2018 Premium & Benefit Changes

The cost of medical services and prescription drugs is constantly on the rise. The Mississippi State and School Employees Health Insurance Management Board has worked hard to continue to enhance benefits while “holding the line” on premium increases.

While annual premium increases, many double-digit, are the norm around the country, we have been successful in avoiding such actions while maintaining the Plan’s financial stability. In fact, the last change in premiums was a 4.2 percent increase in 2011, and prior to that, a 1.5 percent increase in 2008.

Since that time, numerous benefits have been added to the Plan, many at little or no cost to the employee, such as wellness benefits, online doctor visits, two wellness visits each year, tobacco cessation and weight management programs.

While we would all like to continue without ever having a premium increase, the simple fact is that the Plan is providing benefits greater than the premiums being received. Faced with this fact, the Board must either adjust benefits, increase premiums or some combination of both.

In order to continue to provide quality health insurance coverage to the nearly 200,000 employees, retirees and dependents participating in the Plan, the Board voted to make a number of benefit changes for 2018, and implement a 5 percent premium rate increase effective July 1, 2018. The new monthly premium rate sheet has been included on page 5 of this newsletter.

In addition, the following benefit changes have been approved effective January 1, 2018:

**Prescription Drug Coverage**

Finding ways to ensure that participants have affordable access to the medications they need while keeping the Plan financially secure is a major challenge. While no changes are scheduled for the current prescription drug deductible or copayments for generic or preferred brand name drugs, the copayment for specialty and non-preferred drugs will increase from $70 to $100 for a 30-day supply. This increase is necessary to help address the spiraling growth in the cost of these categories of prescription drugs.

Specialty drugs are high-cost medications that are typically used to treat complex, chronic conditions. Many specialty drug manufacturers offer patient assistance programs and/or coupons to help people afford these expensive medications.

Non-preferred drugs are those brand name medications for which a chemically equivalent alternative “preferred” drug is available, often at much less cost. Participants and the Plan save money when a preferred drug is purchased instead of the non-preferred, without sacrificing the clinical benefits of the medication.
Coverage for Dietitian Services
Last year, the Plan made network registered dietitian office visits eligible for the $25 office visit copay, in an effort to help address obesity, high cholesterol, and many other problems associated with being overweight. Beginning in 2018, the current four visits per calendar year limit for dietitian services will be removed, thus allowing participants more access to these services. In addition, when rendered online in a telemedicine setting, these services will be available at a $10 copay for participants with Select Coverage, as well as Base Coverage participants who have met their annual deductible.

Wellness/Preventive Services
The Plan complies with the Affordable Care Act’s mandated wellness benefits, which are generally based on the United States Preventive Services Task Force (USPSTF) guidelines. The USPSTF now recommends that adults without a history of cardiovascular disease (CVD) use a low to moderate dose statin to help lower blood cholesterol levels for the prevention of CVD events. Beginning in January 2018, the Plan will provide 100 percent coverage (no copay/no deductible requirements) for the generic statin Lovastatin, for participants when all of the following criteria are met:

1. Patient is 40 to 75 years of age;
2. Patient has one or more CVD risk factors (i.e., high cholesterol, diabetes, high blood pressure or tobacco use); and
3. Patient has a calculated 10-year risk of a cardiovascular event (e.g., heart attack, angina) of 10 percent or greater.

With Amwell, the Doctor will see you NOW!
Do you have a cold that won’t go away, but you don’t have time to go to the doctor? Choose an online doctor visit with Amwell and see a doctor now!
Amwell provides a faster, easier way to see a doctor anytime, 24/7 with a smartphone, tablet or computer. It’s easy to use, private and secure. And, it’s affordable too! All visits must be real-time video.

Sign up is EASY!
• Download the Amwell app on your cell phone or other mobile device, or visit their website at mssehip.Amwell.com.
• Set up your personal username and password and enter Service Key MSSEHIP for the new benefit.
• Enter your contact information, including your Blue Cross & Blue Shield of Mississippi ID number.

What can I use Amwell for?
Online doctor visits will save you time and money, and are appropriate for non-emergent care such as:

- Sinus problems
- Rash
- Pink eye
- Ear infection
- Headache/Migraine
- Abdominal pain/cramps
- Cold, flu and fever
- Urinary tract infection

What is the Cost?
For those with Select Coverage, an Amwell visit is only $10. For those with Base Coverage, the $10 copay applies once the deductible has been met. Until then, the visit is only $49.

