

## 2027 LCC BCBS Medical Insurance Plans

| 2027 Medical Plans                           | WMHIP BCBS PPO<br>VERSATILE 3         | WMHIP BCBS PPO<br>SELECT               | WMHIP PPO Plan 3            | WMHIP Flexible Blue<br>HDHP            | WMHIP Essential<br>HDHP               |
|----------------------------------------------|---------------------------------------|----------------------------------------|-----------------------------|----------------------------------------|---------------------------------------|
| Pool Reference                               | Enhanced 250 005                      | Enhanced 500 016                       | Enhanced 1000 029           | Enhanced HSA 036/037                   | Value HSA 059/060                     |
| <b>Plan Highlights</b>                       | <b>In-Network</b>                     | <b>In-Network</b>                      | <b>In-Network</b>           | <b>In-Network</b>                      | <b>In-Network</b>                     |
| Individual Deductible                        | \$250                                 | \$500                                  | \$1,000                     | \$1,750                                | \$3,000                               |
| Family Deductible                            | \$500                                 | \$1,000                                | \$2,000                     | \$3,500                                | \$6,000                               |
| Deductible                                   | Embedded                              | Embedded                               | Embedded                    | Aggregate                              | Aggregate                             |
| Coinsurance (Insurance Pays)                 | 90%                                   | 100%                                   | 80%                         | 100%                                   | 80%                                   |
| Individual Coinsurance Max                   | \$1,000                               | N/A                                    | \$2,500                     | N/A                                    | \$1,000                               |
| Family Coinsurance Max                       | \$2,000                               | N/A                                    | \$5,000                     | N/A                                    | \$2,000                               |
| Individual Out of Pocket Max                 | \$2,500                               | \$2,500                                | \$4,500                     | \$2,700                                | \$4,000                               |
| Family Out of Pocket Max                     | \$5,000                               | \$5,000                                | \$9,000                     | \$5,400                                | \$8,000                               |
| Individual Deductible                        | \$250                                 | \$500                                  | \$1,000                     | \$1,700                                | \$3,000                               |
| <b>Covered Benefits</b>                      | <b>In-Network</b>                     | <b>In-Network</b>                      | <b>In-Network</b>           | <b>In-Network</b>                      | <b>In-Network</b>                     |
| Preventative Care                            | 100%                                  | 100%                                   | 100%                        | 100%                                   | 100%                                  |
| Online Visit                                 | \$20 copay                            | \$5 copay                              | \$20 copay                  | 100% after deductible                  | 80% after deductible                  |
| Online Mental Health Visit                   | \$20 copay                            | \$5 copay                              | \$20 copay                  | 100% after deductible                  | 80% after deductible                  |
| Primary Care Physician Office Visit          | \$20 copay                            | \$5 copay                              | \$20 copay                  | 100% after deductible                  | 80% after deductible                  |
| Specialist Office Visit                      | \$20 copay                            | \$5 copay                              | \$20 copay                  | 100% after deductible                  | 80% after deductible                  |
| Urgent Care Visit                            | 90% after deductible                  | 100% after deductible                  | 80% after deductible        | 100% after deductible                  | 80% after deductible                  |
| Emergency Room                               | \$50 copay, 90% after deductible      | \$50 copay                             | \$50 copay                  | 100% after deductible                  | 80% after deductible                  |
| Chiropractic                                 | 90% after deductible, limit 24 visits | 100%, limit 24 visits                  | \$20 copay, limit 24 visits | 100% after deductible, limit 24 visits | 80% after deductible, limit 12 visits |
| <b>Prescription Drugs</b>                    | <b>In-Network</b>                     | <b>In-Network</b>                      | <b>In-Network</b>           | <b>In-Network</b>                      | <b>In-Network</b>                     |
| Generic                                      | \$10 copay                            | \$10 copay                             | \$10 copay                  | \$10 copay after deductible            | \$10 copay after deductible           |
| Preferred Brand/ Preferred Specialty         | \$40 copay                            | \$40 copay                             | \$40 copay                  | \$40 copay after deductible            | \$40 copay after deductible           |
| Non-Preferred Brand/ Non-Preferred Specialty | \$40 copay                            | \$40 copay                             | \$40 copay                  | \$40 copay after deductible            | \$80 copay after deductible           |
| Mandatory Mail                               | N                                     | N                                      | N                           | N                                      | N                                     |
| Mail Order Prescriptions (90 Days)           | 2x                                    | 2x                                     | 1x                          | 2x                                     | 2x                                    |
| <b>Other</b>                                 | <b>In-Network</b>                     | <b>In-Network</b>                      | <b>In-Network</b>           | <b>In-Network</b>                      | <b>In-Network</b>                     |
| Private Duty Nursing                         | 90% after deductible                  | 90% after deductible                   | 50% after deductible        | 80% after deductible                   | 80% after deductible                  |
| Wisdom Tooth Extractions                     | 90% after deductible                  | 100% after deductible                  | Not covered                 | 100% after deductible                  | Not Covered                           |
| Massage Therapy Benefit                      | 90% after deductible, limit 24 visits | 100% after deductible, limit 24 visits | Not covered                 | Not Covered                            | Not Covered                           |

