

MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



KNOW YOUR
Benefits



September 2025

Health Savings Account (HSA)

This is a professional reminder from the State and School Employees Health Insurance Plan regarding Health Savings Account (HSA) offerings during the upcoming open enrollment period. In accordance with Mississippi Code § 83-62-5(3), all eligible state employees must be provided with the opportunity to participate in a Health Savings Account program, provided they pay the full cost and consent to payroll deduction. This requirement ensures compliance with state law and supports employees in managing qualified medical expenses. If your agency does not currently offer an HSA account option, please contact your benefits manager prior to the open enrollment period to ensure timely compliance.

Open Enrollment

Open Enrollment for 2026 is from October 1, 2025, through October 31, 2025. During Open Enrollment, employees may change their insurance benefits that will take effect January 1, 2026. Employees can change elections between Base and Select coverage, add dependents, or cancel coverage. Open Enrollment applies to health insurance only. If you do not make any changes, your current coverage will carry over to next year. For more information regarding Open Enrollment, please visit the Plan's website at <https://www.dfa.ms.gov/insurance> or speak with your human resources representative.

2026 Premium Rate Changes

Effective January 1, 2026, the plan will implement a 6.5% premium rate increase for all health coverage options. This increase will affect all active and retiree plans, as well as COBRA, Medicare eligible participants, and eligible contract worker employees.

2026 Deductible Changes

Effective January 1, 2026, the Base Plan family deductible will increase to \$3,400.00 to meet the minimum required regulations under Federal Law. The Base Plan coverage option qualifies under IRS regulations as a high-deductible health plan that can be used with a health savings account (HSA). There are no other deductible changes for 2026.

2026 Pharmacy Changes for Base and Select Plan – Specialty Medications

Effective 2026, there will be a change to the calculation of your annual deductible and out of pocket (OOP) maximum if you use third-party copay assistance programs, commonly referred to as a “manufacturer copay card”, for specialty medications. This change ensures that only true participant cost share will apply towards calendar year deductibles (CYD) and out of pocket maximums (OOP). You can still use these copay cards; however, any dollars you receive from the manufacturer will no longer count towards your deductible or OOP maximums.

2026 Pharmacy Changes for Select Plan – PrudentRx

Effective 2026, an optional program known as PrudentRx will be implemented to the Select Plan Specialty Drug plan design. This program applies to all Specialty medications that fall under the PrudentRx drug list and allows enrolled participants to pay \$0 out of pocket expenses for their Specialty medications by maximizing third-party dollars (coupons, copay cards, etc.). For those participants that opt out of the PrudentRx program, they will have a 30% coinsurance applied to their Specialty medications. The third-party dollars used by PrudentRx to keep the participant's contribution at \$0 will not count towards the participant's calendar year deductible or annual out of pocket maximum. Participants eligible for the PrudentRx program will receive additional information on how to enroll.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2026

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

	LEGACY EMPLOYEES			
	BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
ACTIVE EMPLOYEE				
Employee*	\$513	\$0	\$533	\$20
Employee + Spouse	\$1,074	\$561	\$1,173	\$660
Employee + Spouse & Child(ren)	\$1,367	\$854	\$1,467	\$954
Employee + Child	\$659	\$146	\$759	\$246
Employee + Children	\$886	\$373	\$983	\$470

	HORIZON EMPLOYEES			
	BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
ACTIVE EMPLOYEE				
Employee*	\$513	\$0	\$566	\$53
Employee + Spouse	\$1,074	\$561	\$1,205	\$692
Employee + Spouse & Child(ren)	\$1,367	\$854	\$1,499	\$906
Employee + Child	\$659	\$146	\$790	\$277
Employee + Children	\$886	\$373	\$1,015	\$502

*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	
	BASE	SELECT
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE		
Retiree	\$590	\$614
Retiree + Spouse (Non-Medicare)	\$1,235	\$1,349
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,571	\$1,686
Retiree + Child	\$758	\$839
Retiree + Children	\$1,017	\$1,063
Retiree + Spouse (Medicare)	N/A	\$864
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,089

	HORIZON RETIREES	
	BASE	SELECT
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE		
Retiree	\$941	\$975
Retiree + Spouse (Non-Medicare)	\$1,887	\$2,010
Retiree + Spouse & Child(ren) (Non-Medicare)	\$2,109	\$2,234
Retiree + Child	\$1,109	\$1,200
Retiree + Children	\$1,368	\$1,425
Retiree + Spouse (Medicare)	N/A	\$1,225
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,450

	LEGACY RETIREES	
	BASE	SELECT
RETIRED EMPLOYEE - MEDICARE ELIGIBLE		
Retiree	N/A	\$250
Retiree + Spouse (Non-Medicare)	N/A	\$985
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1322
Retiree + Child	N/A	\$474
Retiree + Children	N/A	\$699
Retiree + Spouse (Medicare)	N/A	\$500
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$725

	HORIZON RETIREES	
	BASE	SELECT
RETIRED EMPLOYEE - MEDICARE ELIGIBLE		
Retiree	N/A	\$250
Retiree + Spouse (Non-Medicare)	N/A	\$1285
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1509
Retiree + Child	N/A	\$474
Retiree + Children	N/A	\$699
Retiree + Spouse (Medicare)	N/A	\$500
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$725

	LEGACY	
	BASE	SELECT
COBRA		
Participant	\$522	\$545
Participant + Spouse	\$1,095	\$1,197
Participant + Spouse & Child(ren)	\$1,394	\$1,496
Participant + Child	\$672	\$774
Participant + Children	\$903	\$1,003
COBRA DISABILITY EXTENSION		
Participant	\$769	\$801
Participant + Spouse	\$1,611	\$1,760
Participant + Spouse & Child(ren)	\$2,051	\$2,201
Participant + Child	\$988	\$1,138
Participant + Children	\$1,329	\$1,476

	HORIZON	
	BASE	SELECT
COBRA		
Participant	\$522	\$577
Participant + Spouse	\$1,095	\$1,229
Participant + Spouse & Child(ren)	\$1,394	\$1,529
Participant + Child	\$672	\$806
Participant + Children	\$903	\$1,036
COBRA DISABILITY EXTENSION		
Participant	\$769	\$849
Participant + Spouse	\$1,611	\$1,808
Participant + Spouse & Child(ren)	\$2,051	\$2,249
Participant + Child	\$988	\$1,186
Participant + Children	\$1,329	\$1,524

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

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Contact Information for Plan Participants

- Medical claims: [Blue Cross & Blue Shield of Mississippi \(BCBSMS\)](#), Phone 800-709-7881
- Find a participating provider: [AHS State Network](#), Phone 800-294-6307
- Hospital admissions, case management [Acentra Health](#), Phone 888-801-1910
- Wellness programs, chronic condition coaching: [ActiveHealth Management](#), Phone 866-939-4721
- Prescriptions: [CVS Caremark](#), Phone 888-996-0050
- State Life Insurance Plan: [Minnesota Life \(Securian\)](#), Phone 877-348-9217