

2025 GRPS Health Insurance Rates
Paraprofessionals

Deductions are Based on Full Time (1.0 FTE) Employees

Less than 1.0 FTE (30 hrs. wk), but at least .5 FTE (15 hrs. wk.) will be prorated for CIL or Medical. Below .5 FTE doesn't qualify

Collective Bargaining Unit	Full Name	Group Code	Insurance	Waiting Period	Cash in Lieu		
Paraprofessionals	Grand Rapids Public Schools Paraprofessional Association	IA	WMHIP	90 days	\$2,750		
Option A - WMHIP Community Blue PPO \$250/\$500 ded							
10% Coinsurance	RX \$7/\$35/\$70 retail						
Coverage Level	WMHIP Monthly Rate	Annual Rate	2025 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	Per 19 Pays Deduction
Single Coverage	\$841.33	\$10,095.96	\$7,718.26	\$643.19	\$2,377.70	\$198.14	\$125.14
Two-Person Coverage	\$2,019.11	\$24,229.32	\$16,141.28	\$1,345.11	\$8,088.04	\$674.00	\$425.69
Three or More Coverage	\$2,523.94	\$30,287.28	\$21,049.85	\$1,754.15	\$9,237.43	\$769.79	\$486.18

Option B - CASH IN LIEU	Includes ADN Dental/EyeMed Vision/\$50,000 Life Insurance						
Annual Benefit	Per 21 Pays						
\$2,750.00	\$130.95						

Option C - WMHIP Community Blue PPO \$250/\$500 ded							
10% Coinsurance	RX \$10/\$40/\$80 retail						
Coverage Level	WMHIP Monthly Rate	Annual Rate	2025 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	Per 19 Pays Deduction
Single Coverage	\$808.92	\$9,707.04	\$7,718.26	\$643.19	\$1,988.78	\$165.73	\$104.67
Two-Person Coverage	\$1,941.36	\$23,296.32	\$16,141.28	\$1,345.11	\$7,155.04	\$596.25	\$376.58
Three or More Coverage	\$2,426.77	\$29,121.24	\$21,049.85	\$1,754.15	\$8,071.39	\$672.62	\$424.81

2025 GRPS Health Insurance Rates
Paraprofessionals

Option D - WMHIP Community Blue w. H.S.A. \$1650/\$3300 ded

0% Coinsurance RX \$10/\$40 after deductible

Coverage Level	WMHIP Monthly Rate	Annual Rate	2025 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	Per 19 Pays Deduction
Single Coverage	\$715.27	\$8,583.24	\$7,718.26	\$643.19	\$864.98	\$72.08	\$45.53
Two-Person Coverage	\$1,716.56	\$20,598.72	\$16,141.28	\$1,345.11	\$4,457.44	\$371.45	\$234.60
Three or More Coverage	\$2,145.74	\$25,748.88	\$21,049.85	\$1,754.15	\$4,699.03	\$391.59	\$247.32

Option E - WMHIP Simply Blue w. H.S.A. \$2000/\$4000 ded

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

Coverage Level	WMHIP Monthly Rate	Annual Rate	2025 Hard Cap	Employer Monthly Cost	Employee Annual Cost	Employee Monthly Cost	Per 19 Pays Deduction	Employer Annual HSA Amount
Single Coverage	\$542.95	\$6,515.40	\$7,718.26	\$542.95	\$0.00	\$0.00	\$0.00	\$1,202.86
Two-Person Coverage	\$1,303.01	\$15,636.12	\$16,141.28	\$1,303.01	\$0.00	\$0.00	\$0.00	\$505.16
Three or More Coverage	\$1,628.79	\$19,545.48	\$21,049.85	\$1,628.79	\$0.00	\$0.00	\$0.00	\$1,504.37