So next time you need to go to the doctor, but can’t wait, just go online or tap the Amwell app, and get on the road to recovery fast. Online doctor and/or nurse practitioner visits may also be available from your local network provider.
Know Your Benefits
Open Enrollment!

October is here! For active employees and COBRA participants, this means you have an opportunity to make changes to your health insurance coverage.

For active employees, check with your Human Resources office for open enrollment information. COBRA participants who want to make coverage changes should contact BCBSMS at 800-709-7881. Retirees cannot add dependents during open enrollment. However, a non-Medicare retiree or a surviving spouse may change their coverage type (Base or Select Coverage) during this period. The effective date for changes made during open enrollment is January 1, 2018.

Check our website often for news and benefit information or call BCBSMS at 800-709-7881.
KnowYourBenefits.dfa.ms.gov

ActiveHealth Resources are just a CLICK AWAY!

Motivating Mississippi – Keys to Living Healthy is the Plan’s wellness and preventive health benefits program. We utilize a health management vendor, ActiveHealth Management (AHM), who is dedicated to providing you with the tools and resources needed to help you lead a healthier life.

About ActiveHealth Management
AHM is passionate about helping everyone achieve and maintain their best health, and is focused on providing quality resources to assist you in meeting your personal health goals. Services provided by ActiveHealth are available as a FREE benefit to you and your covered dependents.

Just Click and Learn
At the center of Motivating Mississippi is a powerful personal health and wellness website. Visit MyActiveHealth.com/Mississippi for tools designed to get active, healthy and motivated.
These include a Health Assessment, a Personal Health Record, Digital Coaching and much more!

Health Assessments – Help You Improve Your Health
The Health Assessment is a short questionnaire that helps you find ways to improve your health and well-being. You can complete the confidential questionnaire online at MyActiveHealth.com/Mississippi or by phone, toll-free at 866-939-4721.

Digital Coaching – Mobile Education
With just a click, you have access to hundreds of digital coaching modules that can teach you how to get healthy. These online tools connect you to convenient, FREE coaching and health information anytime.
Digital coaching features insightful articles, games, videos and more to keep you on the path to a happier, healthier you, all available 24/7 from your laptop, tablet or smartphone.

Amazon Gift Card!
When you complete a digital coaching module, you’re automatically entered into a quarterly sweepstakes drawing for a $100 Amazon gift card. Your new running shoes may be just around the corner!
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 or stroke
- Kidney failure
- Severe infections
- Death

The State and School Employees’ Health Insurance Plan provides 100 percent coverage for many diabetes resources, education and training once approved through ActiveHealth Management.

If you or your covered dependents are at risk for developing type 2 diabetes or have already been diagnosed, resources are available to help you manage the disease.

**Diabetes Self-Management Education**

Education is an important component for managing any disease. The Mississippi State Department of Health (MSDH) offers diabetes education at no cost to you at locations across the State. To find a location near you, contact the MSDH, Office of Preventive Health at 844-367-2566 or go to HealthyMS.com/Freedom.

**Clinical Care**

If you or a family member has been diagnosed with diabetes, you can get the help you need through clinical care provided by the Diabetes Care Group (DCG).

If you have a hemoglobin A1c (blood sugar) of 7.0 or more, DCG will customize a plan of care to help you take control of the disease. There are no copays or out-of-pocket expenses for these services.

If you have an A1c less than 7.0, you can schedule a visit with DCG at regular plan benefits and learn more about how to reduce your risk.

For additional information, contact DCG at 800-639-2621 or go to DiabetesCareGrp.com.

**Diabetic Supplies**

Having the right supplies and medication is important when you have diabetes. Prime Therapeutics, the Plan’s pharmacy benefit manager, provides access to prescriptions and supplies to help you keep your blood sugar levels under control. Call 855-457-0408 or go to MyPrime.com for information on diabetic supplies.

**Care Management**

ActiveHealth Management (AHM) will help you manage your diabetes and other health challenges with free, individualized training through their Informed Care Management Program.

AHM will provide a nurse case manager who will help you understand how to take control of your health. AHM also offers a comprehensive website with more than 200 topics to inspire and motivate you through digital coaching modules.

