

# 2021 Benefit and Premium Rate Changes

Each August, the State and School Employees Health Insurance Management Board (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. 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. A generic mandate is currently in place to encourage the use of generic medications. If a participant purchases a brand medication when a generic is available, the participant currently pays the **generic** copayment plus the difference in the cost of the brand and generic drug. 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 Plan's generic drug mandate will be changing. 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. Please note that the current prescription drug deductible and copayments will remain the same in 2021.

## *Medical Deductibles – Select Coverage*

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 a participant pays 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 closure, pulmonary rehabilitation, and preventative low-dose CT scans for lung cancer. These prior authorizations were originally implemented to avoid unnecessary utilization by ensuring that these procedures are medically appropriate. Based on a review of these services and input from the Plan's utilization management vendor and third party, these services are being performed when medically appropriate. Beginning January 1, 2021, prior authorization for coverage of wound vacuum assisted closure, pulmonary rehabilitation, and preventative low-dose CT scans for lung cancer will no longer be required to remove the administrative burden on participants and providers.

## Wellness Incentive Program – NEW BENEFIT

The Plan currently offers several voluntary benefits to assist participants in maintaining their 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 later this year on how the program will work, including how participants can qualify to help reduce their healthcare costs.

## 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 in 2019 and again in 2020. Combining these modest increases with reductions in reserves is a part of the Board's strategy to help maintain the Plan's financial stability without having to reduce participant benefits or implement large premium increases. In keeping with that strategy, the Board recently voted to apply a 3% premium rate increase effective January 1, 2021. The new 2021 monthly premium rate sheet is now 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 RFP process, CVS Health was selected as the Plan's new Pharmacy Benefit Manager effective January 1, 2021. We are currently working with CVS Health and Prime Therapeutics (our current PBM) on the transition, designed to be relatively seamless for employers and participants. More information will be provided over the next several months to help ensure any potential drug coverage questions are addressed, and that there is no disruption in services to our participants.

## Open Enrollment

October is Open Enrollment month. During this time, employees may make health insurance coverage/enrollment changes to be effective January 1, 2021. Please ensure that your employees take advantage of this opportunity to update their coverage if needed. Although technically not required during Open Enrollment, this is also a great time for employees to verify and update their 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 participants have access to urgent care physicians online – anytime! At their convenience, on their smartphone or computer, timely and professional healthcare is just a click away. A \$10 copayment for an urgent care visit applies for participants with Select Coverage. For those with Base Coverage, the \$10 copayment applies once the deductible has been met. Until the Base Coverage deductible has been met, the urgent care provider visit is only \$59. Please remind your employees 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.

## Naturally Slim

As participants in the Plan, your employees have the opportunity to learn how to lose weight and improve their health while eating their favorite foods when they participate in the Naturally Slim® program — all at **NO COST**.

***Naturally Slim is a program that teaches participants the skills they need to achieve lasting weight loss and health improvement.*** There's no counting points or calories, eating boring meals, or spending money on specialty diet food. In the program, they'll also learn how to sleep better and stay on track during special occasions like parties, holidays, and vacations. ***Naturally Slim is available to non-Medicare Plan participants 18 years of age and older, including employees, covered spouses and covered adult dependents. The program is video-based and all online. The new Naturally Slim program starts October 19, 2020, and the application period is open from September 21 through October 2, 2020. [Click here to learn more.](#)***

## 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 \(Amwell\)](#)