

**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

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*	\$437	\$0	\$457	\$20	\$437	\$0	\$483	\$46
Employee + Spouse	\$915	\$478	\$1,001	\$564	\$915	\$478	\$1,027	\$590
Employee + Spouse & Child(ren)	\$1,165	\$728	\$1,251	\$814	\$1,165	\$728	\$1,277	\$840
Employee + Child	\$561	\$124	\$648	\$211	\$561	\$124	\$674	\$237
Employee + Children	\$754	\$317	\$840	\$403	\$754	\$317	\$866	\$429

*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	\$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

COBRA	LEGACY		HORIZON	
	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

Frequently Asked Questions

Base or Select Coverage

Q:1 How do I know what type coverage (Base or Select) I have now?

A:1 If you are not sure what type coverage you currently have, you can call Blue Cross & Blue Shield of Mississippi (BCBSMS) at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

Q:2 How do I know what my premium rate is?

A:2 Your premium rate will depend on the coverage type you select, whether you are a Legacy or Horizon participant, and whether you elect to have dependents covered under the Plan. Please refer to the [current premium rate documents](#) on the [KnowYourBenefits](#) website, consult with Human Resources or contact [Blue Cross & Blue Shield of Mississippi](#) at 800-709-7881.

Q:3 How can I decide which coverage type is right for me?

A:3 You first should review your estimated claims activity for the prior year including all medical and prescription drug claims. If you think you will have similar claims in the current year, include these amounts in your estimate. If you are not sure about the total cost of a 30-day supply of a prescription drug you are currently taking, you can talk to your pharmacist, call [Prime Therapeutics](#) at 855-457-0408, or call the Office of Insurance at 601-359-3411 or toll-free 866-586-2781.

After estimating the types of claims and the total cost of each claim, consider how each coverage type works, including the various deductibles and coinsurance maximums. Also remember that the premium rates differ for Base Coverage and Select Coverage.

Q:4 How does each type of coverage work?

A:4 Under Select Coverage, there is a separate deductible (individual and family) for medical expenses and a separate individual deductible for prescription drugs. Once the appropriate medical deductible is met, you will start paying 20 percent of the allowable charge for covered medical services. Regardless of whether or not you have met your medical deductible, you will have to meet the \$75 individual prescription drug deductible before you start paying a copayment for a covered drug. Under Select Coverage, there is no prescription drug copayment maximum, so you will continue to pay the copayment for your drug each time you have it filled for the remainder of the year.

Under Base Coverage, you will have to meet the full deductible (\$1,800 for individual coverage, \$3,000 for family coverage) before any covered medical or prescription drug charges will be paid by the Plan. This means that you will pay the full allowable charge for both medical and prescription drugs until the deductible is met. Once the deductible is met, you will start paying 20 percent of the allowable charge for covered medical services and a copayment for covered drugs. There is a \$75 preventive medications individual deductible. Other medications are subject to the calendar year deductible. Once your coinsurance/copayment maximum is met, the Plan will pay 100 percent of the allowable charge for both covered prescription drugs and medical services.

- Q:5** What do I need to do to change coverage types?
- A:5 You need to complete an [Application for Coverage](#) form during Open Enrollment in October. If you are an active employee, you will need to return the completed form to your Human Resources office. Contact your Human Resources office to find out the deadline for submitting your form.
- Q:6** What do I need to do to keep the coverage type I have now?
- A:6 Nothing – your coverage will remain the same if you do not submit an [Application for Coverage](#) form to elect to change your coverage type.
- Q:7** What are some of the main differences in Base and Select Coverage?
- A:7 The premium rates differ for Base and Select Coverage. Another difference between Base and Select Coverage is how the deductibles work. Under Base Coverage, all charges (medical and prescription drug) apply to the calendar year deductible. Under Select Coverage, there is a separate deductible for medical charges and a separate deductible for prescription drug charges.
- Q:8** Are the same services covered in Base and Select Coverage?
- A:8 Yes, covered services are the same in both coverage types.
- Q:9** If I choose Base Coverage and have covered dependents but I am the only one in the family that has claims, what is my deductible?
- A:9 The family deductible for Base Coverage is \$3,000; therefore, you would have to meet the entire \$3,000 deductible.
- Q:10** If my spouse and I are both employees under the Plan, one of us has family coverage and one of us has individual coverage, and we both enroll in Base Coverage, do we share the family deductible?
- A:10 Yes.
- Q:11** Under Base Coverage, what is my in-network deductible and my out-of-network deductible?
- A:11 Under Base Coverage, the Calendar Year Deductible, (\$1,800 individual or \$3,000 family) applies to both in-network and out-of-network services. Remember that the coinsurance maximum amounts differ between in-network and out-of-network services.
- Q:12** If I have Base Coverage, what is my deductible for prescriptions drugs?
- A:12 There is no separate deductible for prescription drugs in Base Coverage with the exception of a \$75 preventive medications deductible for certain drugs. Refer to the Plan Document for additional information. Medical and prescription drug expenses all apply to the calendar year deductible. This means that prescription drug expenses along with medical expenses are included in the deductible (\$1,800 individual or \$3,000 family). Until you meet your deductible (whether through medical and/or pharmacy claims), the Plan will not provide any prescription drug benefits.

