2027 HEALTH INSURANCE OPTIONS AND RATES

Grand Rapids Public Schools Paraprofessional Association (GRPSPA)

Carrier: West Michigan Health Insurance Pool (WMHIP)
Waiting period: 1st of the Month Following Date of Hire

- Rates are for full-time (1.0 FTE - 30 hours per week) employees. The district pays a fixed amount (a hard cap) based on coverage level.
- If you waive health insurance, you may elect cash in lieu of $2,750 per year ($130.95 per paycheck over 21 pay periods).
- Employees under 1.0 FTE (but at least 0.5 FTE -15 hrs/wk) may elect prorated cash in lieu or medical (hardcap is prorated). You pay the rest of the plan's premium.
- Below 0.5 FTE does not qualify.

The District provides Dental through ADN Dental, Vision through EyeMed, Life insurance and Long-Term Disability through Unum for you and your covered dependents *at no cost to you* . This is available to you even if you select cash in lieu of health benefits.

Option A - CASH IN LIEU — Includes ADN Dental and EyeMed Vision

Annual Benefit	Per 21 Pays
$2,750.00	**$130.95**

(NEW) OPTION B - WMHIP BCBSM Value 500 114 Plan

$500/$1,000 Deductible — **10% Coinsurance, Rx $20/$40/$80**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	**$882.02**	**$10,584.24**	**$8,180.35**	**$681.70**	**$2,403.89**	**$200.32**	**$126.52**
Two-Person Coverage	**$2,116.74**	**$25,400.88**	**$17,107.66**	**$1425.64**	**$8,293.22**	**$691.10**	**$436.49**
Three or More Coverage	**$2,645.98**	**$31,751.76**	**$22,310.11**	**$1859.18**	**$9,441.65**	**$786.80**	**$496.93**

(NEW) OPTION C - WMHIP BCBSM Value 1000 104 Plan

$1,000/$2,000 Deductible — **20% Coinsurance, RX $20/$40/$80**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	**$861.00**	**$10,332.00**	**$8,180.35**	**$681.70**	**$2,151.65**	**$179.30**	**$113.24**
Two-Person Coverage	**$1,937.24**	**$23,246.88**	**$17,107.66**	**$1425.64**	**$6,139.22**	**$511.60**	**$323.12**
Three or More Coverage	**$2,410.79**	**$28,929.48**	**$22,310.11**	**$1859.18**	**$6,619.37**	**$551.61**	**$348.39**

OPTION D - WMHIP BCBSM Enhanced HSA Level 036/037

$1,750/$3,500 Deductible — **0% Coinsurance, RX $10/$40 after deductible**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$894.94	$10,739.28	$8,180.35	$681.70	$2558.93	$213.24	$134.68
Two-Person Coverage	$2147.74	$25,772.88	$17,107.66	$1425.64	$8,665.22	$722.10	$456.06
Three or More Coverage	$2684.74	$32,216.88	$22,310.11	$1859.18	$9,906.77	$825.56	$521.41

OPTION E - WMHIP Value HSA 2000 102/103

$2,000/$4,000 Deductible — **20% Coinsurance, RX $20/$40/$80 after deductible**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage *	$679.33	$8,151.96	$8,180.35	$679.33	$0.00	$0.00	$0.00
Two-Person Coverage	$1630.32	$19,563.84	$17,107.66	$1425.64	$2456.18	$204.68	$129.27
Three or More Coverage	$2037.93	$24,455.16	$22,310.11	$1859.18	$2145.05	$178.75	$112.90

** Employees with Single coverage will receive the difference between the Hardcap and the Annual Premium ($28.39) deposited into their HSA account*

OPTION F - WMHIP Priority Health HSA PH01

$2,500/$5,000 Deductible — **0% Coinsurance, RX after deductible $10/20%/20%**

Coverage Level	WMHIP Monthly Rate	Annual Rate	2027 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthy Cost	Per 19 Pays Deduction
Single Coverage	$698.82	$8,385.84	$8,180.35	$681.70	$205.49	$17.12	$10.82
Two-Person Coverage	$1572.32	$18,867.84	$17,107.66	$1425.64	$1760.18	$146.68	$92.64
Three or More Coverage	$1956.68	$23,480.16	$22,310.11	$1859.18	$1170.05	$97.50	$61.58

The deductible, coinsurance, and prescription drug information shown on this rate sheet is provided for comparison purposes only and does not represent all plan provisions. This summary is not comprehensive. Employees should review the full Benefits Guidebook and plan documents for complete details, including eligibility, covered services, limitations, exclusions, and other plan terms.