

**WMHIP Blue Cross Blue Shield Health Care Option Comparison  
Open Enrollment 10/16/2024 (for 1/1/25 Plans)**

<b>PLAN</b>	<b>PAK A Flex Blue</b>	<b>PAK C Flex Blue 3 Tier Drugs</b>	<b>PAK D Simply Blue 3 Tier Drugs 20% co-insurance</b>
<b>Deductible (in network)</b>	\$1,650/\$3,300	\$1,650/\$3,300	\$2,000/\$4,000
<b>Co-Insurance</b>	NA	NA	20%
<b>Out of Pocket Max (in network)</b>	\$2,650/\$5,300	\$2,650/\$5,300	\$3,000/\$6,000
<b>Employee Premium Cost</b>	\$1,487.54/\$4,571.68/ \$4,726.39	\$1,128.62/\$3,763.84/ \$3,721.03	\$0
<b>District HSA Contribution</b>	\$0	\$0	\$570.10/\$58.04/\$1,035.05
<b>Therapy (PT,OT,Speech)</b>	60/year	60/year	30/year
<b>Chiropractic</b>	24/year	24/year	12/year
<b>Wisdom Tooth Extraction</b>	Covered	Covered	Not Covered
<b>Out of Network Referral</b>	Covered at in- network cost share	Covered at in-network cost share	Covered at out-of-network cost share
<b>Retail RX 30 day supply</b>	\$10 co-pay after deductible generic/\$40 co-pay after deductible brand/ after deductible  Over the counter: \$0 after deductible – with RX – Zyrtec, Zyrtec D, Prilosec, Claritin, Children’s Claritin, Claritin RediTabs, Claritin D	\$10 generic/\$40 preferred brand/\$80 Tier 3/Non-preferred brand	\$10 co-pay after deductible generic/20% co-pay after deductible with \$40 minimum & \$80 max for preferred brand /20% co-pay after deductible with \$60 minimum & \$100 max for Tier 3/Non-preferred brand
<b>Retail &amp; Mail order 90 day supply</b>	\$20 co-pay after deductible generic/\$80 co-pay after deductible brand	\$20 generic/\$80 Preferred brand/\$160 Tier 3/Non-preferred brand	\$20 co-pay after deductible generic/20% co-pay after deductible with \$80 minimum & \$160 max for preferred brand

			<b>/20% co-pay after deductible with \$120 minimum &amp; \$200 max for Tier 3/Non-preferred brand</b>
<b>Specialty drugs 30 day supply – some limited to 15 day fill</b>	<b>\$10 co-pay after deductible generic/\$40 co-pay after deductible brand</b>	<b>\$10 generic/\$40 brand/\$80 Tier 3/Non-preferred</b>	<b>\$10 co-pay after deductible generic/20% co-pay after deductible with \$40 minimum &amp; \$80 max for preferred brand /20% co-pay after deductible with \$60 minimum &amp; \$100 max for Tier 3/Non-preferred brand</b>