MISSISSIPPI STATE & SCHOOL EMPLOYEES' LIFE AND HEALTH INSURANCE PLAN

motivating MISSISSIPPI
keys to living healthy

KNOW YOUR Benefits

September 2026

Open Enrollment

Open Enrollment for 2027 is from October 1, 2026, through October 31, 2026. During Open Enrollment, employees may change their insurance benefits that will take effect January 1, 2027. Employees can change elections between Base and Select coverage, add dependents, or cancel coverage. Open Enrollment applies to health insurance only. If you do not make any changes, your current coverage will carry over to next year. For more information regarding Open Enrollment, please visit the Plan's website at https://www.dfa.ms.gov/insurance or speak with your human resources representative.

2027 Premium Rate Changes

Effective January 1, 2027, the plan will implement a 6.5% premium rate increase for all health coverage options. This increase will affect all active and retiree plans, as well as COBRA, Medicare eligible participants, and eligible contract worker employees.

2027 Deductible Changes

Effective January 1, 2026, the Base Plan family deductible will increase to $3,500.00 to meet the minimum required regulations under Federal Law. The Base Plan coverage option qualifies under IRS regulations as a high-deductible health plan that can be used with a health savings account (HSA). There are no other deductible changes for 2027.

Work and Save Program Reminder

Mississippi House Bill 4073, Mississippi Work and Save Program, allows rehired retirees to return to work with up to 80% pay compared to the current 50%. Under the current 50% of pay, rehired retirees are considered part-time working less than 30 hours per week and not eligible for benefits.

This increase in pay to 80% may lead to an increase in hours worked. If working more than 30 hours per week, these individuals may be eligible for benefits under the Affordable Care Act. The health plan language below outlines the eligibility of these individuals for the contract worker Base Plan. The contract worker Base Plan only allows employees and dependents up to age 26. Spouses are not eligible to enroll. Employees must pay the full premium.

As a reminder, if a retiree waives or drops their retiree coverage for any reason, including Contract Worker Base Plan, they are not allowed to subsequently elect retiree coverage.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN
MONTHLY PREMIUM RATES
Effective January 1, 2027

Legacy – Initially hired before 1/1/2006
Horizon – Initially hired on or after 1/1/2006

	LEGACY EMPLOYEES				HORIZON EMPLOYEES			
	BASE		SELECT		BASE		SELECT	
ACTIVE EMPLOYEE	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION	TOTAL PREMIUM	EMPLOYEE PORTION
Employee*	$546	$0	$566	$20	$546	$0	$602	$56
Employee + Spouse	$1,143	$597	$1,249	$703	$1,143	$597	$1,283	$737
Employee + Spouse & Child(ren)	$1,456	$910	$1,562	$1,016	$1,456	$910	$1,596	$1,050
Employee + Child	$702	$156	$808	$262	$702	$156	$841	$295
Employee + Children	$943	$397	$1,046	$500	$943	$397	$1,080	$534

*The State pays 100% of the employee's premium for Base Coverage. Active employees enrolling in Select Coverage must pay a portion of the employee premium.

	LEGACY RETIREES		HORIZON RETIREES	
RETIRED EMPLOYEE - NON-MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	$628	$653	$1,002	$1,038
Retiree + Spouse (Non-Medicare)	$1,315	$1,437	$2,009	$2,140
Retiree + Spouse & Child(ren) (Non-Medicare)	$1,673	$1,795	$2,246	$2,379
Retiree + Child	$807	$893	$1,181	$1,278
Retiree + Children	$1,083	$1,132	$1,456	$1,517
Retiree + Spouse (Medicare)	N/A	$920	N/A	$1,304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$1,160	N/A	$1,544
RETIRED EMPLOYEE - MEDICARE ELIGIBLE	BASE	SELECT	BASE	SELECT
Retiree	N/A	$266	N/A	$266
Retiree + Spouse (Non-Medicare)	N/A	$1,049	N/A	$1,369
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	$1,407	N/A	$1,607
Retiree + Child	N/A	$504	N/A	$504
Retiree + Children	N/A	$744	N/A	$744
Retiree + Spouse (Medicare)	N/A	$532	N/A	$532
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	$772	N/A	$772

	LEGACY		HORIZON	
COBRA	BASE	SELECT	BASE	SELECT
Participant	$555	$580	$555	$614
Participant + Spouse	$1,166	$1,274	$1,166	$1,308
Participant + Spouse & Child(ren)	$1,484	$1,593	$1,484	$1,628
Participant + Child	$715	$824	$715	$858
Participant + Children	$961	$1,068	$961	$1,103
COBRA DISABILITY EXTENSION	BASE	SELECT	BASE	SELECT
Participant	$818	$853	$818	$904
Participant + Spouse	$1,716	$1,874	$1,716	$1,925
Participant + Spouse & Child(ren)	$2,184	$2,344	$2,184	$2,395
Participant + Child	$1,052	$1,212	$1,052	$1,263
Participant + Children	$1,415	$1,572	$1,415	$1,623