

keys to living healthy

September 2021

Open Enrollment

October is Open Enrollment month. During the month of October, employees may make health insurance coverage and enrollment changes for a January 1, 2022 effective date. Non-Medicare eligible retirees or surviving spouses may choose either Base Coverage or Select Coverage. Retirees are not eligible to add dependents during Open Enrollment.

If you need to update your coverage, active employees should contact their employer for more information and retirees should contact BCBSMS.

Please use this time to verify and update your life insurance beneficiary information by going to Securian's online beneficiary management tool via the link on the <u>BCBSMS.com</u> website or by calling Securian at 877-348-9217.

2022 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 to approve any needed changes for the next calendar year. The following provides information on the benefit and rate changes approved for calendar year 2022.

Medical Deductibles – Select Coverage

Effective January 1, 2022, the <u>in-network</u> deductible will increase from \$1,300 to \$1,500 for individuals and from \$2,600 to \$3,000 for family coverage. (Note: The deductibles for the Base Coverage will remain the same in 2022.)

Over-the-Counter Pseudoephedrine

Senate Bill 2119 removed the prescription mandate for pseudoephedrine. Effective January 1, 2022, a prescription will not be required to purchase over-the-counter medications containing pseudoephedrine. These over-the-counter medications will not be covered by the Plan beginning January 1, 2022.

Substance Abuse Treatment Change

The Plan currently provides coverage for inpatient treatment, residential treatment facility, intensified outpatient program and outpatient substance abuse treatment. Effective January 1, 2022, the Plan will expand benefits for substance abuse treatment to cover partial hospitalization.

Premium Rate Increase

Starting January 2022, the Plan will implement a 6% rate increase across the board for all non-Medicare coverage categories. This increase is 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 the future. The new 2022 monthly premium rate sheet is included in this newsletter and is available on our website (knowyourbenefits.dfa.ms.gov).

Important Contacts

Medical Claims Administrator: BCBSMS 800-709-7881

The medical claims administrator for the Plan is Blue Cross & Blue Shield of Mississippi (BCBSMS). In this role, BCBSMS is responsible for maintaining eligibility, processing medical claims, managing a provider network and determining most medical necessity guidelines for the Plan. BCBSMS provides a medical insurance identification card that includes important information and should be presented by the participant when receiving medical services or supplies. For a new or replacement identification card, contact BCBSMS. Your virtual identification card is available at <u>BCBSMS.com</u> or on their mobile app.

Medical Case Management/Utilization Review: Kepro 888-801-1910

Keystone Peer Review Organization, Inc. (Kepro) is the medical management administrator for the Plan. Kepro provides medical management, case management and utilization review services. Utilization review is a process to ensure medical services are medically necessary, delivered in the most appropriate setting, reflective of the correct length of stay, and consistent with generally accepted medical standards. Certification requirements may apply, regardless of whether a participant uses a network or out-of-network provider. (Note: Certification is not required for those participants having Medicare for their primary coverage or other primary coverage, unless the primary carrier does not cover the service.)

Health and Wellness/Disease Management: ActiveHealth 866-939-4721

ActiveHealth Management, Inc. (ActiveHealth) is the Plan's vendor for health and wellness management. ActiveHealth provides resources to enhance the physical, emotional and social health for participants and provides disease education & coaching designed to support and guide participants on how to lead healthier lives. ActiveHealth provides an engaging, user-friendly and interactive online portal for managing the Plan's health and wellness program via the Motivating Mississippi – Keys to Living Healthy website and through a smart-phone app available for Apple[®] and Android cellphones.

Pharmacy Benefit Manager: CVS Caremark 888-996-0050

CVS Caremark is the pharmacy benefit manager (PBM) for the Plan's prescription drug program. CVS Caremark is responsible for processing prescription claims received from network pharmacies, mail order claims, and paper claims filed directly by participants. To find the most cost effective place to purchase prescription drugs, participants should visit <u>www.caremark.com</u>. (Note: Medicare eligible retirees, Medicare eligible surviving spouses and Medicare eligible dependents of retirees and surviving spouses are not eligible for prescription drug benefits.)

Online Provider Visits: Amwell 844-SEE-DOCS (733-3627)

American Well (Amwell) is the vendor for online provider visits (telemedicine) for the Plan. Amwell provides 24-hour access to providers for participants to receive health care from a smartphone, tablet or webcam-enabled computer via their website at <u>MSSEHIP.amwell.com</u> or through the free Amwell app. Participants should register using MSSEHIP as the service key. Other network providers may be eligible to render online provider visits.

