2024 Employee Health Insurance Premiums
January 1, 2024 - December 31, 2024

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
Single	$ 889.60	$ 247.70	$ 123.85	$ 641.90
Two Person	$ 2,001.55	$ 634.46	$ 317.23	$ 1,367.09
Family	$ 2,490.85	$ 789.55	$ 394.78	$ 1,701.30

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	$ 813.69	$ 171.78	$ 85.89	$ 641.91
Two Person	$ 1,830.77	$ 446.20	$ 223.10	$ 1,384.57
Family	$ 2,278.32	$ 555.28	$ 277.64	$ 1,723.04

WMHIP Flexible Blue $1600/$3200 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 754.81	$ 112.91	$ 56.46	$ 641.90
Two Person	$ 1,698.28	$ 310.22	$ 155.11	$ 1,388.06
Family	$ 2,113.22	$ 386.00	$ 193.00	$ 1,727.22

WMHIP PPO Plan 3 $1000/$2000 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	$ 714.66	$ 72.76	$ 36.38	$ 641.90
Two Person	$ 1,607.95	$ 231.66	$ 115.83	$ 1,376.29
Family	$ 2,000.83	$ 288.27	$ 144.14	$ 1,712.56

2024 Employee Health Insurance Premiums
January 1, 2024 - December 31, 2024

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	$ 638.86	$ -	$ -	$ 638.86
Two Person	$ 1,437.38	$ 51.32	$ 25.66	$ 1,386.06
Family	$ 1,788.59	$ 63.86	$ 31.93	$ 1,724.73

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	$ 813.69	$ 237.01	$ 118.51	$ 576.68
Two Person	$ 1,830.77	$ 1,254.09	$ 627.05	$ 576.68
Family	$ 2,278.32	$ 1,701.64	$ 850.82	$ 576.68

WMHIP Flexible Blue $1600/$3200 Deductible Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 754.81	$ 178.13	$ 89.07	$ 576.68
Two Person	$ 1,698.28	$ 1,121.60	$ 560.80	$ 576.68
Family	$ 2,113.22	$ 1,536.54	$ 768.27	$ 576.68

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	$ 638.86	$ 62.18	$ 31.09	$ 576.68

2024 Employee Health Insurance Premiums
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Two Person	$ 1,437.38	$ 860.70	$ 430.35	$ 576.68
Family	$ 1,788.59	$ 1,211.91	$ 605.96	$ 576.68

Legacy 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 (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	$ 813.69	$ 393.76	$ 419.93	$ 209.97	$ 813.69	$ 406.85
Two Person	$ 1,830.77	$ 884.38	$ 946.39	$ 473.20	$ 1,830.77	$ 915.39
Family	$ 2,278.32	$ 1,101.94	$ 1,176.38	$ 588.19	$ 2,278.32	$ 1,139.16

WMHIP Flexible Blue $1600/$3200 Deductible Plan

Coverage	Full Monthly Premium	Employer Share of Monthly Premium	Employee Share of Monthly Premium (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	$ 754.81	$ 393.76	$ 361.05	$ 180.53	$ 754.81	$ 377.41
Two Person	$ 1,698.28	$ 884.38	$ 813.90	$ 406.95	$ 1,698.28	$ 849.14
Family	$ 2,113.22	$ 1,101.94	$ 1,011.28	$ 505.64	$ 2,113.22	$ 1,056.61

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 (legacy with subsidy)	With Subsidy Per Pay	Employee Share of Monthly Premium (legacy without subsidy)	Without Subsidy Per Pay
Single	$ 638.86	$ 393.76	$ 245.10	$ 122.55	$ 638.86	$ 319.43

2024 Employee Health Insurance Premiums
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Two Person	$	1,437.38	$	884.38	$	553.00	$	276.50	$	1,437.38	$	718.69
Family	$	1,788.59	$	1,101.94	$	686.65	$	343.33	$	1,788.59	$	894.30

COBRA (Continuation) Coverage

Coverage	WMHIP PPO Select		WMHIP PPO Versatile		WMHIP Flexible Blue		WMHIP PPO Plan 3		WMHIP Essential HDHP	
Single	$	907.39	$	829.96	$	769.91	$	728.95	$	651.64
Two Person	$	2,041.58	$	1,867.39	$	1,732.25	$	1,640.11	$	1,466.13
Family	$	2,540.67	$	2,323.89	$	2,155.48	$	2,040.85	$	1,824.36

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
Single	$ 37.90	$ -	$ -	$ 37.90
Two Person	$ 85.52	$ -	$ -	$ 85.52
Family	$ 102.64	$ -	$ -	$ 102.64

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 50.49	$ 12.59	$ 6.30	$ 37.90
Two Person	$ 113.94	$ 28.42	$ 14.21	$ 85.52
Family	$ 136.75	$ 34.11	$ 17.06	$ 102.64

Vision Insurance

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 4.30	$ -	$ -	$ 4.30
Two Person	$ 8.15	$ -	$ -	$ 8.15
Family	$ 11.72	$ -	$ -	$ 11.72

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Single	$ 9.73	$ 5.43	$ 2.72	$ 4.30
Two Person	$ 18.45	$ 10.30	$ 5.15	$ 8.15
Family	$ 27.12	$ 15.40	$ 7.70	$ 11.72

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

Basic Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	$ 4.30	$ 4.30	$ 2.15	$ -

Premium Plan

Coverage	Full Monthly Premium	Employee Share of Monthly Premium	Employee Per Pay Period Deduction	Employer Share of Monthly Premium
Employee Only	$ 9.73	$ 9.73	$ 4.87	$ -

COBRA (Continuation) Coverage

Full Time Employees

Coverage	Dental Basic Plan	Dental Premium Plan	Vision Basic Plan	Vision Premium Plan
Single	$ 38.66	$ 51.50	$ 4.39	$ 9.92
Two Person	$ 87.23	$ 116.22	$ 8.31	$ 18.82
Family	$ 104.69	$ 139.49	$ 11.95	$ 27.66

Part Time Employees

Coverage	Dental Basic Plan	Dental Premium Plan	Vision Basic Plan	Vision Premium Plan
Employee Only	$ 68.65	$ 75.61	$ 4.39	$ 9.92