





Employer Unit eNews | Mississippi's State and School Employees' Life and Health Insurance Plan | October 2022

# **Open Enrollment**

The open enrollment period for 2022 has been extended to occur from October 1 through November 15. During open enrollment, employees can make changes to their health benefits that will take effect January 1, 2023. Employees can change health coverage elections between Base and Select plans, add or drop dependents, or cancel coverage. October open enrollment is for health insurance only. If you do not make any changes during open enrollment, your current elections will carry-over through next year. For more information regarding open enrollment and necessary forms visit <a href="https://www.dfa.ms.gov/insurance">https://www.dfa.ms.gov/insurance</a> or speak to your human resources representative.

# **2023 Premium Rate Changes**

#### **Health Premium Rate Increase**

Effective January 1, 2023, the Plan will implement a 6% premium rate increase for all coverage options. This increase will affect active and retiree plans, as well as COBRA and Medicare eligible participants. The new 2023 monthly premium rate sheet is included in this newsletter and is available at https://www.dfa.ms.gov/rates-and-coverage.

#### **Life Insurance Premium Increase**

The current premium rate for life insurance is 18¢ per \$1,000. Effective January 1, 2023, the premium rate for life coverage will increase to 20¢ per \$1,000. The policy premium is shared between the employee and the employer each paying 50%. The amount of your life insurance coverage is determined by your annual salary. Active employees receive coverage in the amount of 2 times their annual salary, subject to a minimum of coverage \$30,000 and a maximum coverage of \$100,000. The new active employee life insurance premium rate sheet is available at <a href="https://www.dfa.ms.gov/rates-and-coverage">https://www.dfa.ms.gov/rates-and-coverage</a> and in the employer unit document section of EnrollBlue.

Example – If you receive a salary of \$40,000 per year, your life insurance coverage amount will be \$80,000 (\$40,000  $\times$  2 = \$80,000). The current monthly premium for your policy would be \$14.40 (18¢  $\times$  80 = \$14.40). You are responsible for 50% of the premium. You would pay







\$7.20 per month for \$80,000 of life insurance (\$14.40  $\div$  2 = \$7.20). Effective January 1, 2023, the new cost for the same policy increases to \$8.00 (20¢ × 80 = \$16.00. \$16.00  $\div$  2 = \$8.00).

# **2023 Deductible Changes**

#### **Medical Deductible**

Effective January 1, 2023, the Select Coverage in-network deductible increases \$300 for individual, and \$600 for family. Base Coverage deductibles will remain at their current levels.

#### 2023 Plan Deductibles:

- Select Individual Deductible \$1,800 Select Family Deductible \$3,600
- Base Individual Deductible \$1,800 Base Family Deductible \$3,000

## **Employee Wellness and Incentive Program**

ActiveHealth Management continues to provide our participants with beneficial wellness programs at **no cost**. With a wide variety of programs ranging from weight loss to maternity management, Active Health Management strives to ensure our participants have the tools they need to achieve and maintain their personal health goals.

Program, administered by ActiveHealth Management, will continue to receive a \$300 individual deductible reduction for Base Coverage. Due to the increase in the 2023 Select Coverage individual deductible, the reduction for Select Coverage for plan year 2023 is being increased to \$600. To complete the program, first register on the web at <a href="https://www.myactivehealth.com/mississippi">www.myactivehealth.com/mississippi</a> or on the ActiveHealth app. Next, log-in to the website or app and complete the health assessment. Lastly, schedule and complete a compliant wellness visit with an in-network provider. To qualify for the incentive, the health assessment and a compliant wellness visit must be completed by October 31 each year. Call ActiveHealth at (866) 939-4721 if you have any questions about the program or program requirements. Medicare primary retirees, spouses, and dependents are not eligible to participate in the program.

<sup>\*</sup>Employees may reduce their deductible by participating in the Wellness Incentive Program, as outlined below.







