By: Senator(s) Burton

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S. B. No. 2209

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To: Insurance; Public Health and Welfare

SENATE BILL NO. 2209 (As Sent to Governor)

1 AN ACT TO REQUIRE HEALTH INSURANCE PLANS IN THIS STATE TO 2 PROVIDE COVERAGE FOR TELEMEDICINE SERVICES TO THE SAME EXTENT THAT THE SERVICES WOULD BE COVERED IF THEY WERE PROVIDED THROUGH IN-PERSON CONSULTATION; TO DEFINE THE TERMS "HEALTH INSURANCE 5 PLAN" AND "TELEMEDICINE"; TO AUTHORIZE HEALTH CARE PRACTITIONERS 6 LICENSED IN THIS STATE TO PROVIDE TREATMENT RECOMMENDATIONS TO A 7 PATIENT AFTER HAVING PERFORMED AN APPROPRIATE EXAMINATION OF THE PATIENT THROUGH TELEMEDICINE; TO AMEND SECTION 25-15-9, 8 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PRECEDING PROVISIONS; 9 10 AND FOR RELATED PURPOSES. 11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 12 **SECTION 1.** (1) As used in this section: 13 "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, and 14 15 includes the State and School Employees Health Insurance Plan and 16 any other public health care assistance program offered or 17 administered by the state or any political subdivision or instrumentality of the state. The term does not include policies 18 or plans providing coverage for specified disease or other limited 19 20 benefit coverage. 21 (b) "Health insurer" means any health insurance

company, nonprofit hospital and medical service corporation,

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- 23 health maintenance organization, preferred provider organization,
- 24 managed care organization, pharmacy benefit manager, and, to the
- 25 extent permitted under federal law, any administrator of an
- 26 insured, self-insured or publicly funded health care benefit plan
- 27 offered by public and private entities, and other parties that are
- 28 by statute, contract, or agreement, legally responsible for
- 29 payment of a claim for a health care item or service.
- 30 (c) "Telemedicine" means the delivery of health care
- 31 services such as diagnosis, consultation, or treatment through the
- 32 use of interactive audio, video, or other electronic media.
- 33 Telemedicine must be "real-time" consultation, and it does not
- 34 include the use of audio-only telephone, e-mail, or facsimile.
- 35 (2) All health insurance plans in this state must provide
- 36 coverage for telemedicine services to the same extent that the
- 37 services would be covered if they were provided through in-person
- 38 consultation.
- 39 (3) A health insurance plan may charge a deductible,
- 40 co-payment, or coinsurance for a health care service provided
- 41 through telemedicine so long as it does not exceed the deductible,
- 42 co-payment, or coinsurance applicable to an in-person
- 43 consultation.
- 44 (4) A health insurance plan may limit coverage to health
- 45 care providers in a telemedicine network approved by the plan.
- 46 (5) Nothing in this section shall be construed to prohibit a
- 47 health insurance plan from providing coverage for only those

- services that are medically necessary, subject to the terms and conditions of the covered person's policy.
- 50 (6) In a claim for the services provided, the appropriate
- 51 procedure code for the covered services shall be included with the
- 52 appropriate modifier indicating interactive communication was
- 53 used.
- 54 (7) The originating site is eligible to receive a facility
- 55 fee, but facility fees are not payable to the distant site.
- SECTION 2. Subject to the limitations of the license under
- 57 which the individual is practicing, a health care practitioner
- 58 licensed in this state may prescribe, dispense, or administer
- 59 drugs or medical supplies, or otherwise provide treatment
- 60 recommendations to a patient after having performed an appropriate
- 61 examination of the patient either in person or by the use of
- 62 instrumentation and diagnostic equipment through which images and
- 63 medical records may be transmitted electronically. Treatment
- 64 recommendations made via electronic means, including issuing a
- 65 prescription via electronic means, shall be held to the same
- 66 standards of appropriate practice as those in traditional
- 67 provider-patient settings.
- 68 **SECTION 3.** Section 25-15-9, Mississippi Code of 1972, is
- 69 amended as follows:
- 70 [Through June 30 of the year in which Section 25-11-143
- 71 becomes effective as provided in subsection (1) of Section
- 72 25-11-143, this section shall read as follows:]