## Full-Time Employees

| 2027 Medical Plans                                | WMHIP BCBS PPO<br>VERSATILE 3 | WMHIP BCBS PPO<br>SELECT | WMHIP PPO Plan 3 | WMHIP Flexible Blue<br>HDHP | WMHIP Essential<br>HDHP |
|---------------------------------------------------|-------------------------------|--------------------------|------------------|-----------------------------|-------------------------|
| <b>Full Monthly Premium</b>                       |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$1128.05                     | \$1,233.28               | \$990.76         | \$1,046.42                  | \$885.67                |
| <i>2-Person</i>                                   | \$2,538.07                    | \$2,774.83               | \$2,229.15       | \$2,354.38                  | \$1,992.69              |
| <i>Family</i>                                     | \$3,158.52                    | \$3,453.16               | \$2,773.83       | \$2,929.63                  | \$2,479.59              |
| <b>Employee Monthly Premium</b>                   |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$446.35                      | \$551.58                 | \$309.06         | \$364.72                    | \$203.97                |
| <i>2-Person</i>                                   | \$1,112.43                    | \$1,349.19               | \$803.51         | \$928.74                    | \$567.05                |
| <i>Family</i>                                     | \$1,299.34                    | \$1,593.98               | \$914.65         | \$1,040.45                  | \$620.41                |
| <b>2027 Employee Per Pay<br/>Amount (24 Pays)</b> |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | <b>\$223.18</b>               | <b>\$275.79</b>          | <b>\$154.53</b>  | <b>\$182.36</b>             | <b>\$101.99</b>         |
| <i>2-Person</i>                                   | <b>\$556.22</b>               | <b>\$674.60</b>          | <b>\$401.76</b>  | <b>\$464.37</b>             | <b>\$283.53</b>         |
| <i>Family</i>                                     | <b>\$649.67</b>               | <b>\$796.99</b>          | <b>\$457.33</b>  | <b>\$535.23</b>             | <b>\$310.21</b>         |

## ACA Part-Time Employees

| 2027 Medical Plans                                | WMHIP BCBS PPO<br>VERSATILE 3 | WMHIP BCBS PPO<br>SELECT | WMHIP PPO Plan 3 | WMHIP Flexible Blue<br>HDHP | WMHIP Essential<br>HDHP |
|---------------------------------------------------|-------------------------------|--------------------------|------------------|-----------------------------|-------------------------|
| <b>Full Monthly Premium</b>                       |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$1,128.05                    |                          |                  | \$1,046.42                  | \$885.67                |
| <i>2-Person</i>                                   | \$2,538.07                    |                          |                  | \$2,354.38                  | \$1,992.69              |
| <i>Family</i>                                     | \$3,158.52                    |                          |                  | \$2,929.63                  | \$2,479.59              |
| <b>Employee Monthly Premium</b>                   |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$515.62                      |                          |                  | \$433.99                    | \$273.24                |
| <i>2-Person</i>                                   | \$1,925.64                    |                          |                  | \$1,741.95                  | \$1,380.26              |
| <i>Family</i>                                     | \$2,546.09                    |                          |                  | \$2,317.20                  | \$1,867.16              |
| <b>2027 Employee Per Pay<br/>Amount (24 Pays)</b> |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | <b>\$257.81</b>               |                          |                  | <b>\$217.00</b>             | <b>\$136.62</b>         |
| <i>2-Person</i>                                   | <b>\$962.82</b>               |                          |                  | <b>\$870.98</b>             | <b>\$690.13</b>         |
| <i>Family</i>                                     | <b>\$1,273.05</b>             |                          |                  | <b>\$1,158.60</b>           | <b>\$933.58</b>         |