For more information call 866-939-4721 or go to MyActiveHealth.com/Mississippi.
LEGACY EMPLOYEES | HORIZON EMPLOYEES
---|---
**ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE** | **ACTIVE EMPLOYEE**
| **BASE** | **SELECT** | **BASE** | **SELECT** | **BASE** | **SELECT** | **BASE** | **SELECT**
| TOTAL PREMIUM | PORTION | TOTAL PREMIUM | PORTION | TOTAL PREMIUM | PORTION | TOTAL PREMIUM | PORTION |
Employee* | $375 | $0 | $395 | $20 | $375 | $0 | $413 | $38 |
Employee + Spouse | $782 | $407 | $860 | $485 | $782 | $407 | $878 | $503 |
Employee + Spouse & Child(ren) | $996 | $621 | $1,074 | $699 | $996 | $621 | $1,092 | $717 |
Employee + Child | $480 | $105 | $558 | $183 | $480 | $105 | $576 | $201 |
Employee + Children | $645 | $270 | $723 | $348 | $645 | $270 | $741 | $366 |

**RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE** | **RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE**
---|---
| **BASE** | **SELECT** | **BASE** | **SELECT** |
Retiree | $431 | $454 | $687 | $710 |
Retiree + Spouse (Non-Medicare) | $899 | $989 | $1,374 | $1,464 |
Retiree + Spouse & Child(ren) (Non-Medicare) | $1,145 | $1,235 | $1,537 | $1,627 |
Retiree + Child | $552 | $617 | $783 | $873 |
Retiree + Children | $741 | $782 | $948 | $1,038 |
Retiree + Spouse (Medicare) | N/A | $638 | N/A | $894 |
Retiree + Spouse & Child(ren) (One or more Medicare) | N/A | $801 | N/A | $1,057 |

**RETIRED EMPLOYEE - MEDICARE ELIGIBLE** | **RETIRED EMPLOYEE - MEDICARE ELIGIBLE**
---|---
| **BASE** | **SELECT** | **BASE** | **SELECT** |
Retiree | N/A | $184 | N/A | $184 |
Retiree + Spouse (Non-Medicare) | N/A | $719 | N/A | $938 |
Retiree + Spouse & Child(ren) (Non-Medicare) | N/A | $965 | N/A | $1,101 |
Retiree + Child | N/A | $347 | N/A | $347 |
Retiree + Children | N/A | $512 | N/A | $512 |
Retiree + Spouse (Medicare) | N/A | $368 | N/A | $368 |
Retiree + Spouse & Child(ren) (One or more Medicare) | N/A | $531 | N/A | $531 |

COBRA | COBRA
---|---
| **BASE** | **SELECT** | **BASE** | **SELECT** |
Participant | $382 | $402 | $382 | $421 |
Participant + Spouse | $797 | $877 | $797 | $895 |
Participant + Spouse & Child(ren) | $1,015 | $1,095 | $1,015 | $1,113 |
Participant + Child | $489 | $569 | $489 | $587 |
Participant + Children | $657 | $737 | $657 | $755 |

COBRA DISABILITY EXTENSION | COBRA DISABILITY EXTENSION
---|---
| **BASE** | **SELECT** | **BASE** | **SELECT** |
Participant | $562 | $592 | $562 | $619 |
Participant + Spouse | $1,173 | $1,290 | $1,173 | $1,317 |
Participant + Spouse & Child(ren) | $1,494 | $1,611 | $1,494 | $1,638 |
Participant + Child | $720 | $837 | $720 | $864 |
Participant + Children | $967 | $1,084 | $967 | $1,111 |

*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.
Colorectal Cancer: Get Screened!
Mississippi has the second highest colorectal cancer rate in the U.S. with an estimated 48.7 percent of the population at risk. Statistics show that many people are only diagnosed once the disease has advanced to a later stage, at which point it is harder to treat. Colorectal screenings should begin at age 50.

Covered wellness benefits include:
- Stool for Occult Blood, one procedure per year;
- Flexible Sigmoidoscopy, one procedure every five years; or
- Colonoscopy, one procedure every 10 years.
Get tested and urge any eligible dependent to be screened too. Preventive testing can save lives.

Terms you need to know

**Brand Name Drug**
A drug with a trademark name protected by a patent issued to the original pharmaceutical company. The patent prohibits the manufacture of the drug by other companies without consent of the original company as long as the patent remains in effect.

**Generic Drug**
A drug that is identical in strength, concentration and dosage to a brand name drug. Generics are made available after the patent for the brand name drug expires.

**Telemedicine**
The delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Under Mississippi law, telemedicine must be "real-time" consultation, and it does not include the use of audio-only telephone, email or fax.

**Allowable Charge**
The agreed upon rate an insurer pays for a service provided by a physician and/or facility.

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 or the formulary**: Prime Therapeutics 855-457-0408
- **Questions about Minnesota Life policy or to check your beneficiary designation**: Minnesota Life (Securian) 877-348-9217 or bcbsms.com
- **Questions about an online doctor visit**: mssehip.Amwell.com