



Summary of Benefit Changes Effective: January 1, 2022

State & School Employees' Health Insurance Plan

The State Health Plan will implement the following benefit changes for calendar year 2022. Information about the following changes will be included in the State Health Plan's quarterly newsletter which will be mailed to participants.

- Medical Deductible – Select Coverage**

The in-network deductible will increase from \$1,300 to \$1,500 for individuals and from \$2,600 to \$3,000 for family coverage. Deductibles for Base Coverage (High Deductible Health Plan) will remain the same.

	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible - Individual Coverage		\$1,800
Calendar Year Deductible - Family Coverage		\$3,000
Co-Insurance *	80/20	60/40
Coinsurance/Co-payment Maximum	\$3,000 / \$5,500	\$4,000 / \$7,500
Out-of-Pocket Limit (individual / family)	\$6,500 / \$13,000	N/A

Preventive medications are subject to a \$75.00 calendar year deductible. Other medications are subject to the Calendar Year Deductible.

*SOME BENEFITS MAY BE PAID AT A DIFFERENT CO-INSURANCE (SEE SPD).

SELECT COVERAGE

Select Coverage has separate medical and prescription drug deductibles. The chart below outlines deductibles, coinsurance amounts, and coinsurance maximums.

	IN-NETWORK	OUT-OF-NETWORK
Individual Calendar Year Medical Deductible	\$1,500	\$3,000
Family Calendar Year Medical Deductible	\$2,600	\$4,600
Co-Insurance *	80/20	60/40
Individual Medical Coinsurance Maximum	\$3,000	\$4,000
Out-or-Pocket Limit (individual / family)	\$6,500 / \$13,000	N/A
Individual Prescription Drug Deductible		\$75

*SOME BENEFITS MAY BE PAID AT A DIFFERENT CO-INSURANCE (SEE SPD).

- **Premium Rate Increase**

Participants will experience a 6% premium rate increase effective January 1, 2022. New rates are as follows.

Premiums				
Legacy Employees				
Coverage	Select Coverage Option		Base Coverage Option	
	Legacy Monthly Premiums		Legacy Monthly Premiums	
	12-month	9-month	12-Month	9-Month
*Employee	\$ 20.00	\$ 26.68	\$0	\$0
Employee & Spouse	\$533.00	\$ 710.67	\$451.00	\$601.33
Employee & 1 Child	\$200.00	\$ 266.67	\$117.00	\$156.00
Employee & Children (2 or more)	\$381.00	\$ 508.00	\$299.00	\$398.67
Employee, Spouse, & Children	\$769.00	\$1,025.33	\$687.00	\$916.00
*The University pays \$412.00 for employee only coverage				

Horizon Employees				
Coverage	Select Coverage Option		Base Coverage Option	
	Horizon Monthly Premiums		Horizon Monthly Premiums	
	12-month	9-month	12-Month	9-Month
*Employee	\$ 43.00	\$ 57.33	\$0	\$0
Employee & Spouse	\$556.00	\$ 741.33	\$451.00	\$601.33
Employee & 1 Child	\$223.00	\$ 297.33	\$117.00	\$156.00
Employee & Children (2 or more)	\$404.00	\$ 538.67	\$299.00	\$398.67
Employee, Spouse, & Children	\$792.00	\$1,056.00	\$687.00	\$916.00
*The University pays \$412.00 for employee only coverage.				

Legacy Employees – All current UM employees hired prior to January 1, 2006 **OR** new employees hired on or after January 1, 2006 who have been employed full-time by any State of Mississippi agency covered by the Plan (such as a community/junior college, public library, public school district, other State agency or university).

Horizon Employees – Any employees initially hired by any State of Mississippi agency on or after January 1, 2006.

- **Prescription Drug Coverage**

In accordance with Senate Bill 2119, the prescription mandate for pseudoephedrine will be removed. The Plan will exclude coverage of over-the-counter medications containing pseudoephedrine.

- **Substance Abuse Treatment**

Benefits for substance abuse treatment will be expanded to cover partial hospitalization. The plan currently provides coverage for inpatient treatment facilities, intensified outpatient programs, and outpatient substance abuse treatment.

Davis Vision

Davis Vision will implement the following benefit enhancements for calendar year 2022. Participants will also experience a rate increase.

Plan Enhancements:

- Increase frame allowance from \$120 to \$150
- Increase contacts allowance from \$120 to \$150
- Update benefit to calendar year refresh
- Costco has been added to the provider network
- Retinal Imaging for \$39 copay – This is a non-invasive procedure that detects disease through retinal imaging. Medical conditions include but are not limited to, cancer, age-related macular degeneration, hypertension (high blood pressure), retinal detachment, glaucoma, and diabetic retinopathy (blindness).
- Additional pair of eyeglasses at 30% discount

Plan Benefits	Coverage
Examination (every January 1 st)	100% after \$10.00 co-pay
Frames (every other January 1 st)	<u>Davis Vision Designer Collection</u> – 100% after \$15.00 co-pay <u>Network Provider</u> – \$150 credit plus 20% discount on overages
Spectacle Lenses (every January 1 st) <i>in lieu of contacts</i>	Lens types and coatings are either included in the cost or covered at a discount
Contact Lenses (every January 1 st) <i>in lieu of eyeglasses</i>	<u>Davis Vision contact lens formulary</u> - standard soft, daily-wear, disposable, or planned replacement are covered at 100% after \$35.00 co-pay (*including fitting fee) <u>Network Provider</u> – \$150 credit plus 15% discount on overages

Rates effective January 1, 2022:

Monthly Premiums:

	<u>12-month employee</u>	<u>9-month faculty</u>
Employee	\$ 8.74	\$11.66
Employee + 1	\$15.36	\$20.48
Employee + Family	\$23.66	\$31.55

Long-term Disability

Special Enrollment (no underwriting, guarantee issued policy) The Standard is providing the University with a special enrollment. Employees who have never been denied coverage in the University's long-term disability plan, may apply for coverage, guaranteed issue. Those who have been denied in the past, may still enroll but will be subject to underwriting. Instructions for completing Evidence of Insurability (health statement) will be sent to your University email account. The underwriting questionnaire must be completed within 30 days following date of notification. Failure to complete the action within the allotted time will result in closure of your application.

Life of Alabama Cancer/Dreaded Disease

Rates for cancer plans with limited chemotherapy and radiation benefits will remain unchanged for plan year 2022. Older plans with unlimited chemotherapy and radiation benefits with experience a slight rate increase.

Benefit changes made during open enrollment will become effective January 1, 2022 with the exception of plans that are subject to underwriting (cancer plans, life insurance, and long-term disability.)