

By: Representative Eads

To: Insurance;
Appropriations

HOUSE BILL NO. 273

1 AN ACT TO AMEND SECTION 25-15-9, MISSISSIPPI CODE OF 1972, TO
2 PROVIDE THAT THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN
3 SHALL INCLUDE COVERAGE FOR CERTAIN ANNUAL HEALTH EXAMINATIONS; TO
4 PROVIDE THAT THE STATE'S SHARE OF THE COST OF SUCH EXAMINATIONS
5 SHALL BE DRAWN FROM THE HEALTH CARE EXPENDABLE FUND; TO AMEND
6 SECTION 43-13-407, MISSISSIPPI CODE OF 1972, IN CONFORMITY
7 THERETO; AND FOR RELATED PURPOSES.

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

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

11 25-15-9. (1) (a) The board shall design a plan of health
12 insurance for state employees which provides benefits for
13 semiprivate rooms in addition to other incidental coverages which
14 the board deems necessary. The amount of the coverages shall be
15 in such reasonable amount as may be determined by the board to be
16 adequate, after due consideration of current health costs in
17 Mississippi. The plan shall also include major medical benefits
18 in such amounts as the board shall determine. The plan shall also
19 include coverage of annual examinations for breast cancer,
20 diabetes, colo-rectal cancer and hypertension; and the state's
21 share of the cost of such examinations shall be drawn from the
22 Health Care Expendable Fund established by Section 43-13-407. The
23 board is also authorized to accept bids for such alternate
24 coverage and optional benefits as the board shall deem proper.
25 Any contract for alternative coverage and optional benefits shall
26 be awarded by the board after it has carefully studied and
27 evaluated the bids and selected the best and most cost-effective
28 bid. The board may reject all such bids; however, the board shall
29 notify all bidders of the rejection and shall actively solicit new



30 bids if all bids are rejected. The board may employ or contract
31 for such consulting or actuarial services as may be necessary to
32 formulate the plan, and to assist the board in the preparation of
33 specifications and in the process of advertising for the bids for
34 the plan. Such contracts shall be solicited and entered into in
35 accordance with Section 25-15-5. The board shall keep a record of
36 all persons, agents and corporations who contract with or assist
37 the board in preparing and developing the plan. The board in a
38 timely manner shall provide copies of this record to the members
39 of the advisory council created in this section and those
40 legislators, or their designees, who may attend meetings of the
41 advisory council. The board shall provide copies of this record
42 in the solicitation of bids for the administration or servicing of
43 the self-insured program. Each person, agent or corporation
44 which, during the previous fiscal year, has assisted in the
45 development of the plan or employed or compensated any person who
46 assisted in the development of the plan, and which bids on the
47 administration or servicing of the plan, shall submit to the board
48 a statement accompanying the bid explaining in detail its
49 participation with the development of the plan. This statement
50 shall include the amount of compensation paid by the bidder to any
51 such employee during the previous fiscal year. The board shall
52 make all such information available to the members of the advisory
53 council and those legislators, or their designees, who may attend
54 meetings of the advisory council before any action is taken by the
55 board on the bids submitted. The failure of any bidder to fully
56 and accurately comply with this paragraph shall result in the
57 rejection of any bid submitted by that bidder or the cancellation
58 of any contract executed when the failure is discovered after the
59 acceptance of that bid. The board is authorized to promulgate
60 rules and regulations to implement the provisions of this
61 subsection.



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

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

78 (b) There is created an advisory council to advise the
79 board in the formulation of the State and School Employees Health
80 Insurance Plan. The council shall be composed of the State
81 Insurance Commissioner or his designee, an employee-representative
82 of the institutions of higher learning appointed by the board of
83 trustees thereof, an employee-representative of the Department of
84 Transportation appointed by the director thereof, an
85 employee-representative of the State Tax Commission appointed by
86 the Commissioner of Revenue, an employee-representative of the
87 Mississippi Department of Health appointed by the State Health
88 Officer, an employee-representative of the Mississippi Department
89 of Corrections appointed by the Commissioner of Corrections, and
90 an employee-representative of the Department of Human Services
91 appointed by the Executive Director of Human Services, two (2)
92 certificated public school administrators appointed by the State
93 Board of Education, two (2) certificated classroom teachers
94 appointed by the State Board of Education, a noncertificated



95 school employee appointed by the State Board of Education and a
96 community/junior college employee appointed by the State Board for
97 Community and Junior Colleges.

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

120 (c) No change in the terms of the State and School
121 Employees Health Insurance Plan may be made effective unless the
122 board, or its designee, has provided notice to the State and
123 School Employees Health Insurance Advisory Council and has called
124 a meeting of the council at least fifteen (15) days before the
125 effective date of such change. In the event that the State and
126 School Employees Health Insurance Advisory Council does not meet
127 to advise the board on the proposed changes, the changes to the



128 plan shall become effective at such time as the board has informed
129 the council that the changes shall become effective.

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

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

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

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

159 Benefits for hospital or surgical or medical benefits shall
160 be reduced by any similar benefits payable in accordance with



161 Title XIX of the Social Security Act or under any amendments
162 thereto, or any implementing legislation.

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

166 (3) (a) Schedule of life insurance benefits--group term:
167 The amount of term life insurance for each active employee of a
168 department, agency or institution of the state government shall
169 not be in excess of One Hundred Thousand Dollars (\$100,000.00), or
170 twice the amount of the employee's annual wage to the next highest
171 One Thousand Dollars (\$1,000.00), whichever may be less, but in no
172 case less than Thirty Thousand Dollars (\$30,000.00), with a like
173 amount for accidental death and dismemberment on a
174 twenty-four-hour basis. The plan will further contain a premium
175 waiver provision if a covered employee becomes totally and
176 permanently disabled prior to age sixty-five (65) years.
177 Employees retiring after June 30, 1999, shall be eligible to
178 continue life insurance coverage in an amount of Five Thousand
179 Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty
180 Thousand Dollars (\$20,000.00) into retirement.

