2021 Employee Benefit Insurance Premiums
January 1, 2021 - December 31, 2021

Full Time Employees

WMHIP PPO Select $500/$1000 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty
Single	$ 798.31	$ 211.32	$ 105.66	$ 586.99	$ 120.75	$ 335.42
Two Person	$ 1,796.15	$ 546.01	$ 273.00	$ 1,250.14	$ 312.01	$ 714.37
Family	$ 2,235.23	$ 679.47	$ 339.74	$ 1,555.76	$ 388.27	$ 889.01

WMHIP Versatile 3 PPO $250/$500 Deductible Plan with 90/10 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 730.19	$ 143.19	$ 71.60	$ 587.00	$ 81.82	$ 335.43
Two Person	$ 1,642.89	$ 376.77	$ 188.38	$ 1,266.12	$ 215.30	$ 723.50
Family	$ 2,044.51	$ 468.87	$ 234.44	$ 1,575.64	$ 267.93	$ 900.37

WMHIP Flexible Blue $1400/$2800 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 677.35	$ 90.36	$ 45.18	$ 586.99	$ 51.63	$ 335.42
Two Person	$ 1,523.99	$ 254.67	$ 127.34	$ 1,269.32	$ 145.53	$ 725.33
Family	$ 1,896.35	$ 316.89	$ 158.45	$ 1,579.46	$ 181.08	$ 902.55

WMHIP PPO Plan 3 $1000/$2000 Deductible Plan with 80/20 Coinsurance

2021 Employee Benefit Insurance Premiums
January 1, 2021 - December 31, 2021

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 641.32	$ 54.33	$ 27.16	$ 586.99	$ 31.05	$ 335.42
Two Person	$ 1,442.93	$ 184.39	$ 92.19	$ 1,258.54	$ 105.37	$ 719.17
Family	$ 1,795.49	$ 229.44	$ 114.72	$ 1,566.05	$ 131.11	$ 894.89

WMHIP Essential HDHP $3000/$6000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 573.30	$ -	$ -	$ 573.30	$ -	$ 327.60
Two Person	$ 1,289.87	$ 18.44	$ 9.22	$ 1,271.43	$ 10.54	$ 726.53
Family	$ 1,605.04	$ 22.94	$ 11.47	$ 1,582.10	$ 13.11	$ 904.06

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

WMHIP Versatile 3 PPO $250/$500 Deductible Plan with 90/10 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 730.19	$ 202.85	$ 101.42	$ 527.34
Two Person	$ 1,642.89	$ 1,115.55	$ 557.78	$ 527.34
Family	$ 2,044.51	$ 1,517.17	$ 758.59	$ 527.34

WMHIP Flexible Blue $1400/$2800 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 677.35	$ 150.01	$ 75.01	$ 527.34
Two Person	$ 1,523.99	$ 996.65	$ 498.33	$ 527.34

2021 Employee Benefit Insurance Premiums
January 1, 2021 - December 31, 2021

Family	$ 1,896.35	$ 1,369.01	$ 684.51	$ 527.34

WMHIP Essential HDHP $3000/$6000 Deductible Plan with 80/20 Coinsurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 573.30	$ 45.96	$ 22.98	$ 527.34
Two Person	$ 1,289.87	$ 762.53	$ 381.27	$ 527.34
Family	$ 1,605.04	$ 1,077.70	$ 538.85	$ 527.34

Grandfathered Part Time Employees (eligible under previous healthcare agreement)

WMHIP Versatile 3 PPO $250/$500 Deductible Plan with 90/10 Coinsurance

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	$ 730.19	$ 360.08	$ 370.11	$ 185.06	$ 730.19	$ 365.10
Two Person	$ 1,642.89	$ 808.73	$ 834.16	$ 417.08	$ 1,642.89	$ 821.45
Family	$ 2,044.51	$ 1,007.68	$ 1,036.83	$ 518.42	$ 2,044.51	$ 1,022.25

WMHIP Flexible Blue $1400/$2800 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	$ 677.35	$ 360.08	$ 317.27	$ 158.64	$ 677.35	$ 338.68
Two Person	$ 1,523.99	$ 808.73	$ 715.26	$ 357.63	$ 1,523.99	$ 761.99
Family	$ 1,896.35	$ 1,007.68	$ 888.67	$ 444.34	$ 1,896.35	$ 948.18

2021 Employee Benefit Insurance Premiums
January 1, 2021 - December 31, 2021

WMHIP Essential HDHP $3000/$6000 Deductible Plan with 80/20 Coinsurance

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	$ 573.30	$ 360.08	$ 213.22	$ 106.61	$ 573.30	$ 286.65
Two Person	$ 1,289.87	$ 808.73	$ 481.14	$ 240.57	$ 1,289.87	$ 644.93
Family	$ 1,605.04	$ 1,007.68	$ 597.36	$ 298.68	$ 1,605.04	$ 802.52

COBRA (Continuation) Coverage

Coverage	WMHIP PPO Select	WMHIP PPO Versatile	WMHIP FlexBlue	WMHIP PPO Plan 3	WMHIP Essential HDHP
Single	$ 814.27	$ 744.80	$ 690.90	$ 654.14	$ 584.76
Two Person	$ 1,832.07	$ 1,675.75	$ 1,554.47	$ 1,471.79	$ 1,315.67
Family	$ 2,279.94	$ 2,085.40	$ 1,934.28	$ 1,831.40	$ 1,637.14

2021 Employee Benefit Insurance Premiums
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Full Time Employees

Dental Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 39.47	$ -	$ -	$ 39.47	$ -	$ 22.55
Two Person	$ 89.09	$ -	$ -	$ 89.09	$ -	$ 50.91
Family	$ 106.93	$ -	$ -	$ 106.93	$ -	$ 61.10

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 46.30	$ 6.83	$ 3.41	$ 39.47	$ 3.90	$ 22.55
Two Person	$ 112.50	$ 23.41	$ 11.70	$ 89.09	$ 13.38	$ 50.91
Family	$ 139.06	$ 32.13	$ 16.06	$ 106.93	$ 18.36	$ 61.10

Vision Insurance

2021 Employee Benefit Insurance Premiums
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Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium	EE Per Pay Deduction - 22 Week Faculty	ER Per Pay Deduction - 22 Week Faculty2
Single	$ 4.57	$ -	$ -	$ 4.57	$ -	$ 2.61
Two Person	$ 8.67	$ -	$ -	$ 8.67	$ -	$ 4.95
Family	$ 12.74	$ -	$ -	$ 12.74	$ -	$ 7.28

Part Time Employees (Non-Probationary/Continuing Contract Status Only)

Dental Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	$ 67.30	$ 67.30	$ 33.65	$ -

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	$ 74.13	$ 74.13	$ 37.06	$ -

Vision Insurance

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	$ 4.57	$ 4.57	$ 2.28	$ -

COBRA (Continuation) Coverage

COBRA (Continuation) Coverage

Full Time Employees

Coverage	Dental Basic Plan	Dental Premium Plan	Vision
Single	$ 40.26	$ 47.23	$ 4.66
Two Person	$ 90.87	$ 114.75	$ 8.84
Family	$ 109.07	$ 141.84	$ 12.99

Part Time Employees

Coverage	Dental Basic Plan	Dental Premium Plan	Vision
Employee Only	$ 68.65	$ 75.61	$ 4.66