| 73 | 25-15-9. (1) (a) The board shall design a plan of health |
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| 74 | insurance for state employees that provides benefits for |
| 75 | semiprivate rooms in addition to other incidental coverages that |
| 76 | the board deems necessary. The amount of the coverages shall be |
| 77 | in such reasonable amount as may be determined by the board to be |
| 78 | adequate, after due consideration of current health costs in |
| 79 | Mississippi. The plan shall also include major medical benefits |
| 80 | in such amounts as the board determines. The plan shall provide |
| 81 | for coverage for telemedicine services as provided in Section 1 of |
| 82 | this act. The board is also authorized to accept bids for such |
| 83 | alternate coverage and optional benefits as the board deems |
| 84 | proper. Any contract for alternative coverage and optional |
| 85 | benefits shall be awarded by the board after it has carefully |
| 86 | studied and evaluated the bids and selected the best and most |
| 87 | cost-effective bid. The board may reject all of the bids; |
| 88 | however, the board shall notify all bidders of the rejection and |
| 89 | shall actively solicit new bids if all bids are rejected. The |
| 90 | board may employ or contract for such consulting or actuarial |
| 91 | services as may be necessary to formulate the plan, and to assist |
| 92 | the board in the preparation of specifications and in the process |
| 93 | of advertising for the bids for the plan. Those contracts shall |
| 94 | be solicited and entered into in accordance with Section 25-15-5. |
| 95 | The board shall keep a record of all persons, agents and |
| 96 | corporations who contract with or assist the board in preparing |
| 97 | and developing the plan. The board in a timely manner shall |

| 98 | provide copies of this record to the members of the advisory |
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| 99 | council created in this section and those legislators, or their |
| 100 | designees, who may attend meetings of the advisory council. The |
| 101 | board shall provide copies of this record in the solicitation of |
| 102 | bids for the administration or servicing of the self-insured |
| 103 | program. Each person, agent or corporation that, during the |
| 104 | previous fiscal year, has assisted in the development of the plan |
| 105 | or employed or compensated any person who assisted in the |
| 106 | development of the plan, and that bids on the administration or |
| 107 | servicing of the plan, shall submit to the board a statement |
| 108 | accompanying the bid explaining in detail its participation with |
| 109 | the development of the plan. This statement shall include the |
| 110 | amount of compensation paid by the bidder to any such employee |
| 111 | during the previous fiscal year. The board shall make all such |
| 112 | information available to the members of the advisory council and |
| 113 | those legislators, or their designees, who may attend meetings of |
| 114 | the advisory council before any action is taken by the board on |
| 115 | the bids submitted. The failure of any bidder to fully and |
| 116 | accurately comply with this paragraph shall result in the |
| 117 | rejection of any bid submitted by that bidder or the cancellation |
| 118 | of any contract executed when the failure is discovered after the |
| 119 | acceptance of that bid. The board is authorized to promulgate |
| 120 | rules and regulations to implement the provisions of this |
| 121 | subsection. |

| 122 | The board shall develop plans for the insurance plan |
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| 123 | authorized by this section in accordance with the provisions of |
| 124 | Section 25-15-5. |

125 Any corporation, association, company or individual that 126 contracts with the board for the third-party claims administration 127 of the self-insured plan shall prepare and keep on file an explanation of benefits for each claim processed. The explanation 128 of benefits shall contain such information relative to each 129 130 processed claim that the board deems necessary, and, at a minimum, each explanation shall provide the claimant's name, claim number, 131 132 provider number, provider name, service dates, type of services, 133 amount of charges, amount allowed to the claimant and reason 134 The information contained in the explanation of benefits codes. 135 shall be available for inspection upon request by the board. 136 board shall have access to all claims information utilized in the 137 issuance of payments to employees and providers.