- Q:13 Can I change coverage types if I have a Special Enrollment Event during the year?**
- A:13 Yes, you can change coverage types if you have a Special Enrollment Event during the year; however, any deductible or out-of-pocket credit previously met will not transfer to your new coverage type.
- Q:14 Why do I have to pay for a part of my active employee premium under Select Coverage while someone enrolled in Base Coverage does not pay any part of the active employee premium?**
- A:14 The State is required by law to provide 100 percent of the cost of a “basic level” (currently Base Coverage) of health insurance coverage to active full-time employees.
- Q:15 What is a Health Savings Account (HSA) and am I required to have one if I choose Base Coverage?**
- A:15 A Health Savings Account allows an individual to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis. You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. Just because you choose Base Coverage does not mean you have to have a Health Savings Account.
- Q:16 When do I start paying a copayment for prescription drugs under Base Coverage?**
- A:16 After you meet your calendar year deductible (\$1,800 individual or \$3,000 family), you will start paying a copayment for covered prescription drugs.
- Q:17 When do I start paying a copayment for prescription drugs under Select Coverage?**
- A:17 Under Select Coverage, you must first pay your \$75 individual prescription drug deductible before you start paying a copayment for covered prescription drugs.
- Q:18 If my spouse and I are both employees participating in the Plan and neither has dependent coverage, can one of us choose Select Coverage and the other choose Base Coverage?**
- A:18 Yes.
- Q:19 If my spouse and I are both employees participating in the Plan, can one choose family coverage under Base Coverage and the other choose individual coverage under Select Coverage?**
- A:19 Yes, however, deductibles cannot be shared between Base and Select Coverage.
- Q:20 Who can I contact if I have questions on Base and Select Coverage?**
- A:20 You can email your question to KnowYourBenefits@dfa.ms.gov or call Blue Cross & Blue Shield of Mississippi at 800-709-7881, or the Office of Insurance at 601-359-3411 or toll-free at 866-586-2781.

Base Coverage

Base Coverage is a qualifying high deductible health plan that meets the federal government's criteria under Section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 in regards to establishing a Health Savings Account (HSA). HSAs are portable, interest-bearing, funded accounts that provide for tax-free savings for medical expenses. HSAs allow individuals to pay for current qualified medical expenses, and save for future qualified medical expenses on a tax-free basis. The Plan does not offer or administer HSA accounts. However, participants in Base Coverage may independently secure an HSA.

Summary of Base Coverage Benefits

This is only a summary of the benefits under Base Coverage. It does not provide all details and provisions of the Plan. Some limitations and exclusions apply and can be found within this *Plan Document*. All benefits are subject to the calendar year deductible unless otherwise noted in the *Covered Services* section. There are two tiers of coverage: Individual and Family.

Individual Coverage	Network	Out-of-Network
Calendar Year Deductible	\$1,800	
Preventive Medications Deductible (Other medications are subject to Calendar Year Deductible)	\$75	
Coinsurance Maximum	\$2,500	\$3,500
Out-of-Pocket Limit	\$6,500	N/A
Family Coverage	Network	Out-of-Network
Calendar Year Deductible	\$3,000	
Preventive Medications Individual Deductible (Other medications are subject to Calendar Year Deductible)	\$75	
Coinsurance Maximum	\$5,000	\$7,000
Out-of-Pocket Limit (In no event shall any one individual with family coverage exceed \$6,500 out-of-pocket expenses for covered network expenses.)	\$13,000	N/A
Online Primary Care Visit (Applicable to network primary care providers, registered dietitians and Plan approved vendors only)	You pay \$10 copayment subject to deductible	Not Covered
Online Behavioral Health Therapy (Applicable to network providers and Plan approved vendors only)	You pay 20%	Not Covered
Specialty Physician/Health Care Professional Services	You pay 20%	You pay 40%
Inpatient Hospital – Services must be certified as medically necessary by ActiveHealth to be covered by the Plan (except for routine maternity delivery).	You pay 20%	You pay 40%
Outpatient Hospital Services	You pay 20%	You pay 40%
Emergency Room – Services are subject to a \$50 copayment for the first visit and a \$200 copayment for each subsequent visit in addition to the deductible and coinsurance. Copayment is waived if admitted.	You pay 20%	You pay 20%
X-Rays, Laboratory	You pay 20%	You pay 40%
Outpatient MRI/MRA/CAT/CTA Scans	You pay 20%	You pay 40%

