

2016-2017 Employee Benefit Insurance Premiums

For Period 1/1/2017 through 6/30/2017

Full Time Employees- Non-Bargaining, AFT, ESP, FOP

WMHIP Blue Cross PPO Select \$500/\$1000 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 690.93	\$ 162.20	\$ 81.10
Two Person	\$ 1,554.56	\$ 418.40	\$ 209.20
Family	\$ 1,934.59	\$ 520.68	\$ 260.34

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 631.98	\$ 103.24	\$ 51.62
Two Person	\$ 1,421.92	\$ 282.96	\$ 141.48
Family	\$ 1,769.52	\$ 352.12	\$ 176.06

New plan to consider as change to Versatile plan, to be consistent with MESSA Choices 1000/2000 plan

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 586.24	\$ 57.50	\$ 28.75
Two Person	\$ 1,319.01	\$ 172.74	\$ 86.37
Family	\$ 1,641.29	\$ 214.94	\$ 107.47

2017-2018 Employee Benefit Insurance Premiums

For Period 7/1/2017 through 12/31/2018* (18 month rates)

* employee share of premium will decrease based on hard cap changes effective 1/1/2018

Full Time Employees- Non-Bargaining, AFT, ESP, FOP

WMHIP Blue Cross PPO Select \$500/\$1000 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 748.28	\$ 219.55	\$ 109.77
Two Person	\$ 1,683.59	\$ 547.43	\$ 273.71
Family	\$ 2,095.16	\$ 681.25	\$ 340.63

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 684.43	\$ 155.69	\$ 77.85
Two Person	\$ 1,539.94	\$ 400.98	\$ 200.49
Family	\$ 1,916.39	\$ 498.99	\$ 249.50

WMHIP PPO Versatile \$1000/\$2000 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 601.13	\$ 72.39	\$ 36.20
Two Person	\$ 1,352.51	\$ 213.55	\$ 106.78
Family	\$ 1,682.98	\$ 265.58	\$ 132.79

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 634.90	\$ 106.16	\$ 53.08
Two Person	\$ 1,428.49	\$ 282.22	\$ 141.11
Family	\$ 1,777.52	\$ 351.17	\$ 175.58

Full Time Employees- MAHE, FMA

MESSA Choices II Coverage \$500/\$1,000 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 792.85	\$ 264.02	\$ 132.01
Two Person	\$ 1,781.99	\$ 642.86	\$ 321.43
Family	\$ 2,217.18	\$ 799.88	\$ 399.94

MESSA Choices II Coverage \$1,000/\$2,000 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 674.96	\$ 146.24	\$ 73.12
Two Person	\$ 1,516.74	\$ 377.84	\$ 188.92
Family	\$ 1,887.09	\$ 470.08	\$ 235.04

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 713.73	\$ 185.00	\$ 92.50
Two Person	\$ 1,603.97	\$ 465.06	\$ 232.53
Family	\$ 1,995.65	\$ 578.64	\$ 289.32

Full Time Employees- MAHE, FMA

MESSA Choices II Coverage \$500/\$1,000 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 852.00	\$ 323.17	\$ 161.58
Two Person	\$ 1,915.12	\$ 775.99	\$ 387.99
Family	\$ 2,382.87	\$ 965.57	\$ 482.78

MESSA Choices II Coverage \$1,000/\$2,000 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 725.28	\$ 196.56	\$ 98.28
Two Person	\$ 1,630.01	\$ 491.11	\$ 245.56
Family	\$ 2,028.08	\$ 611.07	\$ 305.54

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 760.82	\$ 232.09	\$ 116.05
Two Person	\$ 1,709.99	\$ 571.08	\$ 285.54
Family	\$ 2,127.60	\$ 710.59	\$ 355.30

ACA Part Time Employees (available to PT employees working 75% of FT workload)- MAHE & PTCTU

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 713.73	\$ 260.00	\$ 130.00
Two Person	\$ 1,603.97	\$ 1,150.24	\$ 575.12
Family	\$ 1,995.65	\$ 1,541.92	\$ 770.96

ACA Part Time Employees (available to PT employees working 75% of FT workload)- MAHE & PTCTU

