

By: Senator(s) Williamson

To: Insurance;  
Appropriations

SENATE BILL NO. 2109

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND  
2 CONTRACTS SHALL PROVIDE COVERAGE FOR ALL COLORECTAL CANCER  
3 EXAMINATIONS AND LABORATORY TESTS SPECIFIED IN CURRENT AMERICAN  
4 CANCER SOCIETY GUIDELINES FOR COLORECTAL CANCER SCREENING; TO  
5 AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT  
6 THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN SHALL INCLUDE  
7 COVERAGE FOR ALL COLORECTAL CANCER EXAMINATIONS AND LABORATORY  
8 TESTS SPECIFIED IN CURRENT GUIDELINES; AND FOR RELATED PURPOSES.

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

10 **SECTION 1.** (1) All individual and group health insurance  
11 policies providing coverage on an expense-incurred basis,  
12 individual and group service or indemnity type contracts issued by  
13 a nonprofit corporation, individual and group service contracts  
14 issued by a health maintenance organization, all self-insured  
15 group arrangements to the extent not preempted by federal law and  
16 all managed health care delivery entities of any type or  
17 description that are delivered, issued for delivery, continued or  
18 renewed on or after July 1, 2007, and providing coverage to any  
19 resident of this state shall provide benefits or coverage for all  
20 colorectal cancer examinations and laboratory tests specified in  
21 current American Cancer Society (ACS) guidelines for colorectal  
22 cancer screening of asymptomatic individuals. Coverage of  
23 benefits shall be provided for all such colorectal screening  
24 examinations and tests that are administered at a frequency  
25 identified in the current ACS guidelines for colorectal cancer.

26 Benefits are provided under this section for a covered  
27 individual who is:

28 (a) At least fifty (50) years of age; or

29           (b) Less than fifty (50) years of age and at high risk  
30 for colorectal cancer according to current colorectal cancer  
31 screening guidelines of the American Cancer Society;

32           The coverage required under this section shall meet the  
33 requirements set forth in subsection (2) of this section.

34           (2) To encourage colorectal cancer screenings, patients and  
35 health care providers must not be required to meet burdensome  
36 criteria or overcome significant obstacles to secure such  
37 coverage. An individual shall not be required to pay an  
38 additional deductible or coinsurance for testing that is greater  
39 than an annual deductible or coinsurance established for similar  
40 benefits. If the program or contract does not cover a similar  
41 benefit, a deductible or coinsurance may not be set at a level  
42 that materially diminishes the value of the colorectal cancer  
43 benefit required. Reimbursement to health care providers for  
44 colorectal cancer screenings provided under this section shall be  
45 equal to or greater than reimbursement to health care providers  
46 provided under Title XVII of the Social Security Act (Medicare).

47           (3) A group health plan or health insurance issuer is not  
48 required under this section to provide for a referral to a  
49 nonparticipating health care provider unless the plan or issuer  
50 does not have an appropriate health care provider that is  
51 available and accessible to administer the screening exam and that  
52 is a participating health care provider with respect to such  
53 treatment.

54           (4) If a plan or issuer refers an individual to a  
55 nonparticipating health care provider in accordance with this  
56 section, services provided pursuant to the approved screening exam  
57 or resulting treatment (if any) shall be provided at no additional  
58 cost to the individual beyond what the individual would otherwise  
59 pay for services received by such a participating health care  
60 provider.

61           **SECTION 2.** Section 25-15-9, Mississippi Code of 1972, is  
62 amended as follows:

63           **[Through June 30 of the year in which Section 25-11-143**  
64 **becomes effective as provided in subsection (1) of Section**  
65 **25-11-143, this section shall read as follows:]**

66           25-15-9. (1) (a) The board shall design a plan of health  
67 insurance for state employees which provides benefits for  
68 semiprivate rooms in addition to other incidental coverages which  
69 the board deems necessary. The amount of the coverages shall be  
70 in such reasonable amount as may be determined by the board to be  
71 adequate, after due consideration of current health costs in  
72 Mississippi. The plan shall also include major medical benefits  
73 in such amounts as the board shall determine. The plan shall also  
74 include coverage of all colorectal cancer examinations and  
75 laboratory tests at a frequency specified in current American  
76 Cancer Society (ACS) guidelines for colorectal cancer screening of  
77 asymptomatic individuals. The board is also authorized to accept  
78 bids for such alternate coverage and optional benefits as the  
79 board shall deem proper. Any contract for alternative coverage  
80 and optional benefits shall be awarded by the board after it has  
81 carefully studied and evaluated the bids and selected the best and  
82 most cost-effective bid. The board may reject all such bids;  
83 however, the board shall notify all bidders of the rejection and  
84 shall actively solicit new bids if all bids are rejected. The  
85 board may employ or contract for such consulting or actuarial  
86 services as may be necessary to formulate the plan, and to assist  
87 the board in the preparation of specifications and in the process  
88 of advertising for the bids for the plan. Such contracts shall be  
89 solicited and entered into in accordance with Section 25-15-5.  
90 The board shall keep a record of all persons, agents and  
91 corporations who contract with or assist the board in preparing  
92 and developing the plan. The board in a timely manner shall  
93 provide copies of this record to the members of the advisory

