

MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



KNOW YOUR *Benefits*



September 2018

2019 Benefit and Premium Rate Changes

New Service Added to Telemedicine

The State and School Employees' Health Insurance Plan is expanding access to behavioral health services in 2019 via telemedicine. Visits will be subject to the applicable [deductible](#) and [coinsurance](#) for both Base and Select Coverage participants. Watch for more information on this new service.

To "see" an online provider, download the free Amwell app from iTunes or Google Play, or go to [Amwell.com](#) and select [Blue Cross and Blue Shield of Mississippi](#) as your insurance provider. Enter your ID number from your insurance card and use service key **MSSEHIP**.



Shingles Vaccination

A new shingles vaccine, [Shingrix](#), has been approved by the [Food and Drug Administration \(FDA\)](#) and will be covered for participants age 50 and above in accordance with the [Centers for Disease Prevention and Control's \(CDC\)](#) recommendation.

Cognitive Rehabilitation Therapy

Currently the Plan has an exclusion in place for cognitive rehabilitation therapy (CRT). Beginning in 2019, the Plan will provide coverage for CRT at regular Plan benefits. CRT has been shown effective in treatment of mental health illnesses such as depression, anxiety disorders and phobias, and rehabilitation after traumatic brain injuries.

Weight Management Program and Bariatric Surgery

Starting in January, the Plan will no longer require participation in the weight management program for pre- and post-bariatric surgery. While it will still be an available option, it will no longer be mandatory.

Obesity Treatment Network

Given that obesity continues to be a driving factor in health care costs, the Plan has continued to research effective options for Plan participants.

Wellness/preventive benefits will be enhanced to provide for limited weight management services to be rendered by participating providers in the new Plan's Obesity Treatment Network. Additional information will be provided in 2019 about this benefit as providers join the Network.



Prescription Drug Formulary

The Plan's goal for prescription drug coverage is to provide access to safe, effective, and affordable medications for you and any covered dependents. Finding ways to ensure that you have access to the medications you need while keeping the Plan financially secure is a major challenge.

In 2019, the prescription formulary will be modified so that when a preferred drug is available, the nonpreferred will not be covered by the Plan. See below for definitions of underlined terms.

Definitions:

Prescription Formulary: List of prescription drugs covered by the Plan.

Preferred Drug: Generic or brand name drug included on the formulary.

Nonpreferred Drug: Brand name drugs not included on the formulary.

Vitamin D

Based on a recent recommendation from the [United States Preventive Services Task Force \(USPSTF\)](#), the Plan will no longer cover vitamin D under wellness/preventive benefits.

Premium Rate Increase

January 1, 2019, a 3 percent premium rate increase will go into effect. Please see page 3 for details.



Helpful Contacts for Plan Participants



BlueCross BlueShield
of Mississippi

It's good to be Blue.

Blue Cross & Blue Shield of Mississippi

Phone: 800-709-7881

www.bcbsms.com



Advanced Health Systems, Inc.

AHS Network of Providers

Phone: 800-294-6307

<https://www.myaccessblue.com/AHSProviderSearchWeb/#/>



ActiveHealth
MANAGEMENT.

ActiveHealth Management

Phone: 866-939-4721

myActiveHealth.com/Mississippi



PRIME
THERAPEUTICS[®]

Prime Therapeutics

Phone: 855-457-0408

myprime.com



securian
FINANCIAL

Minnesota Life, an affiliate of Securian Financial

Phone: 877-348-9217

<https://web1.lifebenefits.com/sites/lbwem/mississippi.html>



amwell

American Well (Amwell)

Online Providers: mssehip.Amwell.com



PERS
of MISSISSIPPI

Public Employees' Retirement System of Mississippi

Phone: 800-444-7377

PERS.ms.gov

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

MONTHLY PREMIUM RATES

Effective January 1, 2019

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 *	\$367	\$0	\$387	\$20	\$367	\$0	\$406	\$39
Employee + Spouse	\$768	\$401	\$843	\$476	\$768	\$401	\$862	\$495
Employee + Spouse & Child(ren)	\$978	\$611	\$1,053	\$686	\$978	\$611	\$1,072	\$705
Employee + Child	\$471	\$104	\$547	\$180	\$471	\$104	\$566	\$199
Employee + Children	\$633	\$266	\$708	\$341	\$633	\$266	\$727	\$360

*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	\$421	\$445	\$673	\$696
Retiree + Spouse (Non-Medicare)	\$881	\$969	\$1,349	\$1,436
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,123	\$1,211	\$1,508	\$1,595
Retiree + Child	\$540	\$605	\$792	\$856
Retiree + Children	\$727	\$766	\$979	\$1,017
Retiree + Spouse (Medicare)	N/A	\$633	N/A	\$884
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$793	N/A	\$1,044

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$188	N/A	\$188
Retiree + Spouse (Non-Medicare)	N/A	\$712	N/A	\$928
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$954	N/A	\$1,087
Retiree + Child	N/A	\$348	N/A	\$348
Retiree + Children	N/A	\$509	N/A	\$509
Retiree + Spouse (Medicare)	N/A	\$376	N/A	\$376
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$536	N/A	\$536

COBRA	BASE	SELECT	BASE	SELECT
Participant	\$374	\$394	\$374	\$414
Participant + Spouse	\$783	\$859	\$783	\$879
Participant + Spouse & Child(ren)	\$997	\$1,074	\$997	\$1,093
Participant + Child	\$480	\$557	\$480	\$577
Participant + Children	\$645	\$722	\$645	\$741

COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$550	\$580	\$550	\$609
Participant + Spouse	\$1,152	\$1,264	\$1,152	\$1,293
Participant + Spouse & Child(ren)	\$1,467	\$1,579	\$1,467	\$1,608
Participant + Child	\$706	\$820	\$706	\$849
Participant + Children	\$949	\$1,062	\$949	\$1,090



Terms You Need to Know

Explanation of Benefits (EOB)

An itemized statement from the Plan's medical claims administrator or pharmacy benefit manager that lists charges made and the benefits allowed or denied.

Maintenance Drug

A prescription drug regularly taken for an extended period of time for a chronic health condition.

Network or Preferred Provider

A provider that has a contractual relationship with the Plan's Network Administrator to deliver services and supplies at agreed upon pricing and no balance billing.