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 760.82	\$ 335.92	\$ 167.96
Two Person	\$ 1,709.99	\$ 1,285.09	\$ 642.55
Family	\$ 2,127.60	\$ 1,702.70	\$ 851.35

ACA Part Time Employees (available to PT employees working 75% of FT workload)- Non-Bargaining & AFT

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 631.98	\$ 305.74	\$ 152.87
Two Person	\$ 1,421.92	\$ 1,095.68	\$ 547.84
Family	\$ 1,769.52	\$ 1,443.28	\$ 721.64

ACA Part Time Employees (available to PT employees working 75% of FT workload)- Non-Bargaining & AFT

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 684.43	\$ 259.53	\$ 129.77
Two Person	\$ 1,539.94	\$ 1,115.04	\$ 557.52
Family	\$ 1,916.39	\$ 1,491.49	\$ 745.75

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 586.24	\$ 260.00	\$ 130.00
Two Person	\$ 1,319.01	\$ 992.77	\$ 496.39
Family	\$ 1,641.29	\$ 1,315.05	\$ 657.53

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction
Single	\$ 634.90	\$ 210.00	\$ 105.00
Two Person	\$ 1,428.49	\$ 1,003.59	\$ 501.79
Family	\$ 1,777.52	\$ 1,352.62	\$ 676.31

Grandfathered Part Time Employees (eligible under previous healthcare agreement)- MAHE & PTCTU

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 713.73	\$ 335.37	\$ 378.36	\$ 189.18	\$ 713.73	\$ 356.86
Two Person	\$ 1,603.97	\$ 753.23	\$ 850.74	\$ 425.37	\$ 1,603.97	\$ 801.99
Family	\$ 1,995.65	\$ 938.53	\$ 1,057.12	\$ 528.56	\$ 1,995.65	\$ 997.82

Grandfathered Part Time Employees (eligible under previous healthcare agreement)- MAHE & PTCTU

MESSA ABC 1 Coverage \$1,300/\$2,600 Deductible

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 760.82	\$ 335.37	\$ 425.45	\$ 212.73	\$ 760.82	\$ 380.41
Two Person	\$ 1,709.99	\$ 753.23	\$ 956.76	\$ 478.38	\$ 1,709.99	\$ 855.00
Family	\$ 2,127.60	\$ 938.53	\$ 1,189.07	\$ 594.54	\$ 2,127.60	\$ 1,063.80

Grandfathered Part Time Employees (eligible under previous healthcare agreement)- Non-Bargaining & AFT

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 631.98	\$ 335.36	\$ 296.62	\$ 148.31	\$ 631.98	\$ 315.99
Two Person	\$ 1,421.92	\$ 753.24	\$ 668.68	\$ 334.34	\$ 1,421.92	\$ 710.96
Family	\$ 1,769.52	\$ 938.52	\$ 831.00	\$ 415.50	\$ 1,769.52	\$ 884.76

Grandfathered Part Time Employees (eligible under previous healthcare agreement)- Non-Bargaining & AFT

WMHIP PPO Versatile \$250/\$500 Deductible Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 684.43	\$ 335.37	\$ 349.07	\$ 174.53	\$ 684.43	\$ 342.22
Two Person	\$ 1,539.94	\$ 753.23	\$ 786.71	\$ 393.35	\$ 1,539.94	\$ 769.97
Family	\$ 1,916.39	\$ 938.53	\$ 977.86	\$ 488.93	\$ 1,916.39	\$ 958.20

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 586.24	\$ 335.36	\$ 250.88	\$ 125.44	\$ 586.24	\$ 293.12
Two Person	\$ 1,319.01	\$ 753.23	\$ 565.78	\$ 282.89	\$ 1,319.01	\$ 659.51
Family	\$ 1,641.29	\$ 938.53	\$ 702.76	\$ 351.38	\$ 1,641.29	\$ 820.65

WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (grandfathered with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (grandfathered without subsidy)	Without Subsidy Per Pay
Single	\$ 634.90	\$ 335.37	\$ 299.53	\$ 149.77	\$ 634.90	\$ 317.45
Two Person	\$ 1,428.49	\$ 753.23	\$ 675.26	\$ 337.63	\$ 1,428.49	\$ 714.24
Family	\$ 1,777.52	\$ 938.53	\$ 838.99	\$ 419.49	\$ 1,777.52	\$ 888.76