94 council created in this section and those legislators, or their  
95 designees, who may attend meetings of the advisory council. The  
96 board shall provide copies of this record in the solicitation of  
97 bids for the administration or servicing of the self-insured  
98 program. Each person, agent or corporation which, during the  
99 previous fiscal year, has assisted in the development of the plan  
100 or employed or compensated any person who assisted in the  
101 development of the plan, and which bids on the administration or  
102 servicing of the plan, shall submit to the board a statement  
103 accompanying the bid explaining in detail its participation with  
104 the development of the plan. This statement shall include the  
105 amount of compensation paid by the bidder to any such employee  
106 during the previous fiscal year. The board shall make all such  
107 information available to the members of the advisory council and  
108 those legislators, or their designees, who may attend meetings of  
109 the advisory council before any action is taken by the board on  
110 the bids submitted. The failure of any bidder to fully and  
111 accurately comply with this paragraph shall result in the  
112 rejection of any bid submitted by that bidder or the cancellation  
113 of any contract executed when the failure is discovered after the  
114 acceptance of that bid. The board is authorized to promulgate  
115 rules and regulations to implement the provisions of this  
116 subsection.

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

120       Any corporation, association, company or individual that  
121 contracts with the board for the third-party claims administration  
122 of the self-insured plan shall prepare and keep on file an  
123 explanation of benefits for each claim processed. The explanation  
124 of benefits shall contain such information relative to each  
125 processed claim which the board deems necessary, and, at a  
126 minimum, each explanation shall provide the claimant's name, claim

127 number, provider number, provider name, service dates, type of  
128 services, amount of charges, amount allowed to the claimant and  
129 reason codes. The information contained in the explanation of  
130 benefits shall be available for inspection upon request by the  
131 board. The board shall have access to all claims information  
132 utilized in the issuance of payments to employees and providers.

133 (b) There is created an advisory council to advise the  
134 board in the formulation of the State and School Employees Health  
135 Insurance Plan. The council shall be composed of the State  
136 Insurance Commissioner or his designee, an employee-representative  
137 of the institutions of higher learning appointed by the board of  
138 trustees thereof, an employee-representative of the Department of  
139 Transportation appointed by the director thereof, an  
140 employee-representative of the State Tax Commission appointed by  
141 the Commissioner of Revenue, an employee-representative of the  
142 Mississippi Department of Health appointed by the State Health  
143 Officer, an employee-representative of the Mississippi Department  
144 of Corrections appointed by the Commissioner of Corrections, and  
145 an employee-representative of the Department of Human Services  
146 appointed by the Executive Director of Human Services, two (2)  
147 certificated public school administrators appointed by the State  
148 Board of Education, two (2) certificated classroom teachers  
149 appointed by the State Board of Education, a noncertificated  
150 school employee appointed by the State Board of Education and a  
151 community/junior college employee appointed by the State Board for  
152 Community and Junior Colleges.

153 The Lieutenant Governor may designate the Secretary of the  
154 Senate, the Chairman of the Senate Appropriations Committee, the  
155 Chairman of the Senate Education Committee and the Chairman of the  
156 Senate Insurance Committee, and the Speaker of the House of  
157 Representatives may designate the Clerk of the House, the Chairman  
158 of the House Appropriations Committee, the Chairman of the House  
159 Education Committee and the Chairman of the House Insurance

160 Committee, to attend any meeting of the State and School Employees  
161 Insurance Advisory Council. The appointing authorities may  
162 designate an alternate member from their respective houses to  
163 serve when the regular designee is unable to attend such meetings  
164 of the council. Such designees shall have no jurisdiction or vote  
165 on any matter within the jurisdiction of the council. For  
166 attending meetings of the council, such legislators shall receive  
167 per diem and expenses which shall be paid from the contingent  
168 expense funds of their respective houses in the same amounts as  
169 provided for committee meetings when the Legislature is not in  
170 session; however, no per diem and expenses for attending meetings  
171 of the council will be paid while the Legislature is in session.  
172 No per diem and expenses will be paid except for attending  
173 meetings of the council without prior approval of the proper  
174 committee in their respective houses.

