

STATE AND PUBLIC SCHOOL HEALTH INSURANCE

[Premium Rates](#)

Summary of Benefits and Coverages

[Base Coverage](#) | [Select Coverage](#) | [Glossary of Health Coverage & Medical Terms](#)

[Application for Coverage](#)

Tobacco Cessation Program

[Tobacco Use Attestation Form](#)

Find a Participating Provider

[AHS State Network \(In State\)](#)

[Blue Card Program \(Out of State\)](#)



[2018 Benefit Changes - BCBS](#)

The state and public school's health insurance plan is provided through Blue Cross Blue Shield of Mississippi. The plan provides two types of coverage from which active employees, COBRA participants, non-Medicare eligible retirees, and non-Medicare eligible surviving spouses can choose: Base Coverage and Select Coverage.

Participants may choose any covered participating or non-participating provider, primary care or specialist; however, using providers that participate in the Network provides participants the maximum benefits available through the Plan. Participants choosing to use providers that do not participate in the Network are responsible for paying any fees charged over the allowable charge, in addition to paying a higher annual deductible (for those participants under Select Coverage) and higher coinsurance amounts for covered services. To find a participating provider, participants can access the Network directory through the Plan's website at www.knowyourbenefits.dfa.state.ms.us or may call the Network at the telephone number listed in the Plan Document. Provider participation in the Network may change from time to time. It is important for participants to verify provider participation prior to receiving services.

Motivating Mississippi - Keys to Living Healthy

Motivating Mississippi is the Plan's wellness and health promotion program. Through this program participants can volunteer to complete a Health Quotient (HQ) health risk assessment and receive a personalized wellness plan, access to lifestyle management programs, and access to personal wellness coaches. These services are provided at no additional charge to the participant. All adult participants age

18 and older are eligible for wellness benefits. These services are not subject to the calendar year deductible.

Prescription Drug Program

The plan includes a co-payment program for prescription drugs. An enrollee must elect health insurance coverage in order to participate in the prescription drug program. Refer to the Plan Document for information on the Base and Select Coverage deductibles, Co-payments, Mail Order Service, Generic Drugs, Preferred Band Drugs, etc located in the Plan Document at www.knowyourbenefits.dfa.state.ms.us.

To be covered under the Plan, prescription drugs must be prescribed by a physician, dispensed by a licensed pharmacist, and found to be medically necessary for the treatment of the participant's illness or injury. Participants may purchase medically necessary prescription drugs at participating retail pharmacies, through Prime Therapeutics, LLC, mail order service, or through the dedicated specialty pharmacy program. Coverage for prescription drugs purchased at a retail pharmacy or through the mail order service is limited to a 90-day supply. Coverage for prescription drugs purchased through the specialty pharmacy program is limited to a 30-day supply.

When a prescription drug is purchased at a participating retail pharmacy, the participant is only required to pay the appropriate co-payment amount (after the applicable deductible is met) or the cost of the drug, whichever is less. There is no claim form to file. When a prescription drug is at a non-participating pharmacy, the participant must file a claim with Prime. Payment of the claim will be made based upon the Plan's allowable charge. The participant is responsible for any amount in excess of the allowable charge, plus the applicable deductible and/or co-payment.