

# MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



**KNOW YOUR**  
*Benefits*



October 2020

## 2021 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 2021.

### Prescription Drug Coverage

The Plan's goal for prescription drug coverage is to provide access to safe, effective, and affordable medications. With generic drugs typically less costly than their brand counterparts, the Plan has a generic mandate currently in place to encourage the use of generic medications whenever available. Currently, if you purchase a brand medication when a generic is available, you pay the **generic** copayment **plus** the difference in the cost of the brand and generic drug. Beginning January 1, 2021, the generic mandate is changing to require the appropriate **brand** copayment (rather than **generic**), **plus** the difference in the cost of the brand and generic drug. This change is designed to further incentivize the purchase of generics over brand drugs when clinically appropriate. Please note that the current prescription drug deductible and copayments will remain the same in 2021.

### Medical Deductibles, Coinsurance, Copayments

After ten years of no change, the medical deductibles for Select Coverage will increase effective January 1, 2021. The in-network deductible will increase from \$1,000 to \$1,300 for individuals, and from \$2,000 to \$2,600 for family coverage. The out-of-network deductible will increase from \$2,000 to \$2,300 for individuals, and from \$4,000 to \$4,600 for family coverage. Please note that the deductibles for the Base Coverage will remain the same in 2021.

### Coinsurance Maximums – Select and Base Coverage

The 20% coinsurance rate is the amount you pay for covered services not otherwise associated with the deductible or copay, and is subject to an overall maximum dollar amount per year. Similar to deductibles, the coinsurance maximums have remained unchanged since 2011 for both Select Coverage and Base Coverage. Effective January 1, 2021, the coinsurance maximums are increasing by \$500. The Select Coverage coinsurance maximum will be \$3,000 for in-network and \$4,000 for out-of-network for individuals. There is no family coinsurance maximum for the Select Coverage. For the Base Coverage, the coinsurance maximum will be \$3,000 in-network and \$4,000 out-of-network for individuals, while the family coverage coinsurance maximums will increase to \$5,500 for in-network and \$7,500 for out-of-network. Please note that out-of-pocket maximums will remain the same in 2021.

## Prior Authorizations

The Plan currently requires prior authorization for coverage of wound vacuum assisted closures, pulmonary rehabilitation, and preventative low-dose CT scans for lung cancer. These prior authorizations were originally implemented years ago to avoid unnecessary utilization and expense by ensuring that these procedures are medically appropriate. Based on our recent analysis of these claims, it appears that these services are being performed appropriately. Beginning January 1, 2021, in order to remove the unnecessary administrative burden on participants and providers, prior authorization for coverage of these services will no longer be required.

## Wellness Incentive Program – NEW BENEFIT

The Plan currently offers several voluntary benefits to assist you as a participant in maintaining your health and well-being. These free benefits include, but are not limited to, health risk assessments, wellness exams, disease management coaching, tobacco cessation, weight management programs, etc. Unfortunately, many of these programs have traditionally been underutilized. In an effort to improve the health and increase the health awareness of our participants, the Plan will implement a new wellness incentive program in 2021. More information will be provided soon on how the program will work, including how you can qualify to help reduce your healthcare costs.

## Health Insurance Premium Rate Increase

After eight straight years of no premium increases, the Plan implemented across the board 3% rate increases for all non-Medicare coverage categories, and 2% rate increases for the Medicare Primary categories, in 2019 and 2020. To help maintain the Plan's financial stability without having to reduce your benefits or implement large premium increases, the Board recently voted to again apply a 3% non-Medicare and 2% Medicare premium rate increase effective January 1, 2021. The new 2021 monthly premium rate sheet is included in this newsletter and also available on our website at <https://knowyourbenefits.dfa.ms.gov/media/nngainuw/cy-2021-rate-sheet.pdf>

## Pharmacy Benefit Manager - Transition

As the result of a comprehensive procurement process, CVS Health was selected as the Plan's new Pharmacy Benefit Manager (PBM) effective January 1, 2021. We are currently working with CVS Health and Prime Therapeutics (our current PBM) to help ensure a smooth transition. More information will be provided to you over the next several months including your new pharmacy benefits ID card, as well as instructions on how to access your pharmacy claims and benefit information online or using your mobile device. You will also be instructed on how to sign up for home delivery for maintenance medications, and get answers to any potential drug coverage questions, all provided to help ensure you do not experience any disruption in your pharmacy benefit services.

