BCBSM (WMHIP) Healthcare Cost Sharing Rates
All Employee Groups
January 1, 2026 - December 31, 2026

Enhanced 250 $250/$500 $20/$25/$50 (OV/UC/ER) Prescription $10/$40	Monthly Premium	Annual Premium	Hard Cap 2026	Difference of Prem. and Hard Cap Paid by Employee	Deduction Per Pay 24 Deductions
Single	$1,044.06	$12,528.72	$7,942.09	$4,586.63	$191.11
Emp + 1	$2,349.06	$28,188.72	$16,609.38	$11,579.34	$482.47
Family	$2,923.27	$35,079.24	$21,660.30	$13,418.94	$559.12
Enhanced 500 $500/$1,000 $20/$25/$50 (OV/UC/ER) Prescription $10/$40					
Single	$1,014.58	$12,174.96	$7,942.09	$4,232.87	$176.37
Emp + 1	$2,282.73	$27,392.76	$16,609.38	$10,783.38	$449.31
Family	$2,840.73	$34,088.76	$21,660.30	$12,428.46	$517.85
Enhanced HSA $1,700/$3,400 Prescription $10/$40 after deductible					
Single	$865.59	$10,387.08	$7,942.09	$2,444.99	$101.87
Emp + 1	$1,947.54	$23,370.48	$16,609.38	$6,761.10	$281.71
Family	$2,423.59	$29,083.08	$21,660.30	$7,422.78	$309.28
Value HSA $2,000 $2,000/$4,000 20% Coinsurance Prescription $20/$40/$80 after deductible					
Single	$751.43	$9,017.16	$7,942.09	$1,075.07	$44.79
Emp + 1	$1,690.71	$20,288.52	$16,609.38	$3,679.14	$153.30
Family	$2,103.98	$25,247.76	$21,660.30	$3,587.46	$149.48
Enhanced HSA $2,000 $2,000/$4,000 0 % Coinsurance Prescription $10/$40 after deductible					
Single	$821.50	$9,858.00	$7,942.09	$1,915.91	$79.83
Emp + 1	$1,848.37	$22,180.44	$16,609.38	$5,571.06	$232.13
Family	$2,300.19	$27,602.28	$21,660.30	$5,941.98	$247.58