WEST MICHIGAN HEALTH INSURANCE POOL -- CALENDAR YEAR 2026

2026 Hard Caps	Annual	Monthly	2025 Hard Caps	Difference
Single	$ 7,942.09	$ 661.84	$ 7,718.26	223.83
2-Person	$ 16,609.38	$ 1,384.12	$ 16,141.28	468.10
Full Family	$ 21,660.30	$ 1,805.03	$ 21,049.85	610.45

Group: All

4 Health Plans to Choose From

24 PAYS

		2026 068 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	Deduction Amount 1st/2nd Pay	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Insurance	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced 500 068 CB PPO Plan 1	1 Person	852.59	661.84	190.75	95.37	10,231.08	7,942.09	2,288.99					
	2 Person	1,770.19	1,384.12	386.08	193.04	21,242.28	16,609.38	4,632.90					
	Family	2,308.97	1,805.03	503.95	251.97	27,707.64	21,660.30	6,047.34	$ 500	$ 1,000	100%	$ 2,500	$ 5,000

24 PAYS

		2026 117 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	Deduction Amount 1st/2nd Pay	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Insurance	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced 1000 117 PPO Plan 3	1 Person	665.90	661.84	4.06	2.03	7,990.80	7,942.09	48.71					
	2 Person	1,498.22	1,384.12	114.11	57.05	17,978.64	16,609.38	1,369.26					
	Family	1,864.51	1,805.03	59.49	29.74	22,374.12	21,660.30	713.82	$ 1,000	$ 2,000	80%	$ 3,000	$ 6,000

24 PAYS

		2026 121/122 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	Deduction Amount 1st/2nd Pay	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Insurance	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced HSA 2000 121/122 Flexible Blue 3	1 Person	672.06	661.84	10.22	5.11	8,064.72	7,942.09	122.63					
	2 Person	1,512.08	1,384.12	127.97	63.98	18,144.96	16,609.38	1,535.58					
	Family	1,881.70	1,805.03	76.68	38.34	22,580.40	21,660.30	920.10	$ 2,000	$ 4,000	100%	$ 3,000	$ 6,000

24 PAYS

		2026 114 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	Deduction Amount 1st/2nd Pay	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Insurance	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Value 500 114 Alternative -See Below	1 Person	667.05	661.84	5.21	2.60	8,004.60	7,942.09	62.51					
	2 Person	1,500.85	1,384.12	116.74	58.37	18,010.20	16,609.38	1,400.82					
	Family	1,867.73	1,805.03	62.71	31.35	22,412.76	21,660.30	752.46	$ 500	$ 1,000	90%	$ 4,500	$ 9,000

Replaces CB PPO Plan 2 for Teachers
Replaces Versatile 3 for Non-Teachers

WEST MICHIGAN HEALTH INSURANCE POOL -- CALENDAR YEAR 2026

2026 Hard Caps	Annual	Monthly	2025 Hard Caps	Difference
Single	$ 7,942.09	$ 661.84	$ 7,718.26	223.83
2-Person	$ 16,609.38	$ 1,384.12	$ 16,141.28	468.10
Full Family	$ 21,660.30	$ 1,805.03	$ 21,049.85	610.45

Group: All

4 Health Plans to Choose From

18 PAYS

		2026 068 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	2025-2026 21 Pays # of Coverage Months	2026 Employee Portion Jan-Aug-26	10 Pays Deduction Amt 1st/2nd Pay Jan-May-26	2026-2027 21 Pays # of Coverage Months	2026 Employee Portion Sept-Dec-26	8 Pays Deduction Amt 1st/2nd Pay Sept-Dec-26	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Ins	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced 500 068 CB PPO Plan 1	1 Person	852.59	661.84	190.75	8.00	1,525.99	152.60	4.00	763.00	95.37	10,231.08	7,942.09	2,288.99					
	2 Person	1,770.19	1,384.12	386.08	8.00	3,088.60	308.86	4.00	1,544.30	193.04	21,242.28	16,609.38	4,632.90					
	Family	2,308.97	1,805.03	503.95	8.00	4,031.56	403.16	4.00	2,015.78	251.97	27,707.64	21,660.30	6,047.34	$ 500	$ 1,000	100%	$ 2,500	$ 5,000

18 PAYS

		2026 117 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	2025-2026 21 Pays # of Coverage Months	2026 Employee Portion Jan-Aug-26	10 Pays Deduction Amt 1st/2nd Pay Jan-May-26	2026-2027 21 Pays # of Coverage Months	2026 Employee Portion Sept-Dec-26	8 Pays Deduction Amt 1st/2nd Pay Sept-Dec-26	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Ins	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced 1000 117 PPO Plan 3	1 Person	665.90	661.84	4.06	8.00	32.47	3.25	4.00	16.24	2.03	7,990.80	7,942.09	48.71					
	2 Person	1,498.22	1,384.12	114.11	8.00	912.84	91.28	4.00	456.42	57.05	17,978.64	16,609.38	1,369.26					
	Family	1,864.51	1,805.03	59.49	8.00	475.88	47.59	4.00	237.94	29.74	22,374.12	21,660.30	713.82	$ 1,000	$ 2,000	80%	$ 3,000	$ 6,000

18 PAYS

		2026 121/122 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	2025-2026 21 Pays # of Coverage Months	2026 Employee Portion Jan-Aug-26	10 Pays Deduction Amt 1st/2nd Pay Jan-May-26	2026-2027 21 Pays # of Coverage Months	2026 Employee Portion Sept-Dec-26	8 Pays Deduction Amt 1st/2nd Pay Sept-Dec-26	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Ins	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Enhanced HSA 2000 121/122 Flexible Blue 3	1 Person	672.06	661.84	10.22	8.00	81.75	8.18	4.00	40.88	5.11	8,064.72	7,942.09	122.63					
	2 Person	1,512.08	1,384.12	127.97	8.00	1,023.72	102.37	4.00	511.86	63.98	18,144.96	16,609.38	1,535.58					
	Family	1,881.70	1,805.03	76.68	8.00	613.40	61.34	4.00	306.70	38.34	22,580.40	21,660.30	920.10	$ 2,000	$ 4,000	100%	$ 3,000	$ 6,000

18 PAYS

		2026 114 WMHIP Rate	2026 MONTHLY HARD CAP	2026 Monthly Employee Cost	2025-2026 21 Pays # of Coverage Months	2026 Employee Portion Jan-Aug-26	10 Pays Deduction Amt 1st/2nd Pay Jan-May-26	2026-2027 21 Pays # of Coverage Months	2026 Employee Portion Sept-Dec-26	8 Pays Deduction Amt 1st/2nd Pay Sept-Dec-26	2026 Annual Health Cost	2026 District Portion	2026 Employee Portion	Individual Deductible	Family Deductible	Co Ins	Individual Out of Pocket Max	Family Out of Pocket Max
WMHIP Value 500 114 Alternative -See Below	1 Person	667.05	661.84	5.21	8.00	41.67	4.17	4.00	20.84	2.60	8,004.60	7,942.09	62.51					
	2 Person	1,500.85	1,384.12	116.74	8.00	933.88	93.39	4.00	466.94	58.37	18,010.20	16,609.38	1,400.82					
	Family	1,867.73	1,805.03	62.71	8.00	501.64	50.16	4.00	250.82	31.35	22,412.76	21,660.30	752.46	$ 500	$ 1,000	90%	$ 4,500	$ 9,000

Replaces CB PPO Plan 2 for Teachers
Replaces Versatile 3 for Non-Teachers