

# **Select Coverage – Legacy participant Monthly premium**

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| --- | --- | --- | --- | --- |
| PremiumClass | 2023 rates(12 month) | 2024 rates(12 month) | 2023 rates(9 mo. Faculty) | 2024 rates(9 mo. Faculty) |
| Employee only | $20 | **$20** | $26.67 | **$26.67** |
| Employee + child | $211 | **$221** | $281.33 | **$294.67** |
| Employee + children | $403 | **$422** | $537.33 | **$562.67** |
| Employee + spouse | $564 | **$591** | $752.00 | **$788.00** |
| Employee + spouse + children | $814 | **$854** | $1085.33 | **$1138.67** |

# **Select Coverage – Horizon Participant Monthly premium**

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| PremiumClass | 2023 rates(12 month) | 2024 rates(12 month) | 2023 rates(9 mo. Faculty) | 2024 rates(9 mo. Faculty) |
| Employee only | $46 | **$48** | $61.33 | **$64.00** |
| Employee + child | $237 | **$249** | $316.00 | **$332.00** |
| Employee + children | $429 | **$450** | $572.00 | **$600.00** |
| Employee + spouse | $590 | **$619** | $786.67 | **$825.33** |
| Employee + spouse + children | $840 | **$882** | $1120.00 | **$1176.00** |

# **Base Coverage – Legacy or Horizon Monthly Premium**

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| --- | --- | --- | --- | --- |
| PremiumClass | 2023 rates(12 month) | 2024 rates(12 month) | 2023 rates(9 mo. Faculty) | 2024 rates(9 mo. Faculty) |
| Employee only | $0 | **$0** | $0 | **$0** |
| Employee + child | $124 | **$130** | $165.33 | **$173.33** |
| Employee + children | $317 | **$333** | $422.67 | **$444.00** |
| Employee + spouse | $478 | **$502** | $637.33 | **$669.33** |
| Employee + spouse + children | $728 | **$764** | $970.67 | **$1018.67** |

\***LEGACY** – Hired before **January 1, 2006,** with any State of MS agency covered by the Plan (for ex., Community/Junior College, public library, public school district, or other state agency or university).

\***HORIZON** – Initially hired on or after **January 1, 2006.**