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

185 (d) **Medical benefits for retired employees and**  
186 **dependents under age sixty-five (65) years and not eligible for**  
187 **Medicare benefits.** For employees who retire before July 1, 2005,  
188 and for employees retiring due to work-related disability under  
189 the Public Employees' Retirement System, the same health insurance  
190 coverage as for all other active employees and their dependents  
191 shall be available to retired employees and all dependents under  
192 age sixty-five (65) years who are not eligible for Medicare

193 benefits, the level of benefits to be the same level as for all  
194 other active participants. For employees who retire on or after  
195 July 1, 2005, and not retiring due to work-related disability  
196 under the Public Employees' Retirement System, the same health  
197 insurance coverage as for all other active employees and their  
198 dependents shall be available to such retiring employees and all  
199 dependents under age sixty-five (65) years who are not eligible  
200 for Medicare benefits only if the retiring employees were  
201 participants in the State and School Employees Health Insurance  
202 Plan for four (4) years or more before their retirement, the level  
203 of benefits to be the same level as for all other active  
204 participants. This section will apply to those employees who  
205 retire due to one hundred percent (100%) medical disability as  
206 well as those employees electing early retirement.

207           (e) **Medical benefits for retired employees and**  
208 **dependents over age sixty-five (65) years or otherwise eligible**  
209 **for Medicare benefits.** For employees who retire before July 1,  
210 2005, and for employees retiring due to work-related disability  
211 under the Public Employees' Retirement System, the health  
212 insurance coverage available to retired employees over age  
213 sixty-five (65) years or otherwise eligible for Medicare benefits,  
214 and all dependents over age sixty-five (65) years or otherwise  
215 eligible for Medicare benefits, shall be the major medical  
216 coverage with the lifetime maximum of One Million Dollars  
217 (\$1,000,000.00). For employees retiring on or after July 1, 2005,  
218 and not retiring due to work-related disability under the Public  
219 Employees' Retirement System, the health insurance coverage  
220 described herein shall be available to such retiring employees  
221 only if they were participants in the State and School Employees  
222 Health Insurance Plan for four (4) years or more and are over age  
223 sixty-five (65) years or otherwise eligible for Medicare benefits,  
224 and to all dependents over age sixty-five (65) years or otherwise  
225 eligible for Medicare benefits. Benefits shall be reduced by

226 Medicare benefits as though such Medicare benefits were the base  
227 plan.

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

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

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

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

244 (3) (a) Schedule of life insurance benefits--group term:  
245 The amount of term life insurance for each active employee of a  
246 department, agency or institution of the state government shall  
247 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or  
248 twice the amount of the employee's annual wage to the next highest  
249 One Thousand Dollars (\$1,000.00), whichever may be less, but in no  
250 case less than Thirty Thousand Dollars (\$30,000.00), with a like  
251 amount for accidental death and dismemberment on a  
252 twenty-four-hour basis. The plan will further contain a premium  
253 waiver provision if a covered employee becomes totally and  
254 permanently disabled prior to age sixty-five (65) years.  
255 Employees retiring after June 30, 1999, shall be eligible to  
256 continue life insurance coverage in an amount of Five Thousand  
257 Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty  
258 Thousand Dollars (\$20,000.00) into retirement.

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

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

291 any individual who begins employment with the state after March 1,  
292 1971, be eligible for the provisions of this subsection.

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

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

301 (7) On October 1, 1999, any school district,  
302 community/junior college district or public library may elect to  
303 remain with an existing policy or policies of group life insurance  
304 with an insurance company approved by the State and School  
305 Employees Health Insurance Management Board, in lieu of  
306 participation in the State and School Life Insurance Plan. On or  
307 after July 1, 2004, until October 1, 2004, any school district,  
308 community/junior college district or public library may elect to  
309 choose a policy or policies of group life insurance existing on  
310 October 1, 1999, with an insurance company approved by the State  
311 and School Employees Health Insurance Management Board in lieu of  
312 participation in the State and School Life Insurance Plan. The  
313 state's contribution of up to fifty percent (50%) of the active  
314 employee's premium under the State and School Life Insurance Plan  
315 may be applied toward the cost of coverage for full-time employees  
316 participating in the approved life insurance company group plan.  
317 For purposes of this subsection (7), "life insurance company group  
318 plan" means a plan administered or sold by a private insurance  
319 company. After October 1, 1999, the board may assess charges in  
320 addition to the existing State and School Life Insurance Plan  
321 rates to such employees as a condition of enrollment in the State  
322 and School Life Insurance Plan. In order for any life insurance  
323 company group plan to be approved by the State and School

