

# MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN



**KNOW YOUR**  
*Benefits*



September 2024

## Open Enrollment

Open Enrollment for 2025 is from October 1, 2024 - October 31, 2024. During Open Enrollment, employees may make changes to their health insurance benefits that will take effect January 1, 2025. Employees can change health coverage 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 through next year. For more information regarding Open Enrollment please visit the Plan's website at <https://www.dfa.ms.gov/insurance> or speak to your human resources representative.

## 2025 Premium Rate Changes

Effective January 1, 2025, the plan will implement a 5% premium rate increase for all coverage options. This increase will affect active and retiree plans, as well as COBRA and Medicare eligible participants.

## 2025 Deductible Changes

Effective January 1, 2025, the Base plan family deductible will increase to \$3300.00 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. There are no other deductible changes for 2025.

## Maternity Management Program Changes

The Maternity Management Program through Active Health Management will end on October 7, 2024. Acentra Health will become the new vendor for maternity management on October 7, 2024. More details regarding program updates will be provided as we complete the transition.

**STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN**  
**MONTHLY PREMIUM RATES**  
**Effective January 1, 2025**

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*	\$482	\$0	\$502	\$20	\$482	\$0	\$532	\$50
Employee + Spouse	\$1,009	\$527	\$1,102	\$620	\$1,009	\$527	\$1,132	\$650
Employee + Spouse & Child(ren)	\$1,284	\$802	\$1,378	\$896	\$1,284	\$802	\$1,408	\$926
Employee + Child	\$619	\$137	\$713	\$231	\$619	\$137	\$743	\$261
Employee + Children	\$832	\$350	\$924	\$442	\$832	\$350	\$954	\$472

\*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	\$554	\$577	\$884	\$916
Retiree + Spouse (Non-Medicare)	\$1,160	\$1,267	\$1,772	\$1,888
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,476	\$1,584	\$1,981	\$2,098
Retiree + Child	\$712	\$788	\$1,042	\$1,127
Retiree + Children	\$955	\$999	\$1,285	\$1,338
Retiree + Spouse (Medicare)	N/A	\$812	N/A	\$1,151
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$1,023	N/A	\$1,362
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$235	N/A	\$235
Retiree + Spouse (Non-Medicare)	N/A	\$925	N/A	\$1,207
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,242	N/A	\$1,417
Retiree + Child	N/A	\$446	N/A	\$446
Retiree + Children	N/A	\$657	N/A	\$657
Retiree + Spouse (Medicare)	N/A	\$470	N/A	\$470
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$681	N/A	\$681

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$491	\$512	\$491	\$542
Participant + Spouse	\$1,029	\$1,124	\$1,029	\$1,154
Participant + Spouse & Child(ren)	\$1,309	\$1,405	\$1,309	\$1,436
Participant + Child	\$631	\$727	\$631	\$757
Participant + Children	\$848	\$942	\$848	\$973
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$723	\$753	\$723	\$798
Participant + Spouse	\$1,513	\$1,653	\$1,513	\$1,698
Participant + Spouse & Child(ren)	\$1,926	\$2,067	\$1,926	\$2,112
Participant + Child	\$928	\$1,069	\$928	\$1,114
Participant + Children	\$1,248	\$1,386	\$1,248	\$1,431

STATE OF MISSISSIPPI  
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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
- Telehealth visits: 24/7 minor medical, mental health care, and registered dietitians: [UMMC](#), Phone 601-815-2020