

2025 HEALTH PLAN OPTIONS WMHIP

ADMIN, EIEA, ESPA, & NONA									
	OPTION 1		OPTION 2		OPTION 3		OPTION 4		
Group Name	WMHIP		WMHIP		WMHIP		WMHIP		
Network	BCBS		BCBS		BCBS		BCBS		
Plan Year	1/1/25 - 12/31/25		1/1/25 - 12/31/25		1/1/25 - 12/31/25		1/1/25 - 12/31/25		
Plan Name	VERSATILE		SELECT		H.S.A. FLEXIBLE BLUE 2		Simply Blue		
Type of Plan	PPO		PPO		PPO-HDHP		PPO		
PLAN BASICS	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net	Out-Net
Individual Deductible	\$250	\$500	\$250	\$500	\$1,600	\$3,200	\$500	\$1,000	\$1,000
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$3,200	\$6,400	\$1,000	\$2,000	\$2,000
Coinsurance Level	90%	70%	100%	80%	100%	80%	80%	60%	60%
Coinsurance MAX Individual	\$1,000	\$1,000	NA	NA	NA	NA	\$2,500	\$2,500	\$2,500
Coinsurance MAX Family	\$2,000	\$2,000	NA	NA	NA	NA	\$5,000	\$5,000	\$5,000
Out of Pocket MAX Individual	\$2,500	\$2,500	\$2,250	\$2,500	\$2,600	\$5,100	\$4,500	\$4,500	\$4,500
Out of Pocket MAX Family	\$5,000	\$5,000	\$4,500	\$5,000	\$5,200	\$10,200	\$9,000	\$9,000	\$9,000
In-Network OOP incl. Deductibles, Coinsurance & Copays. Out-Network includes Coinsurance									
MONTHLY COST (PREMIUM + TAXES)									
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		
Single	\$837.45		\$929.99		\$771.02		\$660.13		
2 Person	\$1,884.26		\$2,092.48		\$1,734.80		\$1,485.28		
Family	\$2,344.88		\$2,603.98		\$2,158.87		\$1,848.36		
MONTHLY EMPLOYEE PREMIUM SHARE = (TOTAL COST /12) - MONTHLY CAP AMOUNT PAID BY EMPLOYER									
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		
Single	\$194.26		\$286.80		\$127.83		\$16.94		
2 Person	\$539.15		\$747.37		\$389.69		\$140.17		
Family	\$590.73		\$849.83		\$404.72		\$94.21		
PER PAY PERIOD EMPLOYEE PREMIUM SHARE = MONTHLY EMPLOYEE PREMIUM SHARE/2									
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		
Single	\$97.13		\$143.40		\$63.92		\$8.47		
2 Person	\$269.58		\$373.69		\$194.85		\$70.09		
Family	\$295.36		\$424.91		\$202.36		\$47.10		

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ESPA - Single Subscriber Only								
	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
Group Name	WMHIP		WMHIP		WMHIP		WMHIP	
Network	BCBS		BCBS		BCBS		BCBS	
Plan Year	1/1/25 - 12/31/25		1/1/25 - 12/31/25		1/1/25 - 12/31/25		1/1/25 - 12/31/25	
Plan Name	VERSATILE		SELECT		H.S.A. FLEXIBLE BLUE 2		Simply Blue	
Type of Plan	PPO		PPO		PPO-HDHP		PPO	
PLAN BASICS	IN-Net		Out-Net		IN-Net		Out-Net	
Individual Deductible	\$250	\$500	\$250	\$500	\$1,600	\$3,200	\$500	\$1,000
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$3,200	\$6,400	\$1,000	\$2,000
Coinsurance Level	90%	70%	100%	80%	100%	80%	80%	60%
Coinsurance MAX Individual	\$1,000	\$1,000	NA	NA	NA	NA	\$2,500	\$2,500
Coinsurance MAX Family	\$2,000	\$2,000	NA	NA	NA	NA	\$5,000	\$5,000
Out of Pocket MAX Individual	\$2,500	\$2,500	\$2,250	\$2,500	\$2,600	\$5,100	\$4,500	\$4,500
Out of Pocket MAX Family	\$5,000	\$5,000	\$4,500	\$5,000	\$5,200	\$10,200	\$9,000	\$9,000
In-Network OOP incl. Deductibles, Coinsurance & Copays. Out-Network includes Coinsurance								
MONTHLY COST (PREMIUM + TAXES)								
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025	
Single	\$837.45		\$929.99		\$771.02		\$660.13	
2 Person	\$1,884.26		\$2,092.48		\$1,734.80		\$1,485.28	
Family	\$2,344.88		\$2,603.98		\$2,158.87		\$1,848.36	
MONTHLY EMPLOYEE PREMIUM SHARE = (TOTAL COST /12) - MONTHLY CAP AMOUNT PAID BY EMPLOYER								
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025	
Single	\$194.26		\$286.80		\$127.83		\$16.94	
2 Person	\$1,241.07		\$1,449.29		\$1,091.61		\$842.09	
Family	\$1,701.69		\$1,960.79		\$1,515.68		\$1,205.17	
PER PAY PERIOD EMPLOYEE PREMIUM SHARE = MONTHLY EMPLOYEE PREMIUM SHARE/2								
Subscriber	Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025		Jan - Dec 2025	
Single	\$97.13		\$143.40		\$63.92		\$8.47	
2 Person	\$620.54		\$724.65		\$545.81		\$421.05	
Family	\$850.85		\$980.40		\$757.84		\$602.59	