138 There is created an advisory council to advise the (b) board in the formulation of the State and School Employees Health 139 140 Insurance Plan. The council shall be composed of the State 141 Insurance Commissioner, or his designee, an 142 employee-representative of the institutions of higher learning appointed by the board of trustees thereof, an 143 employee-representative of the Department of Transportation 144 appointed by the director thereof, an employee-representative of 145 the * * * Department of Revenue appointed by the Commissioner of 146

| 147 | Revenue, an employee-representative of the Mississippi Department |
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| 148 | of Health appointed by the State Health Officer, an |
| 149 | employee-representative of the Mississippi Department of |
| 150 | Corrections appointed by the Commissioner of Corrections, and an |
| 151 | employee-representative of the Department of Human Services |
| 152 | appointed by the Executive Director of Human Services, two (2) |
| 153 | certificated public school administrators appointed by the State |
| 154 | Board of Education, two (2) certificated classroom teachers |
| 155 | appointed by the State Board of Education, a noncertificated |
| 156 | school employee appointed by the State Board of Education and a |
| 157 | community/junior college employee appointed by the * * * |
| 158 | Mississippi Community College Board. |
| 159 | The Lieutenant Governor may designate the Secretary of the |

160 Senate, the Chairman of the Senate Appropriations Committee, the 161 Chairman of the Senate Education Committee and the Chairman of the 162 Senate Insurance Committee, and the Speaker of the House of 163 Representatives may designate the Clerk of the House, the Chairman 164 of the House Appropriations Committee, the Chairman of the House 165 Education Committee and the Chairman of the House Insurance 166 Committee, to attend any meeting of the State and School Employees 167 Insurance Advisory Council. The appointing authorities may 168 designate an alternate member from their respective houses to 169 serve when the regular designee is unable to attend the meetings 170 of the council. Those designees shall have no jurisdiction or vote on any matter within the jurisdiction of the council. For 171

| 172 | attending meetings of the council, the legislators shall receive |
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| 173 | per diem and expenses, which shall be paid from the contingent |
| 174 | expense funds of their respective houses in the same amounts as |
| 175 | provided for committee meetings when the Legislature is not in |
| 176 | session; however, no per diem and expenses for attending meetings |
| 177 | of the council will be paid while the Legislature is in session. |
| 178 | No per diem and expenses will be paid except for attending |
| 179 | meetings of the council without prior approval of the proper |
| 180 | committee in their respective houses. |

- 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 shall become effective at such time as the board has informed the council that the changes shall become effective.
- dependents under age sixty-five (65) years and not eligible for

 Medicare benefits. For employees who retire before July 1, 2005,

 and for employees retiring due to work-related disability under

 the Public Employees' Retirement System, the same health insurance

 coverage as for all other active employees and their dependents

197 shall be available to retired employees and all dependents under 198 age sixty-five (65) years who are not eligible for Medicare 199 benefits, the level of benefits to be the same level as for all 200 other active participants. For employees who retire on or after 201 July 1, 2005, and not retiring due to work-related disability 202 under the Public Employees' Retirement System, the same health 203 insurance coverage as for all other active employees and their 204 dependents shall be available to those retiring employees and all 205 dependents under age sixty-five (65) years who are not eligible 206 for Medicare benefits only if the retiring employees were 207 participants in the State and School Employees Health Insurance 208 Plan for four (4) years or more before their retirement, the level 209 of benefits to be the same level as for all other active 210 This section will apply to those employees who participants. 211 retire due to one hundred percent (100%) medical disability as 212 well as those employees electing early retirement.

dependents over age sixty-five (65) years or otherwise eligible for Medicare benefits. For employees who retire before July 1, 2005, and for employees retiring due to work-related disability under the Public Employees' Retirement System, 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

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- 222 coverage. For employees retiring on or after July 1, 2005, and
- 223 not retiring due to work-related disability under the Public
- 224 Employees' Retirement System, the health insurance coverage
- 225 described in this paragraph (e) shall be available to those
- 226 retiring employees only if they were participants in the State and
- 227 School Employees Health Insurance Plan for four (4) years or more
- 228 and are over age sixty-five (65) years or otherwise eligible for
- 229 Medicare benefits, and to all dependents over age sixty-five (65)
- 230 years or otherwise eliqible for Medicare benefits. Benefits shall
- 231 be reduced by Medicare benefits as though the Medicare benefits
- 232 were the base plan.
- 233 All covered individuals shall be assumed to have full
- 234 Medicare coverage, Parts A and B; and any Medicare payments under
- 235 both Parts A and B shall be computed to reduce benefits payable
- 236 under this plan.
- 237 (f) Lifetime maximum: The lifetime maximum amount of
- 238 benefits payable under the health insurance plan for each
- 239 participant is Two Million Dollars (\$2,000,000.00).
- 240 (2) Nonduplication of benefits reduction of benefits by
- 241 Title XIX benefits: When benefits would be payable under more
- 242 than one (1) group plan, benefits under those plans will be
- 243 coordinated to the extent that the total benefits under all plans
- 244 will not exceed the total expenses incurred.
- 245 Benefits for hospital or surgical or medical benefits shall
- 246 be reduced by any similar benefits payable in accordance with

