

2022-2023 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	\$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	\$111.98	\$149.31	\$2,687.52
	Employee + 1	\$268.74	\$358.34	\$6,449.76
	Employee + Family	\$335.93	\$447.92	\$8,062.32
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

2022 HSA Contribution Limits (HDHP Plan Only)

Coverage Type	Total Annual Contribution
Self	\$3,650
2 Person	\$7,300
Family	\$7,300

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

Plan Support

Trustmark/Cofinity

800-999-0114

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