



THE UNIVERSITY of
MISSISSIPPI
 DEPARTMENT OF HUMAN RESOURCES

Summary of Benefit Changes Effective: January 1, 2021

State & School Employees' Health Insurance Plan

Deductibles and limits with both the Select Coverage and Base Coverage will change for plan year 2021. Information regarding benefit changes is provided for premiums, deductibles, and prescription drug plan information. The following changes will be included in the State Health Plan's quarterly newsletter which will be mailed to participants.

- Premium Rate Increase**

Participants will experience a 3% premium rate increase effective January 1, 2021. New rates are as follows.

Coverage	Select Coverage Option		Base Coverage Option	
	Legacy Monthly Premium		Legacy Monthly Premium	
	12-month	9-month	12-month	9-month
*Employee only	\$20.00	\$26.68	\$0.00	\$0.00
Employee & spouse	\$504.00	\$672.00	\$425.00	\$566.68
Employee & child	\$190.00	\$253.34	\$110.00	\$146.68
Employee & children (2 or more)	\$361.00	\$481.34	\$282.00	\$376.00
Employee, Spouse, & Children	\$727.00	\$969.34	\$648.00	\$864.00
*The University pays \$389.00 for the employee's coverage				

Coverage	Select Coverage Option		Base Coverage Option	
	Horizon Monthly Premium		Horizon Monthly Premium	
	12-month	9-month	12-month	9-month
*Employee only	\$41.00	\$54.68	\$0.00	\$0.00
Employee & spouse	\$525.00	\$700.00	\$425.00	\$566.68
Employee & child	\$211.00	\$281.34	\$110.00	\$146.68
Employee & children (2 or more)	\$382.00	\$509.34	\$282.00	\$376.00
Employee, Spouse, & Children	\$748.00	\$997.34	\$648.00	\$864.00
*The University pays \$389.00 for the employee's coverage				

Legacy Employees - All current UM employees hired prior to January 1, 2006 **OR** new employees hired on or after January 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 employee initially hired by any State of Mississippi agency on or after January 1, 2006.

- **Increase to Deductibles and Annual Maximums**

- After ten (10) years without a change, the medical deductibles for Select Coverage will increase January 1, 2021. In-network and out-of-network deductibles will increase by \$300 for individuals and \$600 for family coverage. Base Coverage deductibles will remain the same.
- For the first time since 2011, the co-insurance maximum will increase by \$500. The 20% co-insurance rate is the amount a participant pays for covered services once the annual deductible is satisfied.

Current Coverage:

BASE COVERAGE (High Deductible Health Plan)

	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	\$2,500 / \$5,000	\$3,500 /\$7,000
Out-of-Pocket Limit (individual / family)	\$6,500 / \$13,000	N/A

SELECT COVERAGE

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

Coverage Effective January 1, 2021:

BASE COVERAGE (High Deductible Health Plan)

	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

SELECT COVERAGE

	IN-NETWORK	OUT-OF-NETWORK
Individual Calendar Year Medical Deductible	\$1,300	\$2,300
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	

- **Prescription Drug Coverage**

Research has shown the cost of older generic medications has remained relatively stable the past several years; however, newer generics are often as expensive as their brand name counterparts. To support the State Health Plan Board's long-term strategy of encouraging the use of clinically effective medications at the lower cost and help offset the dramatic increase in the cost of new generics, the drug mandate is changing as follows.

Current cost:

(cost of brand drug – cost of generic drug) + generic co-pay

Cost effective January 1, 2021:

(cost of brand drug – cost of generic drug) + brand co-pay

- **Prior Authorizations**

Currently, the Plan requires prior authorizations for coverage of wound vacuum assisted closure, pulmonary rehabilitation, and preventive low-dose CT scans for lung cancer. Upon results of a Plan review it was determined these services have been performed when medically necessary, so effective January 1, 2021 authorizations will no longer be necessary.

Benefit changes made during open enrollment will become effective January 1, 2021 with the exception of plans that are subject to underwriting (cancer plans, life insurance, and long-term disability.)