- 247 Title XIX of the Social Security Act or under any amendments
- 248 thereto, or any implementing legislation.
- 249 Benefits for hospital or surgical or medical benefits shall
- 250 be reduced by any similar benefits payable by workers'
- 251 compensation.
- 252 (3) (a) Schedule of life insurance benefits group term:
- 253 The amount of term life insurance for each active employee of a
- 254 department, agency or institution of the state government shall
- 255 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
- 256 twice the amount of the employee's annual wage to the next highest
- 257 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
- 258 case less than Thirty Thousand Dollars (\$30,000.00), with a like
- 259 amount for accidental death and dismemberment on a
- 260 twenty-four-hour basis. The plan will further contain a premium
- 261 waiver provision if a covered employee becomes totally and
- 262 permanently disabled before age sixty-five (65) years. Employees
- 263 retiring after June 30, 1999, shall be eligible to continue life
- 264 insurance coverage in an amount of Five Thousand Dollars
- 265 (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty Thousand
- 266 Dollars (\$20,000.00) into retirement.
- 267 (b) Effective October 1, 1999, schedule of life
- 268 insurance benefits group term: The amount of term life
- 269 insurance for each active employee of any school district,
- 270 community/junior college, public library or university-based
- 271 program authorized under Section 37-23-31 for deaf, aphasic and

driver shall not be in excess of One Hundred Thousand Dollars 273 274 (\$100,000.00), or twice the amount of the employee's annual wage 275 to the next highest One Thousand Dollars (\$1,000.00), whichever 276 may be less, but in no case less than Thirty Thousand Dollars 277 (\$30,000.00), with a like amount for accidental death and 278 dismemberment on a twenty-four-hour basis. The plan will further 279 contain a premium waiver provision if a covered employee of any 280 school district, community/junior college, public library or university-based program authorized under Section 37-23-31 for 281 282 deaf, aphasic and emotionally disturbed children or any regular 283 nonstudent bus driver becomes totally and permanently disabled before age sixty-five (65) years. Employees of any school 284 285 district, community/junior college, public library or 286 university-based program authorized under Section 37-23-31 for 287 deaf, aphasic and emotionally disturbed children or any regular 288 nonstudent bus driver retiring after September 30, 1999, shall be 289 eligible to continue life insurance coverage in an amount of Five 290 Thousand Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or 291 Twenty Thousand Dollars (\$20,000.00) into retirement.

emotionally disturbed children or any regular nonstudent bus

(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 article 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

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- 297 employee shall pay in full all additional costs, if any, above the
- 298 minimum program established by this article. Under no
- 299 circumstances shall any individual who begins employment with the
- 300 state after March 1, 1971, be eligible for the provisions of this
- 301 subsection.
- 302 (5) The board may offer medical savings accounts as defined
- 303 in Section 71-9-3 as a plan option.
- 304 (6) Any premium differentials, differences in coverages,
- 305 discounts determined by risk or by any other factors shall be
- 306 uniformly applied to all active employees participating in the
- 307 insurance plan. It is the intent of the Legislature that the
- 308 state contribution to the plan be the same for each employee
- 309 throughout the state.
- 310 (7) On October 1, 1999, any school district,
- 311 community/junior college district or public library may elect to
- 312 remain with an existing policy or policies of group life insurance
- 313 with an insurance company approved by the State and School
- 314 Employees Health Insurance Management Board, in lieu of
- 315 participation in the State and School Life Insurance Plan. On or
- 316 after July 1, 2004, until October 1, 2004, any school district,
- 317 community/junior college district or public library may elect to
- 318 choose a policy or policies of group life insurance existing on
- 319 October 1, 1999, with an insurance company approved by the State
- 320 and School Employees Health Insurance Management Board in lieu of
- 321 participation in the State and School Life Insurance Plan. The

