AN ACT TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO REMOVE THE DEDUCTIBLE AMOUNT FOR NETWORK PHYSICIAN OFFICE VISITS BY THE EMPLOYEE OR A DEPENDENT, APPLY A COPAY FOR A PHYSICIAN VISIT, REMOVE THE DEDUCTIBLE AMOUNT FOR PRESCRIPTION DRUGS AND TO REDUCE THE COPAYMENT AMOUNTS FOR PRESCRIPTION DRUGS UNDER THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 25-15-9, Mississippi Code of 1972, is amended as follows:

[Through June 30 of the year in which Section 25-11-143 becomes effective as provided in subsection (1) of Section 25-11-143, this section shall read as follows:]

25-15-9. (1) (a) The board shall design a plan of health insurance for state employees which provides benefits for semiprivate rooms in addition to other incidental coverages which the board deems necessary. The amount of the coverages shall be in such reasonable amount as may be determined by the board to be adequate, after due consideration of current health costs in Mississippi. The plan shall also include major medical benefits in such amounts as the board shall determine. The board is also authorized to accept bids for such alternate coverage and optional benefits as the board shall deem proper. Any contract for alternative coverage and optional benefits shall be awarded by the board after it has carefully studied and evaluated the bids and selected the best and most cost-effective bid. The board may reject all such bids; however, the board shall notify all bidders of the rejection and shall actively solicit new bids if all bids are rejected. The board may employ or contract for such
consulting or actuarial services as may be necessary to formulate
the plan, and to assist the board in the preparation of
specifications and in the process of advertising for the bids for
the plan. Such contracts shall be solicited and entered into in
accordance with Section 25-15-5. The board shall keep a record of
all persons, agents and corporations who contract with or assist
the board in preparing and developing the plan. The board in a
timely manner shall provide copies of this record to the members
of the advisory council created in this section and those
legislators, or their designees, who may attend meetings of the
advisory council. The board shall provide copies of this record
in the solicitation of bids for the administration or servicing of
the self-insured program. Each person, agent or corporation
which, during the previous fiscal year, has assisted in the
development of the plan or employed or compensated any person who
assisted in the development of the plan, and which bids on the
administration or servicing of the plan, shall submit to the board
a statement accompanying the bid explaining in detail its
participation with the development of the plan. This statement
shall include the amount of compensation paid by the bidder to any
such employee during the previous fiscal year. The board shall
make all such information available to the members of the advisory
council and those legislators, or their designees, who may attend
meetings of the advisory council before any action is taken by the
board on the bids submitted. The failure of any bidder to fully
and accurately comply with this paragraph shall result in the
rejection of any bid submitted by that bidder or the cancellation
of any contract executed when the failure is discovered after the
acceptance of that bid. The board is authorized to promulgate
rules and regulations to implement the provisions of this
subsection.
The board shall develop plans for the insurance plan authorized by this section in accordance with the provisions of Section 25-15-5. Any corporation, association, company or individual that contracts with the board for the third-party claims administration of the self-insured plan shall prepare and keep on file an explanation of benefits for each claim processed. The explanation of benefits shall contain such information relative to each processed claim which the board deems necessary, and, at a minimum, each explanation shall provide the claimant's name, claim number, provider number, provider name, service dates, type of services, amount of charges, amount allowed to the claimant and reason codes. The information contained in the explanation of benefits shall be available for inspection upon request by the board. The board shall have access to all claims information utilized in the issuance of payments to employees and providers.

(b) There is created an advisory council to advise the board in the formulation of the State and School Employees Health Insurance Plan. The council shall be composed of the State Insurance Commissioner or his designee, an employee-representative of the institutions of higher learning appointed by the board of trustees thereof, an employee-representative of the Department of Transportation appointed by the director thereof, an employee-representative of the State Tax Commission appointed by the Commissioner of Revenue, an employee-representative of the Mississippi Department of Health appointed by the State Health Officer, an employee-representative of the Mississippi Department of Corrections appointed by the Commissioner of Corrections, and an employee-representative of the Department of Human Services appointed by the Executive Director of Human Services, two (2) certificated public school administrators appointed by the State Board of Education, two (2) certificated classroom teachers appointed by the State Board of Education, a noncertificated
school employee appointed by the State Board of Education and a
community/junior college employee appointed by the State Board for
Community and Junior Colleges.

