



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](https://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       | \$1,696          | \$1,794       |
| Retiree + Child                                      | \$608           | \$676         | \$892            | \$963         |
| Retiree + Children                                   | \$816           | \$857         | \$1,100          | \$1,144       |
| Retiree + Spouse (Medicare)                          | N/A             | \$697         | N/A              | \$984         |
| Retiree + Spouse & Child(ren) (One or more Medicare) | N/A             | \$877         | N/A              | \$1,164       |
| <b>RETIRED EMPLOYEE - MEDICARE ELIGIBLE</b>          | <b>BASE</b>     | <b>SELECT</b> | <b>BASE</b>      | <b>SELECT</b> |
| 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         |
| <b>COBRA DISABILITY EXTENSION</b> | <b>BASE</b> | <b>SELECT</b> | <b>BASE</b> | <b>SELECT</b> |
| 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       | \$952         |
| Participant + Children            | \$1,066     | \$1,189       | \$1,066     | \$1,224       |