## Legacy Part-Time Employees with Subsidy (eligible under previous healthcare agreement)

| 2027 Medical Plans                                | WMHIP BCBS PPO<br>VERSATILE 3 | WMHIP BCBS PPO<br>SELECT | WMHIP PPO Plan 3 | WMHIP Flexible Blue<br>HDHP | WMHIP Essential<br>HDHP |
|---------------------------------------------------|-------------------------------|--------------------------|------------------|-----------------------------|-------------------------|
| <b>Full Monthly Premium</b>                       |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$1,128.05                    |                          |                  | \$1,046.42                  | \$885.67                |
| <i>2-Person</i>                                   | \$2,538.07                    |                          |                  | \$2,354.38                  | \$1,992.69              |
| <i>Family</i>                                     | \$3,158.52                    |                          |                  | \$2,929.63                  | \$2,479.59              |
| <b>Employee Monthly Premium</b>                   |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | \$708.88                      |                          |                  | \$627.25                    | \$466.50                |
| <i>2-Person</i>                                   | \$1,596.62                    |                          |                  | \$1,412.93                  | \$1,051.24              |
| <i>Family</i>                                     | \$1,985.47                    |                          |                  | \$1,756.58                  | \$1,306.54              |
| <b>2027 Employee Per Pay<br/>Amount (24 Pays)</b> |                               |                          |                  |                             |                         |
| <i>Single</i>                                     | <b>\$354.44</b>               |                          |                  | <b>\$313.63</b>             | <b>\$233.25</b>         |
| <i>2-Person</i>                                   | <b>\$798.31</b>               |                          |                  | <b>\$706.46</b>             | <b>\$525.62</b>         |
| <i>Family</i>                                     | <b>\$992.73</b>               |                          |                  | <b>\$878.29</b>             | <b>\$653.27</b>         |

## Legacy Part-Time Employees without Subsidy (eligible under previous healthcare agreement)

| 2027 Medical Plans                                | WMHIP BCBS<br>VERSATILE 3 | WMHIP BCBS PPO<br>SELECT | WMHIP PPO Plan 3 | WMHIP Flexible Blue | WMHIP Essential<br>HDHP |
|---------------------------------------------------|---------------------------|--------------------------|------------------|---------------------|-------------------------|
| <b>Full Monthly Premium</b>                       |                           |                          |                  |                     |                         |
| <i>Single</i>                                     | \$1,128.05                |                          |                  | \$1,046.42          | \$885.67                |
| <i>2-Person</i>                                   | \$2,538.07                |                          |                  | \$2,354.38          | \$1,992.69              |
| <i>Family</i>                                     | \$3,158.52                |                          |                  | \$2,929.63          | \$2,479.59              |
| <b>Employee Monthly Premium</b>                   |                           |                          |                  |                     |                         |
| <i>Single</i>                                     | \$1,128.05                |                          |                  | \$1,046.42          | \$885.67                |
| <i>2-Person</i>                                   | \$2,538.07                |                          |                  | \$2,354.38          | \$1,992.69              |
| <i>Family</i>                                     | \$3,158.52                |                          |                  | \$2,929.63          | \$2,479.59              |
| <b>2027 Employee Per Pay<br/>Amount (24 Pays)</b> |                           |                          |                  |                     |                         |
| <i>Single</i>                                     | \$564.03                  |                          |                  | \$523.21            | \$442.84                |
| <i>2-Person</i>                                   | \$1,269.04                |                          |                  | \$1,177.19          | \$996.35                |
| <i>Family</i>                                     | \$1,579.26                |                          |                  | \$1,464.82          | \$1,239.80              |