## Open Enrollment

October is Open Enrollment month. During this time, employees may make health insurance coverage/enrollment changes to be effective January 1, 2021. Contact your employer for more information if you need to update your coverage. Note: Retirees are not eligible to add dependents during Open Enrollment. This may also be a great time for you to verify and update your life insurance beneficiary information by going to the [BCBSMS.com](https://BCBSMS.com) website.

## AmWell Telemedicine Visits

With flu season upon us, it's good to know that you have access to urgent care physicians online – anytime! At your convenience, on your smartphone or computer, timely and professional healthcare is just a click away. A \$10 copayment for an urgent care visit applies if you have Select Coverage. For those with Base Coverage, the \$10 copayment applies once your deductible has been met. Until the Base Coverage deductible has been met, your urgent care provider visit is only \$59. Remember to first register at [mssehip.amwell.com](https://mssehip.amwell.com), select **Blue Cross & Blue Shield of Mississippi** as the insurance provider, and then enter Service Key **MSSEHIP**. Mississippi-licensed providers are available 24/7 within minutes!

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**Effective January 1, 2021**

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*	\$389	\$0	\$409	\$20	\$389	\$0	\$430	\$41
Employee + Spouse	\$814	\$425	\$893	\$504	\$814	\$425	\$914	\$525
Employee + Spouse & Child(ren)	\$1,037	\$648	\$1,116	\$727	\$1,037	\$648	\$1,137	\$748
Employee + Child	\$499	\$110	\$579	\$190	\$499	\$110	\$600	\$211
Employee + Children	\$671	\$282	\$750	\$361	\$671	\$282	\$771	\$382

\*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	\$447	\$470	\$714	\$739
Retiree + Spouse (Non-Medicare)	\$936	\$1,026	\$1,431	\$1,524
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,192	\$1,283	\$1,600	\$1,693
Retiree + Child	\$574	\$640	\$841	\$909
Retiree + Children	\$771	\$811	\$1,038	\$1,080
Retiree + Spouse (Medicare)	N/A	\$666	N/A	\$935
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$836	N/A	\$1,105
<b>RETIRED EMPLOYEE - MEDICARE ELIGIBLE</b>	<b>BASE</b>	<b>SELECT</b>	<b>BASE</b>	<b>SELECT</b>
Retiree	N/A	\$196	N/A	\$196
Retiree + Spouse (Non-Medicare)	N/A	\$752	N/A	\$981
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,009	N/A	\$1,150
Retiree + Child	N/A	\$366	N/A	\$366
Retiree + Children	N/A	\$537	N/A	\$537
Retiree + Spouse (Medicare)	N/A	\$392	N/A	\$392
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$562	N/A	\$562

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$396	\$417	\$396	\$438
Participant + Spouse	\$830	\$910	\$830	\$932
Participant + Spouse & Child(ren)	\$1,057	\$1,138	\$1,057	\$1,159
Participant + Child	\$508	\$590	\$508	\$612
Participant + Children	\$684	\$765	\$684	\$786
<b>COBRA DISABILITY EXTENSION</b>	<b>BASE</b>	<b>SELECT</b>	<b>BASE</b>	<b>SELECT</b>
Participant	\$583	\$613	\$583	\$645
Participant + Spouse	\$1,221	\$1,339	\$1,221	\$1,371
Participant + Spouse & Child(ren)	\$1,555	\$1,674	\$1,555	\$1,705
Participant + Child	\$748	\$868	\$748	\$900
Participant + Children	\$1,006	\$1,125	\$1,006	\$1,156

STATE OF MISSISSIPPI  
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## Contact Information for Plan Participants

- Medical claims: [Blue Cross and Blue Shield of Mississippi \(BCBSMS\)](#), Phone 800-709-7881
- Find a participating provider: [AHS State Network](#), Phone 800-294-6307
- Hospital admissions, certifications and wellness coaching: [ActiveHealth Management](#), Phone 866-939-4721
- Prescriptions: [Prime Therapeutics](#), Phone 855-457-0408
- State Life Insurance Plan: [Minnesota Life \(Securian\)](#), Phone 877-348-9217
- Telemedicine, online doctor visits and registered dietitians: [American Well \(Amwell\)](#)