The Lieutenant Governor may designate the Secretary of the
Senate, the Chairman of the Senate Appropriations Committee, the
Chairman of the Senate Education Committee and the Chairman of the
Senate Insurance Committee, and the Speaker of the House of
Representatives may designate the Clerk of the House, the Chairman
of the House Appropriations Committee, the Chairman of the House
Education Committee and the Chairman of the House Insurance
Committee, to attend any meeting of the State and School Employees
Insurance Advisory Council. The appointing authorities may
designate an alternate member from their respective houses to
serve when the regular designee is unable to attend such meetings
of the council. Such designees shall have no jurisdiction or vote
on any matter within the jurisdiction of the council. For
attending meetings of the council, such legislators shall receive
per diem and expenses which shall be paid from the contingent
expense funds of their respective houses in the same amounts as
provided for committee meetings when the Legislature is not in
session; however, no per diem and expenses for attending meetings
of the council will be paid while the Legislature is in session.
No per diem and expenses will be paid except for attending
meetings of the council without prior approval of the proper
committee in their respective houses.

(c) No change in the terms of the State and School
Employees Health Insurance Plan may be made effective unless the
board, or its designee, has provided notice to the State and
School Employees Health Insurance Advisory Council and has called
a meeting of the council at least fifteen (15) days before the
effective date of such change. In the event that the State and
School Employees Health Insurance Advisory Council does not meet
to advise the board on the proposed changes, the changes to the
plan shall become effective at such time as the board has informed
the council that the changes shall become effective.

(d) Medical benefits for retired employees and
dependents under age sixty-five (65) years and not eligible for
Medicare benefits. The same health insurance coverage as for all
other active employees and their dependents shall be available to
retired employees and all dependents under age sixty-five (65)
years who are not eligible for Medicare benefits, the level of
benefits to be the same level as for all other active
participants. This section will apply to those employees who
retire due to one hundred percent (100%) medical disability as
well as those employees electing early retirement.

(e) Medical benefits for retired employees and
dependents over age sixty-five (65) years or otherwise eligible
for Medicare benefits. The health insurance coverage available to
retired employees over age sixty-five (65) years or otherwise
eligible for Medicare benefits, and all dependents over age
sixty-five (65) years or otherwise eligible for Medicare benefits,
shall be the major medical coverage with the lifetime maximum of
One Million Dollars ($1,000,000.00). Benefits shall be reduced by
Medicare benefits as though such Medicare benefits were the base
plan.

All covered individuals shall be assumed to have full
Medicare coverage, Parts A and B; and any Medicare payments under
both Parts A and B shall be computed to reduce benefits payable
under this plan.

(2) Nonduplication of benefits--reduction of benefits by
Title XIX benefits: When benefits would be payable under more
than one (1) group plan, benefits under those plans will be
coordinated to the extent that the total benefits under all plans
will not exceed the total expenses incurred.

Benefits for hospital or surgical or medical benefits shall
be reduced by any similar benefits payable in accordance with
Title XIX of the Social Security Act or under any amendments thereto, or any implementing legislation.

Benefits for hospital or surgical or medical benefits shall be reduced by any similar benefits payable by workers' compensation.

(3) (a) Schedule of life insurance benefits--group term:
The amount of term life insurance for each active employee of a department, agency or institution of the state government shall not be in excess of One Hundred Thousand Dollars ($100,000.00), or twice the amount of the employee's annual wage to the next highest One Thousand Dollars ($1,000.00), whichever may be less, but in no case less than Thirty Thousand Dollars ($30,000.00), with a like amount for accidental death and dismemberment on a twenty-four-hour basis. The plan will further contain a premium waiver provision if a covered employee becomes totally and permanently disabled prior to age sixty-five (65) years.

Employees retiring after June 30, 1999, shall be eligible to continue life insurance coverage in an amount of Five Thousand Dollars ($5,000.00), Ten Thousand Dollars ($10,000.00) or Twenty Thousand Dollars ($20,000.00) into retirement.

(b) Effective October 1, 1999, schedule of life insurance benefits--group term: The amount of term life insurance for each active employee of any school district, community/junior college, public library or university-based program authorized under Section 37-23-31 for deaf, aphasic and emotionally disturbed children or any regular nonstudent bus driver shall not be in excess of One Hundred Thousand Dollars ($100,000.00), or twice the amount of the employee's annual wage to the next highest One Thousand Dollars ($1,000.00), whichever may be less, but in no case less than Thirty Thousand Dollars ($30,000.00), with a like amount for accidental death and dismemberment on a twenty-four-hour basis. The plan will further contain a premium waiver provision if a covered employee of any school district,
community/junior college, public library or university-based program authorized under Section 37-23-31 for deaf, aphasic and emotionally disturbed children or any regular nonstudent bus driver becomes totally and permanently disabled prior to age sixty-five (65) years. Employees of any school district, community/junior college, public library or university-based program authorized under Section 37-23-31 for deaf, aphasic and emotionally disturbed children or any regular nonstudent bus driver retiring after September 30, 1999, shall be eligible to continue life insurance coverage in an amount of Five Thousand Dollars ($5,000.00), Ten Thousand Dollars ($10,000.00) or Twenty Thousand Dollars ($20,000.00) into retirement.

