

2018-2019 NCEA Medical Benefit Plan Bids

Plan Name:	Coverage:	Cost:
WHMIP BCBS Flexible Blue 2, RX5	<ul style="list-style-type: none"> • \$1350 single/\$2700 family in-network deductible • \$2700 single/\$5400 family out-of-network deductible • 100% coverage after deductible • \$5/\$30 Rx co-pay 	Single: \$565.14 Self/Spouse: \$1271.56 Full Family: \$1582.36
WMHIP BCBS Flexible Blue 3, RX7	<ul style="list-style-type: none"> • \$2000 single/\$4000 family in-network deductible • \$4,000 single/\$8000 family out-of-network deductible • 100% coverage after deductible • \$10/\$40 Rx co-pay 	Single: \$537.71 Self/Spouse: \$1209.84 Full Family: \$1505.54
WMHIP Versatile Plan 3, RX1	<ul style="list-style-type: none"> • \$250/\$500 in-network deductible • \$500/\$1000 out-of-network deductible • Coinsurance: 10% after deductible for in-network • Coinsurance: 30% after deductible for out-of-network • \$20 co-pay on office visits • \$10/\$40 Rx co-pay 	Single: \$609.24 Self/Spouse: \$1370.74 Full Family: \$1705.81
MESSA ABC Plan I	<ul style="list-style-type: none"> • \$1350 single/\$2700 family in-network deductible • \$2700 single/\$5400 family out-of-network deductible • 100% coverage after deductible • ABC Rx 	Single: \$649.15 Self/Spouse: \$1458.71 Full Family: \$1814.91
MESSA ABC Plan 1	<ul style="list-style-type: none"> • \$1350 single/\$2700 family in-network deductible • \$2700 single/\$5400 family out-of-network deductible • 90% coverage after deductible • ABC Rx 	Single: \$604.46 Self/Spouse: \$1358.15 Full Family: \$1689.77
MESSA ABC Plan 2	<ul style="list-style-type: none"> • \$2000 single/\$4000 family in-network deductible • \$4000 single/\$8000 family out- 	Single: \$607.62 Self/Spouse:

	of-network deductible <ul style="list-style-type: none">• 100% coverage after deductible• ABC Rx	\$1365.26 Full Family: \$1698.62
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2018-2019 Administrative/Support Staff Medical Benefit Plan Bids

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