| 322 | state's contribution of up to fifty percent (50%) of the active |
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| 323 | employee's premium under the State and School Life Insurance Plan |
| 324 | may be applied toward the cost of coverage for full-time employees |
| 325 | participating in the approved life insurance company group plan. |
| 326 | For purposes of this subsection (7), "life insurance company group |
| 327 | plan" means a plan administered or sold by a private insurance |
| 328 | company. After October 1, 1999, the board may assess charges in |
| 329 | addition to the existing State and School Life Insurance Plan |
| 330 | rates to such employees as a condition of enrollment in the State |
| 331 | and School Life Insurance Plan. In order for any life insurance |
| 332 | company group plan to be approved by the State and School |
| 333 | Employees Health Insurance Management Board under this subsection |
| 334 | (7), it shall meet the following criteria: |

- 335 The insurance company offering the group life 336 insurance plan shall be rated "A-" or better by A.M. Best state 337 insurance rating service and be licensed as an admitted carrier in 338 the State of Mississippi by the Mississippi Department of 339 Insurance.
- 340 (b) The insurance company group life insurance plan 341 shall provide the same life insurance, accidental death and 342 dismemberment insurance and waiver of premium benefits as provided 343 in the State and School Life Insurance Plan.
- 344 The insurance company group life insurance plan 345 shall be fully insured, and no form of self-funding life insurance by the company shall be approved. 346

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| 348 | shall have one (1) composite rate per One Thousand Dollars |
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| 349 | (\$1,000.00) of coverage for active employees regardless of age and |
| 350 | one (1) composite rate per One Thousand Dollars (\$1,000.00) of |
| 351 | coverage for all retirees regardless of age or type of retiree. |
| 352 | (e) The insurance company and its group life insurance |
| 353 | plan shall comply with any administrative requirements of the |
| 354 | State and School Employees Health Insurance Management Board. If |
| 355 | any insurance company providing group life insurance benefits to |
| 356 | employees under this subsection (7) fails to comply with any |
| 357 | requirements specified in this subsection or any administrative |
| 358 | requirements of the board, the state shall discontinue providing |
| 359 | funding for the cost of that insurance. |
| 360 | [From and after July 1 of the year in which Section 25-11-143 |
| 361 | becomes effective as provided in subsection (1) of Section |
| 362 | 25-11-143, this section shall read as follows:] |
| 363 | 25-15-9. (1) (a) The board shall design a plan of health |
| 364 | insurance for state employees that provides benefits for |
| 365 | semiprivate rooms in addition to other incidental coverages that |
| 366 | the board deems necessary. The amount of the coverages shall be |
| 367 | in such reasonable amount as may be determined by the board to be |
| 368 | adequate, after due consideration of current health costs in |
| 369 | Mississippi. The plan shall also include major medical benefits |
| 370 | in such amounts as the board determines. The plan shall provide |
| 371 | for coverage for telemedicine services as provided in Section 1 of |

The insurance company group life insurance plan

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| 372 | this act. The board is also authorized to accept bids for such |
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| 373 | alternate coverage and optional benefits as the board deems |
| 374 | proper. Any contract for alternative coverage and optional |
| 375 | benefits shall be awarded by the board after it has carefully |
| 376 | studied and evaluated the bids and selected the best and most |
| 377 | cost-effective bid. The board may reject all of the bids; |
| 378 | however, the board shall notify all bidders of the rejection and |
| 379 | shall actively solicit new bids if all bids are rejected. The |
| 380 | board may employ or contract for such consulting or actuarial |
| 381 | services as may be necessary to formulate the plan, and to assist |
| 382 | the board in the preparation of specifications and in the process |
| 383 | of advertising for the bids for the plan. Those contracts shall |
| 384 | be solicited and entered into in accordance with Section 25-15-5. |
| 385 | The board shall keep a record of all persons, agents and |
| 386 | corporations who contract with or assist the board in preparing |
| 387 | and developing the plan. The board in a timely manner shall |
| 388 | provide copies of this record to the members of the advisory |
| 389 | council created in this section and those legislators, or their |
| 390 | designees, who may attend meetings of the advisory council. The |
| 391 | board shall provide copies of this record in the solicitation of |
| 392 | bids for the administration or servicing of the self-insured |
| 393 | program. Each person, agent or corporation that, during the |
| 394 | previous fiscal year, has assisted in the development of the plan |
| 395 | or employed or compensated any person who assisted in the |
| 396 | development of the plan, and that bids on the administration or |

