

2025 GRPS Health Insurance Rates

Support Non-Exempt

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
Support Non-Exempt		SN	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 20 Pays Deduction
Single Coverage	\$738.04	\$8,856.48	\$7,718.26	\$643.19	\$1,138.22	\$94.85	\$56.91
Two-Person Coverage	\$1,771.22	\$21,254.64	\$16,141.28	\$1,345.11	\$5,113.36	\$426.11	\$255.67
Three or More Coverage	\$2,214.10	\$26,569.20	\$21,049.85	\$1,754.15	\$5,519.35	\$459.95	\$275.97

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 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 20 Pays Deduction
Single Coverage	\$704.94	\$8,459.28	\$7,718.26	\$643.19	\$741.02	\$61.75	\$37.05
Two-Person Coverage	\$1,691.78	\$20,301.36	\$16,141.28	\$1,345.11	\$4,160.08	\$346.67	\$208.00
Three or More Coverage	\$2,114.77	\$25,377.24	\$21,049.85	\$1,754.15	\$4,327.39	\$360.62	\$216.37

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 20 Pays Deduction
Single Coverage	\$679.49	\$8,153.88	\$7,718.26	\$643.19	\$435.62	\$36.30	\$21.78
Two-Person Coverage	\$1,630.75	\$19,569.00	\$16,141.28	\$1,345.11	\$3,427.72	\$285.64	\$171.39
Three or More Coverage	\$2,038.45	\$24,461.40	\$21,049.85	\$1,754.15	\$3,411.55	\$284.30	\$170.58

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

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

2025 GRPS Health Insurance Rates
Support Non-Exempt

Coverage Level	Monthly Rate	Annual Rate	Hard Cap	Monthly Employer Cost	Employee Annual Cost	Employee Monthly Cost	Per 20 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