(4) Any eligible employee who on March 1, 1971, was participating in a group life insurance program which has provisions different from those included herein and for which the State of Mississippi was paying a part of the premium may, at his discretion, continue to participate in such plan. Such employee shall pay in full all additional costs, if any, above the minimum program established by this article. Under no circumstances shall any individual who begins employment with the state after March 1, 1971, be eligible for the provisions of this paragraph.

(5) The board may offer medical savings accounts as defined in Section 71-9-3 as a plan option.

(6) Any premium differentials, differences in coverages, discounts determined by risk or by any other factors shall be uniformly applied to all active employees participating in the insurance plan. It is the intent of the Legislature that the state contribution to the plan be the same for each employee throughout the state.

(7) On October 1, 1999, any school district, community/junior college district or public library may elect to remain with an existing policy or policies of group life insurance with an insurance company approved by the State and School
Employees Health Insurance Management Board, in lieu of participation in the State and School Life Insurance Plan. The state's contribution of up to fifty percent (50%) of the active employee's premium under the State and School Life Insurance Plan may be applied toward the cost of coverage for full-time employees participating in the approved life insurance company group plan.

For purposes of this subsection (7), "life insurance company group plan" means a plan administered or sold by a private insurance company. After October 1, 1999, the board may assess charges in addition to the existing State and School Life Insurance Plan rates to such employees as a condition of enrollment in the State and School Life Insurance Plan. In order for any life insurance company group plan existing as of October 1, 1999, to be approved by the State and School Employees Health Insurance Management Board under this subsection (7), it shall meet the following criteria:

(a) The insurance company offering the group life insurance plan shall be rated "A-" or better by A.M. Best state insurance rating service and be licensed as an admitted carrier in the State of Mississippi by the Mississippi Department of Insurance.

(b) The insurance company group life insurance plan shall provide the same life insurance, accidental death and dismemberment insurance and waiver of premium benefits as provided in the State and School Life Insurance Plan.

(c) The insurance company group life insurance plan shall be fully insured, and no form of self-funding life insurance by such company shall be approved.

(d) The insurance company group life insurance plan shall have one (1) composite rate per One Thousand Dollars ($1,000.00) of coverage for active employees regardless of age and one (1) composite rate per One Thousand Dollars ($1,000.00) of coverage for all retirees regardless of age or type of retiree.
(e) The insurance company and its group life insurance plan shall comply with any administrative requirements of the State and School Employees Health Insurance Management Board. In the event any insurance company providing group life insurance benefits to employees under this subsection (7) fails to comply with any requirements specified herein or any administrative requirements of the board, the state shall discontinue providing funding for the cost of such insurance.

(8) On or after July 1, 2003, the State and School Employees Health Insurance Management Board is authorized and directed to revise the state health plan to enhance employee and dependent coverage benefits as follows: (a) eliminate the deductible amount for a network physician office visit by the employee or a dependent; (b) institute a copayment requirement for the physician visit of Fifteen Dollars ($15.00) for a primary care physician visit and Twenty-five Dollars ($25.00) for a specialist visit; (c) eliminate the deductible amount for prescription drugs; and (d) institute a maximum copayment requirement for prescription drugs which is no greater than Ten Dollars ($10.00).

[From and after July 1 of the year in which Section 25-11-143 becomes effective as provided in subsection (1) of Section 25-11-143, this section shall read as follows:]
it has carefully studied and evaluated the bids and selected the
best and most cost-effective bid. The board may reject all such
bids; however, the board shall notify all bidders of the rejection
and shall actively solicit new bids if all bids are rejected. The
board may employ or contract for such consulting or actuarial
services as may be necessary to formulate the plan, and to assist
the board in the preparation of specifications and in the process
of advertising for the bids for the plan. Those contracts shall
be solicited and entered into in accordance with Section 25-15-5.
The board shall keep a record of all persons, agents and
corporations who contract with or assist the board in preparing
and developing the plan. The board in a timely manner shall
provide copies of this record to the members of the advisory
council created in this section and those legislators, or their
designees, who may attend meetings of the advisory council. The
board shall provide copies of this record in the solicitation of
bids for the administration or servicing of the self-insured
program. Each person, agent or corporation that, during the
previous fiscal year, has assisted in the development of the plan
or employed or compensated any person who assisted in the
development of the plan, and that bids on the administration or
servicing of the plan, shall submit to the board a statement
accompanying the bid explaining in detail its participation with
the development of the plan. This statement shall include the
amount of compensation paid by the bidder to any such employee
during the previous fiscal year. The board shall make all such
information available to the members of the advisory council and
those legislators, or their designees, who may attend meetings of
the advisory council before any action is taken by the board on
the bids submitted. The failure of any bidder to fully and
accurately comply with this paragraph shall result in the
rejection of any bid submitted by that bidder or the cancellation
of any contract executed when the failure is discovered after the
acceptance of that bid. The board is authorized to promulgate
rules and regulations to implement the provisions of this
subsection.

