

HEALTH INSURANCE COVERAGE AND PREMIUM RATES - JANUARY 2021

BASE COVERAGE	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,800	
Calendar Year Deductible - Family Coverage	\$3,000	
Individual Coinsurance/Co-Pay Maximum	\$2,500	\$3,500
Family Coinsurance/Co-Pay Maximum	\$5,500	\$7,500
**Preventive Medications Deductible	\$75	
AMWELL - Online Primary Care Visit	\$10 co-pay; subject to deductible	
Out-of-Pocket Limit - Individual	\$6,500	
Out-of-Pocket Limit - Family Coverage	\$13,000	

SELECT COVERAGE	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	\$1,300	\$2,300
Calendar Year Deductible - Family Coverage	\$2,600	\$4,600
Individual Coinsurance/Co-Pay Maximum	\$3,000	\$4,000
Individual Prescription Drug Deductible	\$75	
AMWELL - Online Primary Care Visit	\$10 Co-Pay	
Out-of-Pocket Limit - Individual	\$6,500	
Out-of-Pocket Limit - Family Coverage	\$13,000	

HORIZON & LEGACY	BASE
EMPLOYEE	\$0
EMPLOYEE + SPOUSE	\$425
EMPLOYEE + SPOUSE + CHILDREN	\$648
EMPLOYEE + CHILD	\$110
EMPLOYEE + CHILDREN	\$282

HORIZON	SELECT
EMPLOYEE	\$41
EMPLOYEE + SPOUSE	\$525
EMPLOYEE + SPOUSE + CHILDREN	\$748
EMPLOYEE + CHILD	\$211
EMPLOYEE + CHILDREN	\$382

***Legacy:** An active employee initially hired prior to January 1, 2006. This includes new hires employed full-time by a MS state agency before January 1, 2006.

***Horizon:** An active employee initially hired on or after January 1, 2006. This employee has never worked full-time for a MS state agency.

****Preventive** Medications: 2020 Plan Document pgs. 5 and 6

LEGACY	SELECT
EMPLOYEE	\$20
EMPLOYEE + SPOUSE	\$504
EMPLOYEE + SPOUSE + CHILDREN	\$727
EMPLOYEE + CHILD	\$190
EMPLOYEE + CHILDREN	\$361

Base Coverage meets the federal government's criteria of a qualifying high deductible health plan under Section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 in regard to establishing a Health Savings Account.