

DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF INSURANCE



501 N West St, Jackson, MS 39201

601-359-3411

OFFICE OF INSURANCE QUICK REFERENCE GUIDE

Frequently Asked Questions

How can I receive an insurance ID card?

Register with Blue Cross & Blue Shield of Mississippi at bcbsms.com. Once registered, an option to print your insurance ID card is located in the “Your Info” tab.

Download the Blue Cross & Blue Shield of Mississippi mobile app from the Google Play store at <https://play.google.com/store/apps/details?id=com.bcbsms.myblue.mobile.android> or in the apple app store at <https://apps.apple.com/us/app/myblue/id633327088>



myBlue 4+
Blue Cross & Blue Shield of Mississippi
Designed for iPad
★★★★★ 2.5 • 58 Ratings
Free

You may also call Blue Cross & Blue Shield of Mississippi at 800-709-7881 to request a card over the phone.

How do I cancel my coverage?

- Active Employee- Contact your Human Resources representative.
- Retiree – A written request including your name, address, membership ID number, termination date, and your signature can be faxed to 601-664-5342 or mailed to
Blue Cross & Blue Shield of Mississippi Membership
Attn: Retirement Department
3545 Lakeland Drive
Flowood, MS 39232

How do I change my address?

- Active Employee- Contact your Human Resources representative.
- Retiree- A written request including your name, previous address, current address, membership ID number, and your signature can be faxed to 601-664-5342 or mailed to
Blue Cross & Blue Shield of Mississippi Membership
Attn: Retirement Department
3545 Lakeland Drive
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How do I view plan coverage?

Each year the Office of Insurance releases a written document that describes the participant's rights, benefits, and obligations within the Plan, as well as the Plan's terms and conditions for administering the Plan. This document is referred to as a Plan Document. The Plan Document can be viewed on our website at www.dfa.ms.gov/insurance-publications. Each year, a notice of Plan Document availability is mailed to member households with instructions on how to order a paper copy. You may also contact your Human Resources representative for a copy.

When can I make changes to my health plan?

Mississippi's State and School Employee's Health Insurance Plan has an open enrollment period each year during the month of October. Employees can change health coverage elections between Base and Select plans, add or drop dependents, or cancel coverage. October open enrollment is for active employee health insurance only. If you do not make any changes during open enrollment, your current elections will carry-over through next year. You may also make changes to your insurance whenever you have a special qualifying event such as marriage, birth or adoption of child, or loss of coverage.

What happens when I retire?

Retirees may elect to continue health coverage under the Plan if they have been an active member with the Plan for at least 4 years preceding retirement. A retiree may not return to the Plan after a gap in coverage unless they regain status as an active employee. Monthly health insurance premiums will reflect retiree rates.

Retirees may elect to continue their life insurance coverage under the plan in the amount of \$5,000, \$10,000, or \$20,000 within 31 days of retiring. The difference in the amount of active employee life insurance and retiree life insurance may be ported to a term policy or converted to a whole life policy within 31 days of retirement.

What happens when I turn 65?

When an active employee turns 65 years of age and becomes Medicare eligible, the Plan will remain primary coverage while Medicare acts as secondary coverage. Active employees aged 65 years and above are eligible for Base or Select coverage and retain pharmacy benefits. Monthly health insurance premiums do not change.

When a retiree turns 65 years of age, Medicare becomes primary coverage while the Plan will act as secondary coverage. Retirees aged 65 years and above are only eligible for Select Coverage and do not receive coverage of pharmacy benefits under the Plan. Medicare eligible retirees must enroll in Medicare Part D to receive prescription drug coverage. Health insurance premiums will reflect Medicare eligible retiree rates.

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2023 Select Coverage Medical Deductibles

Select Deductibles	In-Network	Out-of-Network
Calendar Year Deductible	\$1,800	\$2,300
Family Deductible	\$3,600	\$4,600

2023 Base Coverage Medical Deductibles

Base Deductibles	In-Network	Out-of-Network
Calendar Year Deductible – Individual Coverage	\$1,800	
Calendar Year Deductible – Family Coverage	\$3,000	

2023 Prescription drug copayments for retail pharmacies and home delivery service

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

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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	LEGACY RETIREES		HORIZON RETIREES	
	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	LEGACY		HORIZON	
	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

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Important Vendor Addresses and Telephone Numbers

MEDICAL CLAIMS ADMINISTRATION	Blue Cross & Blue Shield of Mississippi (BCBSMS) 3545 Lakeland Drive Flowood, MS 39232 800-709-7881
HEALTH AND WELLNESS PROGRAM DISEASE MANAGEMENT	ActiveHealth Management, Inc. (ActiveHealth) 4582 Ulster Street Parkway, Suite 900 Denver, CO 80327 866-939-4721
MEDICAL CASE MANAGEMENT UTILIZATION REVIEW	Keystone Peer Review Organization (Kepro) 2810 N Parham Road, Suite 305 Henrico, VA 23294 888-801-1910
TELEHEALTH PROVIDER VISITS	UMMC Telehealth 2500 North State Street, Jackson, MS 39216 601-984-1000
PHARMACY BENEFIT MANAGEMENT	CVS Caremark P.O. Box 6590 Lee's Summit, MO 64064-6590 888-996-0050 www.caremark.com
PHARMACY MAIL ORDER PROGRAM	CVS Caremark P.O. Box 94467 Palatine, IL 60094-4467 888-996-0050
SPECIALTY PHARMACY NETWORK	CVS Specialty 800-237-2767 www.cvsspecialty.com
LIFE INSURANCE COMPANY	Minnesota Life Insurance Company, an affiliate of Securian Financial Group 400 Robert Street North St. Paul, MN 55101-2098 877-348-9217
Plan Sponsor	State and School Employees Health Insurance Management Board c/o Department of Finance and Administration Office of Insurance P.O. Box 24208 Jackson, MS 39225- 4208 601-359-3411 866-586-2781
Vendor websites can be accessed through: http://www.dfa.ms.gov/insurance	