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



194 community/junior college, public library or university-based
195 program authorized under Section 37-23-31 for deaf, aphasic and
196 emotionally disturbed children or any regular nonstudent bus
197 driver becomes totally and permanently disabled prior to age
198 sixty-five (65) years. Employees of any school district,
199 community/junior college, public library or university-based
200 program authorized under Section 37-23-31 for deaf, aphasic and
201 emotionally disturbed children or any regular nonstudent bus
202 driver retiring after September 30, 1999, shall be eligible to
203 continue life insurance coverage in an amount of Five Thousand
204 Dollars (\$5,000.00), Ten Thousand Dollars (\$10,000.00) or Twenty
205 Thousand Dollars (\$20,000.00) into retirement.

206 (4) Any eligible employee who on March 1, 1971, was
207 participating in a group life insurance program which has
208 provisions different from those included herein and for which the
209 State of Mississippi was paying a part of the premium may, at his
210 discretion, continue to participate in such plan. Such employee
211 shall pay in full all additional costs, if any, above the minimum
212 program established by this article. Under no circumstances shall
213 any individual who begins employment with the state after March 1,
214 1971, be eligible for the provisions of this paragraph.

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

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

223 (7) On October 1, 1999, any school district,
224 community/junior college district or public library may elect to
225 remain with an existing policy or policies of group life insurance
226 with an insurance company approved by the State and School



227 Employees Health Insurance Management Board, in lieu of
228 participation in the State and School Life Insurance Plan. The
229 state's contribution of up to fifty percent (50%) of the active
230 employee's premium under the State and School Life Insurance Plan
231 may be applied toward the cost of coverage for full-time employees
232 participating in the approved life insurance company group plan.
233 For purposes of this subsection (7), "life insurance company group
234 plan" means a plan administered or sold by a private insurance
235 company. After October 1, 1999, the board may assess charges in
236 addition to the existing State and School Life Insurance Plan
237 rates to such employees as a condition of enrollment in the State
238 and School Life Insurance Plan. In order for any life insurance
239 company group plan existing as of October 1, 1999, to be approved
240 by the State and School Employees Health Insurance Management
241 Board under this subsection (7), it shall meet the following
242 criteria:

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

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

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

255 (d) The insurance company group life insurance plan
256 shall have one (1) composite rate per One Thousand Dollars
257 (\$1,000.00) of coverage for active employees regardless of age and
258 one (1) composite rate per One Thousand Dollars (\$1,000.00) of
259 coverage for all retirees regardless of age or type of retiree.



260 (e) The insurance company and its group life insurance
261 plan shall comply with any administrative requirements of the
262 State and School Employees Health Insurance Management Board. In
263 the event any insurance company providing group life insurance
264 benefits to employees under this subsection (7) fails to comply
265 with any requirements specified herein or any administrative
266 requirements of the board, the state shall discontinue providing
267 funding for the cost of such insurance.

268 **SECTION 2.** Section 43-13-407, Mississippi Code of 1972, is
269 amended as follows:

270 43-13-407. (1) In accordance with the purposes of this
271 article, there is established in the State Treasury the Health
272 Care Expendable Fund, into which shall be transferred from the
273 Health Care Trust Fund the following sums:

274 (a) In fiscal year 2000, Fifty Million Dollars
275 (\$50,000,000.00);

276 (b) In fiscal year 2001, Fifty-five Million Dollars
277 (\$55,000,000.00);

278 (c) In fiscal year 2002, Sixty Million Five Hundred
279 Thousand Dollars (\$60,500,000.00);

280 (d) In fiscal year 2003, Sixty-six Million Five Hundred
281 Fifty Thousand Dollars (\$66,550,000.00);

282 (e) In fiscal year 2004 and each subsequent fiscal
283 year, a sum equal to the average annual amount of the income from
284 the investment of the funds in the Health Care Trust Fund since
285 July 1, 1999.

286 (2) In any fiscal year in which interest and dividends from
287 the investment of the funds in the Health Care Trust Fund are not
288 sufficient to fund the full amount of the annual transfer into the
289 Health Care Expendable Fund as required in subsection (1) of this
290 section, the State Treasurer shall transfer from tobacco
291 settlement installment payments an amount that is sufficient to
292 fully fund the amount of the annual transfer.



293 (3) All income from the investment of the funds in the
294 Health Care Expendable Fund shall be credited to the account of
295 the Health Care Expendable Fund. Any funds in the Health Care
296 Expendable Fund at the end of a fiscal year shall not lapse into
297 the State General Fund.

298 (4) The funds in the Health Care Expendable Fund shall be
299 available for expenditure pursuant to specific appropriation by
300 the Legislature beginning in fiscal year 2000, and shall be
301 expended exclusively for health care purposes, including, but not
302 limited to, the state's share of the cost of the annual
303 examinations for breast cancer, diabetes, colo-rectal cancer and
304 hypertension provided under the State and School Employees Health
305 Insurance Plan in Section 25-15-9.

306 **SECTION 3.** This act shall take effect and be in force from
307 and after July 1, 2002.

