

# 2018-2019 Medical Benefit Plan Bids

Plan Name:	Coverage:	Cost:
WHMIP BCBS Flexible Blue 2, RX5	<ul style="list-style-type: none"> <li>• \$1350 single/\$2700 family in-network deductible</li> <li>• \$2700 single/\$5400 family out-of-network deductible</li> <li>• 100% coverage after deductible</li> <li>• \$5/\$30 Rx co-pay</li> </ul>	Single: \$565.14 Self/Spouse: \$1271.56 Full Family: \$1582.36
WMHIP BCBS Flexible Blue 3, RX7	<ul style="list-style-type: none"> <li>• \$2000 single/\$4000 family in-network deductible</li> <li>• \$4,000 single/\$8000 family out-of-network deductible</li> <li>• 100% coverage after deductible</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Single: \$537.71 Self/Spouse: \$1209.84 Full Family: \$1505.54
WMHIP Versatile Plan 3, RX1	<ul style="list-style-type: none"> <li>• \$250/\$500 in-network deductible</li> <li>• \$500/\$1000 out-of-network deductible</li> <li>• Coinsurance: 10% after deductible for in-network</li> <li>• Coinsurance: 30% after deductible for out-of-network</li> <li>• \$20 co-pay on office visits</li> <li>• \$10/\$40 Rx co-pay</li> </ul>	Single: \$609.24 Self/Spouse: \$1370.74 Full Family: \$1705.81

