

To: All Jackson State University Employees

From: Department of Human Resources

Date: September 29, 2021

RE: Increase in Premiums for State and School Health Employees' Insurance Plans

Effective January 1, 2022, the premiums for health insurance will increase. Medical Deductibles for Select coverage is also increasing. The in-network deductible will increase from \$1,300 to \$1,500 for individuals and from \$2,600 to \$3,000 for family coverage. Please note that the deductibles for the Base Coverage will remain the same in 2022.

Please Note: The new health insurance premiums deductions will start on December 15, 2021 paycheck. Health Insurance Premiums are paid one month in advance.

Employees are encouraged to review the "Know Your Benefits" Newsletter mailed to your home address from the State and School Employees' Health Plan regarding are changes that will be effective January 2022.

The 2022 Plan Document (PD), which contains benefits, plan provisions, and eligibility guidelines, is be available online at <http://knowyourbenefits.dfa.state.ms.us> .

Below is a summary of the new health insurance premiums rates.

Health Insurance Premium Rates

Effective January 1, 2021

Employees Hired Before 1/1/2006 (Legacy)						
Active Employees	Base Plan					
Plan Type	2021 Total Premium	2022 Total Premium	2022 Total Premium Increase	2021 Employee Cost	2022 Employee Cost	2022 Total Employee Increase
Employee Only	\$389.00	\$412.00	\$23.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$814.00	\$863.00	\$49.00	\$425.00	\$451.00	\$26.00
Employee + Spouse & Child(ren)	\$1,037.00	\$1,099.00	\$62.00	\$648.00	\$687.00	\$39.00
Employee + Child	\$499.00	\$529.00	\$30.00	\$110.00	\$117.00	\$7.00
Employee + Children	\$671.00	\$711.00	\$40.00	\$282.00	\$299.00	\$17.00

Employees Hired Before 1/1/2006 (Legacy)						
Active Employees	Select Plan					
	2021 Total Premium	2022 Total Premium	2022 Total Premium Increase	2021 Employee Cost	2022 Employee Cost	2022 Total Employee Increase
Plan Type						
Employee Only	\$409.00	\$432.00	\$23.00	\$20.00	\$20.00	\$0.00
Employee + Spouse	\$893.00	\$945.00	\$52.00	\$504.00	\$533.00	\$29.00
Employee + Spouse & Child(ren)	\$1,116.00	\$1,181.00	\$65.00	\$727.00	\$769.00	\$42.00
Employee + Child	\$579.00	\$612.00	\$33.00	\$190.00	\$200.00	\$10.00
Employee + Children	\$750.00	\$793.00	\$43.00	\$361.00	\$381.00	\$20.00

Employees Hired After 1/1/2006 (Horizon)						
Active Employees	Base Plan					
	2021 Total Premium	2022 Total Premium	2022 Total Premium Increase	2021 Employee Cost	2022 Employee Cost	2022 Total Employee Increase
Plan Type						
Employee Only	\$389.00	\$412.00	\$23.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$814.00	\$863.00	\$49.00	\$425.00	\$451.00	\$26.00
Employee + Spouse & Child(ren)	\$1,037.00	\$1,099.00	\$62.00	\$648.00	\$687.00	\$39.00
Employee + Child	\$499.00	\$529.00	\$30.00	\$110.00	\$117.00	\$7.00
Employee + Children	\$671.00	\$711.00	\$40.00	\$282.00	\$299.00	\$17.00

Employees Hired After 1/1/2006 (Horizon)						
Active Employees	Select Plan					
	2021 Total Premium	2022 Total Premium	2022 Total Premium Increase	2021 Employee Cost	2022 Employee Cost	2022 Total Employee Increase
Plan Type						
Employee Only	\$430.00	\$455.00	\$25.00	\$41.00	\$43.00	\$2.00
Employee + Spouse	\$914.00	\$968.00	\$54.00	\$525.00	\$556.00	\$31.00
Employee + Spouse & Child(ren)	\$1,137.00	\$1,204.00	\$67.00	\$748.00	\$792.00	\$44.00
Employee + Child	\$600.00	\$635.00	\$35.00	\$211.00	\$223.00	\$12.00
Employee + Children	\$771.00	\$816.00	\$45.00	\$382.00	\$404.00	\$22.00



August 2021

2022 Benefit and Premium Rate Changes

Each August, the State and School Employees Health Insurance Management Board (Board) meets to review benefits and premium rates and to approve any needed changes for the next calendar year. The following provides information on the benefit and rate changes approved for calendar year 2022.