| 397 | servicing of the plan, shall submit to the board a statement |
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| 398 | accompanying the bid explaining in detail its participation with |
| 399 | the development of the plan. This statement shall include the |
| 400 | amount of compensation paid by the bidder to any such employee |
| 401 | during the previous fiscal year. The board shall make all such |
| 402 | information available to the members of the advisory council and |
| 403 | those legislators, or their designees, who may attend meetings of |
| 404 | the advisory council before any action is taken by the board on |
| 405 | the bids submitted. The failure of any bidder to fully and |
| 406 | accurately comply with this paragraph shall result in the |
| 407 | rejection of any bid submitted by that bidder or the cancellation |
| 408 | of any contract executed when the failure is discovered after the |
| 409 | acceptance of that bid. The board is authorized to promulgate |
| 410 | rules and regulations to implement the provisions of this |
| 411 | 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 that the board deems necessary, and, at a minimum, each explanation shall provide the claimant's name, claim number,

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- 422 provider number, provider name, service dates, type of services,
- 423 amount of charges, amount allowed to the claimant and reason
- 424 codes. The information contained in the explanation of benefits
- 425 shall be available for inspection upon request by the board. The
- 426 board shall have access to all claims information utilized in the
- 427 issuance of payments to employees and providers.
- 428 (b) There is created an advisory council to advise the
- 429 board in the formulation of the State and School Employees Health
- 430 Insurance Plan. The council shall be composed of the State
- 431 Insurance Commissioner, or his designee, an
- 432 employee-representative of the state institutions of higher
- 433 learning appointed by the board of trustees thereof, an
- 434 employee-representative of the Mississippi Department of
- 435 Transportation appointed by the director thereof, an
- 436 employee-representative of the * * * Department of Revenue
- 437 appointed by the Commissioner of Revenue, an
- 438 employee-representative of the State Department of Health
- 439 appointed by the State Health Officer, an employee-representative
- 440 of the Mississippi Department of Corrections appointed by the
- 441 Commissioner of Corrections, and an employee-representative of the
- 442 Mississippi Department of Human Services appointed by the
- 443 Executive Director of Human Services, two (2) certificated public
- 444 school administrators appointed by the State Board of Education,
- 445 two (2) certificated classroom teachers appointed by the State
- 446 Board of Education, a noncertificated school employee appointed by

| 447 | the State Board of Education and a community/junior college |
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| 448 | employee appointed by the * * * Mississippi Community College |
| 449 | Board. |

450 The Lieutenant Governor may designate the Secretary of the 451 Senate, the Chairman of the Senate Appropriations Committee, the 452 Chairman of the Senate Education Committee and the Chairman of the 453 Senate Insurance Committee, and the Speaker of the House of 454 Representatives may designate the Clerk of the House, the Chairman 455 of the House Appropriations Committee, the Chairman of the House 456 Education Committee and the Chairman of the House Insurance 457 Committee, to attend any meeting of the State and School Employees 458 Insurance Advisory Council. The appointing authorities may 459 designate an alternate member from their respective houses to 460 serve when the regular designee is unable to attend the meetings 461 of the council. Those designees shall have no jurisdiction or 462 vote on any matter within the jurisdiction of the council. 463 attending meetings of the council, the legislators shall receive 464 per diem and expenses, which shall be paid from the contingent 465 expense funds of their respective houses in the same amounts as 466 provided for committee meetings when the Legislature is not in 467 session; however, no per diem and expenses for attending meetings 468 of the council will be paid while the Legislature is in session. 469 No per diem and expenses will be paid except for attending 470 meetings of the council without prior approval of the proper committee in their respective houses. 471

| 472 | (c) No change in the terms of the State and School |
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| 473 | Employees Health Insurance Plan may be made effective unless the |
| 474 | board, or its designee, has provided notice to the State and |
| 475 | School Employees Health Insurance Advisory Council and has called |
| 476 | a meeting of the council at least fifteen (15) days before the |
| 477 | effective date of the change. If the State and School Employees |
| 478 | Health Insurance Advisory Council does not meet to advise the |
| 479 | board on the proposed changes, the changes to the plan will become |
| 480 | effective at such time as the board has informed the council that |
| 481 | the changes will become effective. |

