

2026 HEALTH PLAN OPTIONS WMHIP

ADMIN, EIEA, ESPA, & NONA

	OPTION 1		OPTION 2		OPTION 3		OPTION 4		OPTION 5	
Group Name	WMHIP		WMHIP		WMHIP		WMHIP		WMHIP	
Network	BCBS		BCBS		BCBS		BCBS		PRIORITY Health	
Plan Year	1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26	
Plan Name	VERSATILE (Enhanced 250 005)		SELECT (Enhanced 250 052)		H.S.A. FLEXIBLE BLUE 2 (Enhanced 036/037		Simply Blue (Value 500 095)		H.S.A. Priority (2500 PH01)	
Type of Plan	PPO		PPO		PPO-HDHP		PPO		PPO HDHP	
PLAN BASICS	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net		
Individual Deductible	\$250	\$500	\$250	\$500	\$1,700	\$3,400	\$500	\$1,000	\$2,500	\$5,000
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$3,400	\$6,800	\$1,000	\$2,000	\$5,000	\$10,000
Coinsurance Level	90%	70%	100%	80%	100%	80%	80%	60%	100%	80%
Coinsurance MAX Individual	\$1,000	\$1,000	NA	NA	NA	NA	\$2,500	\$2,500	\$2,000	\$4,000
Coinsurance MAX Family	\$2,000	\$2,000	NA	NA	NA	NA	\$5,000	\$5,000	\$4,000	\$8,000
Out of Pocket MAX Individual	\$2,500	\$2,500	\$2,250	\$2,500	\$2,700	\$5,400	\$4,500	\$4,500	\$4,500	\$9,000
Out of Pocket MAX Family	\$5,000	\$5,000	\$4,500	\$5,000	\$5,400	\$10,800	\$9,000	\$9,000	\$9,000	\$18,000
	In-Network OOP incl. Deductibles, Coinsurance & Copays. Out-Network includes Coinsurance									

MONTHLY COST (PREMIUM + TAXES)

Subscriber	Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026	
Single	\$894.82		\$993.69		\$823.84		\$705.34		\$633.07	
2 Person	\$2,013.33		\$2,235.81		\$1,853.63		\$1,587.02		\$1,424.41	
Family	\$2,505.50		\$2,782.36		\$2,306.76		\$1,974.97		\$1,772.59	

MONTHLY EMPLOYEE PREMIUM SHARE = (TOTAL COST /12) - MONTHLY CAP AMOUNT PAID BY EMPLOYER

Subscriber	Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026	
Single	\$232.98		\$331.85		\$162.00		\$43.50		\$0.00	
2 Person	\$629.22		\$851.70		\$469.52		\$202.91		\$40.30	
Family	\$700.48		\$977.34		\$501.74		\$169.95		\$0.00	

PER PAY PERIOD EMPLOYEE PREMIUM SHARE = MONTHLY EMPLOYEE PREMIUM SHARE/2

Subscriber	Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026		Jan - Dec 2026	
Single	\$116.49		\$165.92		\$81.00		\$21.75		\$0.00	
2 Person	\$314.61		\$425.85		\$234.76		\$101.45		\$20.15	
Family	\$350.24		\$488.67		\$250.87		\$84.97		\$0.00	

2026 HEALTH PLAN OPTIONS WMHIP

ESPA - Single Subscriber Only

	ESPA - Single Subscriber Only									
	OPTION 1		OPTION 2		OPTION 3		OPTION 4		OPTION 5	
Group Name	WMHIP		WMHIP		WMHIP		WMHIP		WMHIP	
Network	BCBS		BCBS		BCBS		WMHIP BCBS		PRIORITY Health	
Plan Year	1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26		1/1/26 - 12/31/26	
Plan Name	VERSATILE (Enhanced 250 005)		SELECT (Enhanced 250 052)		H.S.A. FLEXIBLE BLUE 2 (Enhanced 036/037)		Simply Blue (Value 500 095)		H.S.A. Priority (2500 PH01)	
Type of Plan	PPO		PPO		PPO-HDHP		PPO		PPO HDHP	
PLAN BASICS	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net	IN-Net	Out-Net		
Individual Deductible	\$250	\$500	\$250	\$500	\$1,700	\$3,400	\$500	\$1,000	\$2,500	\$5,000
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$3,400	\$6,800	\$1,000	\$2,000	\$5,000	\$10,000
Coinsurance Level	90%	70%	100%	80%	100%	80%	80%	60%	100%	80%
Coinsurance MAX Individual	\$1,000	\$1,000	NA	NA	NA	NA	\$2,500	\$2,500	NA	NA
Coinsurance MAX Family	\$2,000	\$2,000	NA	NA	NA	NA	\$5,000	\$5,000	NA	NA
Out of Pocket MAX Individual	\$2,500	\$2,500	\$2,250	\$2,500	\$2,700	\$5,400	\$4,500	\$4,500	\$4,500	\$9,000
Out of Pocket MAX Family	\$5,000	\$5,000	\$4,500	\$5,000	\$5,400	\$10,800	\$9,000	\$9,000	\$9,000	\$18,000
In-Network OOP incl. Deductibles, Coinsurance & Copays. Out-Network includes Coinsurance										

MONTHLY COST (PREMIUM + TAXES)

Subscriber	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026
Single	\$894.82	\$993.69	\$823.84	\$705.34	\$633.07
2 Person	\$2,013.33	\$2,235.81	\$1,853.63	\$1,587.02	\$1,424.41
Family	\$2,505.50	\$2,782.36	\$2,306.76	\$1,974.97	\$1,772.59

MONTHLY EMPLOYEE PREMIUM SHARE = (TOTAL COST /12) - MONTHLY CAP AMOUNT PAID BY EMPLOYER

Subscriber	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026
Single	\$232.98	\$331.85	\$162.00	\$43.50	\$0.00
2 Person	\$1,351.49	\$1,573.97	\$1,191.79	\$925.18	\$762.57
Family	\$1,843.66	\$2,120.52	\$1,644.92	\$1,313.13	\$1,110.75

PER PAY PERIOD EMPLOYEE PREMIUM SHARE = MONTHLY EMPLOYEE PREMIUM SHARE/2

Subscriber	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026	Jan - Dec 2026
Single	\$116.49	\$165.92	\$81.00	\$21.75	\$0.00
2 Person	\$675.74	\$786.98	\$595.89	\$462.59	\$381.28
Family	\$921.83	\$1,060.26	\$822.46	\$656.56	\$555.37