The board shall develop plans for the insurance plan
authorized by this section in accordance with the provisions of
Section 25-15-5.

Any corporation, association, company or individual that
contracts with the board for the third-party claims administration
of the self-insured plan shall prepare and keep on file an
explanation of benefits for each claim processed. The explanation
of benefits shall contain such information relative to each
processed claim which the board deems necessary, and, at a
minimum, each explanation shall provide the claimant's name, claim
number, provider number, provider name, service dates, type of
services, amount of charges, amount allowed to the claimant and
reason codes. The information contained in the explanation of
benefits shall be available for inspection upon request by the
board. The board shall have access to all claims information
utilized in the issuance of payments to employees and providers.

(b) There is created an advisory council to advise the
board in the formulation of the State and School Employees Health
Insurance Plan. The council shall be composed of the State
Insurance Commissioner or his designee, an employee-representative
of the state institutions of higher learning appointed by the
board of trustees thereof, an employee-representative of the
Mississippi Department of Transportation appointed by the director
thereof, an employee-representative of the State Tax Commission
appointed by the Commissioner of Revenue, an
employee-representative of the State Department of Health
appointed by the State Health Officer, an employee-representative
of the Mississippi Department of Corrections appointed by the
Commissioner of Corrections, and an employee-representative of the
Mississippi Department of Human Services appointed by the
Executive Director of Human Services, two (2) certificated public
school administrators appointed by the State Board of Education,
two (2) certificated classroom teachers appointed by the State
Board of Education, a noncertificated school employee appointed by
the State Board of Education and a community/junior college
employee appointed by the State Board for Community and Junior
Colleges.

The Lieutenant Governor may designate the Secretary of the
Senate, the Chairman of the Senate Appropriations Committee, the
Chairman of the Senate Education Committee and the Chairman of the
Senate Insurance Committee, and the Speaker of the House of
Representatives may designate the Clerk of the House, the Chairman
of the House Appropriations Committee, the Chairman of the House
Education Committee and the Chairman of the House Insurance
Committee, to attend any meeting of the State and School Employees
Insurance Advisory Council. The appointing authorities may
designate an alternate member from their respective houses to
serve when the regular designee is unable to attend such meetings
of the council. Those designees shall have no jurisdiction or
vote on any matter within the jurisdiction of the council. For
attending meetings of the council, those legislators shall receive
per diem and expenses, which shall be paid from the contingent
expense funds of their respective houses in the same amounts as
provided for committee meetings when the Legislature is not in
session; however, no per diem and expenses for attending meetings
of the council will be paid while the Legislature is in session.
No per diem and expenses will be paid except for attending
meetings of the council without prior approval of the proper
committee in their respective houses.

(c) No change in the terms of the State and School
Employees Health Insurance Plan may be made effective unless the
board, or its designee, has provided notice to the State and
School Employees Health Insurance Advisory Council and has called
a meeting of the council at least fifteen (15) days before the
effective date of the change. If the State and School Employees
Health Insurance Advisory Council does not meet to advise the
board on the proposed changes, the changes to the plan will become
effective at such time as the board has informed the council that
the changes will become effective.

(2) Nonduplication of benefits--reduction of benefits by
Title XIX benefits: When benefits would be payable under more
than one (1) group plan, benefits under those plans will be
coordinated to the extent that the total benefits under all plans
will not exceed the total expenses incurred.

Benefits for hospital or surgical or medical benefits shall
be reduced by any similar benefits payable in accordance with
Title XIX of the Social Security Act or under any amendments
thereto, or any implementing legislation.

Benefits for hospital or surgical or medical benefits shall
be reduced by any similar benefits payable by workers'
compensation.

