

**CORRECTED Attachment: Health Care Plan Illustrations – Rates through December 31, 2018**

**Current Plans Available - Full Time Employees**

<b>WMHIP Blue Cross PPO Select \$500/\$1000 Deductible Plan</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 748.28	\$ 219.55	\$ 109.77
Two Person	\$ 1,683.59	\$ 547.43	\$ 273.71
Family	\$ 2,095.16	\$ 681.25	\$ 340.63

<b>WMHIP PPO Versatile \$250/\$500 Deductible Plan w 90/10</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 684.43	\$ 155.69	\$ 77.85
Two Person	\$ 1,539.94	\$ 400.98	\$ 200.49
Family	\$ 1,916.39	\$ 498.99	\$ 249.50

<b>WMHIP Blue Cross Flexible Blue 1300/2600</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 634.90	\$ 106.16	\$ 53.08
Two Person	\$ 1,428.49	\$ 282.22	\$ 141.11
Family	\$ 1,777.52	\$ 351.17	\$ 175.58

**Additional Plan Alternative – Full Time Employees**

<b>WMHIP PPO Versatile \$1000/\$2000 Deductible Plan w 80/20 co-insurance</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 601.13	\$ 72.39	\$ 36.20
Two Person	\$ 1,352.51	\$ 213.55	\$ 106.78
Family	\$ 1,682.98	\$ 265.58	\$ 132.79

<b>WMHIP Blue Cross Flexible Blue 3,000/6,000 with 80/20 co-insurance</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 537.37	\$ 8.63	\$ 4.32
Two Person	\$ 1,209.04	\$ 62.77	\$ 31.39
Family	\$ 1,504.46	\$ 78.11	\$ 39.06

**Current Plans Available – Part Time Grandfathered Employees**

<b>WMHIP PPO Versatile \$250/\$500 Deductible Plan</b>						
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employer Share of Monthly Premium</b>	<b>Employee Share of Monthly Premium (grandfathered with subsidy)</b>	<b>With Subsidy Per Pay</b>	<b>Employee Share of Monthly Premium (grandfathered without subsidy)</b>	<b>Without Subsidy Per Pay</b>
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

<b>WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan 1300/2600</b>						
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employer Share of Monthly Premium</b>	<b>Employee Share of Monthly Premium (grandfathered with subsidy)</b>	<b>With Subsidy Per Pay</b>	<b>Employee Share of Monthly Premium (grandfathered without subsidy)</b>	<b>Without Subsidy Per Pay</b>
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

**Additional Plan Alternative – Part Time Grandfathered Employees**

<b>WMHIP Blue Cross Flexible Blue 2 High Deductible Health Plan 3000/6000</b>						
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employer Share of Monthly Premium</b>	<b>Employee Share of Monthly Premium (grandfathered with subsidy)</b>	<b>With Subsidy Per Pay</b>	<b>Employee Share of Monthly Premium (grandfathered without subsidy)</b>	<b>Without Subsidy Per Pay</b>
Single	\$537.37	\$ 335.37	\$202.00	\$ 101.00	\$537.37	\$ 268.69
Two Person	\$1,209.04	\$ 753.23	\$455.81	\$ 227.90	\$1,209.04	\$ 604.52
Family	\$1,504.46	\$ 938.53	\$565.93	\$ 282.97	\$1,504.46	\$ 752.23

Current Plans Available – Part Time ACA Employees

<b>WMHIP PPO Versatile \$250/\$500 Deductible Plan</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 684.43	\$ 209.43	\$ 104.72
Two Person	\$ 1,539.94	\$ 1,064.94	\$ 532.47
Family	\$ 1,916.39	\$ 1,441.39	\$ 720.70

<b>WMHIP Blue Cross Flexible Blue 1300/2600</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 634.90	\$ 159.90	\$ 79.95
Two Person	\$ 1,428.49	\$ 953.49	\$ 476.74
Family	\$ 1,777.52	\$ 1,302.52	\$ 651.26

Additional Plan Alternative – Part Time ACA Employees

<b>WMHIP Blue Cross Flexible Blue 3,000/6,000 with 80/20 co-insurance</b>			
<b>Coverage</b>	<b>Full Monthly Premium</b>	<b>Employee Share of Monthly Premium</b>	<b>Employee Per Pay Period Deduction</b>
Single	\$ 537.37	\$ 62.37	\$ 31.19
Two Person	\$ 1,209.04	\$ 734.04	\$ 367.02
Family	\$ 1,504.46	\$ 1,029.46	\$ 514.73