

MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



KNOW YOUR
Benefits



October 2019

2020 Benefit and Premium Rate Changes

Each August, the State and School Employees Health Insurance Management Board meets to review benefits and premium rates, and approve any needed changes for the next calendar year. The following provides information on the benefit and rate changes approved for calendar year 2020.

Prescription Drug Coverage

The Plan's goal for prescription drug coverage is to provide access to safe, effective, and affordable medications. Finding ways to ensure access to necessary medications while keeping the Plan financially secure is a major challenge. While the cost of older generic medications has remained relatively stable in the last couple of years, newer generics are often as expensive as their brand counterparts. To support the Board's long-term strategy of encouraging the use of clinically effective medications at the lowest cost and help offset the dramatic increase in the cost of new generics, the generic copayment structure will be split into two levels or tiers. Beginning January 1, 2020, Tier 1 will apply to "preferred" (lower cost) generic drugs and will continue to require a \$12 copayment for a 30-day supply, while Tier 2 will apply to "non-preferred" (higher cost) generics and require a \$30 copayment for a 30-day supply. All other deductibles, copayments and coinsurance amounts under the prescription drug benefit will remain the same.

Premium Rate Increase

Like nearly everything else on the planet, health care costs have continued to increase. Prior to 2019, we enjoyed eight straight years without having to increase health insurance premium rates. While the Board has been successful in balancing health insurance benefits with costs, a small increase in the current rates is necessary to help ensure the long-term financial stability of the Plan. Effective January 1, 2020, a three percent increase will be implemented for all Non-Medicare participants, coupled with a 2% increase for Medicare participants. Please see the attached rate sheet or visit our website at KnowYourBenefits.dfa.ms.gov for more details.

Open Enrollment

Employees may make their January 1, 2020 enrollment changes (add or change coverage) during the month of October. Contact your employer's Human Resource office for information on how to make changes to your coverage. Retirees cannot add dependents during open enrollment. Please contact our office at 601.359.3411 or 866.586.2781 if you have questions.

AmWell

With flu and allergy season upon us, don't forget about your on-line provider visit benefit through AmWell. To access these services, be sure to first register at mssehip.amwell.com, select Blue Cross & Blue Shield of Mississippi as the insurance provider, and enter Service Key **MSSEHIP**. A provider will be available in minutes.

GO DIGITAL AND SIGN UP FOR ENEWS!

You can now go online and sign up for news and receive an electronic copy of a newsletter!
It's easy! Go to [KnowYourBenefits.dfa.ms.gov](https://www.knowyourbenefits.dfa.ms.gov) and click the link found at the bottom of any page.

Have You Scheduled Your Annual Wellness Visit?

Time for Health

The Plan provides many wellness and preventive benefits for you and any covered dependents, which includes two annual wellness visits with a network provider. Wellness visits are paid at 100 percent with no deductible, copay or coinsurance. Covered [wellness screenings](#) and [immunizations](#) are based on age and gender to manage your health risks, both at an early age and as you get older.

Your Primary Care Home

A wellness visit gives you an opportunity to establish a relationship with a primary care network provider who will be your "home" for wellness and who will coordinate your care health care needs. Your primary care provider will be who you see:

- Each year for your wellness screenings.
- Throughout the year to manage your blood pressure, blood sugar, cholesterol or help you achieve a healthy weight.
- When you require care that needs to be coordinated with another network provider or specialist.

Biometrics – Know Your Health Numbers

Beginning January 1, 2018, the Plan began requiring all providers to submit complete biometrics for a wellness visit to be considered for payment. Your biometrics are important health indicators so you and your provider can understand your risks for heart disease, stroke, diabetes, cancer and other diseases. Biometrics include your blood pressure, total cholesterol, triglycerides, blood sugar (HbA1c), height and weight, and tobacco usage. Before the visit, write down any prescriptions and over-the-counter supplements you may be taking. If you are taking a high-cost brand name prescription, ask if there may be a generic alternative available. While you are there, talk to your provider about:

- What your biometric numbers mean.
- Your overall health and your risk for certain diseases related to your personal or family health history.
- What you can do to improve your diet and exercise.
- Quitting tobacco. [Tobacco cessation programs](#) are available at no cost through your health insurance plan.
- Emotional and social well-being.
- Alcohol use and substance abuse.

Your PCP Home for Better Health

By visiting your primary care provider each year, you can become familiar with your health numbers, establish goals to manage your health risks. An annual check-up may help you and your provider identify a potential health issue before it can become a serious problem. When you take ownership of your health, you and your provider can work together for a healthier future.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2020

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*	\$378	\$0	\$398	\$20	\$378	\$0	\$418	\$40
Employee + Spouse	\$791	\$413	\$868	\$490	\$791	\$413	\$888	\$510
Employee + Spouse & Child(ren)	\$1,007	\$629	\$1,084	\$706	\$1,007	\$629	\$1,104	\$726
Employee + Child	\$485	\$107	\$563	\$185	\$485	\$107	\$583	\$205
Employee + Children	\$652	\$274	\$729	\$351	\$652	\$274	\$749	\$371

*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	\$434	\$458	\$693	\$717
Retiree + Spouse (Non-Medicare)	\$908	\$998	\$1,389	\$1,479
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,157	\$1,247	\$1,553	\$1,643
Retiree + Child	\$557	\$623	\$816	\$882
Retiree + Children	\$749	\$789	\$1,008	\$1,048
Retiree + Spouse (Medicare)	N/A	\$650	N/A	\$909
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$815	N/A	\$1,074
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$192	N/A	\$192
Retiree + Spouse (Non-Medicare)	N/A	\$732	N/A	\$954
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$981	N/A	\$1,118
Retiree + Child	N/A	\$357	N/A	\$357
Retiree + Children	N/A	\$523	N/A	\$523
Retiree + Spouse (Medicare)	N/A	\$384	N/A	\$384
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$549	N/A	\$549

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$385	\$405	\$385	\$426
Participant + Spouse	\$806	\$885	\$806	\$905
Participant + Spouse & Child(ren)	\$1,027	\$1,105	\$1,027	\$1,126
Participant + Child	\$494	\$574	\$494	\$594
Participant + Children	\$665	\$743	\$665	\$763
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$567	\$597	\$567	\$627
Participant + Spouse	\$1,186	\$1,302	\$1,186	\$1,332
Participant + Spouse & Child(ren)	\$1,510	\$1,626	\$1,510	\$1,656
Participant + Child	\$727	\$844	\$727	\$874
Participant + Children	\$978	\$1,093	\$978	\$1,123