



THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

2018 Bi-weekly Insurance Premiums

Medical Rates (pre-tax)

COVERAGE TIER	BASE PLAN	BASE PLAN	SELECT PLAN		SELECT PLAN	
			Horizon	Legacy	Horizon	Legacy
Deduction Dates	1/1/18-6/30/18	Effective 7/1/18*	1/1/18-6/30/18		Effective 7/1/18*	
Employee Only	\$0	\$0	\$19	\$10	\$19	\$10
Employee + Spouse	\$194.50	\$203.50	\$240.50	\$231.50	\$251.50	\$242.50
Employee + Spouse & Child(ren)	\$296.50	\$310.50	\$342.50	\$333.50	\$358.50	\$349.50
Employee + Child	\$50.50	\$52.50	\$96.50	\$87.50	\$100.50	\$91.50
Employee + Children	\$129	\$135	\$175	\$166	\$183	\$174

* Since Medical Premiums are due 1 month in advance of coverage, the new rates effective 7/1/18 will be deducted from your June 2018 paychecks.