

2025 GRPS Health Insurance Rates  
Professional, Administrative, and Technical

**Deductions are Based on Full Time (1.0 FTE) Employees**

Less than 1.0 FTE (40 hrs. wk), but at least .5 FTE (20 hrs. wk.) will be prorated for CIL or Medical. Below .5 FTE doesn't qualify

Employment Group	Full Name	Group Code	Insurance	Waiting Period	Cash in Lieu
Professional, Administrative, Technical		EE,PA,PS, TE	WMHIP	Immediate	\$2,750

**Option A - WMHIP Simply Blue PPO \$250/\$500 ded**

10% Coinsurance Rx \$10/\$40/\$80 retail

Coverage Level	Monthly Rate	Annual Rate	Hard Cap	Monthly Employer Cost	Employee Annual Cost	Employee Monthly Cost	Per 26 Pays Deduction
Single Coverage	\$738.04	\$8,856.48	\$7,718.26	\$643.19	\$1,138.22	\$94.85	\$43.78
Two-Person Coverage	\$1,771.22	\$21,254.64	\$16,141.28	\$1,345.11	\$5,113.36	\$426.11	\$196.67
Three or More Coverage	\$2,214.10	\$26,569.20	\$21,049.85	\$1,754.15	\$5,519.35	\$459.95	\$212.28

**Option B - CASH IN LIEU Includes ADN Dental/EyeMed Vision, 2x annual salary (max \$200k) Life Ins**

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

**Option C - WMHIP Simply Blue PPO \$500/\$1000 ded**

10% Coinsurance Rx \$20/\$40/\$80 retail

Coverage Level	Monthly Rate	Annual Rate	Hard Cap	Monthly Employer Cost	Employee Annual Cost	Employee Monthly Cost	Per 26 Pays Deduction
Single Coverage	\$704.94	\$8,459.28	\$7,718.26	\$643.19	\$741.02	\$61.75	\$28.50
Two-Person Coverage	\$1,691.78	\$20,301.36	\$16,141.28	\$1,345.11	\$4,160.08	\$346.67	\$160.00
Three or More Coverage	\$2,114.77	\$25,377.24	\$21,049.85	\$1,754.15	\$4,327.39	\$360.62	\$166.44

**Option D - WMHIP Simply Blue w/ HSA \$1650/\$3300 ded**

0% Coinsurance Rx after deductible \$10/\$40/\$80

Coverage Level	Monthly Rate	Annual Rate	Hard Cap	Monthly Employer Cost	Employee Annual Cost	Employee Monthly Cost	Per 26 Pays Deduction
Single Coverage	\$679.49	\$8,153.88	\$7,718.26	\$643.19	\$435.62	\$36.30	\$16.75
Two-Person Coverage	\$1,630.75	\$19,569.00	\$16,141.28	\$1,345.11	\$3,427.72	\$285.64	\$131.84
Three or More Coverage	\$2,038.45	\$24,461.40	\$21,049.85	\$1,754.15	\$3,411.55	\$284.30	\$131.21

**Option E - WMHIP Simply Blue w/ HSA \$2000/\$4000 ded**

20% Coinsurance Rx after deductible \$20/\$40/\$80

2025 GRPS Health Insurance Rates  
Professional, Administrative, and Technical

Coverage Level	Monthly Rate	Annual Rate	Hard Cap	Monthly Employer Cost	Employee Annual Cost	Employee Monthly Cost	Per 26 Pays Deduction
Single Coverage	\$542.95	\$6,515.40	\$7,718.26	\$542.95	\$0.00	\$0.00	\$0.00
Two-Person Coverage	\$1,303.01	\$15,636.12	\$16,141.28	\$1,303.01	\$0.00	\$0.00	\$0.00
Three or More Coverage	\$1,628.79	\$19,545.48	\$21,049.85	\$1,628.79	\$0.00	\$0.00	\$0.00