State Life Insurance Plan: Minnesota Life (Securian) 877-348-9217

Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc. provides a fully insured group term life insurance policy for eligible employees and retirees of State agencies, State universities, public libraries and certain public community colleges and public school districts. Those public community colleges and public school districts that are not covered under the Board's policy with Minnesota Life have elected to opt out of the State and School Employees' Life Insurance Plan and instead purchase similar coverage through an alternative policy from a private carrier.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES Effective January 1, 2022

Legacy - Initially hired before 1/1/2006

Horizon - Initially hired on or after 1/1/2006

	LEGACY EMPLOYEES				HORIZON EMPLOYEES				
	BASE		SELECT		•	BASE		SELECT	
	TOTAL	EMPLOYEE	TOTAL	EMPLOYEE		TOTAL	EMPLOYEE	TOTAL	EMPLOYEE
ACTIVE EMPLOYEE	PREMIUM	PORTION	PREMIUM	PORTION		PREMIUM	PORTION	PREMIUM	PORTION
Employee*	\$412	\$0	\$432	\$20		\$412	\$0	\$455	\$43
Employee + Spouse	\$863	\$451	\$945	\$533		\$863	\$451	\$968	\$556
Employee + Spouse & Child(ren)	\$1,099	\$687	\$1,181	\$769		\$1,099	\$687	\$1,204	\$792
Employee + Child	\$529	\$117	\$612	\$200		\$529	\$117	\$635	\$223
Employee + Children	\$711	\$299	\$793	\$381		\$711	\$299	\$816	\$404

*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.

	LEGACY I	RETIREES	HORIZON RETIREES		
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT	
Retiree	\$473	\$496	\$757	\$783	
Retiree + Spouse (Non-Medicare)	\$992	\$1,086	\$1,517	\$1,615	
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,263	\$1,358	\$1,696	\$1,794	
Retiree + Child	\$608	\$676	\$892	\$963	
Retiree + Children	\$816	\$857	\$1,100	\$1,144	
Retiree + Spouse (Medicare)	N/A	\$697	N/A	\$984	
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$877	N/A	\$1,164	
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT	
Retiree	N/A	\$201	N/A	\$201	
Retiree + Spouse (Non-Medicare)	N/A	\$791	N/A	\$1,033	
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,063	N/A	\$1,212	
Retiree + Child	N/A	\$381	N/A	\$381	
Retiree + Children	N/A	\$562	N/A	\$562	
Retiree + Spouse (Medicare)	N/A	\$402	N/A	\$402	
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$582	N/A	\$582	

	LEG	HORIZON		
COBRA	BASE	SELECT	BASE	SELECT
Participant	\$420	\$440	\$420	\$464
Participant + Spouse	\$880	\$963	\$880	\$987
Participant + Spouse & Child(ren)	\$1,120	\$1,204	\$1,120	\$1,228
Participant + Child	\$539	\$624	\$539	\$647
Participant + Children	\$725	\$808	\$725	\$832
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$618	\$648	\$618	\$682
Participant + Spouse	\$1,294	\$1,417	\$1,294	\$1,452
Participant + Spouse & Child(ren)	\$1,648	\$1,771	\$1,648	\$1,806
Participant + Child	\$793	\$918	\$793	\$952
Participant + Children	\$1,066	\$1,189	\$1,066	\$1,224



STATE OF MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF INSURANCE P.O. BOX 24208 JACKSON, MS 39225-4208

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Colorectal Cancer: Get Screened

Mississippi has the second highest colorectal cancer rate in the U.S. Statistics show that many people are only diagnosed once the disease has advanced to a later stage, which is harder to treat.

Currently, the Plan covers colorectal cancer screenings for ages 50 – 75 under the Plan's wellness benefit at 100%. Effective January 1, 2022, based on the U.S. Preventative Services Task Force (USPSTF) recommendations, the Plan will cover screenings beginning at age 45.

Covered wellness benefits include:

- Stool for Occult Blood, one procedure per year;
- Flexible Sigmoidoscopy, one procedure per year; or
- Colonoscopy, one procedure every 10 years.

Get tested and urge any eligible dependent to be screened too. Preventive testing can save lives.