<u>Legacy Employees:</u> Any employee hired who has ever been employed by any State of Mississippi agency such as a community/junior college, public library, public school district, other State agency or university on a full time basis before January 1, 2006.

<u>Horizon Employee:</u> Any employees initially hired by any State agency on or after January 1, 2006.

Select Coverage/Legacy Participant Monthly Premium – Employee Cost			
Premium Class	12-Month	9-Month* Faculty	
	Staff/Faculty		
Employee Only	\$20.00	\$26.67	
Employee + Spouse	\$533.00	\$710.67	
Employee + Spouse + Children	\$769.00	\$1025.33	
Employee + Child	\$200.00	\$266.67	
Employee + Children	\$381.00	\$508.00	

Select Coverage/Horizon Participant Monthly Premium – Employee Cost			
Premium Class	12-Month	9-Month* Faculty	
	Staff/Faculty		
Employee Only	\$43.00	\$57.33	
Employee + Spouse	\$556.00	\$741.33	
Employee + Spouse + Children	\$792.00	\$1056.00	
Employee + Child	\$223.00	\$297.33	
Employee + Children	\$404.00	\$538.67	

Base Coverage/Horizon Participant Monthly Premium – Employee Cost			
Premium Class	12-Month	9-Month* Faculty	
	Staff/Faculty		
Employee Only	\$0.00	\$0.00	
Employee + Spouse	\$451.00	\$601.33	
Employee + Spouse + Children	\$687.00	\$916.00	
Employee + Child	\$117.00	\$156.00	
Employee + Children	\$299.00	\$398.67	