

Frequently Asked Questions

Base or Select Coverage

Q:1 How do I know what type coverage (Base or Select) I have now?

A:1 If you are not sure what type coverage you currently have, you can call Blue Cross & Blue Shield of Mississippi (BCBSMS) at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

Q:2 How do I know what my premium rate is?

A:2 Your premium rate will depend on the coverage type you select, whether you are a Legacy or Horizon participant, and whether you elect to have dependents covered under the Plan. Please refer to the [current premium rate documents](#) on the [KnowYourBenefits](#) website, consult with Human Resources or contact [Blue Cross & Blue Shield of Mississippi](#) at 800-709-7881.

Q:3 How can I decide which coverage type is right for me?

A:3 You first should review your estimated claims activity for the prior year including all medical and prescription drug claims. If you think you will have similar claims in the current year, include these amounts in your estimate. If you are not sure about the total cost of a 30-day supply of a prescription drug you are currently taking, you can talk to your pharmacist, call [Prime Therapeutics](#) at 855-457-0408, or call the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

After estimating the types of claims and the total cost of each claim, consider how each coverage type works, including the various deductibles and coinsurance maximums. Also remember that the premium rates differ for Base Coverage and Select Coverage.

Q:4 How does each type of coverage work?

A:4 Under Select Coverage, there is a separate deductible (individual and family) for medical expenses and a separate individual deductible for prescription drugs. Once the appropriate medical deductible is met, you will start paying 20 percent of the allowable charge for covered medical services. Regardless of whether or not you have met your medical deductible, you will have to meet the \$75 individual prescription drug deductible before you start paying a copayment for a covered drug. Under Select Coverage, there is no prescription drug copayment maximum, so you will continue to pay the copayment for your drug each time you have it filled for the remainder of the year.

Under Base Coverage, you will have to meet the full deductible (\$1,800 for individual coverage, \$3,000 for family coverage) before any covered medical or prescription drug charges will be paid by the Plan. This means that you will pay the full allowable charge for both medical and prescription drugs until the deductible is met. Once the deductible is met, you will start paying 20 percent of the allowable charge for covered medical services and a copayment for covered drugs. There is a \$75 preventive medications individual deductible. Other medications are subject to the calendar year deductible. Once your coinsurance/copayment maximum is met, the Plan will pay 100 percent of the allowable charge for both covered prescription drugs and medical services.

Q:5 What do I need to do to change coverage types?

A:5 You need to complete an [Application for Coverage](#) form during Open Enrollment in October. If you are an active employee, you will need to return the completed form to your Human Resources office. Contact your Human Resources office to find out the deadline for submitting your form.

Q:6 What do I need to do to keep the coverage type I have now?

A:6 Nothing – your coverage will remain the same if you do not submit an [Application for Coverage](#) form to elect to change your coverage type.

Q:7 What are some of the main differences in Base and Select Coverage?

A:7 The premium rates differ for Base and Select Coverage. Another difference between Base and Select Coverage is how the deductibles work. Under Base Coverage, all charges (medical and prescription drug) apply to the calendar year deductible. Under Select Coverage, there is a separate deductible for medical charges and a separate deductible for prescription drug charges.

Q:8 Are the same services covered in Base and Select Coverage?

A:8 Yes, covered services are the same in both coverage types.

Q:9 If I choose Base Coverage and have covered dependents but I am the only one in the family that has claims, what is my deductible?

A:9 The family deductible for Base Coverage is \$3,000; therefore, you would have to meet the entire \$3,000 deductible.

Q:10 If my spouse and I are both employees under the Plan, one of us has family coverage and one of us has individual coverage, and we both enroll in Base Coverage, do we share the family deductible?

A:10 Yes.

Q:11 Under Base Coverage, what is my in-network deductible and my out-of-network deductible?

A:11 Under Base Coverage, the Calendar Year Deductible, (\$1,800 individual or \$3,000 family) applies to both in-network and out-of-network services. Remember that the coinsurance maximum amounts differ between in-network and out-of-network services.

Q:12 If I have Base Coverage, what is my deductible for prescriptions drugs?

A:12 There is no separate deductible for prescription drugs in Base Coverage with the exception of a \$75 preventive medications deductible for certain drugs. Refer to the Plan Document for additional information. Medical and prescription drug expenses all apply to the calendar year deductible. This means that prescription drug expenses along with medical expenses are included in the deductible (\$1,800 individual or \$3,000 family). Until you meet your deductible (whether through medical and/or pharmacy claims), the Plan will not provide any prescription drug benefits.

- Q:13 Can I change coverage types if I have a Special Enrollment Event during the year?**
A:13 Yes, you can change coverage types if you have a Special Enrollment Event during the year; however, any deductible or out-of-pocket credit previously met will not transfer to your new coverage type.
- Q:14 Why do I have to pay for a part of my active employee premium under Select Coverage while someone enrolled in Base Coverage does not pay any part of the active employee premium?**
A:14 The State is required by law to provide 100 percent of the cost of a “basic level” (currently Base Coverage) of health insurance coverage to active full-time employees.
- Q:15 What is a Health Savings Account (HSA) and am I required to have one if I choose Base Coverage?**
A:15 A Health Savings Account allows an individual to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. Just because you choose Base Coverage does not mean you have to have a Health Savings Account.
- Q:16 When do I start paying a copayment for prescription drugs under Base Coverage?**
A:16 After you meet your calendar year deductible (\$1,800 individual or \$3,000 family), you will start paying a copayment for covered prescription drugs.
- Q:17 When do I start paying a copayment for prescription drugs under Select Coverage?**
A:17 Under Select Coverage, you must first pay your \$75 individual prescription drug deductible before you start paying a copayment for covered prescription drugs.
- Q:18 If my spouse and I are both employees participating in the Plan and neither has dependent coverage, can one of us choose Select Coverage and the other choose Base Coverage?**
A:18 Yes.
- Q:19 If my spouse and I are both employees participating in the Plan, can one choose family coverage under Base Coverage and the other choose individual coverage under Select Coverage?**
A:19 Yes, however, deductibles cannot be shared between Base and Select Coverage.
- Q:20 Who can I contact if I have questions on Base and Select Coverage?**
A:20 You can email your question to KnowYourBenefits@dfa.ms.gov or call Blue Cross & Blue Shield of Mississippi at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free at 866-586-2781.