### **Know Your Benefits Website Redesign**

Please visit our newly redesigned website at: <a href="https://www.dfa.ms.gov/insurance">https://www.dfa.ms.gov/insurance</a>

# Bring your health care tools with you

From home to the office, always have your health care information and providers available to you. A variety of mobile apps are available today from our healthcare partners including:



ActiveHealth Management

https://apps.apple.com/us/app/activehealth/id1196657483 https://play.google.com/store/apps/details?id=com.aetna.ahealth



Blue Cross Blue Shield of Mississippi
<a href="https://apps.apple.com/us/app/myblue/id633327088">https://apps.apple.com/us/app/myblue/id633327088</a>
<a href="https://apps.apple.com/store/apps/datails2id=com/bebsm">https://apps.apple.com/store/apps/datails2id=com/bebsm</a>

https://play.google.com/store/apps/details?id=com.bcbsms.myblue.mobile.android



**CVS Caremark** 

https://apps.apple.com/us/app/cvs-caremark/id382300394 https://play.google.com/store/apps/details?id=com.caremark.caremark



MyChart-UMMC

https://apps.apple.com/us/app/mychart/id382952264

https://play.google.com/store/apps/details?id=epic.mychart.android







# STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN MONTHLY PREMIUM RATES Effective January 1, 2023

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

	LEGACY EMPLOYEES			
	BASE		SELECT	
	TOTAL	EMPLOYEE	TOTAL	<b>EMPLOYEE</b>
ACTIVE EMPLOYEE	PREMIUM	PORTION	PREMIUM	PORTION
Employee*	\$437	\$0	\$457	\$20
Employee + Spouse	\$915	\$478	\$1,001	\$564
Employee + Spouse & Child(ren)	\$1,165	\$728	\$1,251	\$814
Employee + Child	\$561	\$124	\$648	\$211
Employee + Children	\$754	\$317	\$840	\$403

	HORIZON EMPLOYEES					
,	BASE		SEL	.ECT		
	TOTAL	<b>EMPLOYEE</b>	TOTAL	<b>EMPLOYEE</b>		
	PREMIUM	PORTION	PREMIUM	PORTION		
	\$437	\$0	\$483	\$46		
	\$915	\$478	\$1,027	\$590		
	\$1,165	\$728	\$1,277	\$840		
	\$561	\$124	\$674	\$237		
,	\$754	\$317	\$866	\$429		

<sup>\*</sup>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 RETIREES		HORIZON RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	\$502	\$525	\$802	\$830
Retiree + Spouse (Non-Medicare)	\$1,052	\$1,151	\$1,608	\$1,712
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,339	\$1,438	\$1,797	\$1,902
Retiree + Child	\$645	\$716	\$945	\$1,021
Retiree + Children	\$866	\$908	\$1,166	\$1,213
Retiree + Spouse (Medicare)	N/A	\$738	N/A	\$1,043
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$929	N/A	\$1,234
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$213	N/A	\$213
Retiree + Spouse (Non-Medicare)	N/A	\$839	N/A	\$1,095
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,126	N/A	\$1,285
Retiree + Child	N/A	\$404	N/A	\$404
Retiree + Children	N/A	\$596	N/A	\$596
Retiree + Spouse (Medicare)	N/A	\$426	N/A	\$426
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$617	N/A	\$617

	LEGACY		HORIZON	
COBRA	BASE	SELECT	BASE	SELECT
Participant	\$445	\$466	\$445	\$492
Participant + Spouse	\$933	\$1,021	\$933	\$1,047
Participant + Spouse & Child(ren)	\$1,188	\$1,276	\$1,188	\$1,302
Participant + Child	\$572	\$660	\$572	\$687
Participant + Children	\$769	\$856	\$769	\$883
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$655	\$685	\$655	\$724
Participant + Spouse	\$1,372	\$1,501	\$1,372	\$1,540
Participant + Spouse & Child(ren)	\$1,747	\$1,876	\$1,747	\$1,915
Participant + Child	\$841	\$972	\$841	\$1,011
Participant + Children	\$1,131	\$1,260	\$1,131	\$1,299