(3) (a) Schedule of life insurance benefits--group term:
The amount of term life insurance for each active employee of a
department, agency or institution of the state government shall
not be in excess of One Hundred Thousand Dollars ($100,000.00), or
twice the amount of the employee's annual wage to the next highest
One Thousand Dollars ($1,000.00), whichever may be less, but in no
case less than Thirty Thousand Dollars ($30,000.00), with a like
amount for accidental death and dismemberment on a
twenty-four-hour basis.

(b) Effective October 1, 1999, schedule of life
insurance benefits--group term: The amount of term life insurance
for each active employee of any school district, community/junior
college, public library, university-based program authorized under
Section 37-23-31 for deaf, aphasic and emotionally disturbed
children, or any regular nonstudent bus driver shall not be in
excess of One Hundred Thousand Dollars ($100,000.00), or twice the
amount of the employee's annual wage to the next highest One
Thousand Dollars ($1,000.00), whichever may be less, but in no
case less than Thirty Thousand Dollars ($30,000.00), with a like
amount for accidental death and dismemberment on a
twenty-four-hour basis. The plan will further contain a premium
waiver provision if a covered employee of any school district,
community/junior college, public library, university-based program
authorized under Section 37-23-31 for deaf, aphasic and
emotionally disturbed children, or any regular nonstudent bus
driver becomes totally and permanently disabled before age
sixty-five (65) years.

(4) Any eligible employee who on March 1, 1971, was
participating in a group life insurance program that has
provisions different from those included in this section and for
which the State of Mississippi was paying a part of the premium
may, at his discretion, continue to participate in that plan. The
employee shall pay in full all additional costs, if any, above the
minimum program established by this article. Under no
circumstances shall any individual who begins employment with the
state after March 1, 1971, be eligible for the provisions of this
paragraph.

(5) The board may offer medical savings accounts as defined
in Section 71-9-3 as a plan option.

(6) Any premium differentials, differences in coverages,
discounts determined by risk or by any other factors shall be
uniformly applied to all active employees participating in the
insurance plan. It is the intent of the Legislature that the
state contribution to the plan be the same for each employee
throughout the state.

(7) On October 1, 1999, any school district,
community/junior college district or public library may elect to
remain with an existing policy or policies of group life insurance
with an insurance company approved by the State and School Employees Health Insurance Management Board, in lieu of participation in the State and School Life Insurance Plan. The state's contribution of up to fifty percent (50%) of the active employee's premium under the State and School Life Insurance Plan may be applied toward the cost of coverage for full-time employees participating in the approved life insurance company group plan. For purposes of this subsection (7), "life insurance company group plan" means a plan administered or sold by a private insurance company. After October 1, 1999, the board may assess charges in addition to the existing State and School Life Insurance Plan rates to those employees as a condition of enrollment in the State and School Life Insurance Plan. In order for any life insurance company group plan existing as of October 1, 1999, to be approved by the State and School Employees Health Insurance Management Board under this subsection (7), it shall meet the following criteria:

(a) The insurance company offering the group life insurance plan shall be rated "A-" or better by A.M. Best state insurance rating service and be licensed as an admitted carrier in the State of Mississippi by the Mississippi Department of Insurance.

(b) The insurance company group life insurance plan shall provide the same life insurance, accidental death and dismemberment insurance and waiver of premium benefits as provided in the State and School Life Insurance Plan.

(c) The insurance company group life insurance plan shall be fully insured, and no form of self-funding life insurance by such company shall be approved.

(d) The insurance company group life insurance plan shall have one (1) composite rate per One Thousand Dollars ($1,000.00) of coverage for active employees regardless of age.
(e) The insurance company and its group life insurance plan shall comply with any administrative requirements of the State and School Employees Health Insurance Management Board. If any insurance company providing group life insurance benefits to employees under this subsection (7) fails to comply with any requirements specified in this subsection or any administrative requirements of the board, the state shall discontinue providing funding for the cost of that insurance.

(8) On or after July 1, 2003, the State and School Employees Health Insurance Management Board is authorized and directed to revise the state health plan to enhance employee and dependent coverage benefits as follows: (a) eliminate the deductible amount for a network physician office visit by the employee or a dependent; (b) institute a copayment requirement for the physician visit of Fifteen Dollars ($15.00) for a primary care physician visit and Twenty-five Dollars ($25.00) for a specialist visit; (c) eliminate the deductible amount for prescription drugs; and (d) institute a maximum copayment requirement for prescription drugs which is no greater than Ten Dollars ($10.00).

SECTION 2. This act shall take effect and be in force from and after July 1, 2003.