

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](http://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  
Flowood, MS 39232

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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](http://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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## 2026 SELECT PLAN DEDUCTIBLE

SELECT DEDUCTIBLE	IN-NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$1,800	\$2,300
Family Deductible	\$3,600	\$4,600

## 2026 BASE PLAN DEDUCTIBLE

BASE DEDUCTIBLE	IN-NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$1,800	\$1,800
Family Deductible	\$3,400	\$3,400

## 2026 Prescription drug copayments for retail pharmacy

Prescription type	Retail Pharmacy		Home Delivery	
	1-30 supply	31-60 day supply	61-90 day supply	90 day supply or less
Preferred Generic	\$12	\$24	\$36	\$24
Non-preferred Generic	\$30	\$60	\$90	\$60
Preferred Brand Drug	\$45	\$90	\$135	\$90
Non-preferred Brand Drug	\$100	\$200	\$300	\$200
Specialty Drug (with Prudent RX)	\$0	N/A	N/A	N/A
Specialty Drug(w/o Prudent RX)	You pay 30%	N/A	N/A	N/A

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## 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

ACTIVE EMPLOYEE	LEGACY EMPLOYEES			
	BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
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

ACTIVE EMPLOYEE	HORIZON EMPLOYEES			
	BASE		SELECT	
	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	\$513	\$0	\$566	\$53
Employee + Spouse	\$1,074	\$561	\$1,205	\$692
Employee + Spouse & Child(ren)	\$1,367	\$854	\$1,499	\$986
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.

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	LEGACY RETIREES	
	BASE	SELECT
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

RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	HORIZON RETIREES	
	BASE	SELECT
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

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	LEGACY RETIREES	
	BASE	SELECT
Retiree	N/A	\$250
Retiree + Spouse (Non-Medicare)	N/A	\$985
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,322
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

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	HORIZON RETIREES	
	BASE	SELECT
Retiree	N/A	\$250
Retiree + Spouse (Non-Medicare)	N/A	\$1,285
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,509
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

COBRA	LEGACY	
	BASE	SELECT
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	BASE	SELECT
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

COBRA	HORIZON	
	BASE	SELECT
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	BASE	SELECT
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

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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 ActiveHealth Management, Inc. (ActiveHealth)**

**DISEASE MANAGEMENT** 4582 Ulster Street Parkway, Suite 900  
Denver, CO 80327  
866-939-4721

### **MEDICAL CASE MANAGEMENT Acentra Health (Acentra) – formerly Kepro**

**UTILIZATION REVIEW** 2810 N Parham Road, Suite 305  
Henrico, VA 23294  
888-801-1910

### **TELEHEALTH PROVIDER VISITS UMMC Telehealth**

2500 North State Street,  
Jackson, MS 39216  
601-815-2020

### **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  
Plan Tax ID: 64-6000749

Vendor websites can be accessed through: <https://www.dfa.ms.gov/insurance>

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