- 482 Lifetime maximum: The lifetime maximum amount of (d) 483 benefits payable under the health insurance plan for each participant is Two Million Dollars (\$2,000,000.00). 484
- 485 Nonduplication of benefits - reduction of benefits by 486 Title XIX benefits: When benefits would be payable under more than one (1) group plan, benefits under those plans will be 487 488 coordinated to the extent that the total benefits under all plans 489 will not exceed the total expenses incurred.
- 490 Benefits for hospital or surgical or medical benefits shall 491 be reduced by any similar benefits payable in accordance with 492 Title XIX of the Social Security Act or under any amendments 493 thereto, or any implementing legislation.
- 494 Benefits for hospital or surgical or medical benefits shall 495 be reduced by any similar benefits payable by workers' 496 compensation.

497 (3) Schedule of life insurance benefits - group term: 498 The amount of term life insurance for each active employee of a 499 department, agency or institution of the state government shall 500 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or 501 twice the amount of the employee's annual wage to the next highest 502 One Thousand Dollars (\$1,000.00), whichever may be less, but in no 503 case less than Thirty Thousand Dollars (\$30,000.00), with a like 504 amount for accidental death and dismemberment on a 505 twenty-four-hour basis.

Effective October 1, 1999, schedule of life (b) 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

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- nonstudent bus driver becomes totally and permanently disabled before age sixty-five (65) years.
- 524 Any eligible employee who on March 1, 1971, was 525 participating in a group life insurance program that has provisions different from those included in this article and for 526 527 which the State of Mississippi was paying a part of the premium 528 may, at his discretion, continue to participate in that plan. 529 employee shall pay in full all additional costs, if any, above the 530 minimum program established by this article. Under no circumstances shall any individual who begins employment with the 531
- subsection.

 534 (5) The board may offer medical savings accounts as defined

state after March 1, 1971, be eligible for the provisions of this

- (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

in Section 71-9-3 as a plan option.

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547 participation in the State and School Life Insurance Plan. On or 548 after July 1, 2004, until October 1, 2004, any school district, community/junior college district or public library may elect to 549 550 choose a policy or policies of group life insurance existing on 551 October 1, 1999, with an insurance company approved by the State 552 and School Employees Health Insurance Management Board in lieu of 553 participation in the State and School Life Insurance Plan. 554 state's contribution of up to fifty percent (50%) of the active 555 employee's premium under the State and School Life Insurance Plan 556 may be applied toward the cost of coverage for full-time employees 557 participating in the approved life insurance company group plan. 558 For purposes of this subsection (7), "life insurance company group 559 plan" means a plan administered or sold by a private insurance 560 company. After October 1, 1999, the board may assess charges in 561 addition to the existing State and School Life Insurance Plan 562 rates to those employees as a condition of enrollment in the State 563 and School Life Insurance Plan. In order for any life insurance 564 company group plan to be approved by the State and School 565 Employees Health Insurance Management Board under this subsection 566 (7), it shall meet the following criteria:

567 (a) The insurance company offering the group life 568 insurance plan shall be rated "A-" or better by A.M. Best state 569 insurance rating service and be licensed as an admitted carrier in 570 the State of Mississippi by the Mississippi Department of 571 Insurance.

| 572 | (b) The insurance company group life insurance plan |
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| 573 | shall provide the same life insurance, accidental death and |
| 574 | dismemberment insurance and waiver of premium benefits as provided |
| 575 | in the State and School Life Insurance Plan. |

- 576 (c) The insurance company group life insurance plan 577 shall be fully insured, and no form of self-funding life insurance 578 by the company shall be approved.
- 579 (d) The insurance company group life insurance plan 580 shall have one (1) composite rate per One Thousand Dollars 581 (\$1,000.00) of coverage for active employees regardless of age.
- 582 (e) The insurance company and its group life insurance 583 plan shall comply with any administrative requirements of the 584 State and School Employees Health Insurance Management Board. Ιf 585 any insurance company providing group life insurance benefits to 586 employees under this subsection (7) fails to comply with any 587 requirements specified in this subsection or any administrative 588 requirements of the board, the state shall discontinue providing 589 funding for the cost of that insurance.
- 590 **SECTION 4.** This act shall take effect and be in force from 591 and after July 1, 2013.