Adult Wellness/Preventive Services (Lung cancer screening requires prior authorization.)	Plan pays 100%	Not Covered
Maternity – Specified prenatal care and network routine physician delivery covered at 100% subject to completion of the Maternity Management Program. <i>Note: Benefits are limited for dependent children.</i>	You pay 20%	You pay 40%
Maternity – Hospital; Other Services (<i>Not available for dependent children.</i>)	You pay 20%	You pay 40%
Well-Newborn Nursery Care	Plan pays 100%	Not Covered
Well-Child Office Visits and Routine Tests	Plan pays 100%	Not Covered
Well-Child Routine Immunization	Plan pays 100%	Not Covered
Chiropractic Services – Manipulative therapy services - Limited to a maximum of 30 visits per participant per calendar year.	You pay 20%	You pay 40%
Accidental Injury to Natural Teeth and TMJ Services – Coverage is subject to the network coinsurance/copayment maximum. TMJ services are limited to a lifetime maximum of \$5,000.	You pay 20%	You pay 20%

Participants in the Base Coverage will be charged the full allowable amount until the applicable deductible is met. Prescription medications are subject to the applicable deductible and the following copayments:

Prescription Drug Type	Retail & Specialty Pharmacies			Home Delivery
	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply	90 Day Supply (or less)
Generic Drug	\$12	\$24	\$36	\$24
Preferred Brand Drug*	\$45	\$90	\$135	\$90
Non-preferred Drug*	\$100	\$200	\$300	\$200
Specialty	\$100	N/A	N/A	N/A

*Generic mandate applies to brand drugs purchased when a generic is available. If a participant purchases a covered brand drug for which a generic version is available, the participant will pay the difference in the cost of the brand and the generic drug, plus the generic copayment amount.

Individual Preventive Medications Deductible

Certain preventive medications such as anticoagulants, antiarrhythmics, antihyperlipidemics, antidepressants and diabetes medications are only subject to the preventive medications deductible. If the Base Coverage calendar year deductible is already met, a participant does not also have to meet the preventive medications deductible. Once either deductible is met participants will pay the standard prescription drug copayments for certain preventive medications, see *Prescription Drug Program*.

Diabetes Related Prescriptions and Supplies Copayments	Retail Pharmacies			Diabetic Management Program
	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply	90 Day Supply (or less)
Testing Supplies:				
Preferred Brand	\$12	\$24	\$36	\$24
Non-preferred Brand	\$45	\$90	\$135	\$90
Insulin Needles/Syringes	\$12	\$24	\$36	\$24
Glucagon	\$12	\$24	\$36	\$24
Insulin	\$12	\$24	\$36	\$24

Calendar Year Deductible – Individual Base Coverage

The calendar year deductible is the amount of covered expenses a participant must pay each year before the Plan begins to pay its share of covered expenses. Covered medical and prescription drug expenses apply toward the calendar year deductible, unless otherwise indicated. Once the calendar year deductible has been met, the Plan pays its portion of the allowable charge for covered expenses, and the participant pays prescription drug copayments for covered prescription drugs and a percentage of the allowable charge for covered medical expenses.

Calendar Year Deductible – Family Base Coverage

Family coverage applies when an enrollee (active employee, retiree, surviving spouse or COBRA) has one or more covered dependents. If an enrollee has family coverage, there is no separate high deductible for each covered individual in the family. Covered medical and prescription drug expenses apply toward the family calendar year deductible, unless otherwise indicated. Medical services and prescription drugs will not be paid for any participants in the family until the family deductible has been satisfied. However, in no event shall an individual's annual out-of-pocket costs exceed \$6,500. The family deductible also applies when both husband and wife are covered separately as enrollees, one of the enrollees has dependent coverage, and both are enrolled in Base Coverage.

If both husband and wife are covered employees, one carries dependent coverage, and only one of them elects Base Coverage, calendar year deductibles and coinsurance amounts are not shared. If both husband and wife are covered employees with employee-only coverage, and both elect Base Coverage, the calendar year deductible and coinsurance amounts are not shared.

The following expenses do not count toward the individual or family calendar year deductible:

- Online provider visits copayments
- Emergency room copayments
- Prescription drug copayments
- Utilization review penalties
- Generic drug differential amounts
- Expenses in excess of the allowable charge
- Expenses in excess of Plan maximum limits
- Services not covered by the Plan
- Services not considered medically necessary