Medical Deductibles – Select Coverage

Effective January 1, 2022, the in-network deductible will increase from \$1,300 to \$1,500 for individuals and from \$2,600 to \$3,000 for family coverage. Please note that the deductibles for the Base Coverage will remain the same in 2022.

Over-the-Counter Pseudoephedrine

Effective January 1, 2022, Senate Bill 2119 removed the prescription mandate for pseudoephedrine. In accordance with Senate Bill 2119, the Plan will exclude coverage of over-the-counter medications containing pseudoephedrine beginning in January 2022.

Substance Abuse Treatment Change

The Plan currently provides coverage for inpatient residential treatment facility, intensified outpatient program and outpatient substance abuse treatment. Effective January 1, 2022, the Plan will expand benefits for substance abuse treatment to cover partial hospitalization.

Prescription Drug Formulary

The Plan's goal for prescription drug coverage is to provide access to safe, effective and affordable medications. Finding ways to ensure access to the medications while keeping the Plan financially secure is a major challenge. In 2022, the prescription drug formulary will likely be modified so that when a preferred drug is available, the non-preferred drug will not be covered by the Plan.

Premium Rate Increase

Starting January 2022, the Plan will implement a 6% rate increase across the board for all non-Medicare coverage categories. This increase is part of the Board's strategy to help maintain the Plan's financial stability without having to reduce participant benefits or implement large premium increases in the future. The new 2022 monthly premium rate sheet will be available soon on our website (knowyourbenefits.dfa.ms.gov).

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2022

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*	\$412	\$0	\$432	\$20	\$412	\$0	\$455	\$43
Employee + Spouse	\$863	\$451	\$945	\$533	\$863	\$451	\$968	\$556
Employee + Spouse & Child(ren)	\$1,099	\$687	\$1,181	\$769	\$1,099	\$687	\$1,204	\$792
Employee + Child	\$529	\$117	\$612	\$200	\$529	\$117	\$635	\$223
Employee + Children	\$711	\$299	\$793	\$381	\$711	\$299	\$816	\$404

*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	\$473	\$496	\$757	\$783
Retiree + Spouse (Non-Medicare)	\$992	\$1,086	\$1,517	\$1,615
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,263	\$1,358	\$1,896	\$1,794
Retiree + Child	\$608	\$678	\$892	\$963
Retiree + Children	\$816	\$857	\$1,100	\$1,144
Retiree + Spouse (Medicare)	N/A	\$697	N/A	\$694
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$977	N/A	\$1,164

RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	\$201	N/A	\$201
Retiree + Spouse (Non-Medicare)	N/A	\$791	N/A	\$1,033
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$1,063	N/A	\$1,212
Retiree + Child	N/A	\$381	N/A	\$381
Retiree + Children	N/A	\$562	N/A	\$562
Retiree + Spouse (Medicare)	N/A	\$402	N/A	\$402
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$582	N/A	\$582

COBRA	LEGACY		HORIZON	
	BASE	SELECT	BASE	SELECT
Participant	\$420	\$440	\$420	\$464
Participant + Spouse	\$880	\$963	\$880	\$987
Participant + Spouse & Child(ren)	\$1,120	\$1,204	\$1,120	\$1,228
Participant + Child	\$539	\$624	\$539	\$647
Participant + Children	\$725	\$808	\$725	\$832

COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	\$618	\$648	\$618	\$682
Participant + Spouse	\$1,294	\$1,417	\$1,294	\$1,452
Participant + Spouse & Child(ren)	\$1,648	\$1,771	\$1,648	\$1,806
Participant + Child	\$793	\$918	\$793	\$962
Participant + Children	\$1,066	\$1,189	\$1,066	\$1,224