324 Employees Health Insurance Management Board under this subsection  
325 (7), it shall meet the following criteria:

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

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

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

338 (d) The insurance company group life insurance plan  
339 shall have one (1) composite rate per One Thousand Dollars  
340 (\$1,000.00) of coverage for active employees regardless of age and  
341 one (1) composite rate per One Thousand Dollars (\$1,000.00) of  
342 coverage for all retirees regardless of age or type of retiree.

343 (e) The insurance company and its group life insurance  
344 plan shall comply with any administrative requirements of the  
345 State and School Employees Health Insurance Management Board. In  
346 the event any insurance company providing group life insurance  
347 benefits to employees under this subsection (7) fails to comply  
348 with any requirements specified herein or any administrative  
349 requirements of the board, the state shall discontinue providing  
350 funding for the cost of such insurance.

351 **[From and after July 1 of the year in which Section 25-11-143**  
352 **becomes effective as provided in subsection (1) of Section**  
353 **25-11-143, this section shall read as follows:]**

354 25-15-9. (1) (a) The board shall design a plan of health  
355 insurance for state employees that provides benefits for  
356 semiprivate rooms in addition to other incidental coverages that

357 the board deems necessary. The amount of the coverages shall be  
358 in such reasonable amount as may be determined by the board to be  
359 adequate, after due consideration of current health costs in  
360 Mississippi. The plan shall also include major medical benefits  
361 in such amounts as the board shall determine. The plan shall also  
362 include coverage of all colorectal cancer examinations and  
363 laboratory tests at a frequency specified in current American  
364 Cancer Society (ACS) guidelines for colorectal cancer screening of  
365 asymptomatic individuals. The board is also authorized to accept  
366 bids for such alternate coverage and optional benefits as the  
367 board deems proper. Any contract for alternative coverage and  
368 optional benefits shall be awarded by the board after it has  
369 carefully studied and evaluated the bids and selected the best and  
370 most cost-effective bid. The board may reject all such bids;  
371 however, the board shall notify all bidders of the rejection and  
372 shall actively solicit new bids if all bids are rejected. The  
373 board may employ or contract for such consulting or actuarial  
374 services as may be necessary to formulate the plan, and to assist  
375 the board in the preparation of specifications and in the process  
376 of advertising for the bids for the plan. Those contracts shall  
377 be solicited and entered into in accordance with Section 25-15-5.  
378 The board shall keep a record of all persons, agents and  
379 corporations who contract with or assist the board in preparing  
380 and developing the plan. The board in a timely manner shall  
381 provide copies of this record to the members of the advisory  
382 council created in this section and those legislators, or their  
383 designees, who may attend meetings of the advisory council. The  
384 board shall provide copies of this record in the solicitation of  
385 bids for the administration or servicing of the self-insured  
386 program. Each person, agent or corporation that, during the  
387 previous fiscal year, has assisted in the development of the plan  
388 or employed or compensated any person who assisted in the  
389 development of the plan, and that bids on the administration or

390 servicing of the plan, shall submit to the board a statement  
391 accompanying the bid explaining in detail its participation with  
392 the development of the plan. This statement shall include the  
393 amount of compensation paid by the bidder to any such employee  
394 during the previous fiscal year. The board shall make all such  
395 information available to the members of the advisory council and  
396 those legislators, or their designees, who may attend meetings of  
397 the advisory council before any action is taken by the board on  
398 the bids submitted. The failure of any bidder to fully and  
399 accurately comply with this paragraph shall result in the  
400 rejection of any bid submitted by that bidder or the cancellation  
401 of any contract executed when the failure is discovered after the  
402 acceptance of that bid. The board is authorized to promulgate  
403 rules and regulations to implement the provisions of this  
404 subsection.

