



Health Insurances Rates

Effective January 1, 2024

Select Coverage – Legacy participant Monthly Premium

Premium Class	2024 rates (12 month)	2024 rates (9 mo. Faculty)
Employee only	\$20	\$26.67
Employee + child	\$221	\$294.67
Employee + children	\$422	\$562.67
Employee + spouse	\$591	\$788.00
Employee + spouse + children	\$854	\$1138.67

Select Coverage – Horizon Participant Monthly Premium

Premium Class	2024 rates (12 month)	2024 rates (9 mo. Faculty)
Employee only	\$48	\$64.00
Employee + child	\$249	\$332.00
Employee + children	\$450	\$600.00
Employee + spouse	\$619	\$825.33
Employee + spouse + children	\$882	\$1176.00

Base Coverage – Legacy or Horizon Monthly Premium

Premium Class	2024 rates (12 month)	2024 rates (9 mo. Faculty)
Employee only	\$0	\$0
Employee + child	\$130	\$173.33
Employee + children	\$333	\$444.00
Employee + spouse	\$502	\$669.33
Employee + spouse + children	\$764	\$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**.