

BCBSM (WMHIP) Healthcare Cost Sharing Rates
All Employee Groups
January 1, 2025 - December 31, 2025

Enhanced 250	Monthly	Annual	Hard	Difference of	Deduction
\$250/\$500	Premium	Premium	Cap	Prem. and Hard Cap	Per Pay
\$20/\$25/\$50 (OV/UC/ER)			2025	Paid by Employee	24 Deductions
Prescription \$10/\$40					
Single	\$984.03	\$11,808.36	\$7,718.26	\$4,090.10	\$170.42
Emp + 1	\$2,214.01	\$26,568.12	\$16,141.28	\$10,426.84	\$434.45
Family	\$2,755.20	\$33,062.40	\$21,049.85	\$12,012.55	\$500.52
Enhanced 500					
\$500/\$1,000					
\$20/\$25/\$50 (OV/UC/ER)					
Prescription \$10/\$40					
Single	\$956.25	\$11,475.00	\$7,718.26	\$3,756.74	\$156.53
Emp + 1	\$2,151.49	\$25,817.88	\$16,141.28	\$9,676.60	\$403.19
Family	\$2,677.41	\$32,128.92	\$21,049.85	\$11,079.07	\$461.63
Enhanced HSA					
\$1,650/\$3,300					
Prescription \$10/\$40 after deductible					
Single	\$815.83	\$9,789.96	\$7,718.26	\$2,071.70	\$86.32
Emp + 1	\$1,835.57	\$22,026.84	\$16,141.28	\$5,885.56	\$245.23
Family	\$2,284.25	\$27,411.00	\$21,049.85	\$6,361.15	\$265.05
Value HSA \$2,000					
\$2,000/\$4,000					
20% Coinsurance					
Prescription \$20/\$40/\$80 after deductible					
Single	\$708.23	\$8,498.76	\$7,718.26	\$780.50	\$32.52
Emp + 1	\$1,593.50	\$19,122.00	\$16,141.28	\$2,980.72	\$124.20
Family	\$1,983.02	\$23,796.24	\$21,049.85	\$2,746.39	\$114.43
Enhanced HSA \$2,000					
\$2,000/\$4,000					
0 % Coinsurance					
Prescription \$10/\$40 after deductible					
Single	\$774.27	\$9,291.24	\$7,718.26	\$1,572.98	\$65.54
Emp + 1	\$1,742.10	\$20,905.20	\$16,141.28	\$4,763.92	\$198.50
Family	\$2,167.95	\$26,015.40	\$21,049.85	\$4,965.55	\$206.90