

2021-2022 MEDICAL/RX RATES

Medical Group No / Suffix	Medical Plan and Prescription Coverage	Employee Bi-weekly Premium		Annual Premium Paid by the Employee
		24-Pays	18-Pays	
Base Plan	Trustmark/Cofinity			
	Employee	\$62.46	\$83.29	\$1,499.04
	Employee + 1	\$149.91	\$199.88	\$3,597.84
	Employee + Family	\$187.40	\$249.86	\$4,497.60
Buy-up Plan	Trustmark/Cofinity			
	Employee	\$109.78	\$146.37	\$2,634.72
	Employee + 1	\$263.46	\$351.28	\$6,323.04
	Employee + Family	\$329.33	\$439.10	\$7,903.92
High Deductible Health Care Plan (HDHP)	Trustmark/Cofinity			
	Employee	\$20.75	\$27.67	\$498.00
	Employee + 1	\$49.80	\$66.40	\$1,195.20
	Employee + Family	\$62.25	\$83.00	\$1,494.00

2021 HSA Contribution Limits (HDHP Plan Only)

Coverage Type	Total Annual Contribution
Self	\$3,700
2 Person	\$7,200
Family	\$7,200

**Catch-up contribution (age 55+) can contribute an additional \$1,000 year*

Plan Support

Trustmark/Cofinity
800-999-0114
www.mytrustmark.com