

## Vicksburg Community Schools 2024 Health Insurance Premiums

**(full time employees)**

This memo serves as notification of the rates for the WMHIP PPO Versatile, PPO Select, and HSA health insurance plans for 2024. *Please note that the new premium is in effect on 1/1/24.*

### PPO Select

**\$250/\$500 Deductible**

**\$5 Office Visits**

**\$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24/18 Pay Deduction
Full Family	\$1,750.65	\$2,095.30	\$344.65	\$172.33/\$229.76
2 Person	\$1,342.42	\$1,683.75	\$341.33	\$170.67/\$227.55
Self	\$641.90	\$748.32	\$106.42	\$53.21/\$70.95

### PPO Versatile

**\$250/\$500 Deductible**

**\$20 Office Visits**

**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24/18 Pay Deduction
Full Family	\$1,750.65	\$1,780.49	\$29.84	\$14.92/\$19.89
2 Person	\$1,342.42	\$1,430.75	\$88.33	\$44.17/\$58.89
Self	\$641.90	\$635.91	\$0	\$0/\$0

### PPO HSA (health savings account)

**\$1,600/\$3,200 Deductible**

**\$0 Office Visits**

**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24/18 Pay Deduction
Full Family	\$1,750.65	\$1,652.34	\$0	\$0/\$0
2 Person	\$1,342.42	\$1,327.77	\$0	\$0/\$0
Self	\$641.90	\$590.14	\$0	\$0/\$0

### Cash-in-Lieu of Insurance

ADMIN - \$325 per month

VEA - \$300 per month

VESPA - \$300 per month

*\*All monetary figures referenced in this memo are for full-time employees; part-time employees receive a prorated subsidy based on their normal work schedule.*

## Vicksburg Community Schools 2024 Health Insurance Premiums (Pathways)

This memo serves as notification of the rates for the WMHIP PPO Versatile, PPO Select, and HSA health insurance plans for 2024. *Please note that the new premium is in effect on 1/1/24.*

### PPO Select \$250/\$500 Deductible \$5 Office Visits - \$5/\$30 Rx

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1435.53	\$2095.30	\$659.77	\$329.89
2 Person	\$1100.78	\$1683.75	\$582.97	\$291.49
Self	\$526.36	\$748.32	\$221.96	\$110.98

### PPO Versatile \$250/\$500 Deductible \$20 Office Visits - \$10/\$40 Rx

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1435.53	\$1,780.49	\$344.96	\$172.48
2 Person	\$1100.78	\$1,430.75	\$329.97	\$164.99
Self	\$526.36	\$635.91	\$109.55	\$54.78

### PPO HSA (health savings account) \$1,600/\$3,200 Deductible \$0 Office Visits - \$10/\$40 Rx

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay deduction
Full Family	\$1435.53	\$1,652.34	\$216.81	\$108.41
2 Person	\$1100.78	\$1,327.77	\$226.99	\$113.50
Self	\$526.36	\$590.14	\$63.78	\$31.89

## Vicksburg Community Schools 2024 Health Insurance Premiums

**(Pathways - Part Time)**

This memo serves as notification of the rates for the WMHIP PPO Versatile, PPO Select, and HSA health insurance plans for 2024. *Please note that the new premium is in effect on 1/1/24.*

**PPO Select  
\$250/\$500 Deductible  
\$5 Office Visits - \$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$875.33	\$2095.30	\$1219.97	\$609.99
2 Person	\$671.21	\$1683.75	\$1012.54	\$506.27
Self	\$320.95	\$748.32	\$427.37	\$213.69

**PPO Versatile  
\$250/\$500 Deductible  
\$20 Office Visits - \$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$875.33	\$1,780.49	\$905.16	\$452.58
2 Person	\$671.21	\$1,430.75	\$759.54	\$379.99
Self	\$320.95	\$635.91	\$314.96	\$157.48

**PPO HSA (health savings account)  
\$1,600/\$3,200 Deductible  
\$0 Office Visits - \$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay deduction
Full Family	\$875.33	\$1,652.34	\$777.01	\$388.51
2 Person	\$671.21	\$1,327.77	\$656.56	\$328.28
Self	\$320.95	\$590.14	\$269.19	\$134.60

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## MEMORANDUM

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**DATE:** November 1, 2023  
**TO:** ACA Health Plan Participants  
**FROM:** Steve Goss  
**RE:** Health Insurance Premium Rate Notification for January 1, 2024

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This memo serves as notification of the rates for the WMHIP ACA Medical Plan effective January 1, 2024 for employees working at least 30 hours per week.

**ACA Plan – 2023-24**  
**\$3,000/\$6,000 Deductible**  
**20% Coinsurance**  
**\$10/\$40 Rx**

Classification	Employee Cost per Month.	18 Pay Deduction
Full Family	\$1304.42	\$869.61
2 Person	\$1048.20	\$698.80
Self	\$465.87	\$310.58