

# 2023-2024 MEDICAL/RX RATES

## (ALL UDM Employees)

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	\$65.58	\$87.44	\$1,573.98
	Employee + 1	\$157.40	\$209.87	\$3,777.70
	Employee + Family	\$196.77	\$262.35	\$4,722.38
Buy-up Plan	Trustmark / Cofinity			
	Employee	\$117.58	\$156.77	\$2,821.85
	Employee + 1	\$282.18	\$376.23	\$6,772.22
	Employee + Family	\$352.73	\$470.30	\$8,465.47
High Deductible Health Care Plan (HDHP)	Trustmark / Cofinity			
	Employee	\$20.75	\$27.67	\$498.11
	Employee + 1	\$49.80	\$66.41	\$1,195.31
	Employee + Family	\$62.25	\$83.00	\$1,493.94
Dental	UNUM			
	Employee	\$25.67	\$34.23	\$616.08
	Employee + 1	\$50.38	\$67.17	\$1,209.12
	Employee + Children	\$50.38	\$67.17	\$1,209.12
	Employee + Family	\$91.97	\$122.63	\$2,207.28
Vision	Heritage			
	Employee	\$3.04	\$4.05	\$72.96
	Employee + 1	\$5.00	\$6.67	\$120.00
	Employee + Family	\$6.30	\$8.40	\$151.20

## 2023 HSA Contribution Limits (HDHP Plan Only)

Coverage Type	Total Annual Contribution
Self	\$3,850.00
2 Person	\$7,750.00
Family	\$7,750.00

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

Plan Support  
Trustmark/Cofinity  
800-999-0114  
My Trustmark Benefits