERMS YOU NEED TO KNOW

Coinsurance

The coinsurance is the amount of an allowable charge (usually a percentage) that a participant pays for covered expenses after the appropriate deductible is met.

Copayment

A copayment (copay) is a fixed amount you pay for covered health care services, prescriptions or supplies. For example, for participants with Select Coverage, a \$25 copay is available for in-network Primary Care Physician (PCP) visits.

Deductible

The calendar year deductible is the dollar amount a participant must meet before the Plan begins to pay its share of covered expenses in a calendar year.

Formulary

The formulary is a specific list of preferred drugs maintained by Prime, the pharmacy benefit manager for the Plan. The list assists physicians and pharmacies in selecting clinically appropriate and cost-effective drugs for Plan participants.

Who to call?

MEDICAL CLAIMS: Blue Cross & Blue Shield of Mississippi (800) 709-7881

FIND A PARTICIPATING PROVIDER: AHS State Network (800) 294-6307

HOSPITAL ADMISSIONS, CERTIFICATIONS OR WELLNESS: ActiveHealth (866) 939-4721

QUESTIONS ABOUT PRESCRIPTIONS: Prime Therapeutics (855) 457-0408

QUESTIONS ABOUT MINNESOTA LIFE (SECURIAN) OR TO CHECK YOUR BENEFICIARY DESIGNATION: Minnesota Life (Securian) (877) 348-9217 or myBlue.bcbsms.com

For more information:

For questions or newsletter ideas, send an email to KnowYourBenefits@dfa.ms.gov.

For additional information on the Plan, benefits or resources, go to KnowYourBenefits.dfa.ms.gov.