

HEALTH INSURANCE COVERAGE AND PREMIUM RATES

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	\$4,000
Family Coinsurance/Co-Pay Maximum	\$5,000	\$8,000
Coinsurance for In-Area Participants*	80%	60%
Coinsurance for Out-of-Area Participants**	80%	75%

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	
Coinsurance for In-Area Participants*	80%	60%
Coinsurance for Out-of-Area Participants**	80%	75%

* An In-Area Participant is a participant who resides in the State of Mississippi

** An Out-of-Area Participant is a participant who resides outside the State of Mississippi

HORIZON & LEGACY	BASE
EMPLOYEE	\$0
EMPLOYEE + SPOUSE	\$389
EMPLOYEE + SPOUSE + CHILDREN	\$593
EMPLOYEE + CHILD	\$101
EMPLOYEE + CHILDREN	\$258

HORIZON	SELECT
EMPLOYEE	\$38
EMPLOYEE + SPOUSE	\$481
EMPLOYEE + SPOUSE + CHILDREN	\$685
EMPLOYEE + CHILD	\$193
EMPLOYEE + CHILDREN	\$350

***Legacy: FT employee prior to January 1, 2006**

LEGACY	SELECT
EMPLOYEE	\$20
EMPLOYEE + SPOUSE	\$463
EMPLOYEE + SPOUSE + CHILDREN	\$667
EMPLOYEE + CHILD	\$175
EMPLOYEE + CHILDREN	\$332

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.