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

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

421 (b) There is created an advisory council to advise the  
422 board in the formulation of the State and School Employees Health

423 Insurance Plan. The council shall be composed of the State  
424 Insurance Commissioner or his designee, an employee-representative  
425 of the state institutions of higher learning appointed by the  
426 board of trustees thereof, an employee-representative of the  
427 Mississippi Department of Transportation appointed by the director  
428 thereof, an employee-representative of the State Tax Commission  
429 appointed by the Commissioner of Revenue, an  
430 employee-representative of the State Department of Health  
431 appointed by the State Health Officer, an employee-representative  
432 of the Mississippi Department of Corrections appointed by the  
433 Commissioner of Corrections, and an employee-representative of the  
434 Mississippi Department of Human Services appointed by the  
435 Executive Director of Human Services, two (2) certificated public  
436 school administrators appointed by the State Board of Education,  
437 two (2) certificated classroom teachers appointed by the State  
438 Board of Education, a noncertificated school employee appointed by  
439 the State Board of Education and a community/junior college  
440 employee appointed by the State Board for Community and Junior  
441 Colleges.

442 The Lieutenant Governor may designate the Secretary of the  
443 Senate, the Chairman of the Senate Appropriations Committee, the  
444 Chairman of the Senate Education Committee and the Chairman of the  
445 Senate Insurance Committee, and the Speaker of the House of  
446 Representatives may designate the Clerk of the House, the Chairman  
447 of the House Appropriations Committee, the Chairman of the House  
448 Education Committee and the Chairman of the House Insurance  
449 Committee, to attend any meeting of the State and School Employees  
450 Insurance Advisory Council. The appointing authorities may  
451 designate an alternate member from their respective houses to  
452 serve when the regular designee is unable to attend such meetings  
453 of the council. Those designees shall have no jurisdiction or  
454 vote on any matter within the jurisdiction of the council. For  
455 attending meetings of the council, those legislators shall receive

456 per diem and expenses, which shall be paid from the contingent  
457 expense funds of their respective houses in the same amounts as  
458 provided for committee meetings when the Legislature is not in  
459 session; however, no per diem and expenses for attending meetings  
460 of the council will be paid while the Legislature is in session.  
461 No per diem and expenses will be paid except for attending  
462 meetings of the council without prior approval of the proper  
463 committee in their respective houses.

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

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

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

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

486 (3) (a) Schedule of life insurance benefits--group term:  
487 The amount of term life insurance for each active employee of a  
488 department, agency or institution of the state government shall

489 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or  
490 twice the amount of the employee's annual wage to the next highest  
491 One Thousand Dollars (\$1,000.00), whichever may be less, but in no  
492 case less than Thirty Thousand Dollars (\$30,000.00), with a like  
493 amount for accidental death and dismemberment on a  
494 twenty-four-hour basis.

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

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

521 state after March 1, 1971, be eligible for the provisions of this  
522 subsection.

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

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

531 (7) On October 1, 1999, any school district,  
532 community/junior college district or public library may elect to  
533 remain with an existing policy or policies of group life insurance  
534 with an insurance company approved by the State and School  
535 Employees Health Insurance Management Board, in lieu of  
536 participation in the State and School Life Insurance Plan. On or  
537 after July 1, 2004, until October 1, 2004, any school district,  
538 community/junior college district or public library may elect to  
539 choose a policy or policies of group life insurance existing on  
540 October 1, 1999, with an insurance company approved by the State  
541 and School Employees Health Insurance Management Board in lieu of  
542 participation in the State and School Life Insurance Plan. The  
543 state's contribution of up to fifty percent (50%) of the active  
544 employee's premium under the State and School Life Insurance Plan  
545 may be applied toward the cost of coverage for full-time employees  
546 participating in the approved life insurance company group plan.  
547 For purposes of this subsection (7), "life insurance company group  
548 plan" means a plan administered or sold by a private insurance  
549 company. After October 1, 1999, the board may assess charges in  
550 addition to the existing State and School Life Insurance Plan  
551 rates to those employees as a condition of enrollment in the State  
552 and School Life Insurance Plan. In order for any life insurance  
553 company group plan to be approved by the State and School

554 Employees Health Insurance Management Board under this subsection  
555 (7), it shall meet the following criteria:

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

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

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

568 (d) The insurance company group life insurance plan  
569 shall have one (1) composite rate per One Thousand Dollars  
570 (\$1,000.00) of coverage for active employees regardless of age.

571 (e) The insurance company and its group life insurance  
572 plan shall comply with any administrative requirements of the  
573 State and School Employees Health Insurance Management Board. If  
574 any insurance company providing group life insurance benefits to  
575 employees under this subsection (7) fails to comply with any  
576 requirements specified in this subsection or any administrative  
577 requirements of the board, the state shall discontinue providing  
578 funding for the cost of that insurance.

579 **SECTION 3.** This act shall take effect and be in force from  
580 and after July 1, 2007.