

HEALTH INSURANCE COVERAGE AND PREMIUM RATES - JANUARY 2019

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	\$5,000	\$7,000		
** 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	\$1,000	\$2,000	
Calendar Year Deductible - Family Coverage	\$2,000	\$4,000		
Individual Coinsurance/Co-Pay Maximum	\$2,500	\$3,500		
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	\$401
EMPLOYEE + SPOUSE + CHILDREN	\$611
EMPLOYEE + CHILD	\$104
EMPLOYEE + CHILDREN	\$266

HORIZON	SELECT
EMPLOYEE	\$39
EMPLOYEE + SPOUSE	\$495
EMPLOYEE + SPOUSE + CHILDREN	\$705
EMPLOYEE + CHILD	\$199
EMPLOYEE + CHILDREN	\$360

***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: 2018 Plan Document pg. 5

LEGACY	SELECT
EMPLOYEE	\$20
EMPLOYEE + SPOUSE	\$476
EMPLOYEE + SPOUSE + CHILDREN	\$686
EMPLOYEE + CHILD	\$180
EMPLOYEE + CHILDREN	\$341

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.