## **2026 HEALTH PLAN OPTIONS WMHIP**

	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		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		
DI N	VERSATILE		SELECT		H.S.A. FLEXIBLE BLUE 2		Simply Blue		H.S.A. Priority		
Plan Name	(Enhanced 250 005)		(Enhanced 250 052)		(Enhanced 036/037		(Value 500 095)		(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 (PREMIU	M + TAXES)										
<u>Subscriber</u>	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											
<u>Subscriber</u>	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 PR	EMIUM SHARE =	MONTHLY EMP	PLOYEE PREMIL	JM SHARE/2							
<u>Subscriber</u>	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		